ISAPS 2016
Kyoto, JAPAN
23rd CONGRESS

in conjunction with
The 39th Annual Meeting of Japan Society of Aesthetic Plastic Surgery (JSAPS)

October 23-27, 2016
Venue: Miyakomesse, Kyoto, JAPAN

Official Program Guide
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Welcome from the President,

I am very honored to welcome you to Kyoto, my home town, for the 23rd Biennial Congress of ISAPS. We have opened our Congress to the world of aesthetic plastic surgery and are joined by the Japan Society of Aesthetic Plastic Surgery, our local hosts.

The planning committees have worked for several years to prepare a superb scientific program and social events that truly represent Japanese hospitality. The Scientific Program Committee, headed by Dr. Kunihiko Nohira from Japan and Dr. Lina Triana from Colombia, has designed a diverse educational program. We are especially honored to welcome the 2012 Nobel Prize winner in Medicine and Physiology, Dr. Shinya Yamanaka, as the Keynote Speaker during the Opening Ceremony.

For the first time, we are including a free half day program for Residents and Fellows on Sunday, October 23rd and a full day session entitled ISAPS Business School – both new features of ISAPS Congresses.

The social program includes special events nearly every evening. We are welcoming registrants from a record number of 85 countries and are anxious to show you Kyoto, full of autumn colors and so many unique things to see. If this is your first time in Japan, as we know is the case for many of our guests, we know you will be amazed by the seventeen UNESCO World Heritage Sites here in Kyoto, and pleased to find friendly people who are glad to show you our special culture.

I especially thank all the companies who are exhibiting with us. Many have come from Europe and the United States to be here, but we have quite a few Japanese companies exhibiting, too. Please show them your appreciation by visiting with them in our exhibit hall. We will again have lunch time seminars each day that add another dimension to our education program. There is no fee to attend these daily sessions. Support our exhibitors and sponsors as they support us.

I hope you enjoy your stay in Kyoto and perhaps more of Japan while you are here.

Susumu Takayanagi, MD, PhD
President
Dear Colleagues,

The ISAPS Education Council and Scientific Program Committee welcome you to the ISAPS Congress in Kyoto. We have developed a program that will thoroughly engage you in an exciting and interactive learning experience.

We have more than 30 panels including joint sessions with EASAPS (European Association of Societies of Aesthetic Plastic Surgery), ASAPS (American Society for Aesthetic Plastic Surgery), JSAPS (Japan Society of Aesthetic Plastic Surgery) and OSAPS (Oriental Society of Aesthetic Plastic Surgery). These combined panels promote our mutual understanding and expand our friendly relations among related societies.

Our primary mission is *Aesthetic Education Worldwide*. This Congress brings the world of plastic surgery together under one roof every two years. As part of our expanding, innovative education program, we will provide a special *ISAPS Course for Residents and Fellows* on Sunday especially for young plastic surgeons. We have also included a one-day *ISAPS Business School* on Wednesday for enhancing your practice.

Four Master Classes will be presented each morning including sixteen topic-specific sessions over the course of the Congress. More than 200 free papers will be presented throughout the program, and seven special lunch-time seminars will provide information presented by our supporting companies.

The 23rd Biennial Congress of ISAPS is finally here. More than 220 distinguished faculty have come from 47 countries and will make this meeting unlike most you have attended in your career. Registration includes attendees from 85 countries making this a truly international educational experience in aesthetic surgery.

Enjoy the congress and the great social activities our local hosts have arranged for us.

Kunihiro Nohira, MD
Scientific Program Chair
Message from the Kyoto City Mayor

Welcome to Kyoto!

It is with great pleasure that I, along with the 1.47 million citizens of Kyoto, welcome you to our city.

The ISAPS Congress is where renowned plastic surgeons from around the world gather and share cutting-edge medical technologies and research results. We are honored that you chose Kyoto for this congress, especially because Kyoto is the first local government in Japan that has developed a strategy to attract meetings, incentive travel, conventions and events and has made the strategy one of our most important measures. I would like to express my sincere gratitude to ISAPS President, Dr. Susumu Takayanagi, and those who have worked with him to create this event.

Kyoto is a city well-known for international tourism and culture that has numerous historic assets including World Heritage sites and a variety of attractions such as arts, traditional crafts, food and hot springs. I am very pleased with the recognition Kyoto has received in the world. For example, it has been placed among the World’s Ten Best Cities for five years in a row in readers’ polls of Travel +Leisure, one of the most influential travel magazines.

I hope you will explore the depth of our culture and enjoy the city’s innumerable attractions and I wish you a successful congress and a memorable experience in Kyoto.

Sincerely yours,

Daisaku Kadokawa
Kyoto City Mayor
Kyoto became the capital of Japan in the 8th century. It flourished as the center for Japanese politics, economy and culture for some 1,100 years, until the capital functions were transferred to Tokyo in the mid-19th century. There remain many temples and shrines in Kyoto that were built during this long period. Seventeen historic sites including, Kiyomizu-dera Temple and Nijo Castle, are inscribed as World Cultural Heritage Sites.

You may meet some ‘maiko,’ apprentice ‘geiko’, who walk in long-sleeved kimono in the Gion district, see the townscape characterized with popular 19th century style latticework, and visit the Nishijin where they weave traditional ‘Nishijin-ori’ textiles with vividly colored threads. The festivals in Kyoto are famous not only in Japan, but are also known worldwide. The three major festivals of Kyoto are the Aoi-matsuri Festival in early summer, the Gion-matsuri Festival in mid-summer and the Jidai-Matsuri Festival on October 22, which celebrates Kyoto’s illustrious past. Plan your hotel arrival well in advance if you wish to see this festival.

An active member of ISAPS since 1981, Dr. Ohmori has been a faculty member, held important positions on various committees and the Board of Directors, and served as a reviewer for the ISAPS journal, *Aesthetic Plastic Surgery*. Notably, he was the Scientific Program Chair of the 15th Congress of ISAPS held in Tokyo, Japan in 2000, Secretary General of the Oriental Society of Aesthetic Plastic Surgery (OSAPS) for twenty years, from 1990 to 2010, and General Secretary of the Japan Society of Aesthetic Plastic Surgery (JSAPS) for eight years. Dr. Ohmori is now an honorary member of JSAPS and the Japanese Society for Reconstructive Microsurgery (JSRM) – and Honorary Local Chair of the 23rd Congress of ISAPS in Kyoto, 2016.

**Keynote Speaker**

ISAPS is honored to welcome the 2012 Nobel Prize winner in Medicine for his work on Stem Cells, Shinya Yamanaka, as our honored Keynote Speaker. Celebrated in his homeland as a national treasure, Professor Yamanaka’s pioneering work has profound implications for the field of regenerative medicine and in particular our chosen field of plastic surgery. Plan to attend the Opening Ceremony on Monday evening to hear Dr. Yamanaka describe his journey to the Nobel Prize.

**Shinya Yamanaka, MD, PhD**

Dr. Yamanaka was awarded the Nobel Prize in Physiology or Medicine for his discovery that adult somatic cells can be reprogrammed into pluripotent cells. By introducing the genes of four factors, he induced the skin cells of adult mice to become like embryonic stem cells, which can become any cell type of the body. He called these modified skin cells, induced pluripotent stem (iPS) cells. This iPS cell technology represents an entirely new platform for fundamental studies of developmental biology. Rather than using disease models made in yeast, flies, mice or other animals, iPS cells can be taken from patients with a specific disease. As a result, they contain a complete set of the genes that led to that disease—representing a more accurate model for studying disease development and for developing new drugs and treatments. Dr. Yamanaka’s current research focuses on ways to more efficiently and accurately generate cells resembling embryonic stem cells by reprogramming somatic cells. He seeks to understand the molecular mechanisms that underlie pluripotency and to identify the factors that induce reprogramming. In addition to the Nobel Prize, Dr. Yamanaka has received many awards and honors, including the Albert Lasker Basic Medical Research Award, Wolf Prize in Medicine, Millennium Technology Award, and Shaw Prize.

**Our Host City - Kyoto, Japan**

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Kitaro Ohmori, MD graduated from medical school at the Jikei University in Tokyo, Japan in 1968. He then worked at various facilities including Middlemore Hospital in New Zealand, New York University Medical Center, and at Dijon State Hospital and Nancy University Hospital in France. From 1987-2005, he served as Director of the Department of Plastic and Reconstructive Surgery at Tokyo Metropolitan Police Hospital. He subsequently became a General Director of Clinica Ichigaya and is now Director of the Ohmori Clinic in Tokyo.

Dr. Ohmori has written five books, collaborated on thirty-five publications, written more than two hundred papers, and given more than four hundred and fifty conference presentations. He is a member of many domestic societies and of ASPS, ISAPS, OSAPS, ISCFs, and APCA and an honorary member of the Association Medica Argentina.

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**2016 Ohmori Lecturer - Kitaro Ohmori, MD**

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The ‘International Society of Aesthetic Plastic Surgery - ISAPS’ (or) ‘ISAPS 2016 23rd Congress’ is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The ‘ISAPS 2016 23rd Congress’ is designated for a maximum of (or ‘for up to’) 27 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

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**The LSNA-BCRF-ISAPS AWARD**

By Gregory Hetter, MD – United States
BCRF Treasurer

The Lipoplasty Society of North America (LSNA) was started in 1982 as an educational organization with a primary goal of teaching North American plastic surgeons the technique of lipo-extraction of fat developed by Yves Gerard Illouz of Paris, France. Between 1982 and 1988, twenty hands-on teaching courses were held around the USA, Mexico and Canada to teach this revolutionary technique.

During this time, Doctors Yves Gerard Illouz, Richard Mladick, Carson Lewis and I built the society into a 1,000 member organization. To fund research, both clinical and basic, LSNA founded and funded the Body Contouring Research Foundation (BCRF). These two organizations have worked with ISAPS over the years to promote safe lipo-suction surgery.

Assets in excess of $250,000 belonging to LSNA-BCRF were transferred to ISAPS several years ago to fund clinical and basic research by younger plastic surgeons in the fields of lipo-suction, body contouring and basic science, specifically in the areas of fat and stem cell research. The income derived from this capital is used to fund two prizes at each biennial ISAPS Congress. In order to stimulate interest in this area of plastic surgery, the age criteria stipulate that the authors of the papers should be younger plastic surgeons under the age of forty-five.

Clinical Prize: The award is US$3,000 for the best clinical paper by a younger plastic surgeon.
Research Prize: The award is US$6,000 for the best research paper within the field of fat cells, fat stem cells and fat metabolism.

We encourage those with accepted papers who meet the criteria listed above to notify the Executive Office that they wish their paper to be considered for these awards. The BCRF Awards Committee will make their decision during the Congress in Geneva and the winners will be officially recognized there.

We want the younger members of ISAPS to be aware of these awards as they begin their careers in plastic surgery and to know that these prizes are available to them in competition with others.

We hope these prizes will encourage younger surgeons embarking on their careers to add to our specialty’s body of knowledge of lipoplasty and body contouring through an increased interest in clinical and basic research.
Faculty
ARGENTINA
Gustavo Gualberto ABRILE, MD
Abel M. CHAJCHIR, MD
Gustavo A. CHAJCHIR, MD
Fabian E. CORTINAS, MD
Jorge HERRERA, MD
Sergio KORZIN, MD
Antonio Aldo MOTTURA, MD, PhD
Maria Cristina PICON, MD
Walter SERVI, MD
Javier VERA CUCCHIARO, MD
Eduardo L. WEXLER, MD

AUSTRALIA
Rodney D. COOTER, MBBS, MD (Adel), FRACS
Darryl J. HODGKINSON, MD, FACS
Bryan C. MENDELSON, FRCSE, FRACS, FACS
Tim PAPADOPOULOS, MD
Graeme J. SOUTHWICK, MD

AUSTRIA
Thomas RAPPL, MD

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Ivar VAN HEIJNINGEN, MD
Alexis VERPAELE, MD

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Min-Hee RYU, MD
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Li YU, MD, PhD
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Jufang ZHANG, MD

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Dirk F. RICHTER, MD, PhD
Nina SCHWAIGER, MD
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Aris STERODIMAS, MD, MSc
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German VARGAS, MD

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Lokesh KUMAR, MD

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Nirmod FRIEDMAN, MD
Marcos HAREL, MD

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<td>Jamal A. Habiballah JOMAH, FRCS, FRCSc, ABHRS, FACS</td>
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<td>Singapore</td>
<td>Marco Aurelio FARIA CORREA, MD</td>
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<td>Woffles T. L. WU, MBBS, FRCS(Edin), FAMS(Plast)</td>
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<td>Peter Desmond SCOTT, MD</td>
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<td>Ewa SIOTO, MD, FRCS, FC Plast (SA), Mmed (SA)</td>
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<td>Ted WOJNO, MD</td>
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Recording Policy
All recording (photographic, video and audio) of the sessions, master classes, entertainers and exhibit hall during the ISAPS Congress is strictly prohibited.
General Information

Badges
Badges will be issued at the Congress Registration Desk in the Miyakomesse Convention Center. Please wear your name badge for ALL meeting events. The badges are color coded as follows:
- Blue - ISAPS Member
- Red - Non-Member
- Green - Office Staff
- Teal - Exhibitor
- Purple - ISAPS Staff
- Magenta - Guest Congress
- Black - Guest Exhibit Only
- Lime Green - Guest Social Events & Exhibit Hall
- Orange - Press
- Maroon - Translator
- Grey - Wednesday Only

Thank you, Motiva Implants, for sponsoring the name badges & lanyards.

Registration
The Registration Desk is located on the Main Lobby Level of the Miyakomesse Center.

Hours are:
- Sunday, 23 October 2016: 12:00 pm - 5:00 pm
- Monday, 24 October 2016: 7:00 am - 5:00 pm
- Tuesday, 25 October 2016: 7:00 am - 5:00 pm
- Wednesday, 26 October 2016: 7:00 am - 4:30 pm
- Thursday, 27 October 2016: 7:00 am - 5:00 pm

Registrant Entitlements
- Entry to all scientific sessions and exhibit hall
- Morning and afternoon tea and coffee breaks
- Congress bag
- Copy of the Program Book
- Entry to the Opening Ceremony and Welcome Reception

Speaker Ready Room
The speaker ready room is located on Level 3 in Room A at the Miyakomesse Center and will be open during the following hours:
- Sunday, 23 October 2016: 9:00 am - 5:00 pm
- Monday, 24 October 2016: 7:00 am - 5:00 pm
- Tuesday, 25 October 2016: 7:00 am - 5:00 pm
- Wednesday, 26 October 2016: 7:00 am - 5:00 pm
- Thursday, 27 October 2016: 7:00 am - 5:00 pm

Oral Presentations
It is important that all speakers check-in their Power Point presentation at the Speaker Ready Room at least two hours prior to the commencement of their session. Speakers who are presenting at an early morning session should check-in their Power Point presentation the day before their presentation. Audio visual technicians will be available to assist with data projection or other technical requirements. If you require assistance from a technician, please ensure you arrange this during one of the breaks prior to your presentation.

Exhibit Hall Hours
All registrants are invited to visit the exhibits located on the 1st floor of the Miyakomesse Convention Center. The exhibits will be open:
- Monday, 24 October 2016: 8:00 am - 5:00 pm
- Tuesday, 25 October 2016: 8:00 am - 5:00 pm
- Wednesday, 26 October 2016: 8:00 am - 5:00 pm
- Thursday, 27 October 2016: 8:00 am - 4:00 pm

Press Booth
If you are approached by the media, please direct all reporters to register at the Press Booth in the exhibit hall. The hours are:
- Sunday, 23 October 2016: 9:00 am - 5:00 pm
- Monday, 24 October 2016: 9:00 am - 5:00 pm
- Tuesday, 25 October 2016: 9:00 am - 5:00 pm
- Wednesday, 26 October 2016: 9:00 am - 5:00 pm
- Thursday, 27 October 2016: 9:00 am - 5:00 pm

Official Language
The official language of the Congress is English. Limited translation services are provided in English - Japanese.

Program Disclaimer
The content of this program is presented solely for educational purposes for use by medical practitioners in the plastic surgery field. This material is intended to express the opinions, techniques or approaches of the presenters. Sponsorship of this program and/or advertising by any company or organization are not to be construed, in any fashion, as an endorsement of the materials or products presented.

The program is correct at the time of printing. Congress Organizers reserve the right to alter the program as necessary.

Industry Lunch Seminars
Several exhibiting companies will be sponsoring educational seminars throughout the meeting. Seminar information is provided on page 196. These seminars are not endorsed by ISAPS, nor do they carry any CME credit. Admission is open to any registered attendee at no charge and is limited to the capacity of the assigned meeting room.

Banks
Banks in Japan are normally open on Monday-Friday between 9am and 3pm. ATM machines are readily available and your hotel can change money for you at the registration desk. The exchange rate is usually best at ATM machines.

Climate
October has some of the best weather of the year: sunny and warm days are the rule, with cool evenings. Average temperatures range from 55-72 °F (13-22 °C). Chance of rain is less than 50% and the fall foliage is usually at its peak in the last week.

Congress Attire
Congress Sessions: Business Casual
Opening Ceremony: Business Casual
Presidential Dinner: Formal (Black Tie Optional)

Currency Exchange Rates
The monetary unit in Japan is the Yen. The rate of exchange varies of course, but is about 100 Yen to 1 US Dollar or 112 Yen to 1 Euro. Travelers’ checks and foreign bank notes are exchanged by banks, official exchange offices at airports, or at hotels. ATM machines are readily available. Personal checks are not normally cashed by local banks.
Disabled Facilities
If you have a disability and require assistance, please contact the registration desk staff.

Electricity
Japanese electricity is 100 volts, AC. In western Japan, including Kyoto, the frequency is 60 Hertz. There are no columnar-shaped plugs or 3-pin plugs used in Japan, but 2-flat-pin plugs are used instead. It is therefore advised to purchase a plug adapter and transformer beforehand.

Liability
Congress Organizers are not liable for personal accidents, losses or damage to the private property of registered attendees or any accompanying persons during the Congress. Please make your own arrangements with respect to personal insurance.

Mobile Phones and Pagers
As a courtesy to speakers and other registrants, we request that all mobile phones and pagers are switched off or muted before entering sessions.

No Smoking Policy
Registrants and guests should be aware that smoking is not permitted in public buildings and many hotels and restaurants including the Congress venue. Smoking is prohibited in the conference center at all times.

Tipping
Tipping is not required in Japan for service in places like hotels, taxis, and restaurants. Fees for service are already included in the bill. It is alright to assume that tipping is not necessary at all when in Japan.

Topic and Abstract Disclaimer
All presentation titles and abstracts are printed as submitted by the speakers. ISAPS cannot be responsible for errors in spelling or content.

Travel Disclaimer
In the event of any travel disruptions, Congress Organizers will not be held responsible for any loss incurred by any registrant or family member either en route to or from the Congress. By registering for the Congress, each participate accepts full responsibility for their own travel arrangements and any consequences for themselves and for all accompanying persons.

Wi-Fi
In Japan, you will find many Wi-Fi signals to enjoy browsing the internet. Most accommodations are internet-ready, but you might sometimes find a wired internet connector in your room. In such case, please use a wireless travel router. Using a mobile hotspot device is another good option. You can use it in any areas the mobile covers.

The Convention Center will have free Wi-Fi.
### Monday, 24 October
- **8:15 - 9:30 am**
  - Session 1: PATIENT SAFETY
- **9:30 am - 12:00 pm**
  - Session 2: RHINOPLASTY I
- **12:00 - 1:00 pm**
  - Industry Lunch Seminar
- **1:30 - 2:30 pm**
  - Session 3: RHINOPLASTY II
- **2:30 - 3:30 pm**
  - Session 4: PERIORBITAL REJUVENATION I
- **4:00 - 5:30 pm**
  - Session 5: PERIORBITAL REJUVENATION II

### Tuesday, 25 October
- **8:00 - 10:00 am**
  - Session 6: FACE & NECK REJUVENATION I
- **10:30 am - 12:00 pm**
  - Session 7: FACE & NECK REJUVENATION II
- **12:00 - 1:00 pm**
  - Industry Lunch Seminar
- **2:00 - 4:00 pm**
  - Session 8: FACE & NECK REJUVENATION III

### Wednesday, 26 October
- **8:00 - 10:00 am**
  - Session 9: AESTHETIC BREAST SURGERY I
- **12:00 - 1:00 pm**
  - Industry Lunch Seminar
- **1:10 - 2:00 pm**
  - OHMORI Lecture
- **2:00 - 4:00 pm**
  - Session 10: AESTHETIC BREAST SURGERY II
- **4:30 - 6:00 pm**
  - Session 11: AESTHETIC BREAST SURGERY III

### Thursday, 27 October
- **8:00 - 10:00 am**
  - Session 12: AESTHETIC BREAST SURGERY IV
- **10:30 - 12:00 pm**
  - Session 13: AESTHETIC BREAST RECONSTRUCTION I

### Room A

### Room B

### Room C

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Industry Lunch Seminar descriptions are listed on page 196.
**Monday, 24 October**
7:00 - 8:00 am  
Master Class 3: FACELIFT
8:00 am - 5:30 pm  
JSAPS Congress
**Tuesday, 25 October**
8:00 am - 10:00 am  
Session 58: Free Papers - BREAST SURGERY II
10:30 am - 12:00 pm  
Session 59: Free Papers - BREAST SURGERY III
12:00 - 1:00 pm  
Industry Lunch Seminar
2:00 - 4:00 pm  
Session 60: Free Papers - BREAST SURGERY IV
4:30 - 6:00 pm  
Session 61: Free Papers - BODY CONTOURING II
**Thursday, 27 October**
7:00 - 8:00 am  
Master Class 15: POST MASSIVE WEIGHT LOSS
8:00 - 10:00 am  
Session 50: Free Papers - PERIOCULAR REJUVENATION
10:30 am - 12:00 pm  
Session 51: Free Papers - RESEARCH
2:00 - 3:30 pm  
Session 52: Free Papers - RESEARCH, PATIENT SAFETY

**Monday, 24 October**
7:00 - 8:00 am  
Master Class 4: ASIAN BLEPHAROPLASTY
9:30 - 10:30 am  
Session 53: Free Papers - AESTHETIC RECONSTRUCTION I
11:00 am - 12:00 pm  
Session 54: Free Papers - AESTHETIC RECONSTRUCTION II
1:30 - 2:30 pm  
Session 55: Free Papers - AESTHETIC RECONSTRUCTION III
2:40 - 3:30 pm  
Session 56: Free Papers - AESTHETIC RECONSTRUCTION IV
4:00 - 5:30 pm  
Session 57: Free Papers - AESTHETIC RECONSTRUCTION V
**Tuesday, 25 October**
7:00 - 8:00 am  
Master Class 8: ASIAN RHINOPLASTY
8:00 - 10:00 am  
Session 62: Free Papers - ASIAN AESTHETIC SURGERY II
10:30 am - 12:00 pm  
Session 63: Free Papers - ASIAN AESTHETIC SURGERY III
12:00 - 1:00 pm  
Industry Lunch Seminar
2:00 - 4:30 pm  
Session 64: Free Papers - ASIAN AESTHETIC SURGERY IV
4:30 - 6:00 pm  
Session 65: Free Papers - ASIAN AESTHETIC SURGERY V
**Wednesday, 26 October**
7:00 - 8:00 am  
Master Class 12: PERIORBITAL
**Thursday, 27 October**
7:00 - 8:00 am  
Master Class 16: HAIR TRANSPLANT

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Industry Lunch Seminar  
descriptions are listed on page 196.
Congress Program
SUNDAY
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:50 - 1:00 pm</td>
<td>Opening Remarks - Nazim Cerkes (Turkey)</td>
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<tr>
<td>1:00 - 2:50 pm</td>
<td>Session 1: What is Aesthetic Surgery? Moderator: Bryan C. Mendelson (Australia)</td>
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<tr>
<td>1:00 - 1:20 pm</td>
<td>Aesthetic Surgery: Challenges and Opportunities</td>
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<td>1:20 - 1:40 pm</td>
<td>Interaction of Aesthetic Surgery with Other Core Specialties</td>
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<td>1:40 - 2:00 pm</td>
<td>The Aesthetic Patient, the Reconstructive Patient: What is the Difference?</td>
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<td>2:00 - 2:20 pm</td>
<td>Aesthetic Surgeons----Who are we?</td>
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<td>2:20 - 2:50 pm</td>
<td>Q &amp; A</td>
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<td>2:50 - 3:00 pm</td>
<td>Coffee Break</td>
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<td>3:00 - 3:30 pm</td>
<td>Session 2: The Essentials of Rhinoplasty</td>
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<td>3:30 - 4:00 pm</td>
<td>Session 3: The Essentials of Blepharoplasty</td>
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<td>4:00 - 4:30 pm</td>
<td>Session 4: The Essentials of Facelift</td>
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<td>4:30 - 4:45 pm</td>
<td>Coffee Break</td>
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<td>4:45 - 5:15 pm</td>
<td>Session 5: The Essentials of Aesthetic Breast Surgery</td>
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<tr>
<td>5:15 - 5:45 pm</td>
<td>Session 6: The Essentials of Body Contouring Surgery</td>
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Moderators: Yukio Shirakabe (Japan) & Nina Schwaiger (Germany)

Moderator: James Grotting (USA)
MONDAY
### Monday, 24 October

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 - 8:15 am</td>
<td>Welcome &amp; Opening Remarks</td>
<td>ROOM A</td>
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</tbody>
</table>
| 8:15 - 8:30 am| Session 1: PATIENT SAFETY  
Moderators: Foad Nahai (USA) & Robert Singer (USA)  
Speakers: Robert Singer (USA)  
Ivar van Heijningen (Belgium)  
Alberto Arguello Choiseul (Costa Rica)  
James C. Grotting (USA) | ROOM A                            |
| 9:30 am - 12:00 pm | Session 2: RHINOPLASTY I  
Moderators: Yukio Shirakabe (Japan) & Arturo Ramirez-Montanana (Mexico)  
Speakers:  
Mehmet Nuri Umit Bayramici (Turkey) - "T-Stone Graft" in Rhinoplasty  
O. Erhan Eryilmaz (Turkey) - Septal Extension Graft: Classification and its Applications  
Bahman Guyuron (USA) - Elongation of a Short Nose  
Marcos Harel (Israel) - How Open Rhinoplasty Techniques Improved my Endonasal Approach to the Tip  
Peter Desmond Scott (South Africa) - The Nasal Tip in Rhinoplasty  
Nazim Cerkes (Turkey) - Achievement of a Natural Dorsum in Rhinoplasty  
Selahattin Ozmen (Turkey) - No Lateral Osteotomy Rhinoplasty: Indications and Cautions  
Arturo Ramirez-Montanana (Mexico) - Primary Rhinoplastia  
Gaith F. Shubailat (Jordan) - Tertiary Rhinoplasty  
Kirill P. Pshenisnov (Russia) - Interdisciplinary Approach to Rhinoplasty  
Walter Servi (Argentina) - Different Approach in Complex Rhinoplasty | ROOM A                            |
| 12:00 - 1:00 pm| Industry Lunch Seminar  
Lunch | ROOM A                            |
| 1:30 - 2:30 pm| Session 3: RHINOPLASTY II  
Moderators: Nazim Cerkes (Turkey) & Peter Desmond Scott (South Africa)  
Speakers:  
Yukio Shirakabe (Japan) - Appearance Change of Michael Jackson and his Psychology as a Rhinoplasty Patient from the Perspective of a Japanese Aesthetic Surgeon  
Nigel Mercer (United Kingdom) - The Septal is the Key to Complex Rhinoplasty - Not Just a Source of Graft  
Jose Abel de la Pena Salcedo (Mexico) - Mestizo and Oriental Nose Similarities and Systematic Approach  
Jamal A. Habiballah Jomah (Saudi Arabia) - 3D Analysis of the Arabian Nose | ROOM A                            |
| 2:30 - 3:30 pm| Session 4: PERIORBITAL REJUVENATION I  
Moderators: Foad Nahai (USA) & Montserrat Fontbona (Chile)  
Speakers:  
Ted Wojno (USA) - The Importance of the Upper Eyelid Crease in Cosmetic Blepharoplasty  
Nobuyuki Miyata (Japan) - CO2 Laser Blepharoptosis Surgery: Extended Muller Tucking  
Nina Schwaiger (Germany) - The Treatment of "Round Eyes"/Graves Disease  
Pierre Quinodoz (Switzerland) - Direct External Excision in Periorbital Aesthetic Patients  
Oscar M. Ramirez (USA) - Ectopic Retro-Orbicularis Oculi Fat (E-OOF): Description and Treatment of A New Anatomical Variant | ROOM A                            |
| 3:30 - 4:00 pm| Coffee Break | ROOM A                            |
| 4:00 - 5:30 pm| Session 5: PERIORBITAL REJUVENATION II  
Moderators: Ted Wojno (USA) & David Dae-Hwan Park (South Korea)  
Speakers:  
Fabian E. Cortinas (Argentina) - Preoperative Evaluation of the Lower Eyelid. Decision Making Process  
Montserrat Fontbona (Chile) - Transconjunctival Lower Blepharoplasty  
David Dae-Hwan Park (South Korea) - My Evolution of Asian Lower Blepharoplasty and Fat Management  
Sebastian Garson (France) - Management of the Lower Eyelid in Face Aging  
Jeffrey Schiller (USA) - Transblepharoplasty Midface Lift  
Dirk F. Richter (Germany) - How to Avoid Complications in Periorbital Surgery | ROOM A                            |
| 5:45 - 7:15 pm| Opening Ceremony - Miyakomesse Convention Center | ROOM A                            |
### Monday, 24 October

#### ROOM B

**9:30 am - 12:00 pm**  
**Session 18: FAT TRANSFER TO THE FACE AND MORE**

**9:30 - 9:45 am**  
**EASAPS FORUM: Toma Mugea (Romania)**
Moderator: Susumu Takayanagi (Japan)

**9:45 am - 12:00 pm**  
**ISAPS - EASAPS JOINT SESSION**
Moderators: Jose Carlos Santos Parreira (Portugal) & Lina M. Triana (Colombia)

Speakers:  
- Bertha Torres Gomez (Mexico) - Multiplanar Approach in Facial Fat Grafting  
- Joackim Graf von Finckenstein (Germany) - New Indications for Micro Fat Grafting  
- Norbert Pallua (Germany) - The Lipo-Facelift: Scientific Background on Micro Fat Grafting in Combination with the High SMAS Facelift for Facial Rejuvenation  
- Hiroko Yanaga (Japan) - Enhancing of Mid Facial Rejuvenation with Microlipo-Injection  
- Ana Zulmira Diniz Badin (Brazil) - Fat Injection Plus Laser CO2: a Great Complimentary Procedure in Facial Rejuvenation  
- Panagiotis N. Mantalos (Greece) - New Inferomedial L-Scar Mamaplasty  
- Isabel de Benito (Spain) - How to Prevent the Enlargement of the Lower Pole with Anatomical Implants: Fat Grafting

**7:15 - 9:30 pm**  
**JSAPS - ISAPS Welcome Reception - Miyakomesse Convention Center**

**7:00 - 8:00 am**  
**Master Class 1: RHINOPLASTY**
Speaker: Nazim Cerkes (Turkey) - Structural Rhinoplasty

**8:00 am - 2:00 pm**  
**JSAPS Congress (In Japanese - no translation will be provided)**

**2:00 - 3:50 pm**  
**Session 31: ISAPS, JSAPS and OSAPS JOINT SESSION: ASIAN BLEPHAROPLASTY (Session is in English)**
Moderators: Masaaki Iwanami (Japan), Chien-Tzung Chen (Chinese Taipei) & Florencio Quiogue Lucero (Philippines)

Speakers:  
- Martin H. S. Huang (Singapore) - Asian Upper Blepharoplasty by Suture Technique  
- Kunihiko Nohira (Japan) - Key to Achieve Successful Asian Blepharoplasty  
- Chang-Chien Yang (Chinese Taipei) - How to Make Naturally Symmetry in Upper Blepharoplasty  
- Akhiro Ichinose (Japan) - Extended Infrabrow Excision Blepharoplasty and Adjunctive Procedures  
- Min-Hee Ryu (South Korea) - The Surgical Correction of Crow’s Feet Deformity Using Orbicularis Oculi Muscle Coagulation  
- David De-Hwan Park (South Korea) - Revisited Supramid Rod Suspension in Severe Ptosis with Comparison to Frontalis Transfer  
- Kamol Wattanakrai (Thailand) - Contemporary Lower Eyelid Rejuvenation  
- Yuzo Komuro (Japan) - Orbicularis Oculi Muscle Overlap Method for the Correction of Tear Trough Deformity  
- Hong Lim Choi (South Korea) - Extended Lower Blepharoplasty

**3:50 - 5:30 pm**  
**Session 32: ISAPS, JSAPS and OSAPS JOINT SESSION: ASIAN RHINOPLASTY (Session is in English)**
Moderators: Yoshiki S Hoshaka (Japan) & Rene C. Valerio (Philippines)

Speakers:  
- Yasushi Sugawara (Japan) - Rhinoplasty for Asian. Assessment and Planning  
- Man Koon Suh (South Korea) - Correction of Hump Nose in Asians  
- Toshitsugu Hirohi (Japan) - Alar Base Reduction with the Alar Cinch Procedure Using Deepithelialized Flaps  
- Carlos Lasa (Philippines) - Hybrid Rhinoplasty: Nasal Augmentation Using Silicone Implant for Nasal Bridge and Cartilage Graft for Nasal Tip  
- Myung Ju Lee (South Korea) - Rib Cartilage Rhinoplasty for the Harmonious Asian Face  
- Woffles T. L. Wu (Singapore) - Refinements of the Composite Rhinoplasty in Asian Noses  
- Chien-Tzung Chen (Chinese Taipei) - Aesthetic Correction of Traumatic Nose  
- Ryosuke Fujimori (Japan) - Reconstruction of Nose

#### ROOM C (BF1)

**7:00 - 8:00 am**  
**Master Class 2: BREAST SURGERY**
Speaker: Emmanuel Delay (France) - How Lipomodeling has Changed my Breast Plastic Surgery Practice

**8:00 am - 5:30 pm**  
**JSAPS Congress (In Japanese - no translation will be provided)**

**ROOM D (BF1)**

**7:00 - 8:00 am**  
**Master Class 2: BREAST SURGERY**
Speaker: Emmanuel Delay (France) - How Lipomodeling has Changed my Breast Plastic Surgery Practice

**8:00 am - 5:30 pm**  
**JSAPS Congress (In Japanese - no translation will be provided)**
### ROOM E (BF1)

**7:00 - 8:00 am**
Master Class 3: FACELIFT  
Speaker: Bryan C. Mendelson (Australia) - *Why and How to Perform a Composite Facelift Using the Sub SMAS Spaces*

**8:00 am - 5:30 pm**
JSAPS Congress *(In Japanese - no translation will be provided)*

### ROOM F (BF1)

**7:00 - 8:00 am**
Master Class 4: ASIAN BLEPHAROPLASTY  
Speaker: David Dae-Hwan Park (South Korea) - *Asian Blepharoplasty - How to do Four Directional Enlargements in Asians*

**9:30 - 10:50 am**
Session 53: Free Papers - AESTHETIC RECONSTRUCTION I  
Moderators: Kaneshige Satoh (Japan)

Presenters:
1. **1 - Is Face Transplant the Ultimate Aesthetic Reconstructive Surgery?**  
   Presenter: Laurent Lantieri (France)  
   Authors: Lantieri L

2. **2 - Aesthetic Considerations in Facial Reconstruction Following Blast Injuries of the Face** *(WITHDRAWN)*  
   Presenter: Mamoon Rashid (Pakistan)  
   Authors: Rashid M, Sarwar S

   Presenter: Jiri Borsky (Czech Republic)  
   Authors: Borsky J, Jurovcik M, Veleminska J

4. **4 - Optimizing Functional and Aesthetic Outcomes in Post-Burn Head and Neck Reconstruction**  
   Presenter: P. Nicolas Broer (USA)  
   Authors: Broer PN, Heidekrueger PL, Ninkovic M

5. **5 - Aesthetic Considerations in the Reconstruction of Facial Malignancies**  
   Presenter: Hussein S, Abulhassan (Egypt)  
   Authors: Abulhassan HS, Abulhassan AH

6. **6 - Evolving Techniques in the Management of Tessier No. 3 and 4 Clefts** *(WITHDRAWN)*  
   Presenter: Mamoon Rashid (Pakistan)  
   Authors: Rashid M, Sarwar S

7. **7 - Thread Lift in Facial Paralysis**  
   Presenter: Carolina Andresen (Portugal)  

**10:50 - 11:00 am**
Coffee Break

**11:00 - 12:00 pm**
Session 54: Free Papers - AESTHETIC RECONSTRUCTION II  
Moderators: Carlos de Souza Toledo Jr. (Brazil), Kenjo Yano (Japan) & Kazuyoshi Yajima (Japan)

Presenters:
8. **8 - Simultaneous Unaffected Breast Augmentation Reusing Zone IV as Siea Flap in Unilateral Diep Flap Breast Reconstruction**  
   Presenter: Toshihiko Satake (Japan)  
   Authors: Satake T, Shida M, Hori H, Ogawa M, Muto M, Hirotomi K, Ko S, Maegawa J

9. **9 - External Breast Expander-Assisted Fat Grafting to the Autologous Reconstructed Breast**  
   Presenter: Mayu Muto (Japan)  
   Authors: Muto M, Satake T, Ko S, Maegawa J

10. **10 - Large Volume Fat Grafting with Water-Jet Assisted Fat Harvesting and Transfer**  
    Presenter: Klaus Ueberreiter (Germany)  
    Author: Ueberreiter K

11. **11 - The Effects of Perioperative Tamoxifen Therapy on Microvascular Flap Complications in Tram/Diep Flap Breast Reconstruction**  
    Presenter: Gregory R, D. Evans (USA)  
    Authors: Salibian AA, Bokarius AV, Gu J, Lee Y, Wirth GA, Paydar KZ, Kobayashi MR, Evans GR

12. **12 - Immediate Reconstruction of Big-Sized Breast with Permanent Implants**  
    Presenter: Tatiana V. Mavrodii (Russia)  
    Authors: Mavrodii TV, Kovaev K, Udovenova M

13. **13 - Breast Reconstruction by Anatomical Implants and Decorticated Fasciocutaneous Flaps After Non Sparing Mastectomy**  
    Presenter: Andrej Sukop (Czech Republic)  
    Authors: Sukop A, Nejedly A, Zarubova L, Bayer J, Schwarzmannova K, Miletin J, Mestak O

**12:00 - 1:30 pm**
Lunch
### Session 55: Free Papers - AESTHETIC RECONSTRUCTION III

**Moderators:** L. Franklyn Elliott (USA) & Yoshiko Iwahira (Japan)

<table>
<thead>
<tr>
<th>Presenter Title</th>
<th>Presenter(s)</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - The Best Reconstruction Choose for Huge Phyllodes Tumor of Breast – Bi-Pedicled Deep Inferior Epigastric Perforator Flap</td>
<td>Chien-Liang Fang (Chinese Taipei)</td>
<td>Fang CL</td>
</tr>
<tr>
<td>16 - Aesthetic Reconstruction of Poland Syndrome in Males</td>
<td>Jesus Benito-Ruiz (Spain)</td>
<td>Benito-Ruiz J, Manzano ML, Salvador L</td>
</tr>
<tr>
<td>17 - Calf Augmentation and Reconstruction. 25 Years Experience</td>
<td>Igor Niechajev (Sweden)</td>
<td>Niechajev I</td>
</tr>
</tbody>
</table>

### Coffee Break

### Session 56: Free Papers - AESTHETIC RECONSTRUCTION IV

**Moderators:** Henry A. Mentz III (USA) & Andreas Printzlau (Denmark)

<table>
<thead>
<tr>
<th>Presenter Title</th>
<th>Presenter(s)</th>
<th>Authors</th>
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<tbody>
<tr>
<td>18 - Aesthetic Reconstruction of Calves with Implants in Patients with Iatrogenic Atrophy</td>
<td>Jesus Benito-Ruiz (Spain)</td>
<td>Benito-Ruiz J, Manzano ML, Salvador L</td>
</tr>
<tr>
<td>19 - Particularities Different Plastics Techniques Used for Correction of Post-Burn Contractures of the Foot</td>
<td>Babur M. Shakirov (Uzbekistan)</td>
<td>Shakirov BM</td>
</tr>
<tr>
<td>20 - The Use of the Soleus Flap in the Reconstruction of the Lower Limb</td>
<td>Frederico Santos (Brazil)</td>
<td>Santos F, Capela M</td>
</tr>
</tbody>
</table>

### Coffee Break

### Session 57: Free Papers - AESTHETIC RECONSTRUCTION V

**Moderators:** Theodore Voukidis (Greece) & Sanguan Kunaporn (Thailand)

<table>
<thead>
<tr>
<th>Presenter Title</th>
<th>Presenter(s)</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 - A Simplified Approach to the Correction of Ventral Hernias by Means of Abdominoplasty and Surgical Scaffold Reinforcement</td>
<td>Humberto Palladino (USA)</td>
<td>Palladino H, Aguillo FA</td>
</tr>
<tr>
<td>22 - Marumo’s Modify Technique in Four Cases Hand Syndactyly</td>
<td>Rosana M. Yamamoto (Brazil)</td>
<td>Yamamoto RM, Okamoto RH, Ferreira LM</td>
</tr>
<tr>
<td>23 - Penis Reconstruction in a Patient with Complex Malformation of the Urogenital Apparatus</td>
<td>Silviu Marinescu (Romania)</td>
<td>Marinescu S, Bejinariu C, Badeana A, Boiangiu AM, Giuglea C</td>
</tr>
<tr>
<td>24 - Anterolateral Thigh Phalloplasty: How I Do It</td>
<td>Kamol Pansritum (Thailand)</td>
<td>Pansritum K</td>
</tr>
</tbody>
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### ROOM G (BF1)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>8:00 am - 5:30 pm</td>
<td>JSAPS Congress (in Japanese - no translation will be provided)</td>
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</table>
TUESDAY
### Session 6: FACE AND NECK REJUVENATION I

**Moderator:** Lina M. Triana (Colombia)

**Speakers:**
- Bryan C. Mendelson (Australia) - *The Anatomy of Facial Aging*
- Daniel C. Mills (USA) - *A Graduated Treatment Plan for Different Defects and Age Groups for Facial Rejuvenation*
- Mario Pelle-Cervolo (Italy) - *Platysma Bands: The Easiest and Most Definitive Solution without Opening the Anterior Neck*
- James C. Grotting (USA) - *The Delta Facelift: A Simplified Approach to Facial Rejuvenation by Focusing on Aesthetic Lines and Curves*
- Luis O. Vasconez (USA) - *Facelift Under Local Anesthesia without I.V. Sedation and Minimal Pain*
- Renato Saltz (USA) - *The Facial Aesthetic Package - for Better, Safer and Long-Term Facelift Results*
- W. Grant Stevens - *The Icing On the Cake: Optimization of Facelift Results*
- Bahman Guyuron (USA) - *Super-High SMAS and Tailor Tack SMAS Plication*

### Session 7: FACE AND NECK REJUVENATION II

**Moderators:** Stephen Gilbert (New Zealand) & Oscar M. Ramirez (USA)

**Speakers:**
- Barbara Helena Barcaro Machado (Brazil) - *Vectors of Traction in Rhytidoplasty*
- Vakis Kontoes (Greece) - *Facelift. Creating Happy Patients*
- Andrew Jacono (USA) - *Minimal Access Extended Deep Plane Vertical Vector Rhytidectomy: A New Technique for Durable Neck and Midface Rejuvenation with Less Scarring*
- Natalia Manturova (Russia) - *Combined Approach to Rejuvenation of the Facial Medium Zone*
- Alexis Verpaele (Belgium) - *Centrofacial Rejuvenation: A New Paradigm in the Reconstruction of Youth*
- Florencio Qulogue Lucero (Philippines) - *Deep Plane Facelift, A Reproducible Technique*

### Session 8: FACE AND NECK REJUVENATION III

**Moderators:** Malcolm David Paul (USA) & Alexis Verpaele (Belgium)

**Speakers:**
- Oscar M. Ramirez (USA) - *The Facial Matrix Concept with Sequential Soft Tissue and Skeletal Manipulation for Rejuvenation and Beautification*
- Aris Sterodimas (Greece) - *Facelift. Creating Happy Patients*
- Darryl J. Hodgkinson (Australia) - *Total Neck Rejuvenation with Modified Fogli Platysmaplasty*
- Antonio Carmo Graziosi (Brazil) - *Neck Lift: Indications and Treatment*
- Jorge Herrera (Argentina) - *Cervicoplasty w Short Scar Facelift. Correcting the Neck Through a Short Incision Facelift*
- Daniel Labbe (France) - *Neck Lift and the Sub Mental Area*
- Alain Fogli (France) - *Facelift. How I Do it and Why After 38 Years of Experience*
- Bahman Guyuron (USA) - *Vest-Over-The Pants Technique for Platysmorrhaphy, 32 Years Experience*
- Bahman Guyuron (USA) - *Introductory remarks as the new EIC of APS*

### Session 9: AESTHETIC BREAST SURGERY I

**Moderators:** Sanguan Kunaporn (Thailand) & Ricardo C. Ribeiro (Brazil)

**Speakers:**
- M. Suhan Ayhan (Turkey) - *Renaissance of Polyurethane Covered Breast Implants*
- Gustavo A. Chajchir (Argentina) - *Polyurethane Breast Implants 20 Years Follow*
- Gianluca Campiglio (Italy) - *Treatment of Breast Ptois with Shaped Implants and Parenchymal Manipulation*
- Ricardo C. Ribeiro (Brazil) - *Reducing Complications and Maximizing Results in Mastopexy with Implants*
- J. Peter Rubin (USA) - *Dermal Suspension Mastopexy*
- Eric Michael Aucclair (France) - *Benefits of Fat Grafting in Aesthetic Breast Augmentation*
Tuesday, 25 October

**ROOM B**

8:00 - 10:00 am  
**Session 19: FAT TRANSFER II - BREAST/BODY**  
Moderators: Roger K. Khouri (USA) & Kotaro Yoshimura (Japan)

- **Speakers:** Thomas M. Biggs (USA) - Large Volume Fat Grafting to the Breast  
  Emmanuel Delay (France) - Breast Augmentation by Lipomodeling (Lipoaugmentation)  
  Kotaro Yoshimura (Japan) - Breast Augmentation/Reconstruction with Fat Grafting  
  Lokesh Kumar (India) - Autologous Breast Augmentation Using Waterjet Harvested Fat Graft  
  Gustavo A. Chajchir (Argentina) - Fat Graft Body Contouring  
  Lee L. Q. Pu (USA) - Can We Standardize the Techniques for Fat Grafting?  
  Lazaro Cardenas Camarena (Mexico) - Deaths Secondary to Lipoinjection: What are We Doing Wrong?

**Free Papers**

- **25 - Radiological Findings After Breast Augmentation with Cell-Assisted Lipotransfer**  
  **Presenter:** Yuko Asano (Japan)  
  **Authors:** Asano Y, Yoshimura K, Tsuji N

- **26 - Evaluation of Oncological Safety of Fat Grafting After Breast-Conserving Therapy: A Prospective Study**  
  **Presenter:** Ondrej Mestak (Czech Republic)  
  **Author:** Mestak O

- **27 - Standard Lipoaspirate is Ideally Suited for Mechanical Shear Stress which Yields Stromal Vascular Cells with Increased Pluripotency**  
  **Presenter:** Gregory R. D. Evans (USA)  
  **Authors:** Banyard DA, Sarantopoulos CN, Phan D, Borovikova AA, Qiu X, Wirth GA, Paydar KZ, Haun JB, Evans GR, Widgerow AD

10:00 - 10:30 am  
**Coffee Break**

10:30 am - 12:00 pm  
**Session 20: MINIMALLY INVASIVE I**  
Moderators: Kitaro Ohmori (Japan) & W. Grant Stevens (USA)

- **Speakers:** Abel M. Chajchir (Argentina) - Lasers and Facial Rejuvenation  
  Taro Kono (Japan) - Pico Second Laser Treatment of Pigmented Lesions  
  Javier de Benito (Spain) - Face Rejuvenation: Doctor, I Have Two Hours. A Weekend, One Week, Two Weeks, Full Time?  
  Henry Delmar (France) - SMART Threads Concept: The Biomechanics Condition for Tension Threads  
  Daniel A. Knutti (Switzerland) - Minimal Invasive Facelift  
  Takeshi Nishimura (Japan) - Facial Contouring: Surgical and Nonsurgical  
  W. Grant Stevens (USA) - Non Surgical Facial Tightening and Lifting

12:00 - 2:00 pm  
**ISAPS Biennial Business Meeting Lunch**

12:00 - 1:30 pm  
**Lunch**

2:00 - 4:00 pm  
**Session 21: MINIMALLY INVASIVE II**  
Moderators: Sami Saad (Lebanon) & Ritsu Aoki (Japan)

- **Speakers:** Eduardo R. Sucupira (Brazil) - Rearranging Facial Volume Through a Minimally Invasive Perspective  
  Pablo Hidalgo-Monroy (Mexico) - Non-Surgical Rejuvenation in Non-Caucasian  
  Sergio Korzin (Argentina) - Role of Minimally Invasive Aesthetic Procedures in the Plastic Surgeon Practice  
  Daniel C. Mills (USA) - Early Results for Cellulite Treatment  
  Barry E. DiBernardo (USA) - Non-Invasive Fat Reduction  
  Rei Ogawa (Japan) - Total Management of Scars - From Surgery to Lasers  
  Claudio DeLorenzi (Canada) - High Dose Pulsed Hyaluronidase Protocol for Filler Embolism

4:00 - 4:30 pm  
**Coffee Break**

4:30 - 6:00 pm  
**Session 22: FACE AND NECK REJUVENATION IV**  
Moderators: Vakis Kontoes (Greece) & Yukio Shirakabe (Japan)

- **Speakers:** Claude Le Louarn (France) - The Hyo Neck Lift: Originality and Interest  
  Bryan Mendelson (Australia) - More Than Faceliftin in Facial Rejuvenation; The Role of Skeletal Augmentation  
  Heidi Waldorf (USA) - Facial Rejuvenation: The Role of Gender, Ethnicity, Region and Economics  
  Alejandro Duarte y Sanchez (Mexico) - How to Avoid Stigmata in Rhinoplasty  
  Doo Byung Yang (South Korea) - Wrapping Round Facelift  
  Ryuichi Utsugi (Japan) - A New Concept of Facelift Surgery of Lower 1/2 Face. (A Ligament to Ligament Procedure with Suspension Fascia Graft)  
  Malcolm David Paul (USA) - Contemporary Faceliftin with the Anterior SMAS Approach
## Tuesday, 25 October

### ROOM C (BF1)

<table>
<thead>
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<th>Time</th>
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| 7:00 - 8:00 am | Master Class 5: STEM CELL RESEARCH/CLINICAL  
Speakers: J. Peter Rubin (USA) & Kai-Uwe Schlaurdaff (Switzerland) - Stem Cells: Current State of Research, Clinical Use, Regulation, and Ethics |
| 8:00 am - 5:30 pm | JSAPS Congress *(In Japanese - no translation will be provided)* |

### ROOM D (BF1)

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<th>Time</th>
<th>Event</th>
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| 7:00 - 8:00 am | Master Class 6: BREAST SURGERY  
Speaker: James C. Grotting (USA) - Decision-Making in Augmentation Mastopexy - Critical Principles to Avoid Complications |
| 8:00 am - 5:30 pm | JSAPS Congress *(In Japanese - no translation will be provided)* |

### ROOM E (BF1)

<table>
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<th>Event</th>
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| 7:00 - 8:00 am | Master Class 7: NECK LIFT  
Speaker: Alain Fogli (France) - Neck Lift |
| 8:00 am - 5:30 pm | JSAPS Congress *(In Japanese - no translation will be provided)* |

### ROOM F (BF1)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 7:00 - 8:00 am | Master Class 8: ASIAN RHINOPLASTY  
Speaker: Man Koon Suh (South Korea) - Asian Rhinoplasty: Tips and Pitfalls of Dorsal Augmentation & Asian Tip Plasty |
| 8:00 - 10:00 am | Session 58: Free Papers - BREAST SURGERY II  
Moderators: Ruth M. Graf (Brazil) & Eric Michael Auclair (France)  
Presenters:  
28 - Investigation of Aging Processes of Silicone Breast Implants  
Presenter: Oxana Kononets (Russia)  
Authors: Kononets O, Alexeeva E  
29 - Nipple-Areolar Complex Sensibility Disorders After Breast Augmentation with Siliconic Implants and Bilateral Mastopexy Surgery  
Presenter: Silviu Marinescu (Romania)  
Authors: Marinescu S, Badeana A, Boianguiu AM, Bejinariu C, Giuglea C  
30 - Algorithm For Choosing Breast Implants  
Presenter: Nimrod Friedman (Israel)  
Author: Friedman N  
31 - Breast Surgery: Implants or Fat Injection?  
Presenter: Nimrod Friedman (Israel)  
Author: Friedman N  
32 - Breast Augmentation: Breast Asymmetry Correction with Different Size of Implants  
Presenter: Saulius Viksraitis Sr. (Lithuania)  
Author: Viksraitis S  
33 - How to Avoid Animation Deforimites in the Submuscular Breast Augmentation  
Presenter: Horia R. Siclovan (Romania)  
Author: Siclovan HR  
34 - Transareolar Approach (TA-A) in Breast Augmentation (BA) - Pro's & Con's  
Presenter: Dana M. Jianu (Romania)  
Authors: Jianu DM, Cobani O, Filipescu M  
35 - Hybrid Augmentation Mammaplasty  
Presenter: Mingu Kang (South Korea)  
Authors: Kang M, Choi S, Park S, Lee J  
36 - Chest Wall Asymmetry Assessment Scale in Breast Augmentation  
Presenter: Dmitry V. Melnikov (Russia)  
Author: Melnikov DV  
37 - Surgical Treatment of Silicone Breast Implant Rupture  
Presenter: Dmitry V. Melnikov (Russia)  
Authors: Melnikov DV, Stanceva O  
38 - Fat Grafted Breasts for Secondary Augmentation Mammaplasty in Chinese Woman  
Presenter: Talee Chang (Chinese Taipei)  
Author: Chang T  
39 - Micro-Autologous Fat Transplantation (Maft) for Primary Augmentation Mammaplasty in Asian Female  
Presenter: Tsai Ming Lin (Chinese Taipei)  
Authors: Lin TM, Huang Y, Takahashi H |
| 10:00 - 10:30 am | Coffee Break |

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Tuesday, 25 October

10:30 am - 12:00 pm  Session 59: Free Papers - BREAST SURGERY III
Moderators: J. Peter Rubin (USA) & Giovanni Botti (Italy)

Presenters: 40 - On Going 10 Year Clinical Study to Evaluate the Safety of Eurosilicone S Round and Anatomical Gel Breast Implants Results At 8 Years With Focus On Aesthetic Indication
Presenter: Franck Duteille (France)
Authors: Duteille F, Perrot P, Stewart S

41 - Polyurethane Implants: Tip & Tricks, Benefits and Downsides
Presenter: Nimrod Friedman (Israel)
Author: Friedman N

42 - Botulinum Toxin and Breast Augmentation
Presenter: Hossein Abdali (Iran)
Authors: Abdali H, Askarzadeh M, Fazeli SH

43 - Innovations in Transaxillary Breast Augmentation
Presenter: Igor Niechajev (Sweden)
Author: Niechajev I

44 - Biologic Scaffold Support Using the Central Pedicle Technique in Mastopexy and Reduction Mammaplasty
Presenter: Francisco J. Agullo (USA)
Authors: Agullo FJ, Palladino H

45 - New Concepts in Mammaplasty: A Reliable and Producible Technique for Breast Reduction, Mastopexy and Augmentation Mastopexy
Presenter: Hassen Ben Jemaa (Tunisia)
Author: Ben Jemaa H

46 - Internal Breast Reduction Surgery
Presenter: Aristides Arellano-Huacuja Sr. (Mexico)
Authors: Arellano-Huacuja A, Arellano-Montalvo D

47 - Correction of Lateral Breast Bulging and Fullness During Reduction Mammaplasty
Presenter: Sara Ghorbani (Iran)
Author: Ghorbani S

12:00 - 1:00 pm  Industry Lunch Seminar

12:00 - 1:30 pm  Lunch

2:00 - 4:00 pm  Session 60: Free Papers - BREAST SURGERY IV
Moderators: James Grotting (USA) & Dennis O. von Heimburg (Germany)

Presenters: 48 - Breast Reduction with Triple Blood Nourishing of the Nipple-Areola Complex: A Novel Concept of the Transverse Bi-Pedicle Reduction Mammaplasty Based on Würinger’s Septum
Presenter: Eugenia J. Kyriopoulos (Greece)
Authors: Kyriopoulos EJ, Hasemaki N, Kostidou E, Lampropoulos CH, Tsoutsos D

49 - Inferior Pedicle Mammaplasty and Super Hige Breasts: Retrospective Study of 180 Cases
Presenter: Hussein S. Abulhassan (Egypt)
Authors: Abulhassan HS, Abulhassan AH

50 - A Third World Country Requires Locally Advanced Breast Cancer Reconstruction to be a Final Aesthetic Procedure
Presenter: Marisse Venter (South Africa)
Authors: Venter M, Pucjilowski T, Benn CA

51 - Capsular Contracture in Implant-Based Breast Reconstruction: Examining the Role of Acellular Dermal Matrix Fenestrations
Presenter: Donald S. Mowlds Jr. (USA)
Authors: Mowlds DS, Salibian AA, Scholz T, Paydar KZ, Wirth GA

52 - Unexpected Outcome of a Single Session Lipomodeling of Bilateral Hypoplastic Tuberous Breast in Adolescent Female (Case Report)
Presenter: Sahar Al-Kazzaz (UAE)
Author: Al-Kazzaz S

53 - Major Breast Asymmetry - A Continuous Challenge for Plastic Surgeon. How Do We Solve It?
Presenter: Carmen Giuglea (Romania)
Authors: Giuglea C, Coman C, Dumitrache S, Iacob I, Gheorghe A, Marinescu S

54 - Dystrophic Calcification can be Lethal Around Breast Implants
Presenter: Robert A. Ersek (USA)
Author: Ersek RA

4:00 - 4:30 pm  Coffee Break
Tuesday, 25 October

**ROOM G (BF1)**

| 4:30 - 6:00 pm | Session 61: Free Papers - BODY CONTOURING II | Moderators: Ewa Siolo (South Africa) & Tim Papadopoulos (Australia) |

| Presenters: | 55 - Predictors of Pain Intensity After Liposuction | Presenter: Sergey A. Plaksin (Russia) |
| | Authors: Plaksin SA, Khramtsova NI |
| 56 - Safety of Large Volume Liposuction; A Twelve Year Experience | Presenter: Sara Ghorbani (Iran) |
| | Author: Ghorbani S |
| 57 - Scarless Laser Liposuction for the Management of Huge Lipodystrophy of the Upper Arm | Presenter: Hussein S. Abulhassan (Egypt) |
| | Authors: Abulhassan HS, Abulhassan AH |
| 58 - Functional Improvement with Abdominoplasty | Presenter: Alastair Taylor (Australia) |
| | Author: Taylor A |
| 59 - Risk Factors for Post-Operative Complications in the Body Contouring Patient | Presenter: Linda G. Phillips (USA) |
| | Author: Phillips LG |
| 60 - Abdominal Aesthetic Units: Anatomy and Behaviour of Skin and Adipose Tissue in Each Unit and Long Term Outcome of Abdominal Contouring | Presenter: Sanjay K. Parashar (UAE) |
| | Author: Parashar SK |
| 61 - Abdominoplasty and Body Mass Index Impact on Complications Profile: Improving Safety in Patient Selection | Presenter: Iris M. Brito (Portugal) |

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**ROOM F (BF1)**

| 8:00 am - 5:30 pm | JSAPS Congress (In Japanese - no translation will be provided) |

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Kamogawa Odori
WEDNESDAY
Wednesday, 26 October

**ROOM A**

**8:00 - 10:00 am**

**Session 10: AESTHETIC BREAST SURGERY II**

**Moderators:** João Carlos Sampaio Goes (Brazil) & Carlos Oscar Uebel (Brazil)

**Speakers:**
- Dana Jianu (Romania) - Microbiological Safety of Trans-Areolar Approach in Breast Augmentation: B.R.E.A.S.T. M.F. - A Very Recent Original Study
- Luis Perin (Brazil) - Complications on Breast Augmentation, Can We Prevent Them?
- Mark L. Jewell (USA) - Lactation Outcomes in More Than 3500 Women Who Breast-Fed After Augmentation with Silicone or Saline Implants: Five-Year Data from the Breast Implant Follow-Up Study
- Li Yu (China) - Treatment Strategy for Capsular Contracture of Transaxillary Augmentation Mammaplasty: Personal Experience
- Antonio Aldo Mattura (Argentina) - Breast Augmentation Using Big Implants in Tuberos Breasts
- Dennis O. von Heimburg (Germany) - Secondary Surgery in Tuberos Breasts
- Theodore Voukidis (Greece) - Use of Polymorphic Implants for Cosmetic Augmentation and Breast Reconstruction
- João Carlos Sampaio Goes (Brazil) - Breast Augmentation with Form-Stable Implants and Lipofiling
- Ruth M. Graf (Brazil) - Breast Lipofilling After Implants Removal in Post-Menopause Patients

**10:00 - 10:30 am**

**Coffee Break**

**10:30 am - 12:00 pm**

**Session 11: AESTHETIC BREAST SURGERY III**

**Moderators:** Gianluca Campiglio (Italy) & Theodore Voukidis (Greece)

**Speakers:**
- Bruno Alfandari (France) - 100% Anatomic Shape Implant Surgeon
- Reha C. Yavuzer (Turkey) - BREAST AUGMENTATION - Tips and Tactics for Composite Breast Augmentation
- Kai-Uwe Schlaudraff (Switzerland) - Lightweight Breast Implants - Weight Matters?
- Rodney D. Cooter (Australia) - Breast Device Registries and International Collaboration of Breast Device Registries (ICOBRA)
- Birgit Stark (Sweden) - The Swedish Experience with a Breast Implant Register
- Pedro Bins Ely (Brazil) - Implants and Evidence-Based Medicine

**12:00 - 1:15 pm**

**Industry Lunch Seminar**

**12:00 - 1:30 pm**

**Lunch**

**1:30 - 2:00 pm**

**OHMORI Lecture:** Kitaro Ohmori (Japan) - How He Loved ISAPS

**2:00 - 4:00 pm**

**Session 12: AESTHETIC BREAST SURGERY IV**

**Moderators:** Jack Fisher (USA) & Giovanni Botti (Italy)

**Speakers:**
- Jae Hoon Chang (South Korea) - Augmentation Mastopexy In Asians
- Bohumil Zalesak (Czech Republic) - Different Types of Dermal Suspension in Breast Reduction Surgery and Mastopexy
- Roger K. Khouri (USA) - A New Incisionless and Sutureless Mastopexy and Breast Reduction
- Ismail Kuran (Turkey) - Breast Reduction: Tips and Tricks to Make it Safe and Simple
- Joao Eron A. Ramos (Brazil) - Breast Reduction on a Single Central Block
- Giovanni Botti (Italy) - Breast Surgery: Long Run Results of the Vertical Technique
- Bertrand Lacotte (Saint Barthelemy) - Modified Vertical Technique of Lassus; A Short Scar Technique Even for Large Breast
- Graeme J. Southwick (Australia) - Correction of Small Volume Breast Asymmetry Using Deep Parenchymal Resection and Identical Silicone Implants

**4:00 - 4:30 pm**

**Coffee Break**

**4:30 - 6:00 pm**

**Session 13: AESTHETIC BREAST RECONSTRUCTION I**

**Moderators:** L. Franklyn Elliott (USA) & Hirotaka Asato (Japan)

**Speakers:**
- Mark L. Jewell (USA) - Clinical Experiences with a Silk-Based Biologic Textile (Seri Surgical Scaffold) in Aesthetic and Reconstructive Breast Surgery
- L. Franklyn Elliott (USA) - Why I Rarely Use ADM Anymore
- Yoshiko Iwashita (Japan) - Breast Reconstruction with Expander/Implant
- Fernando Magallanes-Negrete (Mexico) - Refinements in Aesthetic Breast Reconstruction with Implants
- Satoru Yamaguchi (Japan) - Immediate Breast Reconstruction Using Implant
- Osman Akin Yucel (Turkey) - Prosthetic Breast Reconstruction: A Surgical Strategy for Better Cosmetic Results
- Lan Mu (China) - Breast Reconstruction and Functional Restoration

**7:00 - 7:30 pm**

**Cocktails** - The Westin Miyako Kyoto

**7:30 - 12:00 pm**

**Presidential Dinner** - The Westin Miyako Kyoto

Performances during the Presidential Dinner are supported by a subsidy from Kyoto City and the Kyoto Convention and Visitors Bureau.
Wednesday, 26 October

ROOM B

8:00 - 10:00 am  Session 23: REGENERATIVE MEDICINE
Moderators: Hiroshi Mizuno (Japan) & Abel M. Chajchir (Argentina)

Speakers: Seung-Kyu Han (South Korea) - Injectable Tissue-Engineered Soft Tissue: Clinical Experience
Maria Cristina Picon (Argentina) - Regenerative Surgery
German Vargas (Guatemala) - SFV Applications in Plastic Surgery Procedures
Hiroko Yanaga (Japan) - Breast Augmentation with Cell-Engineered Adipocyte and Fat Injection
Roger K. Khouri (USA) - Regenerative Incisionless Breast Augmentation
Tomoko Hayashi (Japan) - Facial Augmentation by Using PRpb-FGF-This Treatment Will Surpass the Fat Injection

Free Papers

Presenter: Samuel J. Isaacs (South Africa)
Authors: Isaacs SJ, Kleintjes WG

63 - Adipose Derived Regenerative Cells In Treatment Of Alopecia Androgenetica
Presenter: Katarina Andjelkov (Serbia)
Authors: Andjelkov K, Sforza M

64 - Xenograft Enriched with Autologous Bone Marrow in Inlay Reconstructions: A Tomographic and Histomorphometric Study in Rabbit Calvaria
Presenter: Yamamoto RM, Silva MO, Aloise AC, Ferreira LM

10:00 - 10:30 am  Coffee Break

10:30 am - 12:00 pm  Session 24: RHINOPLASTY III
Moderators: Carlos Oscar Uebel (Brazil) & Yasushi Sugawara (Japan)

Speakers: Panagiotis N. Mantalos (Greece) - Grafts in Primary Rhinoplasty
Carlos Oscar Uebel (Brazil) - Alar Spreader Grafts in the Opening Approach
Peter Chanwoo Kim (South Korea) - Ultradiced Rib Cartilage Graft Through Closed Approach for Autologous Rhinoplasty

Free Papers

65 - Our Experience of Using of Absorbable PDS-Based Structural Support in Nasal and Septal Reconstruction Postoperative Complications and Their Management in 248 Patients Study
Presenter: Aleksandre Kalantarov (Georgia)
Authors: Kalantarov A, Matitashvili K

66 - Immediate Reconstruction with Autologous Temporoparietal Fascia After Enucleation of Infected or Extruded Alloplastic Nasal Implants
Presenter: Sophia Chia Ning Chang (Chinese Taipei)
Authors: Chang SCN, Yu J

67 - Nasal Tip Deviation Following Septal Extension Graft
Presenter: Keizo Fukuta (Japan)
Authors: Fukuta K, Tanaka H, Foo CL

68 - Refining the Nasal Tip with Osteocartilaginous Paste Graft
Presenter: Oswaldo L. Carpes (Brazil)
Authors: Carpes OL, Cavada MN, Pezzin LS, Martha AS

12:00 - 1:00 pm  Industry Lunch Seminar

2:00 - 4:00 pm  Session 25: ENDOSCOPIC SURGERY
Moderators: Luiz O. Vasconez (USA) & Chien-Tzung Chen (Chinese Taipei)

Speakers: Chien-Tzung Chen (Chinese Taipei) - Endoscopic Facial Contouring
O. Erhan Eryilmaz (Turkey) - Endoscopic Subperiosteal Midfacelift: Indications, Techniques and Combined Procedures
Luiz O. Vasconez (USA) - Endoscopy of the Forehead and Mid Face: Present Status and Technique
Denis G. Agapov (Russia) - Extensive Premasseteric Dissection in Endoscopically Assisted Mid Facelift
Henry Delmar (France) - Breast Augmentation: Arguments for the Endoscopic Axillary Approach
Li Yu (China) - Transaxillary Treatment of Post-augmentation Deformity with Endoscopic Assistance: Experience and Challenge
Marco Aurelio Faria Correa (Singapore) - 25 Years Experience in Endoscopic Plastic Surgery

4:00 - 4:30 pm  Coffee Break
Wednesday, 26 October

Session 26: Free Paper - BODY CONTOURING I
Moderators: Maria Isabel Cadena Rios (Colombia) & Maria Wiedner (Germany)

Presenters:

69 - Safety and Efficacy of Subfascial Calf Augmentation: 12 Years of Experience, Extensive Cadaver Study and New Developments
Presenter: Katarina Andjelkov (Serbia)
Author: Andjelkov K

70 - The Concept of Attractive Legs
Presenter: Irina Marinicheva (Russia)
Author: Marinicheva I

71 - Thigh Augmentation with Implant
Presenter: Irina Marinicheva (Russia)
Authors: Marinicheva I, Gritsyuk A

72 - Our Clinical Approaches to Different Types of Secondary Abdominal Contour Deformities After Body Contouring Surgeries
Presenter: Hasan Alim (USA)
Authors: Alim H, Sozer SO

73 - To Drain or Not to Drain in Aesthetic Abdominoplasty: Impact on Patient Outcomes. A Prospective Randomized Controlled Study in a Single Plastic Surgery Center
Presenter: Charalambos K. Rammos (USA)
Authors: Rammos CK, Hunstad JP, Kortesis BG

74 - A 5 Steps No Drain Technique Based in Progressive Tension Sutures for High Definition Abdominoplasty. A Review of 173 Cases
Presenter: Evangelos Keramidas (Greece)
Author: Keramidas E

75 - Benefits of Body-Contouring After a Bariatric Surgery on Weight Loss & Quality of Life
Presenter: Ali Modarressi (Switzerland)
Authors: Modarressi A, Balague N, Pittet-Cuenod B

76 - Sausage Mastopexy for Gynaecomastia with Ptosis, A New Technique
Presenter: Sandip Jain (India)
Author: Jain S

ROOM C (BF1)

7:00 - 8:00 am Master Class 9: FACELIFT
SPEAKERS: Oscar M. Ramirez (USA) - Comprehensive Facial Rejuvenation: Beyond Three-Dimension and Fat Grafting

8:00 am - 6:00 pm Session 33: ISAPS BUSINESS SCHOOL™

8:00 - 9:30 am Speaker: Julie Guest (USA) - How to Distinctively Brand Your Practice and Dominate Your Market
9:30 - 10:00 am Discussion
10:00 - 10:30 am Coffee Break
10:30 - 11:00 am Speaker: Julie Guest (USA) - The Key Elements of a Great Website That Attracts and Converts Patients
11:00 - 11:30 am Speaker: Chad Erickson (USA) - The Beginners Guide to SEO and Google Adwords
12:00 - 1:30 pm Lunch Panel - Why Embracing Non-Invasive Aesthetic Treatments Makes Excellent Business Sense
Moderator: Tim Papadopoulos (Australia)
Panelists: Pat Altavilla (USA)
Pablo Hidalgo-Monroy (Mexico)

1:30 - 2:00 pm Speaker: Simone Hellmann (Germany) - A Social Media Blueprint to Attract New Patients (A European Perspective)

2:00 - 3:00 pm Panel - The Consultation and Converting Prospects to Patients - Techniques to Sell without Selling
Moderator: Julie Guest (USA)
Panelists: Reha C. Yavuzer (Turkey)
W. Grant Stevens (USA)

3:00 - 4:00 pm Speaker: Renato Saltz (USA) - Top Strategies for a Profitable Practice
3:30 - 4:00 pm Coffee Break
4:00 - 4:30 pm Speaker: Masayuki Fukuzawa (Japan) - How to Develop and Serve Growing Chinese Customers
4:30 - 4:45 pm Speaker: Jia Qin (China)

4:45 - 6:00 pm Panel - ISAPS Continent Showdown: What’s Working Now for Patient Attraction in Our Countries
Moderators: Julie Guest (USA) & Renato Saltz (USA)
Panelists: Arturo Ramirez-Montanana (Mexico)
Lina M. Triana (Colombia)
Kai-Uwe Schlaudraff (Switzerland)
Susumu Takayanagi (Japan)
W. Grant Stevens (USA)
Tim Papadopoulos (Australia)
Ricardo C. Ribeiro (Brazil)
### Wednesday, 26 October

**ROOM D (BF1)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 - 8:00 am</td>
<td>Master Class 10: FACELIFT</td>
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<tr>
<td>Speaker: Alexis Verpaele (Belgium) - Centrofacial Rejuvenation: The Role of Fat Grafting in Facial Rejuvenation Surgery</td>
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<tr>
<td>8:00 - 10:00 am</td>
<td>Session 38: Free Papers - BODY CONTOURING III</td>
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<tr>
<td>Moderators: Wilson Novaes Matos Jrs. (Brazil) &amp; Javier Vera Cucchiaro (Argentina)</td>
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<tr>
<td>Presenters: 77 - Lipoadominoplasty: How I Do It</td>
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<tr>
<td>Presenter: Adriana Pozzi (Italy)</td>
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<tr>
<td>Author: Pozzi A</td>
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<tr>
<td>78 - Myofascial Repair with Sub-Lay Mesh in Abdominoplasty Provide Durable Aesthetic &amp; Functional Outcomes</td>
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<tr>
<td>Presenter: Amir S. Elbarbary (Egypt)</td>
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<tr>
<td>Authors: Elbarbary AS, Hemedda M, Elgazzar K, Elrouby M</td>
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<tr>
<td>79 - A New Umbilical Transposition Technique without a Scar</td>
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<tr>
<td>Presenter: Mustafa Hanci (Turkey)</td>
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<tr>
<td>Authors: Hanci M, Sutcu M, Akan M, Ciglar B, Celik H</td>
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<tr>
<td>80 - Comparative Between Classic High Lateral Tension and New Method to Prevent Dog Ear and Elongation Scar in Patients Undergoing Abdominoplasty</td>
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<tr>
<td>Presenter: Hossein Abdali (Iran)</td>
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<tr>
<td>Authors: Abdali H, Askarzaaeh M, Fazeli SH</td>
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<tr>
<td>81 - Fleur-De-Lis Belt Lipectomy in the Massive Weight-Loss Patient</td>
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<td>Presenter: Linda G. Phillips (USA)</td>
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<td>Author: Phillips LG</td>
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<tr>
<td>82 - Circumferential Body Contouring Surgery for Female Patients Over 60 Years or with a BMI Over 35: A Prospective Study</td>
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<tr>
<td>Presenter: Pierre G. Vico (Belgium)</td>
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<td>Authors: Vico PG, Rassart L</td>
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<td>83 - Secondary Circumferential Abdominoplasty After a Previous Tummy Tuck: Is It Safe? A Prospective Study</td>
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<tr>
<td>Presenter: Pierre G. Vico (Belgium)</td>
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<tr>
<td>Author: Vico PG</td>
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<tr>
<td>84 - Postbariatric Arm and Thigh Lifting with Anchor L Liposculpturing Technique</td>
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<tr>
<td>Presenter: Ozay Ozkaya (Turkey)</td>
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<tr>
<td>Authors: Ozkaya O, Colak O, Tasasiz K, Yasak T</td>
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<tr>
<td>85 - Monoplastic and Superficial Fascial System Repair After Massive Weight Loss</td>
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<tr>
<td>Presenter: Sammy Al-Benna (United Kingdom)</td>
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<tr>
<td>Author: Al-Benna S</td>
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<tr>
<td>10:00 - 10:30 am</td>
<td>Coffee Break</td>
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<tr>
<td>10:30 am - 12:00 pm</td>
<td>Session 39: Free Papers - BODY CONTOURING IV</td>
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<tr>
<td>Moderators: Giovanni Betti Kraemer (Mexico) &amp; Ewa Anna Siolo (South Africa)</td>
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<td>Presenters: 86 - Liposculpture of the Legs Using Combined Modalities</td>
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<tr>
<td>Presenter: Michelle Copeland (USA)</td>
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<tr>
<td>Authors: Copeland M, Copeland-Halperin LR</td>
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<tr>
<td>87 - Classification and Surgical Correction of Asymmetric Calves in Asians</td>
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<tr>
<td>Presenter: Insook Suh (South Korea)</td>
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<tr>
<td>Authors: Suh I, Jung MS, Lee BH, Kim JH, Tak KS</td>
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<tr>
<td>88 - Hybrid Gluteoplasty (Hybrid Hip Up) In Asian</td>
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<tr>
<td>Presenter: Sangmum Choi (South Korea)</td>
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<tr>
<td>Authors: Choi S, Lee J, Kang M, Park S</td>
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<tr>
<td>89 - Ultrasound Assessment of Large Volume Fat Grafting in Middle Eastern Buttock Augmentation</td>
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<tr>
<td>Presenter: Amir S. Elbarbary (Egypt)</td>
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<tr>
<td>Authors: Elbarbary AS, Hussein HD, Ghanem MA, Nour El-Dien MY</td>
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<tr>
<td>90 - Gluteoplasty with Silicone Implants. Long Term Results</td>
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<tr>
<td>Presenter: Nicola Menichelli Netto (Brazil)</td>
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<td>Author: Menichelli Netto N</td>
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<tr>
<td>91 - Gynecostasia - Disease of Civilized World - Etiology and Surgical Treatment (WITHDRAWN)</td>
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<tr>
<td>Presenter: Katarzyna A. Ostrowska-Clark (Poland)</td>
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<tr>
<td>Author: Ostrowska-Clark KA</td>
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<tr>
<td>92 - Simple Algorithm for Chestwall Contouring Surgery in Female to Male Transsexuals</td>
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<tr>
<td>Presenter: Vladimir V. Safonov Sr. (Russia)</td>
<td></td>
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<tr>
<td>Authors: Safonov VV, Starceva Ol, Adamyan RT</td>
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<tr>
<td>12:00 - 1:30 pm</td>
<td>Lunch</td>
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</tbody>
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Wednesday, 26 October

2:00 - 4:00 pm  Session 40: Free Papers - FACE AND NECK REJUVENATION II
Moderators: Jorge Herrera (Argentina) & Yuki Shimizu (Japan)

Presenters: 93 - Effective Skin and SMAS Lifting Direction of Facelift in Asian
Presenter: Sangyoon Kang (South Korea)
Authors: Kang S, Choi T, Hwang J

94 - The PAVE (Peeling-Assisted Volume Enhancing) Lift™ A Retrospective 6-Year Clinical Analysis of a Combined Approach with Histological Evaluation of Peeling-Induced Skin Changes with Different Peeling Agents in Surgically Undermined Facial Flaps
Presenter: Kai O. Kaye (Spain)
Authors: Kaye KO, Gonser P

95 - Skin Resurfacing and Face-Lift in the Same Surgical Procedure: What are the Issues (20 Years Follow Up)
Presenter: Aristides Arellano-Huacuja Sr. (Mexico)
Authors: Arellano-Huacuja A, Arellano-Montalvo D

96 - Subperiosteal Mid Cheek Lift with Fast Recovery
Presenter: Alain G. Bonnefon (France)
Author: Bonnefon AG

97 - The Complex Usage of Surgical Interventions and Minimally Invasive Procedures in Face and Neck Rejuvenation. Lipofilling.
Presenter: Pavlo Denyschuk (Ukraine)
Authors: Denyschuk P, Baranov T

98 - Face and Neck Lift without Pre Auricular Scarring
Presenter: Marc David Benjoar (France)
Authors: Benjoar MD, Berdah Y

99 - Periauricular Face and Neck Lift for the Bald Patients
Presenter: William Lao (Chinese Taipei)
Authors: Lao W, Aston S

100 - Thread Lifting, An Ancillary Concept in Facial Rejuvenation-Anatomy for a Better Outcome
Presenter: Thomas Rappl (Austria)
Authors: Rappl T, May S

101 - Reflections After 22 Years of Using Suture Loops for “Scarless” Face and Neck Lifting
Presenter: Desmond B. Fernandes (South Africa)
Author: Fernandes DB

102 - Mid Face: Surgical or Medical Approach
Presenter: Samia Aoun Kanoun (Tunisia)
Author: Aoun Kanoun S

103 - The Role of Surgeon Seniority and Aesthetic Fellowship Training in Facelift Complications: A Comparative Analysis at a Single Institution
Presenter: Charalambos K. Rammos (USA)
Authors: Rammos CK, Mohan A, Jacobson SR

104 - Non-Surgical Face Lift - Minimally Invasive 1440Nm Laser Tissue Tightening on Face and Neck
Presenter: Katharina Russe-Wilflingseder (Austria)
Authors: Russe-Wilflingseder K, Russe E

4:00 - 4:30 pm  Coffee Break

4:30 - 6:00 pm  Session 41: Free Papers - FACE AND NECK REJUVENATION III, OTOPLASTY
Moderators: Peter Desmond Scott (South Africa) & Stephen Gilbert (New Zealand)

Presenters: 105 - The Minimally Invasive Laser-Assisted Mid-Face and Neck Lift in Young Patients
Presenter: Williams E. Bukret (Argentina)
Authors: Bukret WE, Rosenfeld S

106 - Three-Dimensional Evaluation of Static and Dynamic Effects of Botulinum Toxin a on Glabellar Frown Lines
Presenter: David B. Lumenta (Austria)
Authors: Lumenta DB, Rappl T, Wurzer P, May S, Tuca A, Kamolz LP

107 - The Lipofilling Player in Facial Rejuvenation
Presenter: Samia Aoun Kanoun (Tunisia)
Author: Aoun Kanoun S

108 - Conchal Cartilage Sandwich Graft Method for Repair of Split Ear Lobe
Presenter: Rajiv Agarwal (India)
Authors: Agarwal R, Agarwal D

109 - An Adaptable Otoplasty Technique for Different Needs: The Distally Based Perichondrio-Adipo-Dermal Flap with Conchal Cartilage Excision
Presenter: Ercan Cihandide (Turkey)
Authors: Cihandide E, Kayiran O

110 - Antitragicus Muscle Resection is a Key to Correction of Prominent Lobules
Presenter: Daichi Morikawa (Japan)
Authors: Morikawa D, Sato NS, Ohkubo F0

111 - Algorithm for Prominent Ear Correction Based on the Anatomy of the Auricular Muscles
Presenter: Nobuhiro Sato (Japan)
Authors: Sato N, Morikawa D, Ohkubo F

112 - Minimally Invasive Auriculoplasty for Prominent Ear Correction: Indications, Technique, Results
Presenter: Daniel Yankov (Bulgaria)
Author: Yankov D
### Wednesday, 26 October

**ROOM E (BF1)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 7:00 - 8:00 am | Master Class 11: BODY CONTOURING  
Speaker: Henry A. Mentz III (USA) - Advanced Body Contouring: Now and Beyond |
| 8:00 - 10:00 am | Session 46: Free Papers - FAT TRANSFER  
Moderators: Norbert Pallua (Germany) & Kotaro Yoshimura (Japan)  
Presenters:  
113 - Characterization of Adipose Stromal Vascular Fraction from Surgical Discards of Burn Wounds  
Presenter: Alexandra Conde-Green (USA)  
Authors: Conde-Green A, Kotamarti V, Sherman L, Marano MA, Lee ES, Granick MS, Rameshwar P  
114 - The Platelet Rich Microlipograft and Platelet Rich Nanolipograft in Enhancing the Maturation of Post Traumatic and Post Burn Scars  
Presenter: Hussein S. Abulhassan (Egypt)  
Authors: Abulhassan HS, Abulhassan AH  
115 - Adipose Cell Derived Regenerative Therapy (ACRT) – A New Approach of Lipotransfer in Scar Treatment  
Presenter: Delia Letizia Hoppe (Germany)  
Authors: Hoppe DL, Speikman M, Harmsen M, Ghods M  
116 - Fat Grafting for Aesthetic Gluteal Augmentation: What is Published?  
Presenter: Alexandra Conde-Green (USA)  
Authors: Conde-Green A, Kotamarti V, Nini KT, Wey PD, Ahuja NK, Granick MS, Lee ES  
117 - Jet-Assisted Micro Fat Transfer and Body Contouring: 5 Years Experience  
Presenter: Marco Stabile (Italy)  
Author: Stabile M  
118 - Aesthetic Rejuvenation of the Hand with Structural Fat Grafting  
Presenter: Sanjay Parashar (India)  
Authors: Kogodu KT, Parashar SK  
119 - Fat Grafts in Plastic Paediatric Surgery  
Presenter: Patricia Gutierrez-Ontalvilla (Spain)  
Authors: Gutierrez-Ontalvilla P, Lopez E  
120 - Fat Grafting a Cure for Alopecia?  
Presenter: Mohammad Nassimizadeh (United Kingdom)  
Authors: Nassimizadeh M, Nassimizadeh A, Dancey A |
| 10:00 - 10:30 am | Coffee Break |
| 10:30 am - 12:00 pm | Session 47: Free Papers - ASIAN AESTHETIC SURGERY  
Moderators: Chang-Chien Yang (Chinese Taipei) & Akihiro Ichinose (Japan)  
Presenters:  
121 - A Lowering Lateral Canthoplasty and Orbital Rim Shaving: An Ignored but Needed Procedure for Maximizing the Effect of Reduction Malarplasty in Asians  
Presenter: Seungil Chung (South Korea)  
Authors: Chung S, Park SH  
122 - Fat Grafting for Recontouring the Sunken Upper Eyelids with Multiple Folds Novel Mechanism for Neoformation of Double Eyelid Crease  
Presenter: Ching-Hsiang Yang (Chinese Taipei)  
Authors: Huang YH, Yang CH, Lin TM  
123 - Asian Upper Blepharoplasty in Women: My Preferred Approach for a Satisfactory Outcome  
Presenter: Chunmei Wang (China)  
Author: Wang C  
124 - Facelift in Combination with Thread Lift: The Japanese Experience  
Presenter: Yoshiro Suzuki (Japan)  
Author: Suzuki Y  
125 - New Trends in Lip Cosmetic Surgery and Perioral Rejuvenation for Asians  
Presenter: Bailin Pan (China)  
Author: Pan B |
| 12:00 - 1:30 pm | Lunch |
Wednesday, 26 October

2:00 - 4:00 pm
Session 48: Free Papers - RHINOPLASTY I
Moderators: Nigel Mercer (United Kingdom), Panagiotis N. Mantalos (Greece) & Toshitsugu Hirohi (Japan)

Presenters:
126 - Crooked Nose Index for Objective Evaluation of Deformity of Crooked Nose in Aesthetic Septorhinoplasty
  Presenter: Yorikatsu Watanabe (Japan)
  Author: Watanabe Y

127 - The Role of Cartilage Autografts and Suturing Technologies in Closed Rhinoplasty
  Presenter: Pavlo Denyschuk (Ukraine)
  Authors: Denyschuk P, Baranov T

128 - Compound Allografting for Nasal Reconstruction in Cocaine Noses
  Presenter: Manuel Tafalla Navarro (Spain)
  Author: Tafalla Navarro M

129 - Glasscutter Technique Osteotomy
  Presenter: Vitaly Zholtikov (Russia)
  Author: Zholtikov V

130 - Rescue Asian Patients Suffering from Sequels of Silicone Augmentation Rhinoplasty? From a Trouble Task to Liable Job
  Presenter: I-Feng Sun (Chinese Taipei)
  Authors: Sun IF, Lin T, Huang Y, Takahashi H

131 - Custom-Made Nasal Implant with the Aid of 3D Printer
  Presenter: Keizo Fukuta (Japan)
  Authors: Fukuta K, Foo CL

132 - Fat Graft to Improve the Nasofrontal Angle in Rhinoplasty
  Presenter: Juan M. Chavanne Nougues Sr. (Argentina)
  Author: Chavanne Nougues JM

133 - Primary Augmentation Rhinoplasty with Fat Grafting
  Presenter: YiShin Lu (Chinese Taipei)
  Author: Lu YS

134 - A Simple Pattern of Augmentation Rhinoplasty Combined with Nasal Tip Surgery and Bridge Technique of Conchal Cartilage Harvesting in Asian
  Presenter: Jungil Hwang (South Korea)
  Authors: Kang S, Choi T, Hwang J

135 - My Techniques to Simplify Tip Surgery
  Presenter: Vitaly Zholtikov (Russia)
  Author: Zholtikov V

4:00 - 4:30 pm
Coffee Break

4:30 - 6:00 pm
Session 49: Free Papers - RHINOPLASTY II
Moderators: Marcos Harel (Israel) & Mehmet Nuri Umit Bayramicli (Turkey)

Presenters:
136 - Use of Rib Allograft in Primary and Secondary Cosmetic Rhinoplasty Reconstruction
  Presenter: James Fernau (USA)
  Author: Fernau J

137 - Augmentation Septo-Rhinoplasty on Indian Noses with Autologous Cartilage Grafts - A Review 275 Cases Over a Decade
  Presenter: Venkata R. Yamani (India)
  Authors: Yamani VR, Shastri K

138 - Horizontal Mattress Suture in Base of Columella (Foot Plates)
  Presenter: Hossein Abdali (Iran)
  Authors: Abdali H, Fazeli SH, Askarzadeh M

139 - The Use of Artiss Tissue Glue as an Adjunct in Autologous Graft-Based Corrective Rhinoplasty
  Presenter: Samuel Ho (Singapore)
  Author: Ho S

140 - Prominent Nose
  Presenter: Igor Niechajev (Sweden)
  Author: Niechajev I

7:00 - 8:00 am
Master Class 12: PERIORBITAL
Speaker: Dirk F. Richter (Germany) - Periorbital Rejuvenation - Surgical, Fat Grafting, or Minimal Invasive?
THURSDAY
### Thursday, 27 October

#### ROOM A

**7:00 - 8:00 am**
Global Sponsors Breakfast (Westin)

**8:00 - 10:00 am**
**Session 14: AESTHETIC BREAST RECONSTRUCTION II**
Moderators: Bouraoui Kotti (Tunisia) & Susumu Takayanagi (Japan)

- **Speakers:**
  - Bouraoui Kotti (Tunisia) - Aesthetic Considerations for Breast Reconstruction
  - Susumu Takayanagi (Japan) - Aesthetic Breast Reconstruction Using Implant and Fat
  - Hiroyuki Ohjimi (Japan) - Aesthetic Breast Reconstruction
  - Carlos de Souza Toledo Jr. (Brazil) - Total Breast Reconstruction with Autologous Fat Grafting
  - Kazuyoshi Yajima (Japan) - Aesthetic Breast Reconstruction with Abdominal Autologous Tissue
  - Kenji Yano (Japan) - Breast Reconstruction Using a DIEP Flap
  - Fernando Magallanes Negrete (Mexico) - Autologous Fat Tissue Transfer as an Adjuvant in Post Mastectomy Breast Reconstruction
  - Shigemi Sakai (Japan) - Severe Inverted Nipple Correction

**10:00 - 10:30 am**
Coffee Break

**10:30 am - 12:00 pm**
**Session 15: ABDOMINOPLASTY BODY CONTOURING I**
Moderators: Ozan Sozer (USA) & Jean-Francois Pascal (France)

- **Speakers:**
  - Gustavo Guallberto Abriale (Argentina) - Superior Body Lift
  - Maria Isabel Cadena Rios (Colombia) - Abdominoplasty and Other Aesthetics Plastic Surgeries
  - Henry A. Mentz (USA) - Three Dimensional Body Contouring, Liposuction, Abdominal Etching, Buttock Enhancement and Abdominoplasty
  - Wilson Novaes Matos (Brazil) - Lipoabdominoplasty and Refinements Body Contouring
  - Javier Vera Cucchiare (Argentina) - Lipoabdominoplasty
  - Joao Erfon A. Ramos (Brazil) - Lipoabdominoplasty with Minimal Undermining

**12:00 - 1:30 pm**
Lunch

**12:00 - 1:30 pm**
**Industry Lunch Seminar**

**2:00 - 3:30 pm**
**Session 16: ABDOMINOPLASTY BODY CONTOURING II**
Moderators: Dirk F. Richter (Germany) & Henry A. Mentz III (USA)

- **Speakers:**
  - Eduardo Gongora (Mexico) - Liposuction in Young Patients
  - Cemal Tg Senva (Turkey) - 3D Ultrasonic Body Contouring Surgery
  - Petter Frode Amland (Norway) - Liposuction/Liposculpture - A Scientific and Historic Review
  - Ewa Siolo (South Africa) - High Volume Liposuction for Body Contouring
  - Kai-Uwe Schlaudraff (Switzerland) - Female vs Male VASER Liposuction - Concepts, Methods and Results
  - Joseph P. Hunstad (USA) - Avulsion Brachioplasty: Modifications to Minimize Visibility and Maximize Results
  - Tim Papadopoulos (Australia) - Structural Abdominoplasty: Why is it so Important?

**3:30 - 4:00 pm**
Coffee Break

**4:00 - 5:30 pm**
**Session 17: ABDOMINOPLASTY BODY CONTOURING III**
Moderators: Joseph P. Hunstad (USA) & Constantino G. Mendieta (USA)

- **Speakers:**
  - Ozan Sozer (USA) - Circumferential Lipoabdominoplasty
  - Tunc K. Tiryaki (Turkey) - Inverse Abdominoplasty: Creating a Beautiful Deformity
  - Nimrod Friedman (Israel) - Sculpting the Male Torso -- A Game Changer to My Clinic
  - Jean-Francois Pascal (France) - Lateral Vertical Body Lift: The "Super" Bodylift
  - Dirk F. Richter (Germany) - The Lipo-Body-Lift -- A Logical Concept
  - Giovanni Betti Kraemer (Mexico) - Restructuring the Posterior Part of the Body
  - Lazaro Cardenas Camarena (Mexico) - Different Surgical Techniques to Improve Gluteal Contour

**5:30 - 6:00 pm**
Closing Remarks
**Thursday, 27 October**

**ROOM B**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderators</th>
<th>Speakers</th>
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| 8:00 - 10:00 am | Session 27: ABDOMINOPLASTY BODY CONTOURING IV | Lina M. Triana (Colombia) & Ozan Sozer (USA)     | Adrian Manjarrez (Mexico) - Buttock Lift: Back to Basics  
Constantino G. Mendieta (USA) - The Art of Gluteal Sculpting  
Luiz Toledo (UAE) - The Brazilian Buttock Technique – A 30 Year Experience  
Lina M. Triana (Colombia) - Today Trend on Latin Curves: Shaping the Buttocks  
Richard Abs (France) - Buttock Remodeling with Gluteal Implants  
Joseph P. Hunstad (USA) - Purse String Gluteoplasty-Reliable Autologous Buttocks Augmentation with Projection  
Ozan Sozer (USA) - Split Gluteal Muscle Flap for Autoprosthesis Buttock Augmentation  
Andreas Printzlau (Denmark) - New Technique for Autologous Mastopexy - Augmentation in the MWL Patient: The Lateral Intercostal Turn-over Flap  
Carlos Del Pino Roxo (Brazil) - Bodylifting and Associations in Massive Weight Loss Patients  
Maria Wiedner (Germany) - Body Contouring After Massive Weight Loss |
| 10:00 - 10:30 am| Coffee Break                                  |                                                  |                                                                                                |
| 10:30 am - 12:00 pm | Session 28: AESTHETIC/RECONSTRUCTIVE BREAST SURGERY | Mark L. Jewell (USA) & Yoshiko Iwahira (Japan) | Marcos Paulo Sforza de Almeida (Brazil) - Rheology, Tribology and Ergonomy: 3 New Concepts in Breast Augmentation Surgery  
Jose Carlos Santos Parentre (Portugal) - Augmentation Mastopexy  
Gennadiy Patlazhan (Ukraine) - New Philosophy of Breast Asymmetry Treatment  
Jack Fisher (USA) - Secondary Aesthetic Breast Surgery Using Autologous Tissue |
| 11:30 am - 12:00 pm | Special Presentation: ALCU Update             | Mark Clemens (USA)                              |                                                                                                |
| 12:00 - 1:30 pm | Lunch                                        |                                                  |                                                                                                |
| 2:00 - 3:30 pm  | Session 29: Free Papers - BREAST SURGERY I    | Ricardo C. Ribeiro (Brazil), Antonio Aldo Mottura (Argentina) & Hiroyuki Ohjimi (Japan) | 142 - A New Method of Augmentation Mastopexy Which Spares the Abdominal Part of the Pectoralis Major Muscle  
Presenter: Vadim N. Zelenin (Russia)  
Authors: Zelenin VN, Zelenin IV  
143 - Extended Fascial Preserving Subfascial Breast Augmentation and Revision without Electrocautery a Novel Technique Providing Uniquely Supported Long Term Control of Breast Shape and Aesthetic Appearance  
Presenter: Rian A. Maercks (USA)  
Author: Maercks RA  
144 - One Stage Correction of Hypoplastic Tuberous Breast with the Muscle Splitting Dual Plane Breast Augmentation Technique and the Northwood Index  
Presenter: Evangelos Keramidas (Greece)  
Author: Keramidas E  
145 - Global Aesthetic Surgery Statistics - A Closer Look  
Presenter: P. Niclas Broer (USA)  
Authors: Broer PN, Junan SJ, Hedeckrieger PI  
146 - Smooth and Textured Implants: Comparative Analysis of Complications  
Presenter: Volodymyr V. Shapovalyuk (Ukraine)  
Authors: Shapovalyuk VV, Krikun MS  
147 - Oncoplastic Surgery: Proposing a Treatment Algorithm (WITHDRAWN)  
Presenter: Martin D. Haug (Switzerland)  
Authors: Haug MD, Schaefer SD, Weber WW |
| 3:30 - 4:00 pm  | Coffee Break                                  |                                                  |                                                                                                |
### Session 30: Free Papers - FACE AND NECK REJUVENATION I

**Moderators:** Daniel Labbe (France) & Kitaro Ohmori (Japan)

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<thead>
<tr>
<th>Presenters</th>
<th>Paper Title</th>
<th>Presenter</th>
<th>Authors</th>
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<tbody>
<tr>
<td>148</td>
<td>New Face-Lift Procedure for Longer Lasting Rejuvenation by Reconsidering the SMAS and Ligament Anatomical Structure</td>
<td>Jun Sugawara (Japan)</td>
<td>Sugawara J, Utsugi R, Okumura H, Kono T, Maegawa J, Takeda A</td>
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<tr>
<td>149</td>
<td>Rhytidectomy: Thirty Years of Evolution</td>
<td>Rubem Bartz (Brazil)</td>
<td>Bartz R</td>
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<td>151</td>
<td>Novel Facial Subunits of Facial Aging and Facial Balance and Their Use in Large Volume Volumetric Rejuvenation and Balancing of the Aging Face</td>
<td>Rian A. Maercks (USA)</td>
<td>Maercks RA</td>
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<tr>
<td>152</td>
<td>Angiosome Concept in Safe Facelifting Procedure</td>
<td>Dmitry V. Melnikov (Russia)</td>
<td>Melnikov DV, Adamyan R, Yurshevich E</td>
</tr>
<tr>
<td>153</td>
<td>Subperiosteal Midface Lift, In Conjunction with MACS (Minimal Access Cranial Suspension) Lift — The Dual Plane Facelift in Chinese Women</td>
<td>Talee Chang (Chinese Taipei)</td>
<td>Chang T</td>
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<tr>
<td>154</td>
<td>The Aging Heavy Face: A Multivector Approach with the “Fan - Facelift” Technique</td>
<td>Walther Jungwirth II (Austria)</td>
<td>Jungwirth W</td>
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### ROOM C (BF1)

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<tr>
<th>Time</th>
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<tr>
<td>7:00 - 8:00 am</td>
<td>Master Class 13: BUTTOCK AUGMENTATION</td>
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<td></td>
<td>Speaker: Constantino G. Mendieta (USA) - Gluteal Analysis, Body Sculpting and Gluteal Augmentation</td>
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<tr>
<td>8:00 - 10:00 am</td>
<td>Session 34: HAIR TRANSPLANT</td>
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<td>Moderators: Carlos Oscar Uebel (Brazil) &amp; Alfonso Barrera (USA)</td>
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</table>
|            | Speakers: Alfonso Barrera (USA) - Hair Sparring: Facelift and Forehead Lift  
Kenichiro Imagawa (Japan) - Hair Transplantation in Asians  
Carlos Oscar Uebel (Brazil) - Hair Restoration - Follicular Units Extraction and Growth Factors  
Barry E. DiBernardo (USA) - Hair Transplant Technology  
İlhan Serdaroluğlu (Turkey) - Revision of Unsuccessful Hair Transplant by FUE, How I Struggle with it?  
Jufang Zhang (China) - Composite Hair Reconstructive Surgery: Tissue Expansion and Follicular Unit Extraction in Post-Burn Cicatricial Alopecia  
Henry Delmar (France) - Partial Longitudinal Follicular Unit Transplantation (PL-FUT): A Method to Optimize Hair Transplantation  
Jack Fisher (USA) - Introducing FUE into a Traditional Strip Hair Practice |
| 8:00 - 10:00 am | Free Paper                                                             |
|            | 155 - Beard Reconstruction - A Surgical Algorithm                      |
|            | Presenter: P. Niclas Broer (USA)                                       |
|            | Authors: Broer PN, Heidekrueger PI, Ninkovic M                         |
| 10:00 - 10:30 am | Coffee Break                                                           |
| 10:30 am - 12:00 pm | Session 35: ASIAN AESTHETIC SURGERY                                    |
|            | Moderators: Florencio Quilogue Lucero (Philippines) & Woo Seob Kim (South Korea) |
|            | Speakers: Kaneshige Satoh (Japan) - Facial Bone Contouring                     
Yu-Ray Chen (Chinese Taipei) - Facial Bone Contouring Surgery in Asian  
Jung Hak Yang (South Korea) - Wide Face Reduction  
Peter Chanwoo Kim (South Korea) - Aesthetic Correction of Nonthyroid Related Exophthalmos (Protruded Eyeball Correction)  
Jae Min Jung (South Korea) - The Clinical Versatility of Autologous Micro-Fat Graft for Correcting of Sunken Upper Eyelid  
Chen Zhang (China) - Nasal Dorsal Augmentation Plus Tip Plastic: A Chinese Style Rhinoplasty |
| 12:00 - 1:30 pm | Lunch                                                                 |

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**Thursday, 27 October**

4:00 - 5:30 pm  
Session 30: Free Papers - FACE AND NECK REJUVENATION I  
Moderators: Daniel Labbe (France) & Kitaro Ohmori (Japan)
Thursday, 27 October

**SESSION 36: GENITAL SURGERY**
Moderators: Lina M. Triana (Colombia) & Theodore Voukidis (Greece)

Speakers:
- Dan Mon O’Dey (Germany) - Anatomic Reconstruction of the Vulva Following Female Genital Mutilation and Other Acquired Deformities
- Lina M. Triana (Colombia) - Enhancing Genital/Vaginal Aesthetic Plastic Surgery Results in My Practice
- Gary J. Alter (USA) - Female Aesthetic Genital Surgery
- Theodore Voukidis (Greece) - Female to Male Sex Reassessment, Clitoris Transposition

Free Papers
  **Presenter:** Calin C. Lazar (France)
  **Author:** Lazar CC
- 157 - Rare Case of Mayer Rokitansky Kuster Hauser Syndrome: Revisiting the Neurovascular Pudendal Thigh Flap for Neovagina
  **Presenter:** Karishma T. Kagodu (India)
  **Author:** Kagodu KT

3:30 - 4:00 pm Coffee Break

**SESSION 37: NEW TECHNOLOGIES/NEW DEVICES**
Moderators: W. Grant Stevens (USA) & Barry DiBernardo (USA)

Speakers:
- Marco Aurelio Faria Correa (Singapore) - Robotics in Plastic Surgery
- W. Grant Stevens (USA) - A New FDA Approved Non-Surgical Method of Axillary Sweat, Odor and Hair Reduction
- Barry E. DiBernardo (USA) - Hot Devices for 2017 and How to get the Best Deal
- Patricio Centurion (Peru) - In-situ Laser Photostimulation for Enhanced ADSC Harvesting and Skin Contraction: A Paradigm Shift in Liposuction and Stem Cell Procurement

Free Papers
- 158 - Optimizing Intraluteal Implants with the Dacruz Triple Tool
  **Presenter:** Luis F. Da Cruz Sr. (Costa Rica)
  **Author:** Da Cruz LF
- 159 - New Technique for Rejuvenating the Aging Hands with Fat Grafting - A Promising Mission or Not?
  **Presenter:** Yun Nan Lin (Chinese Taipei)
  **Authors:** Lin TM, Huang Y, Sheen Y, Lin Y, Takahashi H
- 160 - 3 Dimensional Surface Imaging in Plastic Surgery
  **Presenter:** Jamal Jomah (Saudi Arabia)
  **Author:** Jomah J
- 161 - Up-Date on Stretch Marks Treatment and Clinical Experience with Fractional Radiofrequency and Infrared Light
  **Presenter:** Mariagrazia Moio (Italy)
  **Author:** Moio M

**ROOM D (BF1)**

**7:00 - 8:00 am** Master Class 14: BREAST SURGERY
Speaker: Roger K. Khouri (USA) - Expanded to Minimally Invasive Breast Surgery with Fat Transfer

8:00 - 10:00 am Session 42: PRACTICE MANAGEMENT
Moderators: Renato Saltz (USA) & W. Grant Stevens (USA)

Speakers:
- Renato Saltz (USA) - How to Improve Your Surgical Practice by Adding Medical Spa Treatments
- Pablo Hidalgo-Monroy (Mexico) - New Skills and Vision for Plastic Surgery Practice, Paradigm Shift
- Chad Erickson (USA) - The Benefits of Integrated Marketing
- Ivar van Heijningen (Belgium) - European Standard for Aesthetic Surgery Services, Useful for the World?
- Reha C. Yavuzer (Turkey) - BUSINESS MANAGEMENT - Age Management: A Concept for a Good Cosmetic Practice
- Simone Hellmann (Germany) - Aesthetic Surgery and Social Media – A European Perspective

Free Papers
- 162 - Differential Diagnosis Between Body Dysmorphic Disorder and Borderline Personality Disorder in an Aesthetic Surgery Setting
  **Presenters:** Erika Masuda (Japan)
  **Authors:** Masuda E, Morisaka D, Sato N, Ohkubo F
- 163 - The Future of Plastic Surgery: Surgeon’s Perspective
  **Presenter:** Sinan Ozturk (Turkey)
  **Authors:** Ozturk S, Karagoz H, Zor F

10:00 - 10:30 am Coffee Break
Thursday, 27 October

ROOM D (BF1)

10:30 am - 12:00 pm
Session 43: SKIN CARE
Moderators: Taro Kono (Japan) & Rachel C. Garcia (Brazil)

Speakers:
- Akiko Imaizumi (Japan) - Aesthetic Beauty Concept from Dermatologist View
- Rachel C. Garcia (Brazil) - Skin Care: Simple Tips, Great Results
- Ryuichi Utsugi (Japan) - A New Concept of Daily Skin Care Method. (The Surprising Effects of Cases that Tried to Stop Basic Cosmetics Entirely for Several Years)

Free Papers

164 - Volumetric Hand Rejuvenation, Anatomical Guidelines
Presenter: Thomas Rapp (Austria)
Authors: Rapp T, May S

165 - Placebo Controlled, Prospectively Randomized, Double-Blinded Study for the Investigation of the Effectiveness and Safety of the Acoustic Wave Therapy for Cellulite Treatment
Presenter: Katharina Russe-Wilflingseder (Austria)
Authors: Russe-Wilflingseder K, Russe E, Vester JC, Haller G, Novak P, Krotz A

166 - Particular Ethnic Differences, Do We Really Need Mathematical Approaches for Facial Beautification?
Presenter: Thomas Rapp (Austria)
Authors: Rapp T, May S

12:00 - 1:30 pm
Lunch

2:00 - 3:30 pm
Session 44: INJECTABLES & Free Papers - MINIMALLY INVASIVE
Moderators: Rachel C. Garcia (Brazil) & Tomoko Hayashi (Japan)

Speakers:
- Sufan Wu (China) - Anatomic Understandings of the Filler Injection and Embolism
- Eduardo L. Wexler (Argentina) - Botulinum Toxin & Fillers
- Hideaki Sato (Japan) - Filler Treatments for the Asian Population
- Rachel C. Garcia (Brazil) - Poly L Acid Acid and Plastic Surgery: When and Where (Facial and Body Indications)
- Thomas Rapp (Austria) - Salvage Procedures Treating Embolia Cutis Medicamentosa (Ischemia Caused by Accidental Intra-Arterial Injection of Hyaluronic Acid Fillers)

Free Papers

169 - Effect of Botulinum Toxin Type a on Fibroblast to Myofibroblast Differentiation Derived from Scar Tissue
Presenter: In suck Suh (South Korea)
Authors: Suh I, Jeong HS, Sung HM, Lee BH, Kim JH, Park SY

170 - Primary Axillary Hyperhidrosis. Long-Lasting Effect Features in Surgical Intervention
Presenter: Pavlo Denyschuk (Ukraine)
Authors: Denyschuk P, Baranov T

171 - Modification of Serdiev S Method
Presenter: Sergey Obydennov (Russia)
Authors: Obydennov S, Obydennov D

3:30 - 4:00 pm
Coffee Break

3:30 - 4:00 pm
Session 45: Free Papers - GENITAL SURGERY
Moderators: Sanguan Kunaporn (Thailand) & Lina M. Triana (Colombia)

Presenters:

172 - Labiaplasty, 18 Month Experience in 38 Patients: Outcomes and Statistical Analysis
Presenter: Marisa Manzano Surroca (Spain)
Authors: Manzano Surroca M, Salvador Miranda L, Benito Ruiz J

173 - Lenghtening Phalloplasty Using Multimodality Surgical Technique
Presenter: Ayman M. Helmi (Saudi Arabia)
Authors: Helmi AM, Mendlad Fachartz T

174 - Penile Enhancement
Presenter: Rajesh S. Gawai (Bahrain)
Author: Gawai RS
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<td>Master Class 15: POST MASSIVE WEIGHT LOSS</td>
<td>ROOM E</td>
<td>Carlos Del Pino Roxo (Brazil) - Post Bariatric Plastic Surgery: Evolution and Systematization</td>
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<td>8:00 - 10:00 am</td>
<td>Session 50: Free Papers - PERIOCULAR REJUVENATION</td>
<td>ROOM E</td>
<td>Fabian E. Cortinas (Argentina), Masaaki Iwanami (Japan) &amp; Yuzo Komuro (Japan)</td>
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<td>Presenter: Yu-Hao Huang (Chinese Taipei)</td>
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<td>Authors: Huang YH, Lin T</td>
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<td>176 - Orbicularis Oculi Muscle Overlap Method for the Correction of Tear Trough Deformity</td>
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<td>Presenter: Yuzo Komuro (Japan)</td>
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<td>Author: Komuro Y</td>
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<td>177 - The Role of Orbicularis Oculi Muscle in Midface and Eyes Rejuvenation Reviewing</td>
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<td>Presenter: Juan M. Chavanne Nougues Sr. (Argentina)</td>
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<td>Author: Chavanne Nougues JM</td>
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<td>178 - Use of Porcine-Derived Decellularized Membrane (Tarsys) for Cosmetic Lower Eyelid Blepharoplasty</td>
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<td>Presenter: Hee J. Kim (USA)</td>
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<td>Authors: Kim HJ</td>
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<td>179 - Blepharoplasty, Avoiding Complications</td>
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<td>Presenter: Nina Saeed (Bahrain)</td>
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<td>Authors: Saeed TM, Saeed AT, Saeed NT</td>
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<td>180 - Improving the Orbital Frame (IOF) - Aesthetically &amp; Functionally</td>
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<td>Presenter: Ana B. Santamaría (Spain)</td>
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<td>Author: Santamaria AB</td>
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<td>181 - Radio-Wave Pelleve and Blepharoplasty for Correction Periorbital Area</td>
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<td>Presenter: Alexander Lee (Russia)</td>
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<td>Author: Lee A</td>
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<td>182 - Transconjunctival Fat Repositioning Via the External Cannula Guiding with Internal Fixation for Tear Trough Deformity</td>
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<td>Presenter: Fan Yin Tseng (Chinese Taipei)</td>
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<td>Author: Tseng FY</td>
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<td>183 - Which Approach for Lower Eyelids</td>
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<td>Presenter: Samia Aoun Kanoun (Tunisia)</td>
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<td>Coffee Break</td>
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<tr>
<td>10:30 am - 12:00 pm</td>
<td>Session 51: Free Papers - RESEARCH</td>
<td>ROOM E</td>
<td>Hiroshi Mizuno (Japan) &amp; Kai-Uwe Schlautraff (Switzerland)</td>
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<td>Presenters: 184 - The Possible Mechanism of Fat Graft Survival Enhancement by Platelet Rich Plasma: In-Vitro and In-Vivo Study</td>
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<td>Presenter: Han T. Liao (Chinese Taipei)</td>
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<td>Authors: Liao HT, Marra KG, Rubin JP</td>
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<td>185 - Autologous Platelet Rich Plasma (PRP): A Safe and Efficient Culture Media for Adipose Derived Stem Cells Expansion</td>
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<td>Presenter: Ali Modarresi (Switzerland)</td>
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<td>Authors: Modarresi A, Atashi F, Pittet-Cuenod B</td>
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<td>186 - Micro-Structured Bacterial Cellulose Coating Results in a Significant Reduction of Capsule Formation Around Silicone Gel Breast Implants</td>
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<td>Presenter: Nicole Lindenblatt (Switzerland)</td>
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<td>187 - Animal Study: The Effect of Lipo-Aspirate on Wound Healing</td>
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<td>Presenter: Marissé Venter (South Africa)</td>
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<td>Author: Venter M</td>
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<td>188 - Efficacy of Liposuction as a Delay Method for Improving Flap Survival (WITHDRAWN)</td>
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<td>Presenter: Erkan Orhan (Turkey)</td>
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<td>Authors: Orhan E, Deren O, Erol V, Altun S, Erdozan B</td>
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<td>12:00 - 1:30 pm</td>
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Thursday, 27 October

2:00 - 3:30 pm  Session 52: Free Papers - RESEARCH, PATIENT SAFETY
Moderators: Ivar Van Heijningen (Belgium) & Lazaro Cardenas Camarena (Mexico)

Presenters:

189 - An Islanded Rabbit Auricular Skin Flap Model of Hyaluronic Acid Injection Induced Embolism
   Presenter: Chunjun Liu (China)
   Authors: Liu C, Zhuang Y, Yang M

190 - Readability of Online Materials for Rhinoplasty
   Presenter: Pauline Joy F. Santos (USA)
   Authors: Santos PJF, Daar DD, Wirth GW, Paydar KP

191 - Effectiveness of Humanitarian Plastic Surgery at the Syrian Border
   Presenter: André Borsche (Germany)
   Authors: Borsche A, Zilliox R

192 - Venous Thromboembolism Events After DIEP Flap Breast Reconstruction: From Risk Assessment to Prophylaxis
   Presenter: Ali Modarressi (Switzerland)
   Authors: Modarressi A, Schettini AV, Ruegg E, Pittet-Cuenod B

193 - Use of Early High Condensed Adipose - Derived Stem Cell for Complicated Wound After Filler Injection
   Presenter: Seoung Hoon Park (South Korea)
   Authors: Suh I, Kim JH, Yang HJ, Jang HS, Park SH, Lee JW

194 - Third Degree Burn Due to Vaser Liposuction Closed by Rubber Band Approximation and Vac Application
   Presenter: Ayman M. Helmi (Saudi Arabia)
   Author: Helmi AM

195 - Management and Outcome of Complications of Massive Volume (>100ML) Soft Tissue Filler Injection
   Presenter: Sammy Al-Benna (United Kingdom)
   Author: Al-Benna S

196 - Comparison of Informed Consents in Plastic Surgery: Should We have an International Gold Standard?
   Presenter: Mariagrazia Moio (Italy)
   Authors: Moio M, Fahmy F

7:00 - 8:00 am  Master Class 16: HAIR TRANSPLANT
Speaker: Kenichiro Imagawa (Japan) - Hair Transplantation in Non-Scalp Area

ROOM F (BF1)
ABSTRACTS
We conducted a single-center prospective open study on face transplantation to give answers to remaining question about long term risk benefit of face transplant.

**Material and Methods:** We assessed twenty patients presenting with facial defects. Ten patients were selected and seven transplanted. The serious adverse event collection was the main element to determine the risks related to face transplant. Each patient underwent quantitative, subjective health-related quality of life (QoL) assessments through validated Short Form 36 health (SF-36) questionnaires and cosmetic evaluation to determine the benefit related to face transplant.

**Results:** All patients who survived the early post-transplantation presented with functional transplants at 5.5 years (8.5 to 3.4 years) of average follow up. Two patients died out of seven: one at 63 days due to transplant destruction with concomitant pseudomonas infection, the second by suicide in a context of a depression and impulsive personallity. SAE were related to infection in the first month and acute rejection episodes from 30 days post-transplant until 7 years post transplantation. Other SAE were related to the immunosuppressive therapy. At last follow up, all patients presented with a relatively high steroid therapy, justified by recurrent rejection episodes. None of our patient experienced diabete. Hypertension was detected among three patients and treated in one. All patients suffered a noticeable reduction of the glomerular filtration. All the recipients well accepted their transplant, so as their family. The cosmetic aspect was considered as excellent for the patient the family and the medical staff. The patients presented improvements in their social integration depending of their pre-existing personallity. The SF-36 synthetic QoL scores at inclusion one year and at LTFU show extreme variability.

**Conclusion:** These long-term results show a better understanding of the benefit/risk for facial transplants. Even with the best potential cosmetic result these graft have to be realized with strong selection and under strict controls by IRB as part of a long-term program.
HEALING WITH MINIMALLY VISIBLE SCAR: OUR NINE-YEAR EXPERIENCE WITH NEONATAL CLEFT-LIP-SURGERY

Presenter: Jiri Borsky, MD
Affiliation: Faculty Hospital Kralovske Vinohrady and 3rd Faculty of Medicine Charles University
Country: Czech Republic
Authors: Borsky J, Jurovcik M, Veleminska J

Introduction: We present our nine year experience of neonatal cleft-lip-surgery during the first 8 days following birth.

Material and Methods: We operated 481 patients with unilateral and bilateral cleft lip or cleft lip and palate between 1 and 8 days after birth: 388 neonates with unilateral cleft lip and 93 with bilateral cleft lip. One surgeon from December 2005 to December 2014 performed all operations. A neonatologist was responsible for preoperative care in the Well Baby nursery and post-operatively in the NICU. Before surgery we performed 3D scans of palate shaped casting using laser Scanner Roland LPX 250 and FESA method as well as facial scanner Vectra 3D. The ENT specialist who evaluated torus tubarius initiated the first phase. Following this, the eardrum was examined and if present, middle ear fluid was sucked out. We believe this is the earliest detection and treatment of OME. New-borns left hospital between the 3rd and 4th postoperative day. All patients wore supportive silicon nostril retainers for 2-3 months.

Results: There were only 4 complications resulting from surgery. At the time of patients’ discharge the wounds were usually healed. Comparison of 3D scans of palate and face between study group and controls (patients operated at 3 months) revealed no significant difference in maxilla and face growth.

Discussion: Cleft lip surgery is usually performed at the age of 3 months or later. Nursing babies with visible facial disfigurement for three months can adversely affect the psychological well being of these patients’ families. By early surgical intervention we achieved not only good anatomical correction but we significantly improved the quality of life of the whole family.

Conclusions: If performed by experienced surgeons in a high quality anesthesiological, neonatal and ENT care setting, early correction of cleft lip is a safe and reliable method for neonates and gives very good aesthetic results, which are reached.

OPTIMIZING FUNCTIONAL AND AESTHETIC OUTCOMES IN POST-BURN HEAD AND NECK RECONSTRUCTION

Presenter: P. Niclas Broer, MD
Affiliation: Technical University Teaching Hospital Munich
Country: USA
Authors: Broer PN, Heidekrueger PI, Ninkovic M

Background: Optimizing functional and aesthetic outcomes in post burn head and neck reconstruction remains a surgical challenge. Recurrent contractures, impaired range of motion and disfigurement due to disruption of the aesthetic subunits of the face can result in poor patient satisfaction and ultimately contribute to social isolation of the patient. In an effort to improve the quality of life of these patients, this study evaluates different surgical approaches with an emphasis on tissue expansion of free and regional flaps.

Methods: Regional and free flap reconstruction was performed in 20 patients (26 flaps) with severe post burn head and neck contractures. In order to minimize donor site morbidity and obtain large amounts of thin, pliable tissue, pre-expansion was performed in all patients treated with loco-regional flap reconstructions (12/12), and 62% (8/14) of patients with free flap reconstructions. Algorithms regarding pre- and intra-operative decision-making are discussed, and complications between the techniques as well as long-term (mean follow-up 3 yrs) results analyzed.

Results: Complications, including tissue expander infection with need for removal or exchange, partial or full flap loss, were evaluated and occurred in 25% (3/12) of patients with loco-regional- and 36% (5/14) of patients receiving free-flap reconstructions. Secondary revision surgery was necessary in 33% (4/12) of loco regional flaps and 93% (13/14) of free flaps.

Conclusions: Both loco-regional-, as well as distant tissue transfers have their role in post-burn head and neck reconstruction, while pre-expansion remains an invaluable tool. Paying attention to the presented principles and keeping the importance of aesthetic facial subunits in mind, range of motion, aesthetics and patient satisfaction were improved long-term in all our patients, while minimizing donor site morbidity.
5
AESTHETIC CONSIDERATIONS IN THE RECONSTRUCTION OF FACIAL MALIGNANCIES
Presenter: Hussein S. Abulhassan, MD
Affiliation: University of Alexandria
Country: Egypt
Authors: Abulhassan HS, Abulhassan AH

Facial Malignancies include basal cell carcinoma and squamous cell carcinoma are among the most mutilating lesions of the body. The restoration of the aesthetics of the face after the reconstruction represent a challenging role of the reconstructive surgeon.

Both the aesthetic and functional restoration should be the aim of our work to achieve the desired result.

In this study 52 patients with variable facial tumours including 34 basal cell carcinomas and 16 squamous cell carcinomas and 2 benign neurofibromatosis involving the different areas of the face including eyelids, nose, upper and lower lips will be demonstrated.

The demographic data of all these patients will be illustrated with variable local and distant flaps utilised.

Meanwhile forehead flaps, nasolabial flaps and cheek flaps were used in 30 cases. However 14 cases used total nasal flaps and free flaps were used in 6 cases.

All cases were evaluated from the functional and aesthetic points and healing scars were evaluated.

6
EVOLVING TECHNIQUES IN THE MANAGEMENT OF TESSIER NO. 3 AND 4 CLEFTS
Presenter: Mamoon Rashid, FRCS, FCPS, MBBS
Affiliation: Shifa College of Medicine
Country: Pakistan
Authors: Rashid M, Sarwar S

WITHDRAWN
7

THREAD LIFT IN FACIAL PARALYSIS

Presenter: Carolina Andresen, MD
Affiliation: CHVNG
Country: Portugal

Introduction: Unilateral facial nerve paralysis is physically, psychologically and socially demanding. Restoring facial symmetry is paramount both for diminishing these devastating consequences and attaining patient satisfaction and well-being. Although reinnervation and dynamic procedures provide the best functional outcome, static techniques still constitute a proper approach in patients for whom nerve or muscle are not available, or in those who are not adequate candidates for such invasive surgeries. Moreover, for patients with minor facial asymmetry at rest or who require immediate functional recovery, static procedures may pose the first choice for reconstruction. These techniques can be performed as well as a complementary procedure to other more complex reconstruction processes, when results are unsatisfactory.

Methods: The authors present case reports of patients with facial paralysis who were submitted to static suspension with silhouette sutures. The procedures were carried out under local anesthesia and mild sedation.

Results: The patients not only presented a good aesthetic result, with restoration of resting facial symmetry, but report as well functional improvement, particularly in the areas of mastication and speech articulation.

Conclusion: Although temporary, thread lift with silhouette sutures present themselves as a valid static procedure for facial middle and lower thirds symmetrization, in selected patients. It allows for immediate and favorable aesthetic and functional outcomes, with minimum morbidity and without the need for donor areas. The procedure is set under local anesthesia and, as such, can be applied to patients who are not adequate candidates for surgery.

8

SIMULTANEOUS UNAFFECTED BREAST AUGMENTATION REUSING ZONE IV AS SIEA FLAP IN UNILATERAL DIEP FLAP BREAST RECONSTRUCTION

Presenter: Toshihiko Satake, MD, PhD
Affiliation: Yokohama City University Medical Center
Country: Japan
Authors: Satake T, Shida M, Hori H, Ogawa M, Muto M, Hirotomi K, Ko S, Maegawa J

Introduction: For women with small breast, contralateral breast augmentation during unilateral breast reconstruction is one of the good options. In selected patients who have adequate lower abdominal tissues, the DIEP flap is often the first choice for unilateral autologous breast reconstruction and we re-use zone IV which is usually excised for insufficient blood circulation as the SIEA flap for simultaneous contralateral unaffected breast augmentation. As we have had satisfactory results of unilateral DIEP flap breast reconstruction and contralateral SIEA flap breast augmentation, we present our surgical techniques and outcomes.

Methods: Between October of 2004 and present, 23 patients with a mean age of 48.7 underwent unilateral breast reconstruction using the DIEP flap and simultaneous contralateral breast augmentation with the SIEA flap. After the lower abdominal flap with both unilateral DIEP flap and contralateral SIEA flap was elevated, the flap perfusion was evaluated with intraoperative ICG angioigraphy. The entire lower abdominal flap was then split into two separate flaps. In all patients, ipsilateral internal mammary vessels were used as the recipient vessels for the DIEP flap breast reconstruction. The pedicle of SIEA flap was anastomosed to several branches of deep inferior epigastric vessels as flow-through fashion. The SIEA flap was inset beneath the contralateral breast tissue through the midline. During the secondary revision or the nipple-areola reconstruction, liposuction above the sternum was required to repair iatrogenic symmastia.

Results: All DIEP flaps survived and partial fat necrosis has occurred in two SIEA flaps. Mean flap weight final inset for the DIEP flap reconstruction and the SIEA augmentation was 419 g (range, 228 to 762 g), and 111 g (range, 46 to 196g), respectively. The average operative time in this series was 9 hours 14 minutes.

Conclusions: Contralateral balancing surgery during the breast reconstruction is important for achieving better symmetry in small breast patients. In selected DIEP flap breast reconstruction patients, using the zone IV as the SIEA flap for contralateral breast augmentation is worth consideration. We conclude that this procedure can be performed safely with satisfactory outcome.
EXTERNAL BREAST EXPANDER-ASSISTED FAT GRAFTING TO THE AUTOLOGOUS RECONSTRUCTED BREAST
Presenter: Mayu Muto, MD
Affiliation: Yokohama City University Medical Center
Country: Japan
Authors: Muto M, Satake T, Ko S, Maegawa J

Introduction: In the results of autologous breast reconstruction, we sometimes need to correct the breast deformities. Autologous fat grafting has become a common technique for managing secondary contour breast deformities, but in case of the severe deformities such as large-volume deficiency, we need for repeated injections because large volume fat grafting result in graft survival loss and fat necrosis. An external breast expansion device such as Brava, perioperatively increases the volume and vascularity of the recipient site, reduces interstitial fluid pressure, and facilitate large volume fat transfer. In this series, we report our method of External Breast Expander-assisted fat grafting for improvement in relatively severe deformities following autologous breast reconstruction.

Method: From March 2012 to January 2016, 22 patients with relatively severe deformities after autologous breast reconstruction were selected for this case series. The patients were asked to wear the Brava device for 10 hours per day for 4 weeks perioperatively. The adipose tissue was injected into the defect area using Coleman technique.

Results: The type of reconstruction included deep inferior epigastric perforator flap reconstruction (n=7), posterior medial thigh perforator flap (n=6), bilateral inferior gluteal artery perforator flap (n=3), single inferior gluteal artery perforator flap (n=1), superior gluteal artery perforator flap (n=2), latissimus dorsi flap (n=1), transverse rectus abdominis myocutaneous flap (n=1). The mean injected volume of fat was 248mL (range, 110-377mL). One patient required 3 fat grafting sessions, 3 patients required 2 sessions, and 18 patients required single session. The reasons for severe deformity were initial flap we have chosen was small, limitation of initial flap setting due to its short pedicle, partial flap necrosis, fat necrosis, muscular atrophy, and postoperative body weight loss. The most common complication is contact dermatitis from wearing Brava device. No complications were recorded with the fat injections.

Conclusions: External Breast Expander-assisted fat grafting is safe and effective tool to improve aesthetic outcomes in secondary autologous breast reconstruction especially when the volume-deficiency was large.

LARGE VOLUME FAT GRAFTING WITH WATER-JET ASSISTED FAT HARVESTING AND TRANSFER
Presenter: Klaus Ueberreiter, MD
Affiliation: Park-Klinik Birkenwerder
Country: Germany
Author: Ueberreiter K

Introduction: Mega volume fat grafting for breast augmentation has become a standard technique in plastic and reconstructive surgery. However, there are few evaluated methods for harvesting and transferring of larger quantities of autologous fat tissue, requiring short procedure times. Wrongly and in large quantities grafted fat can produce disastrous long term effects.

Methods: The fat grafting procedure was accomplished by the WAL method which is characterised by harvesting of small vital fat cell clusters via water-jet assisted liposuction (body-jet®) at a suction pressure of -0.5 bar, and subsequent filtering and washing in a sterile closed system (LipoCollector®) for immediate reinjection. The operation was performed according to the BEAULI protocol. For quantification of the results, MRI’s of the breasts were taken preoperatively and 6 months postoperatively. Clinical examinations were done preoperatively, and on day 1, after 1 week, 3 months and 6 months postoperatively. Follow-up examinations were continued on a yearly basis. The longest observation period now is 36 months. Side effects: In about 2% of cases pressure-sensitive indurations were observed which regressed on its own after one year at the latest.

Results: The average operating time for a bilateral breast augmentation is 45-60 min. Average amount of fat transferred was 176ml per breast. The volume gain after comparative MRI volumetry was 76 ± 11% of the transplanted fat. The control after five years showed persisting results. In aesthetic breast augmentation generally two transplantations with an interval of three months were performed resulting in one cup size permanent increase. For a complete breast reconstruction “de novo” (after ablation), four to five transplantations are required. Patients treated with autologous fat grafting after removal of silicone implants due to capsular contracture, generally desired no more than one transplantation.
THE EFFECTS OF PERIOPERATIVE TAMOXIFEN THERAPY ON MICROVASCULAR FLAP COMPLICATIONS IN TRAM/DIEP FLAP BREAST RECONSTRUCTION

Presenter: Gregory R. D. Evans, MD
Affiliation: University of California Irvine
Country: USA
Authors: Salibian AA, Bokarius AV, Gu J, Lee Y, Wirth GA, Paydar KZ, Kobayashi MR, Evans GR

Purpose: Tamoxifen is an important therapy in breast cancer treatment; however, it has been implicated in increasing microvascular flap complications. The purpose of this study is to determine whether tamoxifen taken at the time of free transverse rectus abdominis myocutaneous (TRAM) and deep inferior epigastric perforator (DIEP) flap breast reconstruction affects thrombotic complication rates.

Methods: A retrospective review of microvascular breast reconstruction with TRAM/DIEP flaps over the last 20 years was carried out at a single institution. Patients were divided into two cohorts: those receiving tamoxifen at the time of reconstruction and those not taking tamoxifen. Demographic information, procedural characteristics and microvascular flap complications were compared.

Results: Forty-three patients (56 flaps) received tamoxifen at the time of breast reconstruction and 185 patients (267 flaps) did not. Patients in the tamoxifen cohort had a lower mean age of 48.9 years (p = 0.013). A greater percentage of patients in the tamoxifen cohort had preoperative radiation (p less than 0.0001) and chemotherapy (p = 0.018), and underwent delayed reconstruction (p less than 0.0001). There were no significant differences with regards to flap complications including both arterial and venous thrombosis, flap failure, and other local flap complications.

Conclusions: Patients receiving tamoxifen during TRAM/DIEP flap breast reconstruction did not have increased rates of flap thrombosis or failure; therefore stopping tamoxifen prior to these procedures may not be necessary.

IMMEDIATE RECONSTRUCTION OF BIG-SIZED BREAST WITH PERMANENT IMPLANTS

Presenter: Tatiana V. Mavrodi, PhD
Affiliation: General Hospital 2
Country: Russia
Authors: Mavrodi TV, Kokaev K, Uzdenova M

Breast reconstruction should be individualized, taking into consideration not only the oncological aspects of the tumor, neo/adjuvant treatment, genetic status, but also the patient’s health and wish. There are two principal types of breast reconstruction - implant-based and flap-based (vascularized autologous tissue). Each of them has its own benefits and still there is no constant point of view, which one is the “gold standard”. This article describes our experience in immediate breast reconstruction of big-sized breast with permanent implants, otherwise such clinical cases were traditional indications for using of autologous tissue. A retrospective chart review was performed of 45 patients undergoing either skin-sparing (SSM) or nipple-sparing mastectomies (NSM) from November 2012 through December 2015. All of them had immediate breast reconstruction with permanent implants of big volume. Forty-five patients underwent 20 SSM and 33 NSM. All were female. The average age was 45.7 years (range, 35-62 years). Fifty mastectomies were for breast cancer treatment, and 5 were prophylactic mastectomies. The types of cancers treated were as follows: invasive ductal (n = 32), invasive lobular (n = 16), ductal carcinoma-in situ (n = 2). Forty-seven mastectomies (90.3%) were performed by inframammary incisions. All patients underwent immediate reconstruction with round permanent implants of big volume (440-550 cc) with good or excellent aesthetic result. Only 7 patients needed symmetrization of the contralateral breast (13.2%). There was an 8.0% incidence of partial suture skin necrosis in cases of inverted -T technique, 5.0% incidence of areola or nipple tissue loss and 14% incidence of seroma. 3 implants were lost due to the infection (5.6%). The average follow-up of the series was 12.5 months (range 6-37 months). There were no local recurrence, 1 patient died because of the metastatic disease. Immediate breast reconstruction of big-sized breast with permanent implants can be safely performed in the community hospital setting with low complication rates, short period of rehabilitation, good aesthetic and short-term results. It is a respectable alternative to the autologous tissue reconstruction.
13 BREAST RECONSTRUCTION BY ANATOMICAL IMPLANTS AND DECORTICATED FASCIOCUTANEOUS FLAPS AFTER NON SPARING MASTECTOMY

Presenter: Andrej Sukop, MD, PhD
Affiliation: Third Faculty of Medicine Charles University
Country: Czech Republic
Authors: Sukop A, Nejedly A, Zarubova L, Bayer J, Schwarzmannova K, Miletin J, Mestak O

Introduction: The treatment of breast cancer has negative impact on the woman physically and psychologically. Mastectomy, chemotherapy and sometimes radiotherapy represent only some part of the cancer treatment. The next step is the reconstruction of the breast on the demand of the patient, the consent of oncologist is required. Reconstructions are often locally limited by previous surgical procedure. The paradox is that nice stretched scars result in the lack of local tissue and often unable or make the difficulties with the use of anatomical implants.

Method: The authors present the reconstruction of the breast by local tissue and anatomical implants in respect to the adequately performed soft tissue sparing mastectomy.

Results: The breasts after non sparing mastectomy were reconstructed by decorticated fasciocutaneous flap and anatomical implants without complication and with very nice results. Expanders were not used in any cases.

Conclusions: Breast reconstruction using decorticated fasciocutaneous flap and anatomical breast implant have: enables positive usage of previous scars; creates very natural shape; is an ideal technique for bilateral reconstructions; makes no more scars; has very good patient evaluation.

14 AESTHETIC OUTCOMES IN THERAPEUTIC BREAST REDUCTION – ARE DOCTORS AND PATIENTS SATISFIED?

Presenter: Carolina Andresen, MD
Affiliation: CHVNG
Country: Portugal
Authors: Andresen C, Cardoso A, Santos Cunha C, Pinto C, Costa H

Introduction: Oncoplastic breast conserving procedures combined with radiotherapy (RT) were found to have recurrence rates comparable to mastectomy, while adding significant benefit to body image. Therapeutic mammoplasty (TM) is an oncoplastic technique that applies breast reduction principles for oncologic purposes, when there is appropriate tumor-to-breast ratio. Whenever tumors are located outside the standard skin-excision pattern, the regular breast reduction technique may be subject of imaginative modifications. However, the employment of RT in all patients is believed to have significant implications in attaining long term breast symmetry, especially when pattern variations are employed. Given that TM indications have expanded it is important to ascertain its final aesthetic result and patient satisfaction.

Methods: A retrospective cohort study targeting breast cancer female patients who underwent conserving surgery with therapeutic mammoplasty between June 2009 and December 2014 in Vila Nova de Gaia Hospital Center (CHVNG), in Portugal, is presented. The aesthetic result was objectively evaluated by means of a questionnaire where five categories were assessed: malposition, distortion, asymmetry, contour deformity and scar. The final score, according to a team of two plastic surgeons and according to the patient, was recorded.

Results: Aesthetic results were considered to be good or perfect in 84.1% and reasonable in 15.9%, with a 61% concordance between physicians and patients. There were no poor results. Tumor location, pedicle choice or scar pattern had no influence in the final result. The effects of RT on the reconstructed breast were found to be time dependent.

Conclusion: TM’s widening use in clinical practice has allowed for the expansion of breast conserving surgery indications. Overall results are mostly considered good or perfect, regardless of tumor location or skin resection pattern, as long as applied by an experienced surgeon, making this an excellent choice of reconstruction in selected patients. The long term effects of RT, however, should be taken into account. Since these seem to be time dependent, a lengthened follow-up by plastic surgeons should be made in order to ascertain the real final reconstruction result.
**THE BEST RECONSTRUCTION CHOOSE FOR HUGE PHYLLODES TUMOR OF BREAST – BI-PEDICLED DEEP INFERIOR EPIGASTRIC PERFORATOR FLAP**

**Presenter:** Chien-Liang Fang, MD  
**Affiliation:** Ditmanson Medical Foundation Chia-Yi Christian Hospital  
**Country:** Chinese Taipei  
**Author:** Fang CL

**Introduction:** The “cystosarcoma phyllodes tumor” of the breast is rare in breast cancer, which accounts about 0.37-0.5% of all breast neoplasm. The average annual age-adjusted incidence rate of phyllodes tumor is 2.1 per 1 million women. It occurs almost exclusively in women and incidence peaks in the 4th and 5th decades of life. Giant phyllodes tumor (over 10 cm) of breast was less discussed in the literature but ratio was around 20-30% in all phyllodes tumors. It is difficult to reconstruct the huge defect after wide excision with safe margin over 1 cm. We will present one new reconstruction option of bi-pedicled deep inferior epigastric perforator flap for giant phyllodes tumor after mastectomy.

**Review and Case Report:** We had two cases of giant phyllodes tumor in 2013. The first one was 26 years old woman, tumor size was 18x13x12 cm (1370gm), histologic benign, and skin defect after mastectomy was 22x15 cm; the secondary one was 41 years old woman, tumor size was 20x16x9.5 cm (1021gm), histologic borderline, and skin defect after mastectomy was 18x13 cm. Immediate reconstruction using bi-pedicled deep inferior epigastric perforator flap was done. The flap size were 30x11 cm (505gm) and 28x12 cm (680gm), operative time including mastectomy were 285 and 425 minutes, hospitalization were 12 and 13 days. There was no local recurrence or distal metastasis after more than 2 years following up.

**Conclusion:** The histologic phyllodes tumor grade was classified as benign in 40-69%, borderline in 12-27%, and malignant in 9-33%. A higher local recurrence rate was associated with positive margins, histologic grade, tumor size and necrosis. In giant phyllodes tumor, immediate breast reconstruction after mastectomy may become the preferred option. We firstly used bi-pedicled deep inferior epigastric perforator flap for huge volume breast reconstruction to support wide excision of giant phyllodes tumor and to resolve scar contracture and cosmetic problems. There were no local recurrence or distal metastasis after reconstruction and we procured the good functional and cosmetic results.

**AESTHETIC RECONSTRUCTION OF POLAND SYNDROME IN MALES**

**Presenter:** Jesus Benito-Ruiz, PhD  
**Affiliation:** Antiaging Group Barcelona  
**Country:** Spain  
**Authors:** Benito-Ruiz J, Manzano ML, Salvador L

**Introduction:** Poland’s syndrome is characterized mainly by absence or underdevelopment of pectoral muscle. It affects more to men than women and causes a flattened chest and nipple distopia.

**Methods:** We have operated on 19 male patients with Poland syndrome. The three techniques used were:
- Pectoral implant (manufactured): a manufactured, commercially available, cohesive silicone implant was used through the axillary approach and placed under the fascia. The contralateral implant is used, rotated clockwise or anticlockwise depending on the affected side so the thickest section of the implant lies at the axillary and infraclavicular areas.
- Customized implant: based on the contralateral, non-affected side. The implant is made of elastomer type I and placed with the same technique described above.
- Fat grafting: the fat is harvested from abdomen, flanks and contralateral chest. This option was chosen in those cases with overweight.

All patients received a pre and postoperative questionnaire (MBSRQ) that evaluates self esteem and body image.

**Results:** The mean age was 29.7 yrs (range 18 - 42). BMI was 18.5-25% in 14 cases and 25-30% in the rest. Right side was affected in 53.8% and left side in 46.2%. Six patients were reconstructed with pectoral implants (190g in 4 patients, 240g in 2 patients), eight patients with customized implants and five with fat transfer (300 g in 4 patients, 400 g in one patient). The mean MBSRQ preoperative score was 2.8 over 5 and the postoperative score was 3.9 over 5. There was a clear improvement in self image and esteem in all patients. Regarding complications, we had two postoperative hematomas (10.5%) in patients with implants that required reoperation. There were no infections. There were no complications in the group of patients with fat transfer.

**Conclusions:** Implants are a good option for male patients with Poland syndrome. We think that customized implants give superior aesthetic results in slim patients. However, they are much more expensive, which can be an important decision factor. The main complication for this option is postoperative bleeding. Fat transfer would be the first option in patients with available fat, as the result for the whole torso and male aesthetics is much more balanced.
Calf Augmentation and Reconstruction. 25 Years Experience

Presenter: Igor Niechajev, MD, PhD
Affiliation: Lidingo Clinic
Country: Sweden
Author: Niechajev I

Introduction: Augmentation or reconstruction of the calves is indicated in patients with thin legs, for bodybuilders, or when there is a defect after an injury or illness. The principle of placing implants in the plane between the investing crural fascia and the gastrocnemius muscle was worked out in the eighties. The author introduced many technical modifications and improvements for this operation, among them the new instrument, an inserter for the calf implants (Fig. 1).

Material and Methods: During the years 1991 through 2015, 47 patients (28 women and 19 men) underwent 56 calf contour corrections by the author. Indications were aesthetic in 20 patients, 6 were bodybuilders and 21 underwent unilateral crural reconstruction, in five cases with simultaneous liposuction of the contralateral healthy calf for purpose to improve symmetry. Thirty-six patients could be followed up 6 months to 20 years after the procedure.

Results: Excellent result was obtained in 29 out of 35 followed patients (Figs. 1,2), in 5 the result was good and in 1 satisfactory as rated by the surgeon. Judgement by the patients correlated well with the surgeon’s opinion in aesthetic cases. Bodybuilders were sometimes uncertain about the obtained volume. Three male patients in the reconstruction group could not accept that the ideal symmetry could not be achieved.

Complications: Upward migration of the lateral implant, superficial skin slough and hyperpigmented scars occurred in 4 patients. 28-year-old professional bodybuilder, who was for many years on the special diet, but denied the use of anabolic steroids underwent medial and lateral calf augmentation. Implants were removed 16 hours after surgery because ischemia in the anterior compartment. After several surgical operations, including fasciotomies and microsurgical transfer of the innervated central caput of the quadriceps femoris muscle he could resume his bodybuilding activities.

Conclusion: Calf augmentation, performed properly, has evolved to be a safe, efficient and aesthetically pleasing operation. The possibility of compartment syndrome should be kept in mind. Calf augmentation neither impairs, nor improves the function of the leg, but patients generally feel better following the aesthetic improvement.
AESTHETIC RECONSTRUCTION OF CALVES WITH IMPLANTS IN PATIENTS WITH IATROGENIC ATROPHY

Presenter: Jesus Benito-Ruiz, PhD
Affiliation: Antiaging Group Barcelona
Country: Spain
Authors: Benito-Ruiz J, Manzano ML, Salvador L

Introduction: The main indication for calf augmentation is aesthetic, but there are a number of conditions (previous orthopaedic surgery, neurological diseases) that can be corrected with the use of implants.

Material and Methods: We used two types of techniques. One is based only on the use of implants, always under the muscle. The incision was performed at the posterior aspect of the knee and a short tunnel under the superficial fascia was done. Four centimeters caudal to the skin incision, the aponeurosis of the muscle was incised and the pocket was bluntly dissected between the gastrocnemius and soleus as described by Kalixto and Vergara. The second technique consisted of submuscular placement of a tissue expander (rectangular shaped, 400-500 cc, under both muscles) in the first stage and substitution for an implant in the second stage (gluteus oval implant). Fat grafting was used for contouring of the lower third of the leg if indicated.

Results: We operated on 20 cases. The causes for muscular atrophy were sequela of congenital talipes equinovarus (TEV) in 13 cases, neurological diseases in 5 cases (polio in 3 and Charcot disease in 2), sepsis in 1 case and sequel of osteotomies in 1 case. The mean age was 37.7 yrs (21-59). 14 patients were male and 6, female. For all causes, 54% of cases were bilateral and 23% for either right or left sides. In the group of TEV, nine cases had one limb affected and four patients had both limbs. Eight cases with TEV were treated with implants (two implants for leg in 7 cases and 1 case with medial implants and lateral fat grafting). One of the patients developed a severe compartment syndrome leading to Volkmann contracture. After this complication we changed our strategy to a two stage procedure (expander with implant) which was used in 5 patients (3 unilateral, 2 bilateral). The implant used in these cases were always an oval gluteal implant, usually of 450 cc (290 - 450 cc). Fat grafting was used for reconstruction of the lower third of the leg in 7 patients. The mean volume grafted was 150 cc.

Conclusions: In severe cases where there is a great difference of volume between the normal and atrophied side it is safer to use the two stage technique, to avoid the real and extremely dreadful compartment syndrome.

PARTICULARITIES DIFFERENT PLASTICS TECHNIQUES USED FOR CORRECTION OF POST-BURN CONTRACTURES OF THE FOOT

Presenter: Babur M. Shakirov, MD
Affiliation: RCSUMA and Samarkand State Medical Institute
Country: Uzbekistan
Author: Shakirov BM

Purpose: The post-burn contractures deformities of feet represent the complex specific pathology of bearing – motor apparatus developed as complications after burn injury are liable to occur when the burn has been deep, infected, or not properly treated. Particularly, the problems of plastic surgery are widely discussed in the literature on burn treatment. However, there is no consensus about the selection of the method to treat burns on the basis of different localization and severity of deformity. These methods vary significantly for children and aged patients. Considering that, the development of a rehabilitation system for patients with post-burn extremity deformities, ambulatory follow-up treatment, and home damages of these patients are problems of particular significance.

Methods: 142 patients were treated in the Samarkand Inter-Regional Burn Center and Burn department of RCSUMA, Uzbekistan. Long-term outcomes of the plastic surgeries performed suggest that the burn patient must be under constant observation in case of tightening scars or slow growth of the injured extremity and the development of secondary changes of bones and joints. The operations must be performed within 6-12 months after healing of burn wounds to prevent secondary changes. In the case when contracture is severe, the operation must be performed as soon as possible. During this time, continuous conservative treatment serves as necessary preoperative preparation. This treatment should be continued in the hospital setting after surgery.

Results: The results supported our classification of scar contractures of the foot and ankle joint according to anatomical localization. In 79.1% of cases, contracture was removed completely, in 15.4% there was an improvement and only in 5.5% of cases there was no improvement because of the irreversible bone-joint changes and others.

Conclusions: The method of operation should be chosen according to both severity and localization of the injury, using local uninjured tissues and soft scars to make Z-plasty, trapezoid flaps, L-shaped flap plasty, triangular grafts and other shaped flaps and free grafts placed on the area of the excised scars.
THE USE OF THE SOLEUS FLAP IN THE RECONSTRUCTION OF THE LOWER LIMB
Presenter: Frederico Santos, MD
Affiliation: Brazilian Society of Plastic Surgery
Country: Brazil
Authors: Santos F, Capela M

Motor vehicle accidents are a major cause of death and disability in the world. In our region, the city of Caruaru, located in northeastern of Brazil, with a population of about 400,000 inhabitants, the reality is no different. And accidents caused by motorcycles have been the main cause. Since in recent years, the number of this type of vehicle showed substantial growth, accounting for about 42% of all registered vehicles in the city vehicles department. The result is higher number of casualties, an average of 15 a day, causing more temporary and permanent disability. The objective of this study was to evaluate the use of the soleus flap in the reconstruction of the lower limb in an automobile accident victim population served by motorcycles between January 2012 to December 2015. The treatment was carried out jointly by Plastic Surgery and Orthopedics Surgery. We evaluated the amount of affected tissue, surgical indication, the viability of the flap and functional outcome after repair. There were no complications during the procedures. There was no tissue suffering. Functional mobilization of operated limbs was not compromised. The recovery time was minimized and the patients return to social life early. In the case of osteomyelitis associated, the infection was cleared better. The resulting trauma from car accidents can occur in different ways. A proper assessment will indicate the best treatment. And the use of the soleus flap proved to be a great alternative in lower limb reconstruction.

A SIMPLIFIED APPROACH TO THE CORRECTION OF VENTRAL HERNIAS BY MEANS OF ABDOMINOPLASTY AND SURGICAL SCAFFOLD REINFORCEMENT
Presenter: Humberto Palladino, MD
Affiliation: Southwest Plastic Surgery
Country: USA
Authors: Palladino H, Agullo FA

Introduction: To report a simple and innovative approach for ventral hernia defect repair associated to abdominoplasty using a recently developed silk fibroin protein biologic scaffold mesh as abdominal wall reinforcement.

Methods: Seven female patients underwent abdominoplasty and associated large ventral hernia repair. The surgery consisted on hernia reduction without opening the sac followed by plication of the abdominal wall; tissue reinforcement with SERI surgical scaffold with an overlay technique. Patients were followed over a period of 14 months (7-14mo). The patients mean age was 45y (range: 27-56y). The BMI mean value for our patients was 30.9 (range: 26-35); with an average size defect of 8.0cm (7-9.1cm). The average surgical time was 250min (range: 165-310min). Average hospital stay was of 1.4 days (range 1-3 days).

Results: No sings of hernia recurrence was noted. No infections were recorded. Two of our patients experienced complications that consisted in a chronic serous umbilical discharge. We had no recurrences in 14 months follow up.

Discussion: By avoiding the opening of the sac we decreased the surgical time and prevented possible complications such as intestinal laceration or perforation. It also reduced hospital stay by allowing early diet tolerance and patient mobilization as there were no intra-abdominal procedures, except for one case, and ileus was avoided. As abdominal wall has been proved suboptimal in obese patients we reinforced the hernia reduction and plication with a biologic silk derived scaffold. The use of this device provided good quality tissue replacement able to tolerate tension and reinforce the deficient abdominal wall in patients with large ventral hernias. Midline scaring was avoided improving the cosmetic outcome compared to classic hernia repair. We could also correct abdominal wall diastasis if needed.

Conclusions: Two procedures, the hernia repair and abdominoplasty were carried out in the same operation. Surgeons performing these associated procedures should have experience and be properly trained in both surgical techniques. Our patients had a satisfactory hernia repair and an abdominoplasty with a low complication rate and no recurrences in a 14 month follow up.
MARUMO’S MODIFY TECHNIQUE IN FOUR CASES
HAND SYNDACTYLY
Presenter: Rosana M. Yamamoto, MD
Affiliation: UNIFESP
Country: Brazil
Authors: Yamamoto RM, Okamoto RH, Ferreira LM

Introduction: Syndactyly is one of the most common congenital abnormalities of the upper limb consisting in default of separation of the fingers. If not treated properly can lead to deformity of the hands compromising the child both in social and professional life. The objective of this study was to evaluate the results of the group with the Marumo’s modified technique in patients with syndactyly. Performed at the General Hospital Pirajussara affiliated unit at the Hospital São Paulo - Division of Plastic Surgery.

Method: Between 2013 to 2015 have been carried out surgery to separate the web in four patients. The age of these patients ranged from 3 to 32 years old. They were two simple and incomplete cases and two simple and complete cases, all cases affected middle fingers and set aside. The syndactyly was repaired by Marumo’s modified technique, consisting of a rectangular skin flap slightly oblique in its distal side, starting at the level of the head of the metacarpal and following half of the proximal phalanx to the commisure formation. And from there a zigzag dorsal and volar region in mirror on both sides of the fingers in order to fill the entire length of the fingers on the end of the separation. Performed the separation of the fingers, being careful with vascular or nervous bundle. After realization of hemostasis, carried out the suture with simple skin closure points covering of corners, then occlusive dressing. Performed intraoperative antibiotic therapy. Removal of stitches after two weeks. There was no need for graft and even complications such as epidermiolisis, retail necrosis or infection.

Results: All cases had a good evolution, without exception. After one month postoperative all showed good aesthetic result and good functionality of the hands with good interdigital gap.

Conclusion: Marumo’s modified technique allows aesthetic and functional results effectively, with minimal or no presence of complications and rapid rehabilitation.

PENIS RECONSTRUCTION IN A PACIENT WITH COMPLEX MALFORMATION OF THE UROGENITAL APPARATUS
Presenter: Silviu Marinescu, MD, PhD
Affiliation: Bagdasar-Arseni Hospital
Country: Romania
Authors: Marinescu S, Bejinariu C, Badeana A, Boiangiu AM, Giuglea C

Introduction: In this paper we present our therapeutic approach regarding a case of urogenital malformation in a 30 years old patient admitted in our clinic for the treatment of penile agenesis. We want to present one of the surgical approaches for these patients and to share our experience on the determination of the therapeutic conduct and surgical protocol. Severe penile malformations including penile agenesis occur due to abnormal development of the genital tubercle in the seventh week of intrauterine development and are extremely rare.

Materials and Methods: After the local examination we concluded that the patient has a moderate degree of sensitivity at the glans recession that intensifies when the erection occurs; additionally the absence of the urethra made urination and ejaculation impossible. To solve this case we have chosen a phased approach consisting of multiple surgeries, as follows: penis reconstruction using a radial flap by preserving the viability of the preoperative gland recession, the second phase being the reintegration of the remaining glans thus keeping its sensitivity; in the course of the third surgical intervention the insertion of a penile silicone prosthesis and later minor adjustments in order to obtain the final form. The surgical team decided to perform procedures designed to reestablish the patient’s sexual function to the possible extent, therefore helping him overcome the psychological blockage characteristic for these patients.

Results: The postoperative outcome was positive, the patient rapidly recovering after the four surgeries, with the fast integration of the flap, followed by the integration of the glans in the second stage of reconstructive surgery. Inserting the silicone prosthesis was performed without difficulty due to the increased laxity and versatility of the radial flap used for the penis reconstruction. During the last phase minor adjustments were performed in order to loosen the scars at the base of the penis, as well as reshaping the penis using lipofilling.

Conclusion: We believe that the main objective of these surgeries is the achievement of the patient’s expectations regarding the prognosis and postoperative appearance. The success of reconstruction in this particular case was based on establishing a rational surgical algorithm.
ANTEROLATERAL THIGH PHALLOPLASTY: HOW I DO IT
Presenter: Kamol Pansritum, MD
Affiliation: Kamol Cosmetic Hospital
Country: Thailand
Author: Pansritum K

The radial forearm free flap has been considered the best procedure for neophallus reconstruction for many years, but other flaps have been attempted to minimize donor site morbidity and optimize outcome. The pedicled anterolateral thigh flap is considered to be reliable and to decrease the risks of total flap failure.

Objective: To describe the surgical procedure of pedicled ALT (anterolateral thigh) flap phalloplasty in female-to-male transsexuals.

Material and Methods: We report successful total phallic reconstruction in a female-to-male transsexual patient using an island pedicled anterolateral thigh (ALT) flap. The procedure involved 2 stages operation; the first stage consisting of total vaginectomy, urethral lengthening, and prefabricating urethra. The second stage consisted pedicled ALT flap, nerves anastomosis, and urethral anastomosis.

Results: The neophallus shows aesthetically appealing results. The operative time was approximately 6-8 hours. Hospitalization time was 14 days. The urine catheter was retained in 3 weeks postoperatively. The patient was able to urinate without urethral fistula.

Conclusion: We consider this technique for phalloplasty concerning effort, complications, donor site morbidity and aesthetic result as an appropriate alternative to established methods in selected patients. Additionally the shortened operating time and the lack of possible complications of microvascular anastomoses bear advantages. The pedicled ALT flap may be a reliable option to avoid visible scarring at the donor site on exposed body parts.

RADIOLOGICAL FINDINGS AFTER BREAST AUGMENTATION WITH CELL-ASSISTED LIPOTRANSFER
Presenter: Yuko Asano, MD, PhD
Affiliation: Teikyo University Hospital
Country: Japan
Authors: Asano Y, Yoshimura K, Tsuji N

Aims: We performed transplantation of progenitor-supplemented adipose tissue (Cell-assisted lipotransfer; CAL) for cosmetic breast augmentation or breast reconstruction since 10 years ago. This study aimed to evaluate the radiological findings of CAL for cosmetic breast augmentation.

Methods: In CAL, autologous adipose-derived stem/stromal cells (ASCs) were freshly isolated from half of an aspirated fat and attached to the other half of aspirated fat. The progenitor-enriched fat was injected into the subcutaneous fatty layer, retro-mammary space and pectoralis muscles. Injection was performed multi-directionally and multi-layer from the deepest layer using an 18 G blunt cannula. Forty-seven patients who underwent breast augmentation with CAL were followed up for more than one year using mammography, ultrasonography and MRI.

Results: The volume of injected fat tissue ranged from 120 to 330 ml per side. Cystic masses were detected by ultrasonography or MRI in 17 breasts at 12 months. The most common mammographic findings were radiolucent oil cysts and benign microcalcifications caused by fat necrosis. Twenty-two breasts were classified as Breast Imaging reporting and data system (BI-RADS) 2 and two breasts were classified as BI-RADS 3. In some cases, microcalcifications or severe fibrosis findings were present more frequently as a late finding after more than 2 years later.

Conclusions: In our series, the postoperative mammograms were classified as category BI-RADS 1, 2 or 3. Furthermore, these results were significantly lower compared with changes after breast reduction surgery [1]. There is a lot of research describing techniques for enhancements of the graft take including harvest techniques, centrifugation, and injection techniques. Authors agree that the safety and final outcome depend on the surgeon’s skill and experience. Long-term clinical and radiographic follow-up with expert radiologists are needed.
EVALUATION OF ONCOLOGICAL SAFETY OF FAT GRAFTING AFTER BREAST-CONSERVING THERAPY: A PROSPECTIVE STUDY

Presenter: Ondrej Mestak, MD
Affiliation: Charles University
Country: Czech Republic
Author: Mestak O

Introduction: Breast-conserving treatment (BCT) consisting of a lumpectomy followed by radiation is considered the standard of care in early-stage breast cancer, and breast reconstruction using fat transfer has become the standard of care in these patients. Immediately following BCT, patients are theoretically the most prone for cancer recurrence caused by the remaining mass of glandular tissue. Therefore, we conducted a prospective study to evaluate the oncological safety of fat grafting in patients after BCT.

Methods: We analyzed patients who underwent breast reconstruction after BCT between April 2011 and February 2014. The control subjects were matched from a prospective database of women treated for breast cancer who did not undergo fat grafting, and each control was matched for the following variables: date of primary cancer surgery, date of fat grafting, histology, estrogen and progesterone receptors (ER+PR), adjuvant hormone therapy, disease-free interval from primary operation (BCT), and disease-free interval from breast reconstruction involving fat grafting. The primary endpoint of this study was tumor recurrence.

Results: The study group consisted of 32 patients, while the control group consisted of 45 patients. Breast tumor recurrence was observed in 2 of 32 cases (6.25%) in the reconstruction group, and distant metastases were detected in both cases. In the control group without reconstruction, we found cancer recurrence in 2 of 41 cases (4.88%), and locoregional recurrence was observed in both cases. The difference in cancer recurrence after BCT was insignificant between groups (p = 0.593).

Conclusion: The recurrence rate in patients reconstructed with fat grafts after BCT was not significantly different from the recurrence rate of control BCT patients.

STANDARD LIPOASPIRATE IS IDEALLY SUITED FOR MECHANICAL SHEAR STRESS WHICH YIELDS STROMAL VASCULAR CELLS WITH INCREASED PLURIPOTENCY

Presenter: Gregory R. D. Evans, MD, FACS
Affiliation: University of California Irvine
Country: USA
Authors: Banyard DA, Sarantopoulos CN, Phan D, Borovikova AA, Qiu X, Wirth GA, Paydar KZ, Haun JB, Evans GR, Widgerow AD

Introduction: Optimization of fat grafting continues to be one of the most studied topics in the field of translational plastic surgery research. One form, “nanofat grafting”, implements mechanical emulsification of standard liposapirate prior to reinjection for the correction of superficial rhytides and pigmentation. Beyond the observation that nanofat is devoid of adipocytes, its constituents are not well characterized. Recently multilineage stress enduring (Muse) cells, a rare pluripotent population, were described after exposing adipose tissue to extremely harsh experimental conditions. Here, we tested whether the stress induced via nanofat processing can lead to upregulation of this potent regenerative population.

Methods: Lipoaspirate (LA) was obtained from ten patients following routine liposuction and divided into two groups. One group underwent nanofat processing while the other was left unchallenged. The kinematic viscosity (Re), fluid flow, and shear force magnitude were quantified. Each group was then subjected to collagenase digestion, red blood cell lysis and the resulting SVF pellets were evaluated for viability as well as multipotency (CD13-APC-Vio770, CD31-FITC, CD34-PerCP-Vio700, CD45-VioBlue, CD73-PE and CD146-APC) and pluripotency (CD13 and SSEA-3) markers via flow cytometry.

Results: Standard LA was found to have a viscosity of 86.9 cSt and a Re of 78 which represents laminar flow. The tissue experienced a maximal flow velocity of 3.6 m/s and wall shear stress of 3326 dyne/cm². Despite a significant reduction in cell viability (48.1% vs. 82.0%, p = 0.004), the mechanically processed LA demonstrated greater populations of mesenchymal stem cells (MSCs, 13.8% ± 2.6 vs. 4.36% ± 1.5, p = 0.006), adipose-derived stem cells (ADSCs, 3.11% ± 0.8 vs. 1.01% ± 0.3, p = 0.024), endothelial progenitor cells (EPCs, 6.94% ± 1.6 vs. 2.20% ± 1.0, p = 0.025) and Muse cells (8.70% ± 2.1 vs. 2.99% ± 1.3, p=0.046) when compared to standard LA.

Conclusion: Standard lipoaspirate is ideal for mechanical stress induction due to its high viscosity. The mechanical shear force implied by nanofat processing upregulates the MSC, ADSC, EPC and Muse cell populations in adipose tissue which may account for the favorable results realized by this technique.
INVESTIGATION OF AGING PROCESSES OF SILICONE BREAST IMPLANTS

Presenter: Oxana Kononets, MD
Affiliation: Clinic Medlaz
Country: Russia
Authors: Kononets O, Alexeeva E

Study of the behavior of silicone implants and their interaction with the tissues of the mammary gland was conducted only in the form of a study of the nature of the changes of the surrounding tissue without consideration of the processes occurring directly in the implant. In the literature there is no information on the systematic study of the process of “aging” is the change of basic characteristics in the longrun.

Methods: The study of the natural aging of implants from different manufacturers at different periods of operation from 1 to 20 years compared with the intact samples, and additional studies on the changes of properties of shells and fillers (gel) implants as a result of their artificial aging conducted at a temperature of 90°C for 100 hours, which corresponds to the integral operation of the implant at the normal temperature of the human body, including the possible exposure and sauna within 7-10 years. Comparative physical-chemical and physical-mechanical characteristics of used and intact implants of different manufacturers were studied using: elemental analysis; measurement of elastic modulus or the viscosity of the filler; test tensile strength tensile and elongation of the shells; a comparative study of the micro impurities.

Results: I was studied 85 of implants from different manufacturers. Revealed that overtime, the modulus of elasticity (viscosity) of the implant gel is changed in comparison with the intact, the nature and level of these changes depending on the company differ significantly. It is found that the highest stability have implants “McGhan” and “Mentor”. It was identified trends in the change of modulus of elasticity of the gel and physical-mechanical characteristics of the implant shells having anatomical and round structure. Statistically found that are more stable anatomical implants. Comparative data on the content of micro impurities in samples of intact implants “Makgan” and Eurosilicone confirm the advantage of the “Makgan” for chemical purity.

Conclusion: For gels is the increase of the modulus of elasticity that under organoleptic examination can be qualified, as increased hardness.

NIPPLE-AREOLAR COMPLEX SENSIBILITY DISORDERS AFTER BREAST AUGMENTATION WITH SILICONIC IMPLANTS AND BILATERAL MASTOPEXY SURGERY

Presenter: Silviu Marinescu, MD, PhD
Affiliation: Bagdasar-Arseni Hospital
Country: Romania
Authors: Marinescu S, Badeana A, Boiangiu AM, Bejinariu C, Giuglea C

Introduction: The sensibility of the nipple-areola complex has a great importance in a woman’s life for both functional and aesthetic reasons, as well as having an erogenous value. Sensibility disorders in this area can be perceived as a minor inconvenience or a major handicap, depending on each person. Up until now there have been numerous studies conducted on female patients who underwent breast reduction surgery, but not as many on patients with breast augmentations. The purpose of this study is to determine the nature of the sensibility disorders in the nipple-areola complex depending on the type of incision, as well as comparing the incidence of hyposensibility or hypersensibility in patients who underwent breast augmentation with siliconic implants and those who had the augmentation combined with mastopexy.

Materials and Methods: The study was conducted for 8 years in a private plastic and aesthetic surgery clinic in Bucharest, on 423 female patients, aged between 19 and 56. The patients included had a breast augmentation surgery with siliconic implants (365 patients) or a mastopexy and augmentation surgery (58 patients). We excluded patients with a history of diabetes, neurological disorders, thyroid dysfunctions, autoimmune diseases or those who had other types of breast surgery done. We tried to uncover sensitivity disorders (hypoesthesia versus hyperesthesia) by testing touch, pain, termic sensibility, touch discrimination as well as using the Moberg test with anhidrin. The main disadvantage of the first 4 tests is subjectivity, the only objective test we used is the Moberg sweat test. The patients were tested after at least 6 months after the surgery, so that the tissues have healed completely and to exclude any dissensibility due to the surgical intervention.

Results: The percentage of patients with sensitivity disorders after breast augmentation with siliconic implants was 7-10% and in the second group, the mastopexy and augmentation surgery, it was 23%.

Conclusions: There are no significant differences regarding nipple-areolar sensitivity in the cases of breast augmentation with inflammammary incision versus the ones with periareolar incision. But there are significant differences in cases with augmentation combined with breast lift.
ALGORITHM FOR CHOOSING BREAST IMPLANTS

Presenter: Nimrod Friedman, MD
Affiliation: Friedman Aesthetic Clinic
Country: Israel
Author: Friedman N

Introduction: The ideal breast shape has an oblique slope at the upper part and a round or convex shape at the lower half of the breast. The common goal of the patient and the surgeon is not just to enlarge the breast but also to shape it to a better form. Most of women are looking for natural breasts and many are seeking also for correction of asymmetry or breast malformations like tuberous breasts.

Today, the surgeon can choose from a large number of implants which are different from one another, not just by volume and size, but also by shape, projection, gel & envelope type. When equipped with this armamentarium, the skilled plastic surgeon can offer the woman, who is seeking to reshape her breast, a better individualized solution.

Material and Methods: Several issues will be discussed:
1. The different types of silicone gels, advantages & disadvantages of each type.
2. The envelope: silicone elastomer Vs. Polyurethane-Coated Implants.
3. When to choose anatomical implant and when to use a round one, according to different body, chest and breast shapes.
4. How to choose the right implant in each case – anatomical issues and patient expectations.
5. The unique advantages of anatomical implants in difficult cases of asymmetry and tuberous breasts.
6. The advantages and disadvantages of anatomical implants – shape, versatility vs. cost, rotation.
7. The differences in the operation technique when using anatomical or round implants – surgical cuts, infra mammary fold lowering, double bubble, pocket dissection, orientation.

Results: Patients treated with the methods described above, will be presented.

Conclusions: The huge variety of shapes and dimensions of those implants gives the surgeon the opportunity to have the right answer to different body, chest and breast shapes.

BREAST SURGERY: IMPLANTS OR FAT INJECTION?

Presenter: Nimrod Friedman, MD
Affiliation: Friedman Aesthetic Clinic
Country: Israel
Author: Friedman N

While silicone implants were first used more than 50 years ago, fat injection for breast remodeling start to gain popularity in the last decade.

The two surgical techniques will be compared according to the following parameters:
1. Projection
2. Upper pole fullness
3. Cleavage
4. Symmetry
5. Volume
6. Longevity
7. Complications
8. Predictability of the results
9. Flexibility
10. Learning curve
11. Carcinogenicity and breast cancer detection
12. Need for follow-up

Results of breast surgery with both techniques will reviewed and discussed.
BREAST AUGMENTATION: BREAST ASYMMETRY CORRECTION WITH DIFFERENT SIZE OF IMPLANTS
Presenter: Saulius Viksraitis Sr., MD
Affiliation: SV Plastic Surgery Center
Country: Lithuania
Author: Viksraitis S

Introduction: The nature creates small and also different breasts for the part of women. Slight asymmetry has no influence to aesthetic appearance, but visual difference in size and shape causes physiological discomfort and reduce self-confidence. The main goal of the mammary augmentation surgery – achievement of natural looking and symmetric breasts.

Material and Methods: During five years from 2010 to 2014 in our clinic 671 breast augmentations were performed by the single surgeon. Different implants (sizes and shapes) were used to achieve full symmetry during breast augmentation surgery. We made analysis of this data by using narrative statistic methods. Physical patients’ examination by the operated doctor was included to this study to evaluate cosmetic results after the surgery.

Results: 84 patients (12.5% cases) had visible breast asymmetry. For these patients different size of implants were used: Natrelle™ 410 anatomical implants in 74 cases (11%) and for 10 patients (1.5%) we performed the augmentation with Natrelle™ INSPIRA™ round implants. In all cases with the breast asymmetry were used the same basis but the different projection of implants. Subpectoral implant position was used in all asymmetry cases. According to implants projection for different breasts to achieve symmetry we divided patients in three clinical cases groups: Ith group: moderate projection and full projection implants with the same basis were used in 35 cases; IIth group: full and extra full projection implants – in 27 cases; IIIth group: moderate and extra full projection implants – in 10 cases. Mean follow-up for these patients was 15 months (range 6-48 months). We examined 62 patients from asymmetry cases group. In the Ith group cosmetic results were excellent in 27 cases, in the IIth group – in 15 cases and in the IIIth group – in 5 cases.

Conclusions: Precise preoperative measurements, accurate selection of different implants in coalition with surgeon experience and thoroughness gives predictable positive results for the patients with breast asymmetry.

HOW TO AVOID ANIMATION DEFORMITIES IN THE SUBMUSCULAR BREAST AUGMENTATION
Presenter: Horia R. Siclovan, MD
Affiliation: MedLife Genesys Hospital
Country: Romania
Author: Siclovan HR

Introduction: For an optimal result in augmentation mammoplasty, the implant must have adequate soft tissue coverage. One of the most important factors in the dynamics established between the implants and the soft tissues after breast augmentation is the pocket plane. The implant placed in the retroglandular space may have significant disadvantages if the soft tissue coverage is inadequate (implant palpability, visibility and capsular contracture). To correct these problems, use of the retropectoral space has become common place. Although this provides adequate soft tissue coverage, the problem of implant displacement with contraction has resulted. A reasonable solution to the problem of acquiring adequate soft tissue coverage without displacement of the implant through pectoralis muscle contraction has been to use the muscle splitting biplane breast augmentation. The use of the muscle splitting biplane technique seems to yield the benefits of both planes without the deficits.

Method: Since 2010, 400 patients with hypomastia have undergone muscle splitting biplane breast augmentation.

Results: Pleasing long-term results have been obtained, with maintenance of a natural breast shape and cleavage, a smooth transition between the soft tissues and implant in the upper pole, and low morbidity. There were no capsular contracture and no displacement of the implants.

Conclusions: The muscle splitting biplane breast augmentation offers improved long-term aesthetic results due to the creation of a stronger supporting system for the implant superior pole. The trade-offs of the classic subpectoral approach have been significantly reduced, there were no animation deformities by the pectoralis muscle contraction and factors such as morbidity and postoperative recovery are acceptable.
HYBRID AUGMENTATION MAMMOPLASTY

Presenter: Mingu Kang, MD, PhD
Affiliation: BongBong Plastic Surgery Clinic
Country: South Korea
Authors: Kang M, Choi S, Park S, Lee J

Background: For beautiful and voluptuous female breasts, surgical methods have been changing and developing. Especially the development of various types of the breast implants and surgery methodologies in terms of breast augmentation surgery, which played a major role in reducing and preventing complications of building of biofilm, rupturing, displacement and exposure of the breast implant. However, in patients with a thin and low volume of soft tissues in torso, a rippling may be visible and palpable due to the breast implant’s limitation. Despite how the breast implant is inserted underneath the breast muscle via surgery, the breast implant can be palpated on the lower-lateral part of the breast due to the lack of muscle coverage. Further, in asymmetric breasts either caused by asymmetry in chest wall or glandular tissue amount was difficult to achieve satisfying results.

Methods: The author stated that the breast augmentation using the breast implant with autologous fat transfer is Hybrid Augmentation Mammoplasty, “HAM”. Hybrid is a term that describes a combination of materials or methods with different properties. Various industries are using the term “hybrid” to increase product’s functionality and efficacy by means of conversions. In our clinic, Hybrid Augmentation Mammoplasty is used in patients who demands natural appearance with such characteristics: the skin and soft tissue are thin, visible depression or asymmetry of thoracic cage, asymmetric volume of soft tissue including mammary gland tissue; and wishes to have deep and narrow inter-mammary cleavage using the breast implant. Textures round or anatomical shaped implants were inserted and autologous fat transfer was followed only in the subcutaneous layer of the breast.

Result: Skin and soft tissues were supported by grafted fat and the implants were fulfilling the volume that patient wanted to have. There were no additional increase of risk or side effect by using two procedures simultaneously.

Conclusion: Hybrid Augmentation Mammoplasty is effective and reliable procedures to achieve natural contour of breast and chest, the better sense of touch. Deep and narrow inter-mammary cleavage can be obtained by this technique.

CHEST WALL ASYMMETRY ASSESSMENT SCALE IN BREAST AUGMENTATION

Presenter: Dmitry V. Melnikov, MD
Affiliation: National Research Center of Surgery
Country: Russia
Author: Melnikov DV

Introduction: Every plastic surgeon aims at solving aesthetic and functional problems at the preoperative consultation and during the surgery. These problems may include creating a new breast shape, adding of reducing volume, increasing projection and restoring symmetry. The latter is a challenging task for both the surgeon and his patient. The anthropometric characteristics of a women’s body vary from person to person, therefore there are several ways and methods of choosing the right implant size and type. Unfortunately, there are no guidelines regarding how one should evaluate the asymmetry or defects of bones, soft tissue and scoliosis of the patient. The above mentioned factors can significantly effect the potential breast augmentation results. In case of secondary mild asymmetry of the chest wall the additional volume (implant) may change the asymmetry to high with can cause patient dissatisfaction.

Materials and Methods: We introduce a new system of preoperative patient evaluation. An CWD-10 scale (chest wall deformity scale) is made to summarize the degree of asymmetry and/or defects of bones, soft tissue and both breasts. It has 5 measurements in soft tissue and 5 measurements in bones with a maximum of 30 points and a minimum of 1. The scale helps create a precise prediction of the possible result, 132 primary breast augmentation cases were prospectively analyzed, with BREAST-Q correlation between CWD-10 score.

Result: 95 patients ranked high on the CWD-10 scale. These patients were also not aware of their asymmetry. In all cases strong correlation was found between CWD-10 points and patient satisfaction. The more points, the more asymmetric patients were satisfied with the final outcome.

Conclusion: This scale can be a useful tool for primary consultation and objectivisation of different chest wall, breast and spinal column congenital deformities. Or in case of high asymmetry breast augmentation may decrease it in the final outcome.
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SURGICAL TREATMENT OF SILICONE BREAST IMPLANT RUPTURE
Presenter: Dmitry V. Melnikov, MD
Affiliation: National Research Center of Surgery
Country: Russia
Authors: Melnikov DV, Starceva O

Introduction: Breast implant rupture is a common complication of breast augmentation as a long-term surgical outcome. Previous studies have shown that breast implant rupture (in MRI assessment) occurs in about 2 out of 100 patients every year. 98% of implants stay intact during the course of 5 years after surgery. However, the possibility of rupture increases over a period of 10 years – 15-17% of implants rupture.

Materials and Methods: The aim of our study is to evaluate extra and intracapsular rupture and create an algorithm of surgical treatment. Our plastic surgery department has performed over 500 breast surgeries over the course of 5 years, from 2009 to 2014. Among them, 180 cases were breast revision surgeries. All patients with previous breast surgery were obliged to have clinical examinations, ultrasounds and MRI exams. From this group of 180 patients we then chose 80 patients with breast implant rupture signs after breast augmentation surgery. In all cases the first surgery was performed in different hospitals by different surgeons. In 51 cases there was a history of chest wall trauma and seroma evacuation, in 19 cases no medical history, in other cases the damage agents were different.

Result: Intracapsular implant rupture was diagnosed in 51 cases. A unilateral rupture was found in 21 patients and bilateral damage in 1 patient. Extracapsular rupture was found in 39 cases. Clinical signs of rupture were diagnosed in 7 cases. Correlation between MRI and ultrasound evaluation was ca 85%. In cases with extracapsular rupture surgery was immediate without implant change, instead of intracapsular rupture.

Conclusion: In all patients the aesthetic outcome of breast implant rupture depends on implant quality and texture, gel characteristics and capsular contracture degree. The algorithm of surgical treatment includes pre- and post operative screening, implant change, total or partial capsulectomy and therapeuetic treatment protocol before implant change in intracapsular rupture patients.

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FAT GRAFTED BREASTS FOR SECONDARY AUGMENTATION MAMMAPLASTY IN CHINESE WOMAN
Presenter: Talle Chang, MD
Affiliation: TokyoStyle Plastic Surgery Clinic
Country: Chinese Taipei
Author: Chang T

Introduction: Fat graft for breast augmentation has been popular for years and claimed to be good choice for augmentation mammoplasty. However, breast shape projection and long term persistence is not predictable. Patient request for breast projection and stable breast volume by implant still need secondary operation. The understanding of soft tissue changes of fat grafted breasts will help surgeons to avoid future complications.

Method: From 2010 to 2015, 783 patients received augmentation mammoplasty, 31 patients who had received fat graft for breasts in the past. The operative procedure include endoscopic transaxillary and Infra mammary approach to subfascial, subpectoral plane. Contemporary cystic lesions can be removed or drained during operation.

Result: 31 patient, 13 patient was approached via transaxillary, 18 patients via inframammary approach. Subfascial plane is altered during fat grafted procedure, therefore subpectoral plane or dual plane is better for implant pocket creation. Tissue structure is changed especially at the zone of lower pole area. To get adequate release of lower pole will help surgeon to avoid future complication, such as malposition of implant or implant migration.

Conclusion: Fat grafted breast for secondary augmentation mammoplasty demand more skillful hand to get a better pocket via endoscopic view. Infra mammary approach is a better choice to get stable result.
MICRO-AUTOLOGOUS FAT TRANSPLANTATION (MAFT) FOR PRIMARY AUGMENTATION MAMMOPLASTY IN ASIAN FEMALE

**Presenter:** TsaiMing Lin, PhD  
**Affiliation:** Charming Plastic Clinic  
**Country:** Chinese Taipei  
**Authors:** Lin TM, Huang Y, Takahashi H

**Introduction:** Hypoplasia of breasts has been popularly augmented with autologous fat in the past decade. However, the potential complications such as abscess, cyst formation and fibrosis are still troublesome and challengeable to surgeons. How to decrease the morbidities becomes an important issue nowadays. We reported the experience by introducing the concept of micro-autologous fat transplantation (MAFT) for primary augmentation mammoplasty in Asian females.

**Materials and Methods:** MAFT was performed on 62 female patients from Jan. 2012 to Dec. 2015. A patent instrument, MAFT-GUN was utilized as an assistance for transplantation. Two ways of harvesting fat included traditional liposuction and Water-jet method were applied. The fat parcels were micro-transplanted in two layers: deeper layers (retro-glandular); retro-pectoralis major (PM) muscle, inter-PM muscle, retro-PM muscle fascia and retro-glandular) and superficial layers (subcutaneous); from skin dermis to on-top of glandular. Follow-up was regularly done with photography taken for comparison.

**Results:** Total mean procedural time of applying MAFT for breasts was 4.5 hours (single operator) and 3 hours (two operators). The total transplanted fat was averagely 175 mL/170 mL (right/left breast) with traditional liposuction after centrifugation; but 320/305 mL with Water-jet method. The average follow time was 18 months. All patients undergoing MAFT were post-operatively uneventful. No complications as neurovascular injury, abscess, nodulation, infection, severe fibrosis were recorded. During the long-term follow up (> 6 months) period, most patients were satisfied with the results.

**Conclusion:** MAFT concept has been introduced by Lin et al., and applied for facial rejuvenation since 2006. The patent micro-controlling system of MAFT-GUN provides an innovation enabled surgeons to perform fat transplantation in an accurate, liable and consistent way. The potential morbidities after fat graft in breast such as cyst formation abscess were diminished due to each fat parcel was controlled to be < 2 mm in radius. Higher satisfaction with good long-term follow up demonstrated its feasibility and highlighted MAFT an alternative strategy in primary augmentation mammoplasty in Asian females.
ON GOING 10 YEAR CLINICAL STUDY TO EVALUATE THE SAFETY OF EUROSILICONE’S ROUND AND ANATOMICAL GEL BREAST IMPLANTS. RESULTS AT 8 YEARS WITH FOCUS ON AESTHETIC INDICATION

Presenter: Franck Duteille, MD
Affiliation: Department of Plastic and Reconstructive Surgery
Country: France
Authors: Duteille F, Perrot P, Stewart S

Subject: The authors present the results of a prospective, multicentre study at 8 years follow up.

Series: 17 French centres (private and public hospital) were involved in this study which started in 2003. Patients who were implanted with Eurosilicone’s silicone gel breast implant either for reconstruction or aesthetic indications could be included. Patients were followed up at 3 month and once a year thereafter. Initially 555 patients were recruited. At 8 years follow up 526 patients (995 implants) are still included and reported here. The mean age of patients was 36 years old (range 18 to 67). The indication was essentially augmentation (433), the mean volume was 300 cc. and the majority of women received round implants (90%). 50% of the implant were placed in the submuscular plane and 50% under the muscle. All the statistics were realized with Kaplan Meier method.

Results: For the patients in the aesthetic cohort the global results show: 9,9% explantation or exchange disregarding the reason, 12,4% capsular contracture (Baker 3 or 4), 1,1% rupture, 11,8% wrinkling. For patients in the primary implantation cohort the results were quite similar: 6,9% explantation or exchange, 6,9% capsular contracture, 1,7% rupture and 13,3% wrinkling. There was no autoimmune disease in our series. 3,9% presented with benign pathology and 10 cases of malignant breast tumour (5 cases in aesthetic indication and 5 cases for the reconstruction group). There were no cases of ALCL.

Conclusion: The results in our series show Eurosilicone breast implants to be safe for the patient. The rate of rupture appears to be very low and the rate of capsular contracture similar to other brands of mammary implant. No cases of ALCL has been reported in our series.

POLYURETHANE IMPLANTS: TIP & TRICKS, BENEFITS AND DOWNSIDES

Presenter: Nimrod Friedman, MD
Affiliation: Friedman Aesthetic Clinic
Country: Israel
Author: Friedman N

Silicone gel implants covered with Polyurethane foam were introduce to the market more than 40 years ago and in the US market those implants were used in in more than 110,000 women until they were withdrawn from the market in 1991. PU implants evolved and become better since then and are distributed all over the world except USA.

Polyurethane implants will be reviewed in regard to the following topics:
History of the implants, The question of degradation and Carcinogenicity, Tip & tricks on how to use PU implants and avoid unwanted results, Benefits and downsides, Limitations compare to regular silicone implants. The author own experience and results will be discussed.
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BOTULINUM TOXIN AND BREAST AUGMENTATION
Presenter: Hossein Abdali, MD
Affiliation: Isfahan Medical Science University
Country: Iran
Authors: Abdali H, Askarzadeh M, Fazeli SH

Background: One of the most common complaints of breast augmentation with subpectoral implants is postoperative pain. This study compares postoperative pain in two groups; for one group botulinum toxin was injected in pectoralis major muscle about two weeks before subpectoral implant insertion and in control group sub pectoral implant operation was done as usual.

Methods: Study was performed in young healthy women with preoperative breast tissue thickness of less than 2cm (pinch test < 2cm). From July of 2014 to July of 2015, 40 patients were studied. In two equal groups, with and without preoperative botulinum toxin injection.

Results: An analytic chart was prepared. At several postoperative time intervals, patients were evaluated for postoperative pain, subjectively and objectively with help of plastic surgery ward’s head nurse and patients.

Conclusion: This study showed us that with preoperative botulinum toxin injection, postoperative pain of subpectoral implants was lesser than control group.

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INNOVATIONS IN TRANSAXILLARY BREAST AUGMENTATION
Presenter: Igor Niechajev, MD, PhD
Affiliation: Lidingo Clinic
Country: Sweden
Author: Niechajev I

The transaxillary breast augmentation (TBA) offers the advantage of a remote incision, hidden in an aesthetically acceptable area, but it is technically more demanding than submammary or periareolar approach. Therefore, roughly 90% of breast augmentations are done through the submammary approach, yet patients given the alternative sometimes chose the transaxillary approach. The purpose of this communication is to share the twenty-five years experience of TBA and to report on several original innovations.

Material and Method: During the years 1988-2015, 185 patients underwent transaxillary breast augmentation. Patients age was 48 - 18 years (median 24). TBA is particularly suitable and beneficial for the sporty, extrovert women with the slim bodies, both parous and non parous. Only minor ptosis ≤2 cm and minor asymmetries were accepted. Following innovations are reported: Insertion of anatomic implants through the axilla: This is the second report on the feasibility of the tear drop shaped implants for breast augmentation through the transaxillary route (2,6). Forty-four patients underwent TBA with the anatomic, cohesive silicone gel implants of the second and third generation. The implants had volumes in range 225-350cc. I propose the boomerang incision, which gives the best access, less haemorrhage during the dissection and is best concealed when standing. Placement of implants was subfascial and submuscular, i.e. the pocket was created in the space between the posterior blade of the fascia encasing the major pectoral muscle and the epimysium on the posterior surface of this muscle (Fig. 1). Insertion is facilitated by the double lubrication trick. In order to have implant to sink down to the bottom of the pocket the author constructed new instrument, the breast implant pusher. Postoperative analgesia could be improved by placing an epidural catheter in the implant cavity and flush ropivacaine for intermittent regional postoperative analgesia.

Conclusion: Transaxillary augmentation mammoplasty without routine endoscopic assistance is a safe method with predictable results and a high rate of patient satisfaction. The transaxillary technique offers the advantage of locating the surgical scar off the breast. Patients love it.
INNOVATIONS IN TRANSAXILLARY BREAST AUGMENTATION

BIOLOGIC SCAFFOLD SUPPORT USING THE CENTRAL PEDICLE TECHNIQUE IN MASTOPEXY AND REDUCTION MAMMAPLASTY

Presenter: Francisco J. Agullo, MD
Affiliation: Texas Tech University HSC - Southwest Plastic Surgery
Country: USA
Authors: Agullo FJ, Palladino H

Goals/Purpose: The purpose of this study is to describe a novel technique utilizing a biologic scaffold to support the breast and create upper pole fullness without the additional use of an implant in patients who seek enhanced breast contour. SERI Surgical Scaffold (Allergan, Irvine, CA) is a knitted, multifilament, bioengineered, long-term bioabsorbable scaffold derived from silk. We propose the use of a central pedicle based mastopexy or breast reduction technique with the patient's own breast parenchyma and scaffold hammock support to achieve upper pole fullness and a stable repair.

Methods/Technique: IRB approved study encompassing a retrospective review of 69 consecutive patients who underwent mastopexy for the indication of breast ptosis or reduction mammoplasty for or for the indications of back pain, neck pain, shoulder pain, and/or skin intertrigo from November 2013 to October 2015. The procedure entailed a central breast mound/pedicle supported inferiorly by a SERI surgical scaffold sling.

Results/Complications: Of the 69 patients included in the study, 36 underwent a mastopexy and 33 a reduction mammoplasty. The median age was 35 (24-55). The average BMI was 29 (21-44.2). Of the 69 patients, 23 were overweight and 19 obese. The median length for follow-up was 6 months with the longest follow up at one year. Evaluation of preoperative and postoperative photographs showed increased upper pole fullness stable over time. The mean measurement of the vertical incision increased by 1.6 cm (0.9-1.9 cm). There were no major complications. There were no cases of loss of nipple sensation, nipple necrosis, or mesh extrusion. There was one case of dehiscence at the inverted T junction with mesh exposure in a 44 year-old woman with a BMI of 38. This was successfully treated with a negative pressure wound dressing without need for scaffold removal.

Conclusion: To our knowledge, the use of SERI Surgical Scaffold in mastopexy and reduction mammoplasty has not been described in the literature. We propose a novel technique incorporating soft tissue support in breast contouring. Subsequently, we believe the use of SERI Surgical Scaffold will increase the longevity of the correction by complementing and supporting the breast parenchyma.
Introduction: The mammoplasties are widely used procedures. Variable techniques are described to help solving some difficult technical situations. This presentation proposes a one reliable and producible technique for breast reduction, mastopexy and augmentation mastopexy.

Methods: The new concepts in this technique are:
- Limited subcutaneous dissection
- Limited NAC flap
- Up to down mounting: from NAC to the base
- Excision of the “herniated” gland
- Original adapted skin resection

Results: A total of 86 patients underwent this technique (27 breast reduction, 16 mastopexy and 43 augmentation mastopexy) from 2013 to 2015. The average age is 33.75 years (24 to 56 years).

The sternal notch to nipple distance is from 19 to 35 cm (range: 24.15 cm). In the cases of augmentation mastopexy all the implants are placed in a sub-muscular position. Complications are observed in 4 cases (4.65%): 3 hypertrophic scar, 1 hematoma and 1 Implant malposition. No wound breakdowns and no complete or partial necrosis either in the areola nor skin.

Conclusion: This mammoplasty technique is based in new concepts. It is characterized by vascular safety and skin resection adaptation. It is safe and producible to all the breast mammoplasty situations specially augmentation mastopexy where the skin resection is adapted to the new volume.
NEW CONCEPTS IN MAMMAPLASTY: A RELIABLE AND PRODUCIBLE TECHNIQUE FOR BREAST REDUCTION, MASTOPEXY AND AUGMENTATION MASTOPEXY

INTERNAL BREAST REDUCTION SURGERY

Presenter: Aristides Arellano-Huacuja Sr., MD, FICS
Affiliation: Clinica Dermatologica y Cirugia Estetica de Puebla
Country: Mexico
Authors: Arellano-Huacuja A, Arellano-Montalvo D

Nowadays, some people regret having a breast augmentation surgery, considering their implants oversized and not natural looking. However, the decision of having a reduction procedure is not easy, due to the fact that it implies more skin scaring. Some patients would like to reduce their implant dimensions about one or two sizes without having a new scar. Considering the skin and muscle previously involved, this presents as a problem for the surgeon, who has to perform a technique in which this may happen. Therefore, we have developed a new technique, which allows us to perform an easy and efficient implant volume reduction avoiding the scar consequences of a new surgery.

To achieve this procedure we require that the patient fulfils the following requirements:
1. The implants must have been placed behind the pectoral muscle.
2. The patient’s skin must have a thick dermis layer.
3. Pregnancy or drastic weight change might affect surgery’s results.
4. The nipple areola complex requires certain height depending on the implants characteristics.

Technique: To initiate, the breast area involved is infiltrated with a dilution of adrenaline and physiologic solution (1:10,000). The next step is to perform an incision right at the same place where the previous scar has been made, allowing us to remove the previous scar completely. The tissue is dissected up to the implant until it is free to be removed and exchanged for a smaller size. All the extra space left from the previous implant is sutured together in a circular fashion with Vicryl 1-0. Hemostasis is reviewed and a smaller implant is inserted. Continuing to close the pectoral muscle’s fibrosis capsule until the superficial fascia is closed, where the nipple areola complex is fixed at the central or side level (depending on the patient’s body type) with Monocryl 3-0. At least, the skin is closed with Histoacryl.

Aftercare: The use of post-surgical bra for 30 days is recommended, also back sleeping, general care of mammoplasty and avoiding any type of strength effort.

Conclusion: The proposed technique allows breast reduction with smaller implants without increasing the number and size of scars, which is very pleasant for the patients, and requires less recovery time.
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CORRECTION OF LATERAL BREAST BULGING AND FULLNESS DURING REDUCTION MAMMOPLASTY
Presenter: Sara Ghorbani, MD
Affiliation: Private Practice
Country: Iran
Author: Ghorbani S

Patients referred for the correction of breast hypertrophy, other than the need for reduction of breast mass, require improvement of breast shape, and contour. Many of these patients generally complain of bulging and fullness of lateral breast area and insist on the correction of this bulging.

**Material and Methods:** From patients who referred for breast reduction operation, 200 that particularly complained about lateral breast bulging were enrolled in this study. These patients were grouped into two groups of 100. In the first group, lateral bulging correction was performed by direct excision. In the second group in addition to direct excision, fixation of lateral area of the breast using one or two sutures to thoracic wall muscles was performed. The results of the two groups were compared using patient satisfaction questioner, and photographic evaluation for one year.

**Results:** In the first group patient satisfaction was about 70 percent, and in the second group was 100 percent. The photographs taken one after the operation showed better breast contour and shape for the second group.

**Discussion:** Reduction of mass and size is the main objective for both patients and surgeon. However, post-operatively, patients become concerned with breast shape and figure details. The most observed complaint of patients in this type of operations is breast lateral bulging and fullness. When lateral bulging is corrected by either liposuction or direct excision (fibrocystic tissue increase with the increase of breast mass, and liposuction alone, is less effective), it takes six to nine months for contraction of overlying skin. With the suture of the lateral area with most bulging which is usually in the upper half of lateral area to the thoracic wall, significant improvement of contour and shape is achieved.

**Conclusion:** Lateral fixation suture does not add to the operative time, and results in better outcome and increased patient satisfaction.
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BREAST REDUCTION WITH TRIPLE BLOOD NOURISHING OF THE NIPPLE-AREOLA COMPLEX: A NOVEL CONCEPT OF THE TRANSVERSE BI-PEDICLE REDUCTION MAMMAPLASTY BASED ON WÜRINGER’S SEPTUM

Presenter: Eugenia J. Kyriopoulos, MD, MSc, PhD, FEBOPRAS
Affiliation: General Hospital of Athens G. Gennimatas
Country: Greece
Authors: Kyriopoulos EJ, Hasemaki N, Kostidou E, Lampropoulos CH, Tsoutsos D

Introduction/Purpose: Numerous breast reduction techniques have developed over the years. The choice of pedicle depends on the degree of hypertrophy, position of nipple-areola complex (NAC), quality of skin, patient’s age, surgeon’s experience and long term breast shape. A modification of the transverse bi-pedicle reduction mammaplasty is presented for optimization of NAC sensation and blood supply, with satisfactory and durable aesthetic results.

Material and Methods: Ninety patients underwent bilateral breast reduction over a 2-year period with this technique. The lateral/central pedicle carries an identifiable neurovascular supply to the NAC from the lateral thoracic and 4-5th intercostal vessels and nerves from Würinger’s septum. A thin medial pedicle provides additional nourishing from the subdermalplexus of internal thoracic perforators and anterior intercostal arteries and nerves. Reduction is achieved from the inferior and superior parts of the breast in a customized fashion. Thinning of the pedicle, under direct vision and preservation of Würinger’s septum, is carried out as desired in order to ease pedicle mobilization. Skin closure without tension is achieved with inverted-T scar incision. Patient demographics, size of reduction, complications, NAC sensitivity measured with Von Frey filaments and aesthetic assessment at 1 year are presented.

Results: Mean weight of reduced tissue was 760g per breast (range: 480-1200g) and distance of NAC transposition (range 8 to 23cm). All breasts had good projection and NAC sensitivity (87 percent similar to preoperative values) at 1 year. Cleavage fullness and inframammary fold definition persisted over time. Complications: 3 cases of small leaks of fat from the vertical scar.

Conclusion: The combination of bi-pedicle dermoparenchymal and Würinger’s septum breast reduction is a technique that can be used for a wide range of macromastia with optimal NAC sensation and breast remodeling. It is safe and versatile and therefore has become our favored technique in a teaching hospital.

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INFERIOR PEDICLE MAMMAPLASTY AND SUPER HIGE BREASTS: RETROSPECTIVE STUDY OF 180 CASES

Presenter: Hussein S. Abulhassan, MD
Affiliation: University of Alexandria
Country: Egypt
Authors: Abulhassan HS, Abulhassan AH

Breast gigantomastia can reach a huge size especially in ladies with a high BMI. These huge gigantomastia cases are scheduled for amputation mammoplasty and free nipple areola grafting with subsequent loss of chances to lactate and loss of erotic sensation of the nipples.

We advocate the use of the inferior pedicle technique for cases more than 37 cm distance from the suprasternal notch to the nipple with average of 37-55cm.

A retrospective review of 180 cases out of 900 mammoplasties performed since 2000-2015 were among the collected data. Many of these patients were categorised as obese and overweight patients in which the overall complication rate was demonstrated to be high compared to the rest of the cases.

Wound complications demonstrated the higher incidence but shape, sensation and possible lactation were remarkably satisfactory.

Huge breast size should not prevent us from trying a more physiological solution for their problem.
A THIRD WORLD COUNTRY REQUIRES LOCALLY ADVANCED BREAST CANCER RECONSTRUCTION TO BE A FINAL AESTHETIC PROCEDURE

Presenter: Marisse Venter, MD

Affiliation: Netcare Breast Care Center of Excellence Milpark Hospital

Country: South Africa

Authors: Venter M, Pucjilowski T, Benn CA

Introduction: In South Africa a third world country locally advanced breast cancer poses unique reconstructive dilemmas. Due to economic constraints patients are unable to return to theater for completion reconstruction. Locally advanced breast cancer dictates situations where previously no reconstruction or delayed reconstruction was the norm. Patients were sentenced to emotionally and physically challenging aesthetics results. In these advanced tumors we use a standardized simple autologous reconstruction to allow for a final aesthetic result still allowing patients to receive radiation, complete an uninterrupted chemotherapeutic regimen and have an acceptable cosmetic result with no need to return to theater.

Methods: A single specialist breast care centre with a total of nearly 15,000 patients presents a prospective trial of immediate autologous reconstruction in locally advanced breast cancer. Patients received standardized radiation and chemotherapeutic regimens. We present the results of a single reconstructive surgeon performing 207 extended latissimus dorsi reconstructions over approximately 3 year period all receiving radiation.

Results: 207 patients with locally advanced breast cancer were operating over 3 years. The average age was 47 years with all patients requiring unit specific standardized chemotherapy and radiotherapy regimens which will be briefly described. The average duration of the procedure was 135 min, surgical procedure will be discussed addressing caveats in NAC positioning minimizing lateralization, maintain nipple viability in nipple sparing mastectomies. The average weight of the latissimus dorsi muscle was 340 g. An inferior pedicel opposite side matching procedure provided the best the result. The majority of patients had breast access incision via a wise pattern reconstruction, 10 peri-areolar and 5 vertical access incisions were used. All muscles were raised via a vertical incision. The failure rate was 3/207 (patients received taxotere), pearls will be discussed. Fat necrosis following radiation will be discussed. Breast Q was administrated to all patients and results will be discussed.

Conclusion: Aesthetic breast reconstruction is possible in locally advanced breast cancer.
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CAPSULAR CONTRACTURE IN IMPLANT-BASED
BREAST RECONSTRUCTION: EXAMINING THE ROLE OF
ACELLULAR DERMAL MATRIX FENESTRATIONS
Presenter: Donald S. Mowlds Jr., MD, MBA
Affiliation: University of California Irvine
Country: USA
Authors: Mowlds DS, Salibian AA, Scholz T, Paydar KZ, Wirth GA

Background: Acellular dermal matrices (ADMs) have been proposed to decrease the incidence of capsular contracture in implant-based breast reconstructions. The authors have modified ADMs with fenestrations in order to facilitate greater lower pole expansion and improve contour. The effect of fenestrations on the ability of ADMs to suppress capsule formation, however, has not been examined.

Methods: A retrospective review of all fenestrated ADM-assisted, implant-based breast reconstructions performed by the two senior authors with a minimum of one-year follow-up after permanent implant placement, was completed. Patient demographics, details of extirpative and reconstructive procedures, and complications were examined. Capsular contractures were scored according the Baker grading scale and compared to those reported in the literature.

Results: Thirty patients (50 breasts) underwent fenestrated ADM-assisted reconstruction with mean follow-up of 3.3 and 2.6 years after expander placement and implant exchange, respectively. Seven patients (23%) had a body mass index >30, 3 (10%) were active smokers, and 6 breasts (12%) were irradiated. Complications included 1 (2%) infection, 6 cases (12%) of incisional superficial skin necrosis and 1 (2%) tissue expander extrusion. Zero breasts had clinically significant Baker grade III/IV capsular contracture. The average Baker grade was 1.1.

Conclusions: Fenestrated ADMs decrease rates of capsular contracture similar to what is seen with non-fenestrated ADMs. Further research is necessary to determine whether this observation is a result of decreased need for inferolateral ADM coverage to achieve these effects or modified physical interaction of ADMs with surrounding soft tissues.

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UNEXPECTED OUTCOME OF A SINGLE SESSION
LIPOMODELING OF BILATERAL HYPOPLASTIC
TUBEROUS BREAST IN ADOLESCENT FEMALE (CASE REPORT)
Presenter: Sahar Al-Kazzaz, MD
Affiliation: Cosmesurge and Emirates Hospital Clinics
Country: United Arab Emirates
Author: Al-Kazzaz S

Introduction: Tuberous breast is one of the challenging morphological breast anomalies & lipomodeling of breast has become one of its treatment modalities. 16-years old girl with breast deformity that causes severe psychosocial distress. Menarche; age 11.
Height: 147-cm, BMI= 21.5
Diagnosis: Asymmetric bilateral hypoplastic tuberous breasts; Grolleau Type-II, L breast>R.
Vectra 3-D Imaging preoperative assessment:
Approximate volume: Rt.breast =81cc, Lt.breast =182cc
Ultrasoundography: normal

Method: Treatment-Plan: Multi-stages lipomodeling of breast (2-3). Correction of nipple asymmetry at adulthood (after stabilization of breast shape & size) as no noticeable herniation of NAC. Surgery: working on skin envelop in the lower pole plus expanding of breast base with shaping of the décolleté. Harvested fat injected in breast after its preparation using Cytori PureGraftTM 250 System. Amount of injected fat: Rt.breast=438cc /Lt-breast =399cc

Result: 6 months; Satisfactory with shape, prefer larger size.
24-months; Satisfaction with shape & size. 32-months; Patient & Family very concern about significant enlargement of breast size with increasing Bwt. (Patient has been diagnosed as PCOS which behind the increase of Bwt). Rt. Breast has become the larger. Ultrasonography: fatty echotextural pattern of breast, glandular tissue is scattered as small islands in different locations. Only one single calcified cyst of 0.5cm. Examination plus 8-Vectra assessment reading over 4.5 years shows; Size of breast significantly sensitive to increase BMI but less sensitive to the decrease.

Conclusion: Breast is changeable organ through the female lifetime, mostly by hormonal effect. Fat cell is known to be highly active metabolic endocrine organ. The Q. is the over-growth only due to the increase of Bwt. by itself or the hormonal-effect (PCOS) that behind it? Our scientific data concentrate on the safety & how to increase the survival of the grafted fat. We have missed the other end-result “OVER-GROWTH”. As practicing plastic surgeons and not researchers, we do need a better understanding of the biological & hormonal changes in the fat cell nature after graft it in the breast, to have a scientific & ethical answer to our patient about long-term result of the technique.
MAJOR BREAST ASYMMETRY – A CONTINUOUS CHALLENGE FOR PLASTIC SURGEON. HOW DO WE SOLVE IT?

Presenter: Carmen Giuglea, MD, PhD
Affiliation: Clinical Emergency Hospital
Country: Romania
Authors: Giuglea C, Coman C, Dumitrache S, Iacob I, Gheorghe A, Marinescu S

Introduction: Breast asymmetry represents a constant challenge in aesthetic and reconstructive surgery due to multiple anatomic findings needing to be changed in order to obtain a satisfactory symmetry of the breast. The guidelines for reaching our goal are breast shape, volume, consistency and nipple-areola complex size and position.

Method: There were evaluated 42 cases of major breast asymmetry operated in the past 10 years. We included in the study mammary asymmetries alone and also combined with thoracic deformities. Three surgical procedures were used according to preoperative findings: augmentation with different sizes/shapes of implants, augmentation with implants and mammopexy, breast reduction and mammopexy with or without lipofillig, with 6 months and one year follow-up.

Results: Depending on the degree of asymmetry and also on the presence of thoracic deformities the results were more than satisfactory for the majority of the patients. Only a few cases needed secondary procedures like scar revisions, lipofillig or implant exchange.

Conclusions: After dealing with all these difficult cases in the past 10 years, we learned from experience that positive and long term results can be achieved only by providing the same focus on all guidelines in the same time.

DYSTROPHIC CALCIFICATION CAN BE LETHAL AROUND BREAST IMPLANTS

Presenter: Robert A. Ersek, MD, FACS
Affiliation: Personique
Country: USA
Author: Ersek RA

Dystrophic Calcification occurs in most implant capsules after 20 years. We present several patients that show this is a progressive disease that begins at about 15 years and progresses to complete coverage by 20. We present an unusual case where a patient fell on her breast and a calcified shard pierced the capsule and skin and causes an expanding subcutaneous cellulitis that could have been lethal had the ex-plantation been delayed even one day because silicone is chemical radio opaque and the calcified capsule is contingent with the shell, it does not show on the x-ray. Therefore any suspected calcified capsule, Baker III or IV, should be removed promptly.

When an inert substance, silicone rubber, is implanted, the body attempts to engulf, destroy, or wall it off this is a natural wound healing process. In the best cases, the inflammatory phase of wound healing is quickly resolved and a thin, pliable laere of collagen (scar) is deposited around the implant. They usually remain safe pliable and comfortable for many years. If at the time of implant, excessive bleeding, talc, trauma, infection, subclimal or abscess, will cause a vigorous fibroblastic response and a prompt. Within a few weeks- later thick contract capsule will form. 50% of symptomatic capsular contraction are unilateral showing it is not systemic or allergice or a manufacturers defect. After years of short host-prosthesi-interface, micro motion, some of these surface cells are injured. This begins the viscious progressive cycle of cell injury. Release of intra cellular lysozymes and enzymes and phosphate. Preciptation more surface cell injury.
55 PREDICTORS OF PAIN INTENSITY AFTER LIPOSUCTION
Presenter: Sergey A. Plaksin, MD
Affiliation: Perm State University of Medicine
Country: Russia
Authors: Plaksin SA, Khramtsova NI

Introduction: Pain is an essential part of postoperative period. The aim of the study was to investigate the intensity of pain syndrome after suction-assisted lipectomy (SAL) and water-jet liposuction (WAL) in order to have an ability to predict the number of analgetics which would be assigned.

Method: Pain intensity was assessed in 40 patients with usage of 10-point scale during 7 days after liposuction. Similarly, the content of lipoaspirate was assessed. The percentage of free fat and the number of erythrocytes were observed. We analyzed the relationship between pain intensity and composition of lipoaspirate.

Results: The results indicated that free fat released from destroyed adipocytes was significantly higher (p = 0.04) after SAL - from 4 to 78% (median 27%), than after WAL - from 0.8% to 50% (median 8%). The percentage of the destroyed fat in lipoaspirate positively correlated with the intensity of pain on the day of liposuction (p=0.05; R=0.6). Subsequently, the number of erythrocytes in 1 microliter of lipoaspirate was calculated in the lower part of lipoaspirate that was free from adipocytes. Lipoaspirate from different parts of the body was collected into the separate containers. The number of erythrocytes after SAL averaged 200,000 (median= 214,000; range 15,000 to 400,000) red blood cells. We observed that significantly fewer number of erythrocytes was after WAL (p=0.002) averaging 41,500 (median 33,600; range 8,600 to 125,000). The lowest blood loss was observed in the abdominal area (p=0.003): 27,000 per 1 microliter versus other areas averaging at 78,000. The intensity of pain after liposuction positively correlated with the number of erythrocytes in lipoaspirate, but the relationship was not significant (p=0.3; R=0.25). It further suggests the usage of analgesics. Lipoaspirate after WAL and SAL differed significantly in its color: it was less intensely red after WAL than after SAL, it could be determined even visually.

Conclusions: The increase of the amount of free fat (oil") and number of erythrocytes in lipoaspirate are associated with greater tissue trauma and higher postoperative pain syndrome, indicating the administration of a higher dosage of analgesics in the postoperative period.

56 SAFETY OF LARGE VOLUME LIPOSUCTION; A TWELVE YEAR EXPERIENCE
Presenter: Sara Ghorbani, MD
Affiliation: Private Practice
Country: Iran
Author: Ghorbani S

Liposuction is the best method for removing excess fat in different areas of body. Considering the risk factors involved in this operation, one can ask what are the most important factors for obtaining the best results without morbidity and mortality: surgeon’s skills, instruments types, patient selection, liposuction volume, or preoperative patient health? This study was designed to answer these questions.

Material and Methods: More than 1200 patients underwent more than 5 liter liposuction procedure in a 12 year period were evaluated.

Results: Sixty of the patient in this study group were male and the remaining 1140 were female. Patient’s age ranged from 19 to 68 years old. Suction volume ranged from 6 to 18 liters in a single operative session. Major complications and mortalities were 0.0%, and we did not require blood transfusion in any of the cases. Minor post-operative complications including secondary corrections, and skin lift were performed in less than 10 patients.

Discussion: Lower limit of large volume liposuction has been defined; however no upper limit is determined for this procedure. With the evaluation of the large number of patients, it appears, factors such as patient age, and the area and extent of liposuction can change this definition. Large volumes of 15 liters or more can be suctioned in a single body region such as abdomen, and thighs. If multiple area liposuctions are performed, suction volume should be limited to 6 to 7 liters. Although a definite conclusion can not be made due to small number men in this study, it appears that men have a lower threshold of tolerance to postoperative pain and physiologic fluctuations caused by large volume liposuction. For patients more 60 years old, liposuction volume of more than 8 liters is not recommended.

Conclusion: Large volume liposuction is a safe method for removing excess body fat. The most important factors in safety of this procedure are surgeon’s skill and experience, age and medical status of patients, and the number regions and extent of suction volume in each area.
SCARLESS LASER LIPOSUCTION FOR THE MANAGEMENT OF HUGE LIPODYSTROPHY OF THE UPPER ARM

Presenter: Hussein S. Abulhassan, MD  
Affiliation: University of Alexandria  
Country: Egypt  
Authors: Abulhassan HS, Abulhassan AH

Goals/Purpose: The good effects of laser liposuction in the abdomen and thighs with its effect on the skin tone has encouraged us to avoid any scars in the upper arm and solving the problem of skin redundancy. So much so that patients with huge redundant arms will not require any excision.

The aim was to study the effect of using the 1064nm Nd Yag laser in treating huge lipodystrophies of the arm without the need of any skin excisions.

Methods/Technique: The technique was used over 82 patients where the laser power was circumferentially spreader all around the arm via a 3 mm incision in the posterior aspect of the arm followed by aspiration of fat from both the deep and superficial layers using a 3mm cannula. Skin resurfacing at the end of the surgery is assured by tape application and pressure garment application for three weeks.

Results/Complications: Results were tabulated, discussed and compared to other similar studies.

Conclusion: Scarless management of huge upper arm lipodystrophy which was prone to various scars as S-shaped or longitudinal ugly scarring is now avoided by the aid of our technique with noes of skin excision.

FUNCTIONAL IMPROVEMENT WITH ABDOMINOPLASTY

Presenter: Alastair Taylor, FRACS  
Affiliation: The CAPS Clinic  
Country: Australia  
Author: Taylor A

Introduction: Abdominoplasty has long been considered a cosmetic procedure but small series have shown a benefit in improving both back pain and urinary incontinence in post partum women. Anecdotally many abdominoplasty patients describe improved core strength, stability and ability to exercise as well as reduction in post pregnancy back pain and urinary incontinence.

Methods: A multicentre study has been performed utilising validated questionnaires for both back pain (Oswestry Back Pain Index) and urinary incontinence (ICIQ-UI). 8 Plastic Surgeons have participated. All post partum women presenting for abdominoplasty, functional symptoms or not, are asked to fill in the two questionnaires preoperatively and then again at 6 weeks and 6 months postop. Operative data is collected as well as patient demographics.

Results: 191 patients have been enrolled. The mean age of patients was 41.8, with 2.5 children. Mean BMI was 26.3, 36% had caesarean sections. Mean weight removed was 1122gms, mean liposuction volume 762mls. Average diastasis is 4.4cm. All patients underwent an abdominoplasty procedure with repair of the rectus diastasis the whole length of the abdomen. 34% were High Lateral Tension, 32% High Oblique Tension and the remainder Pitanguay style radical abdominoplasties and a few lipoabdominoplasties. The mean preoperative back pain score was 11.7 which equates to a Moderate Disability in the Oswestry Index. At 6 weeks the mean score was 4.04 and at 6 months 2.02. The distribution of the back pain scores changed with all severe scores eliminated at 6 weeks and all moderate scores by 6 months. The mean preoperative incontinence score was 6.60 which fell to 1.85 at 6 weeks and was 2.07 at 6 months. There was no correlation between width of diastasis and functional symptoms, nor with weight removed. Patients with higher back pain and incontinence scores recorded the greatest improvement.

Conclusions: Abdominoplasty incorporating rectus diastasis repair dramatically improves the functional symptoms of back pain and incontinence. Incontinence stabilises by 6 weeks whereas back pain symptoms continue to improve at 6 months. Possible mechanisms for this improvement are discussed.
RISK FACTORS FOR POST-OPERATIVE COMPLICATIONS IN THE BODY CONTOURING PATIENT

Presenter: Linda G. Phillips, MD
Affiliation: The University of Texas Medical Branch
Country: USA
Author: Phillips LG

Introduction: Bariatric surgery has increased with rising obesity rates. So too, has the involvement of plastic surgery in the management of these patients. There remains a lack of understanding concerning the high complication risk of these patients.

Methods: A retrospective chart review of all patients undergoing abdominal based body contouring procedures from 2010-2014 was performed. Standard demographic data was collected including pre-bariatric surgery BMI, pre-body contouring BMI, and change in BMI. Post-body contouring complications were assessed. Statistical significance defined as p-value < 0.05.

Results: A total of 78 patients undergoing 115 procedures were included in the study. Patients were placed in cohorts based on the type of bariatric surgery they underwent. Multiple regression analysis showed no difference between groups, but confirmed that pre-body contouring BMI was a significant risk factor for complication. Pre-bariatric surgery BMI was not a significant risk factor for complications. Further subgrouping into BMI class and comparing change in BMI class as a predictor for complication was performed. A loss of one BMI class carries a risk reduction of 5-times (OR=0.206, CI=0.072 ± 0.588). A loss of two BMI classes is a risk reduction of 8-times (OR=0.125, CI=0.808).

Conclusion: Pre-body contouring BMI is a significant risk factor for postoperative complications. Pre-bariatric BMI is not a significant risk factor. Adequate deflation leads to lower complications on the scale of 5-8 times. This study suggests that even severe morbidly obese patients of the highest BMI class can safely undergo body contouring so long as they have adequately deflated.

ABDOMINAL AESTHETIC UNITS: ANATOMY AND BEHAVIOUR OF SKIN AND ADIPOSE TISSUE IN EACH UNIT AND LONG TERM OUTCOME OF ABDOMINAL CONTOURING

Presenter: Sanjay K. Parashar, MD, MCh, MBBS
Affiliation: Cocoona Centre for Aesthetic Transformation
Country: United Arab Emirates
Author: Parashar SK

Aesthetic abdominal surgery involves detail analysis and understanding of aesthetic units of abdomen. I propose 10 Aesthetic units of abdomen in women, upper midline, two upper rectus, lower recti, two lateral abdominal, pubic area, two lumbar aesthetic and posterior midline aesthetic units. Each anatomic units have specific anatomy related to skin, elasticity, fat deposition and musculoskeletal structure. I will describe the anatomy and pathology of fat distribution. I will also describe the anatomy and characteristics of waist in female body. A detail procedure will be described to deal with individual Aesthetic units and achieve a harmonious result in liposculpturing and abdominoplasty procedures. This procedure has been performed in 3500 patients of all weight categories using different techniques and technology. The follow up includes immediate close follow ups on monthly basis to understand the tissue behaviour and changes that occur after liposculpturing. The longest follow up is of 10 years. Complications will be discussed with methods to avoid complications, detect early and manage accordingly.
ABDOMINOPLASTY AND BODY MASS INDEX IMPACT ON COMPLICATIONS PROFILE: IMPROVING SAFETY IN PATIENT SELECTION

Presenter: Iris M. Brito, MD
Affiliation: Centro Hospitalar e Universitario de Coimbra
Country: Portugal

Introduction: Abdominoplasty is a popular body-contouring procedure. This study aims to evaluate whether body mass index (BMI) is associated with postoperative complications and hospital length of stay (LOS); and identify a suitable BMI criterion for patient selection.

Methods: A retrospective chart review of patients who underwent abdominoplasty from 2014 to 2015 at our institution was performed. Patient demographics, preoperative BMI, abdominal deformity cause, LOS and complications were analyzed. BMI values (≤28 and <30; International references) and bariatric surgery history were evaluated for impact on outcomes.

Results: 102 patients were included in the study (90 female and 12 male; mean age 42 years). Mean BMI was 27.2 kg/m² and mean LOS was 5.0 days. Overall complication rate was 32.4% (n=33), including 9 major complications (8.8%) and 26 minor (25.5%). There were 7 reoperations (6.9%) and 5 readmissions (4.9%), mainly caused by hematomas. Patients with complications had significantly higher BMI than those without (mean 28.5 vs 26.6; p<0.01). Higher BMI values were correlated with longer LOS (p<0.05, r=0.21, r²=0.12). Patients with BMI≤28 (n=78) compared to BMI>28 (n=24) had significantly shorter LOS (4.4 vs 7.0 days); lower overall (21.8% vs 66.7%), major (5.1% vs 20.8%) and minor complications rates (17.9% vs 50.0%); and less reoperations (3.8% vs 16.7%). They showed tendency to less readmissions (3.8% vs 8.3%). Considering BMI ≤28 and ≥30 groups, there was statistical significance for LOS, overall and minor complications. Comparing BMI ≤28 and ≥30 outcomes, the first group was better in all categories (lower LOS, complications, readmissions and reoperations). Major complications in BMI≤28 were 50% less than in BMI<30. BMI ≤28 and >28 evaluated independently for bariatric (51%) and non-bariatric patients had significant results for LOS and overall complications (p≤0.05).

Conclusions: Higher BMI is associated with postoperative complications and longer LOS following abdominoplasty. BMI ≤28 as a selection criterion can improve patient safety by limiting the number of adverse outcomes within the group with surgical indication. For those unable to reach it, awareness of complications profile allows for a better patient counsel and informed consent.

PLATELET-RICH PLASMA: A REVIEW OF THE LITERATURE AND POTENTIAL APPLICATIONS IN COSMETIC SURGERY

Presenter: Samuel J. Isaacs, MD
Affiliation: Tygerberg Academic Hospital
Country: South Africa
Authors: Isaacs SJ, Kleintjes WG

Introduction: Platelet Rich Plasma (PRP) has been noted to have current benefit and application in various surgical specialties as it is a powerful growth stimulator of a number of tissue types. There are limited reports of clinical application of PRP in the field of cosmetic surgery. However in our burns center, PRP has been noted to be powerful stimulator of epidermal and dermal cell growth in a novel technique developed at Tygerberg hospital to produce Cultured epithelial Autografts to cover large burn wounds.

It is thus postulated that PRP can be used as an adjunct for lipofilling procedures and/or as a single therapy for anti-ageing applications as a cell growth stimulator.

Methods: A literature search was conducted focusing on Platelet rich plasma and its clinical applications. This was narrowed subsequently to platelet rich plasma with special focus on regenerative applications. This was further narrowed down to focus of plastic, cosmetic and aesthetic surgery.

The available literature was then categorized according to level of scientific evidence and relevance to the field of plastic and aesthetic surgery.

Results: 77 articles were found of relevance relating to Platelet rich Plasma but few of these focused on clinical applications in the field of plastic and aesthetic surgery. 3 main articles were found to be of scientific interest and of practical application to the Plastic surgeon.

Conclusion: There is great potential benefit of PRP as an adjunct to lipofilling and other regenerative procedures. There needs to be ongoing research into the clinical applicability of PRP in aesthetic and plastic surgery through well-designed clinical trials. Based on the experience in burn surgery applications and the autologous nature of the PRP, this would have minimal risk to patients.
ADIPOSE DERIVED REGENERATIVE CELLS IN TREATMENT OF ALOPECIA ANDROGENETICA

Presenter: Katarina Andjelkov, MD, PhD
Affiliation: BelPrime Clinic
Country: Serbia
Authors: Andjelkov K, Sforza M

Introduction: Alopecia Androgenetica is the most common form of both male pattern hair loss and female pattern hair loss with the condition affecting approximately 50% of the male population and around 45% of women. The current treatment regimen ranges from non-invasive medicinal approaches to robot-assisted surgical transplantation of thousands of follicular units. It has been established that adipose tissue is an integral part of the normal hair cycle and it is hypothesized that telogen may be due to an absence of adipose tissue as it is reported that hair loss and decreased adipocytes occur together. Therefore, the transplantation of adipose tissue, or autologous fat transfer, into the subcutaneous layer of fat in the scalp for purposes of stimulating hair growth is consistent with the reported literature that indicates hair loss and adipose loss occur in tandem.

Method: We present the fundamentals of subcutaneous transplantation of Adipose Derived Regenerative Cells (ADRC) in treatment of alopecia androgenetica and our early results in 12 patients after minimum 10 months after the treatment. While undergoing liposuction, lipoaspirate is processed in the closed system to remove the liposapirate of impurities and in the Celution System (Cytori Therapeutics, San Diego, USA) to isolate and concentrate ADRCs. After the liposuction is completed, patients have, under a ring block local anesthesia, a subcutaneous scalp injection of purified autologous fat followed by a separate second injection of ADRCs. Pictures were taken before, 6, 24 and 40 weeks after the treatment with FotoFinder and analysed with Fotoscale software. Patients also filled the questionnaire concerning their satisfaction with the hair quality, hair loss etc. before and 6 weeks after the treatment.

Results: The significant improvement in hair growth and hair density was achieved. All patients were satisfied with the overall effect of the therapy. There were no side effects nor complications of this therapy.

Conclusion: Therapy with ADRC is promising method for treatment of early stages of alopecia androgenetica.

XENOGRAFT ENRICHED WITH AUTOLOGOUS BONE MARROW IN INLAY RECONSTRUCTIONS: A TOMOGRAPHIC AND HISTOMORPHOMETRIC STUDY IN RABBIT CALVARIA

Presenter: Rosana M. Yamamoto, MD
Affiliation: UNIFESP
Country: Brazil
Authors: Yamamoto RM, Silva MO, Aloise AC, Ferreira LM

Objective: The aim of this study was to evaluate the bone healing after the usage of a scaffold enriched with bone marrow.

Study Design: Ten rabbits were divided into 2 groups of 5 animals. Bilateral 12mm diameters defect were created in the parietal bones. In control group Bio-Oss were inserted in both defects, and in experimental group, Bio-Oss enriched with autologous bone marrow were inserted both defects. In the two groups one of the calvarial defects was covered with Bio-Gide. The rabbits were sacrificed 8 weeks after surgery and both CT and histomorphometric analysis were done.

Results: The CT showed a lower remaining defect area in the experimental group covered with Bio-Gide when compared with control group, with and without Bio-Gide. The histomorphometric showed no difference between groups regarding the non-vital the mineralized tissue area. For vital mineralized tissue area, the experimental group covered with Bio-Gide obtained a higher percentage area when compared with control group, with and without Bio-Gide. For non-mineralized tissue area, the experimental group covered with Bio-Gide obtained a lower percentage area when compared with control group with and without Bio-Gide.

Conclusion: Both autologous bone marrow and membrane can contribute to the enhancement of bone healing.
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**OUR EXPERIENCE OF USING OF ABSORBABLE PDS-BASED STRUCTURAL SUPPORT IN NASAL AND SEPTAL RECONSTRUCTION. POSTOPERATIVE COMPLICATIONS AND THEIR MANAGEMENT IN 248 PATIENTS STUDY**

**Presenter:** Aleksandre Kalantarov, MD, PhD  
**Affiliation:** CARAPS Medline Clinic  
**Country:** Georgia  
**Authors:** Kalntarov A, Matitashvili K

**Introduction:** Almost each nasal or septal surgery requires the use of cartilage graft transposition, especially in complicated septal and secondary rhinoplasty. Cartilage pieces must be reconnected firmly to achieve straight and solid plate for septum and adequate support for nasal structures.

**Method:** We have used PDS plates in 248 patients since 2014, in cases of septoplasty, primary and secondary rhinoseptoplasty. Applications were: endonasal and extracorporal septoplasty, caudal septal grafts, septal perforation repair, spreader grafts, columnellar struts and lateral crural struts. We used 0.25 mm and 0.5 mm thickness PDS plates unperforated and perforated by ourselves. PDS plates were trimmed in strips, triangles, squares, ovals and polygons. Maximal used size for one patient was one standard plate. Plates were fixed in one layer and in sandwich manner as well.

**Results:** Follow-up was to 36 months. Primary aesthetical and functional results were good in all cases till 10-12 weeks from the day of surgery. Complications appeared same time when PDS plate started it’s “primary resolving”. 36 patients had complaints of very stiff and hard nose, symptoms of aggressive swelling of septal mucosa, nasal blockage, sometimes skin redness and pain. In 15 cases developed more severe inflammation (4-6 months follow-up) despite of nonsurgical treatment. Finally in 12 cases we received supratip depression, columella retraction, collapse of septum, extrusion of PDS plate. At this moment we have 10 patients underwent revision rhinoplasty using costal autografts.

**Conclusions:** The PDS plate seems to be a good scaffold choice to provide support and stability to regenerating healing cartilage more in the septum then in other areas of the nose. The rate of early postoperative complications in our opinion depends on amount and thickness of PDS plates what we use during surgery. The septal collapse seems likely to be due to loss of the blood supply to the healing septal cartilage, which would normally come from the overlying perichondrium. Perforations allow some contact between the cartilage and its overlying perichondrium through the plate. It is very important to optimize the usage of PDS plates in desire for preserve secondary cartilage donor sites.

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**IMMEDIATE RECONSTRUCTION WITH AUTOLOGOUS TEMPOROPARIETAL FASCIA AFTER ENucleATION OF INFECTED OR EXTRUDED ALLOPLASTIC NASAL IMPLANTS**

**Presenter:** Sophia Chia Ning Chang, MD, PhD  
**Affiliation:** China Medical University Hospital  
**Country:** Chinese Taipei  
**Authors:** Chang SCN, Yu J

Simultaneous reconstruction after removal of nasal silicone implants were published as diced cartilage and autologous rib and ear auricular cartilage, and each had their shortcomings. Temporoparietal fascial grafts have been used for facial and nasal contouring, for vascularized tissue coverage, and augmentation the nose, lip. In order to treat nasal implant infection, the temporoparietal fascia graft may be considered for in time replacement of allografts.

From 2006 until 2008, the temporoparietal fascial graft was used in 20 referred patients with nasal allografts in a medical center. The female to male ratio is 17:3. The mean age is around 32.6 years old. All the patients refused disfigurement after removal the implants for at least three months. All the patients were followed up for five years.

All patients recovered within one to two weeks. The nasal skin envelop was preserved or healed. There was neither graft exposure, nor recurrent infection. The procedure is a useful method of eliminate inflammatory squeals. Most of all, the temporoparietal fascial graft employed, was able to bridge the 3-month gap for removal of the implant. The smooth nasal dorsum skin was regained with adequate nasal projection.

All patients were followed up in plastic surgery clinics without signs of recurrence. There are no reports in the English literature of the use of temporoparietal fascial grafts to treat nasal implants infection. The temporoparietal fascial graft is a simple and reliable method to provide thin, broad, pliable, easy neovascularized, adequate coverage, contour, and bulk on the cartilage dorsum of the nose, as well as an inconspicuous donor site. The tissue is soft in consistency and displays minimal resorption. Most important, more complicated disfiguring procedures such as a free flap may be avoided.

**Key words:** Nasal Allograft Infection; Temporoparietal Fascia Graft, implant.
NASAL TIP DEVIATION FOLLOWING SEPTAL EXTENSION GRAFT

Presenter: Keizo Fukuta, MD
Affiliation: Verite Clinic
Country: Japan
Authors: Fukuta K, Tanaka H, Foo CL

The septal extension graft is a workhorse for tip rhinoplasty especially for the Asian nose. It can control the tip projection, rotation and nasal length at the same time. The most common complication is nasal tip deviation. The review of the cases between 2009 and 2010 showed nostril asymmetry developed in 23% of the cases. The cases using ear cartilage for extension showed higher incidence. The cases with bilateral grafts showed lower risk than those with single graft.

In the review of the cases between 2011 and 2013, nostril asymmetry was found in 30% over all. 91% of the cases who had asymmetry preoperatively developed deviation postoperatively. The cases with no preoperative asymmetry developed deviation in 13%. The asymmetry was noted at two weeks following the surgery. The cases with past history of rhinoplasty showed higher incidence of asymmetry. In 19 cases, the harvested septal cartilage was so small that the septal cartilage was placed in the midline and preserved cartilages were placed bilaterally for support. This group developed asymmetry in 6% if there was no asymmetry preoperatively.

In 2014, we used PDS plate combined with autologous septal cartilage for Septal extension. Those cases showed early loss of tip projection, deviation and fistula formation.

These results suggest that two layer grafts are more secure than single layer graft. The use of three pieces with one piece in the midline is most useful to reduce a risk of postoperative deviation. The use of PDS plate is not recommended.

REFINING THE NASAL TIP WITH OSTEOCARTILAGINOUS PASTE GRAFT

Presenter: Oswaldo L. Carpes, MD
Affiliation: PUCRS
Country: Brazil
Authors: Carpes OL, Cavada MN, Pezzin LS, Martha AS

Introduction: The nasal tip is a complex structure and its integrity is maintained by an interrelated network of supporting mechanisms made up of both the tip cartilages and the ligaments connecting them. Disruption of one element affects the stability of the nose. There are different traditional techniques to support the nasal tip, but these could weaken the nasal structure resulting in nasal dysfunction and poor aesthetic results. This paper proposes a new maneuver to refine the nasal tip using osteocartilaginous paste graft.

Methods: The new technique was performed in the last three years on 254 patients from January 2013 to January 2016. The indications were: nasal hump, weak framework and slightly wide tip. Traditional technique is used to access the dorsum; a fine rasp takes the excess of the dorsum which becomes a paste; this is molded into the required shape. After making the necessary adjustments and changes in the nose, the paste graft is inserted between the skin and cartilage; the nose is finally shaped according to the surgeons desire.

Results: The group of patients demonstrated excellent nasal support and well refined nasal tips. The histological analysis of the osteocartilaginous paste graft showed small fragments of skeletal muscle and mature bone tissue. The material was positive for Mesenchymal Stem Cells (MSC) which explains the result of a stronger tip.

Conclusion: Refining the nasal tip with osteocartilaginous paste graft is a remarkable new technique that works as an outstanding alternative to the traditional techniques used to support the nasal tip.
SAFETY AND EFFICACY OF SUBFASCIAL CALF AUGMENTATION: 12 YEARS OF EXPERIENCE, EXTENSIVE CADAVER STUDY AND NEW DEVELOPMENTS

Presenter: Katarina Andjelkov, MD, PhD
Affiliation: BelPrime Clinic
Country: Serbia
Author: Andjelkov K

Objectives: Our objective is to report our 12 year experience in subfascial calf augmentation technique and results of extensive cadaveric study of calf region. Furthermore we wanted to show how surgical experience, critical analysis of the final results together with cadaveric findings are able to create a new calf implant that will adapt perfectly and give superior results for calf augmentation and reshaping.

Methods: We retrospectively analyzed 134 patients who had calf implants from 2003 to 2015. We focused on: patients' requests, on site anatomical findings (extensive dissection study was undertaken on 47 fresh cadavers to obtain the most accurate anatomy and dimensions of the calves muscles), surgical technique and possible further improvements. (Figure 1) Statistical analyse was performed using SPSS program and data was used to find out the correct shape and dimensions of the calf implant.

Results: All of 134 patients (253 implantations) were divided into two groups: primary augmentations and secondary cases. The patients in the first group were further subcategorized into: aesthetic (thin or curved legs) (n=88), trauma or previous surgeries (n=15), and body builders (n=5). The second group is constituted of patients referred for corrective surgery following unsatisfactory primary surgery (n=26). The mean follow up was 8.3 months. The improvement in calf contour was documented by the comparison of standardized preoperative and postoperative photographs that were critically analyzed by members of the team.

We found that calf surgery is safe, easy to reproduce, with a short recovery period and complication rate less than 1%. By analyzing the final results, our surgical team found that the implants currently available on market are too long or too wide, with projection point in inadequate position, or with a shape that can deform. The previous inexistent anatomy data was proven to be an obstacle for calf surgery development.

Conclusions: The subfascial calf augmentation is a safe and very efficient procedure. We pointed out the most important anatomical findings in calf region. We designed an implant that is conducive to both anatomical findings and can be manipulated to the varying surgical techniques, but can also highly satisfy patients requests.
THE CONCEPT OF ATTRACTIVE LEGS

Presenter: Irina Marinicheva, MD
Affiliation: Russian Women Plastic Surgeons
Country: Russia
Author: Marinicheva I

Background: Legs shape is very important for women, and negatively affects their quality of life in deviation of aesthetic standards. To improve the shape of legs, liposuction, calfplasty, thigh augmentation and fat grafting are used. We need special criteria to define beautiful legs in our practice. The theory of the golden ratio has a small practical meaning. For an objective determination of the indications for surgery and the evaluation of the result, we have developed and are using the CCL (concave-convex lines) method (fig 1.).

Methods: In frontal projection the inner contour of the legs should be smooth and limited by two main lines. Concave line - defines depression of the inner thigh, below hamstring medial fossa and lower third of the leg (above the ankle), extends from the pubic symphysis to the lower third of the leg and continues to the center of the foot. Convex line - determines the prominent projecting point of the internal surface of the knee and the upper third of the leg, extending from the pubic symphysis to the inner ankle.

In the period from 2000 to 2014 we have fulfilled 557 calf augmentations, 451 liposuctions, 119 fat graftings and 42 thigh augmentations. In 1/3 patients, considering CCL, combined operations were performed.

Results: We use CCL for the last 3 years. CCL objectively explains the need for liposuction of the inner thigh, calf augmentation, fat-grafting of hamstring depressions, liposuction of the knees. With the help of CCL combined operations of the legs, thigh augmentations and liposuctions of the knees, to reduce the projection of calf implant (fig. 2), are adequately explained. Ideally CCL are straight lines, but in practice, they often have the shape of a circular arc. The use of objective CCL criteria in the planning of surgeries has reduced the number of dissatisfied patients from 1.5% to 0.6%.

Conclusion: CCL method makes the planning of surgeries easier, objectively explains the need for combined procedures, helps patients understand the purpose of the surgeries, improves the quality of operations, reduces the number of unsatisfactory results.
THIGH AUGMENTATION WITH IMPLANT

Presenter: Irina Marinicheva, MD
Affiliation: Russian Women Plastic Surgeons
Country: Russia
Authors: Marinicheva I, Gritsyuk A

**Background:** In our practice we encounter patients who are dissatisfied with the inner contour of the thigh due to a deficit of soft tissues. Methods of thigh augmentation were described by J. Anger and modified by R. Gonzales. The implant was placed between the m. gracilis and m. add. magnus. Method of Anger is incommodious, and the one of Gonzales is more convenient. But both methods do not prevent the implant migration inside the adductor compartment. Typically, the implant migrates between mm. add. magnus and longus (fig. 1).

**Methods:** M. gracilis lies between the layers of fascia lata. We enter the adductor compartment, during the use of Gonzales method. Then, we detect m. gracilis from the inside and bluntly dissect the covering the muscle weakly profound layer of fascia. We laminate the fascia and form the pocket for implant underneath it. During implant insertion the fascia often split, but the delicate fascial septum is enough to prevent lateral migration of the implant (fig. 2, 3).

Thigh augmentation was performed among 42 patients from 2010 to 2015. 39 patients had bilateral cosmetic surgery, 3 patients had unilateral correction because of diseases. There were 79 implants inserted in total: by Anger method - 3 patients, by Gonzales - 7, by our own modification - 32.

**Results:** Patients were followed up in the period from 4 months to 5 years. We obtain excellent results. There were no cases of implant’s lateral migration. We got complications in 2 cases. Displacement of the implant under the skin through a defect of fascia lata occured, which was unnoticed during the operation, because a patient had previously a removal of the hemangioma of the right thigh. The next day, the fascia defect was restored through an old scar. Also there was a longitudinal displacement of the implant in the cranial direction on one thigh. After 5 months, the implant was lowered down. The channel was closed by suturing m. gracilis to m. adductor magnus.

**Conclusion:** The use of profound layer of fascia lata, which covers m. gracilis inside, prevents lateral displacement of the implant. Sewing of m. gracilis to m. adductor magnus prevents longitudinal displacement of the implant. The method can be recommended for thigh augmentation.
OUR CLINICAL APPROACHES TO DIFFERENT TYPES OF SECONDARY ABDOMINAL CONTOUR DEFORMITIES AFTER BODY CONTOURING SURGERIES

Presenter: Hasan Alim, MD
Affiliation: El Paso Cosmetic Surgery
Country: USA
Authors: Alim H, Sozer SO

Since the first description of abdominoplasty that was published more than a century ago, many different techniques of abdominoplasty have been developed. Today abdominoplasty is one of the most common aesthetic surgical procedures in the world. The growing number of surgical operations are performed by doctors that were not trained in plastic surgery. This has brought an increase of complications and dissatisfied patients. In our practice we have encountered many different types of deformities from skin irregularities to skin necrosis and from scar irregularity to high-riding scar. Our surgical approach to each problem was in a different way. Our approach for solving these deformities have varied from extended scar revisions to redoing the abdominoplasty or to reconstruction of the abdominal area with using tissue expanders. We’d like to share our experience of repairing various secondary abdominal deformities after body contouring surgeries.

Patients and Methods: Between 2007 and 2015, 838 body contouring procedures were performed in our clinic and 96 of them were secondary abdominal contour deformities. The types of deformities that required secondary surgery can be summarized in 7 main groups (Table 1).

<table>
<thead>
<tr>
<th>Types of Deformities</th>
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<tr>
<td>Excessive liposuction</td>
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<tr>
<td>High riding scar</td>
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<tr>
<td>Insufficient removal of excess skin and fat</td>
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<tr>
<td>Deformity of umbilicus</td>
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<tr>
<td>Scar visibility</td>
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<tr>
<td>Overall dissatisfaction with the look</td>
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<td>Skin necrosis</td>
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Results: In our series, 96 patients underwent secondary abdominal contour correction surgeries between 2007 and 2015. The encountered deformities have been classified in 7 main sections. According the deformities in each group, different surgical techniques have been planned and performed. Surgical scale has varied from a simple scar revision up to the reconstructive procedures with the tissue expanders. No skin necrosis has been observed after the procedures. The incidence of seroma formation was very similar to the primary cases (Figs. 1-6).

Conclusion: Secondary abdominal body contouring deformities can present themselves in varies ways. It is important to have great deal of experience to repair these deformities. Significant amount of improvement can be achieved if right surgical planing is done and different approach is used for every different type of deformity.
Introduction: This study reviews outcomes with the use of barbed progressive tension suture technique without drains, compared to standard closure with drains in aesthetic abdominoplasty.

Method: This is an ongoing prospective randomized study of consecutive abdominoplasty patients in a single plastic surgery center that was implemented in June 2015. The patients are divided into two groups for comparison based on the use of a drain versus sutures with abdominal closure: The abdominal closure with drain group (A-D) and the barbed progressive tension sutures without drain group (A-BPTS). Randomization is performed by use of randomization envelopes. Demographic and clinical data included age, gender, BMI, comorbidities, history of prior abdominal procedures, and use of anticoagulants. Procedural data included operative time, use of drain versus sutures, amount of tumescence solution, and specimen weight. Follow up data was recorded. All postoperative complications and their treatment were recorded including hematoma, seroma, wound dehiscence, wound infection, skin loss, and deep venous thrombosis. Comparison of patients and operative characteristics between the 2 groups were made using a chi-square test for discrete variables and the independent sample T test for continuous variables. The alpha-level was set at 0.05 for statistical significance.

Results: There were a total of 20 patients, 10 in the A-D group, and 10 in the no drain A-BPTS. There was no significant difference between the 2 groups in terms of baseline patient demographics and comorbidities. There were 2 seromas, 1 in the A-D group and 1 in the A-BPTS group, which was not statistically significant (p=0.999). Both seromas resolved after aspiration in the clinic. There were no hematomas, skin loss or wound infections. There were no systemic complications and no venous thromboembolism. Postoperative pain scores were significantly lower in the no drain A-BPTS group compared to the A-D group for postoperative days 1, 6, and 9.

Conclusions: Use of barbed progressive tension sutures for abdominal closure after elective abdominoplasty can obviate the need for abdominal drains and reduce postoperative pain, improving recovery and decreasing anxiety without a negative impact on complications.
A 5 STEPS NO DRAIN TECHNIQUE BASED IN PROGRESSIVE TENSION SUTURES FOR HIGH DEFINITION ABDOMINOPLASTY. A REVIEW OF 173 CASES

Presenter: Evangelos Keramidas, MD
Affiliation: Private Practice
Country: Greece
Author: Keramidas E

Purpose: Natural youthful appearance of the abdomen is characterized by flat or slightly concave epigastrium, well defined linea alba, linea semilunaris and waist line and a slight convexity of the lower abdomen. We describe a 5 step technique with the use of progressive tension sutures in order to achieve sculpturing of a natural and youthful abdomen.

Patients and Methods: From Jan. 2010 to Jan. 2016 we performed 173 abdominoplasties. Mean age of the patients was 42 years old (22-68), 171 were women, and 2 men. The mean BMI was 25 (19-36). 173 patients underwent also liposuction of the flanks and 165 patients had correction of the rectus muscle diastasis.

Surgical Technique: The surgical technique is consisted of the following 5 steps:

a) Liposuction to the flanks for waist line improval and better mobilization and movement of the lateral flaps of the abdomen.
b) Dual plane epigastric tunnel abdominoplasty technique which involves dissection over the scarpa at the lower abdomen and limited dissection above the umbilicus.
c) Definition of the linea alba with progressive tension sutures between the abdominal flap and the fascia of the rectus muscle
d) Definition of the semilunaris line with progressive tension sutures between the abdominal flap and the abdominal fascia
e) Medial movement of the lateral abdominal flaps during closure for better definition of the waist line and the semilunaris line. No drains were used. Patients were provided with questionnaires regarding their outcome graded as excellent, very good, good, fair or bad.

Results: No pulmonary embolus or deep venous thrombosis were observed. The overall complication rate was 12%. Revision rates was 13%. 95% of the patients described their experience and their results as excellent or very good.

Conclusion: The use of progressive tension sutures for anatomy defining abdominoplasty in combination with liposuction of the flanks, the dual plane abdominoplasty technique and the medial movement of the lateral abdominal flaps could deliver highly sophisticated and youthful looking results in abdominoplasty.

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BENEFITS OF BODY-CONTOURING AFTER A BARIATRIC SURGERY ON WEIGHT LOSS & QUALITY OF LIFE

Presenter: Ali Modarressi, MD
Affiliation: University Hospitals of Geneva
Country: Switzerland
Authors: Modarressi A, Balague N, Pittet-Cuenod B

Background: Bariatric surgery reduces dramatically overweight and comorbidities, and improves health related quality of life (HRQoL) of morbid obese patients. However up to 50% of patients will regain weight several years after bariatric surgery, loosing partially the benefits previously obtained. Furthermore after massive weight loss, most patients suffer from skin excess that can be addressed by body-contouring procedures. But in absence of scientific studies demonstrating their benefits, these are unfortunately rarely reimbursed by health insurances. In this present study we aim to investigate if bodycontouring, could improve HRQoL and improve long term weight control after bariatric surgery.

Methods: In a prospective study, 102 matched control patients who had Roux-en-Y Gastric bypass bariatric surgery (RYGBP) for morbid obesity without bodycontouring, were compared to 98 patients who had bodycontouring after RYGBP. HRQoL was measured by Moorhead-Ardelt score and long term weight was assessed until 8 years post-bariatric surgery.

Results: Mean weight was similar in both groups before RYGBP (125.1kg +/- 20, BMI 46) and up to 2 years post-RYGBP (80.4kg +/- 17, BMI 29), when plastic surgery were usually performed in bodycontouring group. HRQoL was improved significantly more (specifically for self-esteem and physical activity items) in group of patients how underwent body-contouring after RYGBP in comparison to that with RYGBP alone (68% of patients vs. 22%). In control group, after a massive weight loss, patients regain an average of 1.94 kg/year, which is significantly more than patients who had bodycontouring surgery (0.6 kg/year, p<0.01). Therefore, after 8 years post-RYGBP, patients with RYGBP alone reach a significant higher weight (95.6kg +/- 7, BMI 35) in comparison to patients who had bodycontouring surgery (83.2kg +/- 5, BMI 30) (p<0.01).

Conclusion: Our study demonstrated that bodycontouring is an effective procedure which has an impact on long term weight control after RYGBP, probably related to an improved HRQoL. This weight stability could also contribute to maintain comorbidities improvement. These results confirm the important role of plastic surgery in the treatment of morbid obesity, and its necessity to be covered by insurances.
SAUSAGE MASTOPEXY FOR GYNAECOMASTIA WITH
PTOSIS, A NEW TECHNIQUE
Presenter: Sandip Jain, MS, MCh, FRCS(Plastic Surg)
Affiliation: Saifee Hospital
Country: India
Author: Jain S

Introduction: Patients with grade III gynecomastia have skin excess primarily in the craniocaudal direction with ptotic Nipple areolar complex (NAC). Mastopexy techniques described for ptotic female breast cannot be extrapolated to Grade III gynecomastia as they either insufficiently correct the skin excess (concentric mastopexy) or leave extensive scarring (vertical or inverted T mastopexy).

Method: The Concentric mastopexy has two circles. The inner circle is within the NAC and is kept at 2.5 cm diameter. The author has modified the outer circle into a sausage shape with the long axis of sausage in craniocaudal direction. The average dimension of the sausage was 8 by 4.5 cm. The NAC was eccentrically placed at the caudal end of the sausage. The area within the sausage, except the inner circle, was deepithelised. A 4 cm incision was made in the infrareolar part of the deepithelised area, through which liposuction and gland excision was carried out. The deepithelised area was then closed with interrupted and purse-string sutures. This resulted in tightening of the skin in craniocaudal direction with simultaneous lifting of ptotic NAC.

Result: Over a period of 2 years, 20 patients with grade III gynecomastia were treated with Sausage mastopexy. Average followup was 8 months. Ninety percent (n=18) of patients were satisfied with the outcome. None of the patients had partial or total loss of NAC. Widening of the periareolar scar was seen in 30% (n=6) of patients and remains the most common adverse events. Areolar enlargement in first 2 patients was the reason for dissatisfaction. To prevent this in the next 18 patients an additional layer of interrupted sutures was used when closing the deepithelised area.

Conclusion: In Grade III gynecomastia modifying the outer circle of concentric mastopexy into a sausage shape with eccentric caudal positioning of NAC ensures correction of the craniocaudal skin excess with elevation of ptotic NAC. Additional layer of interrupted sutures while closing the deepithelised area with purse-string sutures prevents postoperative enlargement of areola. Majority of patients were satisfied with the outcome.

LIPOABDOMINOPLASTY: HOW I DO IT
Presenter: Adriana Pozzi, MD
Affiliation: Villa Maria Hospital
Country: Italy
Author: Pozzi A

Abdominoplasty has evolved over the years; we have moved from conventional procedures to techniques that combine liposuction and permit us to improve body contouring by treating lipodistrophies in the epigastric areas, pubis, flanks. The importance of the superficial fascia system repair and the strategies used to close the dead spaces - described by Baroudi and Pollock- have dramatically diminishing the incidence of seroma. The author illustrates with short videos and photos the technique she has adopted. The bicycle handle bar design, as described by Baroudi. General anesthesia is usually used with intraoperative intermittend pneumatic compression stockings to prevent thrombovenous embolism. With the patient in slight hiperextension, the infiltration of the abdomen is started with superwet technique, removing the lidocaine component. Liposuction is behind the superficial fascia in hypogastrium; while epigastrium is deep and superficial to allow release of the superior abdomen. The bicycle handle bar incision is made and above the pubis a very superficial undermining is made to respect the lymphatics.

Undermining continues guided by the thin layer of tissue left by liposuction. In the epigastric area undermining is limited to preserve vascularization. The diastasis repair is carried out with plication using bidirectional barbed sutures. Quilting sutures, between the superficial and the deep fascia, are placed to close the dead spaces of the epigastric area. The new umbilical site is positioning flexing the operating table and the new site is determined, 1-2 cm above the umbilicus stalk.

The design of the new umbilical site resembles a three-pointed star and the skin island of the umbilicus resembles a clover. This elegant technique allows us to get a little and natural navel.

In the hypogastrium para-umbilical sutures are placed and the excess skin is removed. Wound closer is done at three levels: superficial fascia, dermis and skin. No drains are positioned.

The pneumatic compression is maintained all times when the patient is not ambulating and low molecular weight heparin in administered as home therapy.
MYOFASCIAL REPAIR WITH SUB-LAY MESH IN ABDOMINOPLASTY PROVIDE DURABLE AESTHETIC & FUNCTIONAL OUTCOMES

Presenter: Amir S. Elbarbary, MD
Affiliation: Ain Shams University
Country: Egypt
Authors: Elbarbary AS, Hemeda M, Elgazzar K, Elrouby M

Musculoapneurotic rehabilitation is an integral step for gaining superior aesthetic outcome in full abdominoplasty to correct severe abdominal laxity. The myofascial repair is gaining popularity because of the durable rehabilitative outcome. The retromuscular sub-lay mesh placement has proven to provide the most durable repair in treating groin hernias.

This study aim to document and evaluate the long-term durability of musculoapneurotic reconstruction in abdominoplasty using myofascial repair with sub-lay mesh application technique.

Twenty-one female patients underwent abdominoplasty to treat severe abdominal laxity were included in the study over a five-year period from July 2010 to June 2015. They were followed up to a minimum of 18 months. They were assessed for both functional & aesthetic outcomes.

The changes in intraoperative airway pressure (PAW) values, before and after myofascial repair, indicated moderate statistical significant changes (r= 4707 and p-value = 0.0213). The reduction in waist circumference averaged 9.5 cm, ranging from 4 to 17.5 cm. The changes in the waist/hip ratios from preoperative to postoperative were statistically significant (r= 0.6859 and p-value = 0.0003). The subjective assessment of the aesthetic outcome rated as 8.13/10 by an independent panel of 4 plastic surgeons & a nurse while that of the patients was 8.05/10. Patient satisfaction had been extremely high, and the complication rate was low. All patients gained improvements in their posture and no secondary hernias were seen.

In conclusion, the myofascial repair modification of the rectus sheath described in this study provides durable functional and aesthetic outcomes in abdominoplasty even in severe degrees of abdominal laxity. The myofascial repair restores the integrity of the anterior abdominal wall, especially in presence of concomitant ventral hernias, and relieves back pain through redistributing the forces between back and anterior abdominal wall musculature. Those functional outcomes go hand in hand with superior aesthetic refinements to the trunk region; it enhances the hip/waist ratio, giving more feminine trunk configuration and pronounces the breast aesthetics.
Abdominoplasty is one of the most popular and common plastic surgery operations. Excessive weight loss and abdominal changes like ptosis and skin laxity indicate the need to remove excess fat and skin and restore weakened or separated muscles in order to achieve a flat and well-toned abdomen. The umbilicus is a key feature in the aesthetics of the abdominal wall and anatomically oriented reconstruction of the umbilicus during abdominoplasty is essential. To achieve these goals, various techniques are reported in the literature. Visible or not, all these techniques describe creating the umbilicus with a scar. We represent a new umbilical transposition technique owing to transposition of the umbilicus without a scar. Between June 2011 and July 2013, we have operated 14 patients with our technique. Our follow-up period was a minimum of 1 year. After a minimum of 6 months of follow-up, the appearance of the umbilicus and peri-umbilical concavity were aesthetically satisfactory. Our results with the novel scarless neo-umbilicus reconstruction technique represent high levels of satisfaction in the scope of aesthetic expectations.
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COMPARATIVE BETWEEN CLASSIC HIGH LATERAL TENSION AND NEW METHOD TO PREVENT DOG EAR AND ELONGATION SCAR IN PATIENTS UNDERGOING ABDOMINOLAPSY
Presenter: Hossein Abdali, MD
Affiliation: Isfahan Medical Science University
Country: Iran
Authors: Abdali H, Askarzadeh M, Fazeli SH

Background and Objective: Abdominolaplay is one of the most common operations in the plastic surgery wards. Several methods were recommended for achieving better results. In current study, efficacy of a new method compared with classical high lateral tension on preventing dog ear and elongation scar was evaluated.

Material and Methods: 70 patients who were candidate for abdominolaplay selected in an open label randomized clinical trial and randomly divided in two groups. The first group was operated by classic high lateral method and the second was operated by a new method concentrating on changing incision line and angle. Dog ear prevention, length of scar, improvement and post-operative complications were compared between groups.

Results: The Mean SD scar length in first group were 53.68±6.34 and 41.71±1.78 cm, respectively and the scar length in second group was significantly shorter (P<0.001). The mean SD distance between two ASIS in group treated by new method was significantly decreased after surgery (31.3±1.3cm) compared to before intervention (36.7 ± 3.9 cm) (p<0.01).

Conclusion: The results of current study showed the clinical efficacy of our new surgical abdominoplasty compared with classic method. Further studies are needed on large samples of patients both on studied outcomes and complications after surgery in a longer period of follow-up.

Key words: abdominoplasty, dog ear, scar length, high lateral tension

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FLEUR-DE-LIS BELT LIPECTOMY IN THE MASSIVE WEIGHT-LOSS PATIENT
Presenter: Linda G. Phillips, MD
Affiliation: The University of Texas Medical Branch
Country: USA
Author: Phillips LG

Massive weight loss pts undergo significant physical, physiological, and psychological transformations. The rapid and large volume weight loss following procedures produces excess, loose skin leading to complications such as poor clothing fit, interigo, rashes, and infection. They face a combination of social stigma, quality of life factors, and health issues not seen in the general population. The development of numerous body contouring procedures has improved the aesthetic, functional, and health outcomes in this patient population. Due to the global physical changes that occur with massive weight loss, pts frequently have multiple areas of skin laxity and excess that require surgical correction.Pts often request combined procedures to decrease the number of anesthetic events and more quickly improve their health status and quality of life. The physiological consequences inherent to rapid weight loss leave pts at risk for wound healing complications. The aim of this study was to assess the safety of combining a fleur-de-lis abdominolaplay with belt lipectomy in massive weight-loss pts.

Methods: A retrospective chart review was performed of all pts who underwent combined fleur-de-lis abdominolaplay w/belt lipectomy at the University of Texas Medical Branch between 2012-15. Demographics, pre-operative laboratory studies, outcomes, and follow up times were recorded in the study. Major and minor complications were identified and recorded. Major complications were defined as any issue that required hospitalization for treatment, or any revision or re-operation requiring return to the operating room. Minor complications were defined as any wound healing issues, including wound dehiscence, infection, seroma, hematoma, and unappealing cosmetic outcomes. Statistical analysis was performed to analyze variables in relation to follow up time. The incidence of complications was recorded.

Results: 29 pts were included in the study. Wound infection was recorded in 3 pts (10.3%), non-operative seroma in 11 pts (37.9%), minor wound dehiscence 5 pts (17.2%), non-operative necrosis in 2 pts (6.8%). Major complication rates requiring hospitalization included 1 DVT (3.4%), and 1 episode of posterior flap necrosis w/wound vac closure.

Conclusion: Fleur-de-Lis abdomen minimal risk
Elderly and obesity and morbid obesity are considered as bad or contra-indications for body contouring surgeries such as circumferential (or circular) abdominoplasty (CA). The aim of this prospective study is to evaluate if, for selected populations, body contouring surgeries such as CA can be safely performed.

Materials and Methods: We consider 4 subgroups of patients selected among a personal prospective series of 210 consecutive cases of CA performed over a period of 7 years: patients with a BMI over 35.0 (obesity and morbid obesity - group I; n=26) compared to patients with normal BMI, between 20 and 24.9 (group II; n=33), and patients over 60 years (group III; n=18) compared with patients between 20 and 30 years (group IV; n=19). We compare patient’s clinical pre-operative data (age, BMI, co-morbidity, ASA score, weight loss before surgery), intra-operative parameters, and post-operative data (complications). The non-parametric Mann-Whitney U-test is used because samples are composed of small amount of patients.

Results: Group I and II (BMI groups) show a statistical difference for duration of the CA, weight of resected tissue and blood loss during the surgery, while there is no statistical difference for any of the considered parameters for the age groups (III and IV). There is no difference concerning the complications rate.

Conclusion: In a selected population of patients, age and obesity should not be considered in themself as contra-indications for a safe body contouring surgery.

Tummy tuck is one of the most frequently performed body contouring procedures. Since bariatric surgery leading to massive weight loss gained in popularity, circumferential abdominoplasty became progressively a golden standard. This procedure has been extended to patients out of the field of massive weight loss: patients with an important skin laxity or with circumferential fat and skin excesses. We present a prospective series of circumferential abdominoplasty secondary to tummy tuck, compared to primary circumferential abdominoplasty and tummy tuck.

Material and Methods: Among 210 consecutive cases of circumferential abdominoplasty, 20 patients underwent a previous tummy tuck procedure. Complications rate in this subgroup was evaluated in comparison to 20 primary tummy tuck and 20 primary circumferential abdominoplasty. Non-parametric statistical analysis (Mann-Whitney U-test and Kolmogorov-Smirnov test) was used.

Results: There are some statistically significant differences for the pre- and intra-operative factors between the 3 groups of patients (age, weight loss before surgery, weight of removed tissue, duration and blood loss). The rate of transfusion is statistically significantly higher for primary circumferential abdominoplasty than for secondary circumferential abdominoplasty and tummy tuck. The other complications rate is statistically identical for all the 3 groups.

Conclusions: Secondary circumferential abdominoplasty can be safely performed after a previous primary tummy tuck abdominoplasty. The rate of complications is the same for all groups (primary circumferential abdominoplasty, secondary circumferential abdominoplasty and primary tummy tuck), except for transfusion rate, higher for primary circumferential abdominoplasty. The results of a secondary procedure such a circumferential abdominoplasty are very satisfying on the functional as well as the aesthetic point of view and can be ethically and safely proposed to patients having had a primary tummy tuck.
POSTBARIATRIC ARM AND THIGH LIFTING WITH ANCHOR L LIPOSCULPTURING TECHNIQUE

Presenter: Ozay Ozkaya, MD
Affiliation: Okmeydani Training and Research Hospital
Country: Turkey
Authors: Ozkaya O, Colak O, Tasasiz K, Yasak T

Introduction: It is a well-known fact that sharp increase in bariatric surgery has given rise in patients seeking body contouring procedures. Redundancy and ptosis of the cutaneous mantle, particularly in upper and lower limbs, compels reshaping procedures to be an integral part of the postbariatric surgery. The aim of this study is to present details of our current technique for arm and thigh lifting which we named “Anchor L Liposculpturing Technique” with best results.

Method: Fourteen patients who were operated for medial arm and thigh lift by the same surgeon were included. The incisions were planned not to be visible while standing either anterior or posterior perspective. The scar were localized about 1 cm lower from the intermuscular septum as a straight horizontal line continuing with short axillary vertical scar for arm. Thigh lift scars has located to medial midline and over the inguinal ligament. The pinch test was used primarily to estimate the excess skin and soft tissue to be removed. Liposuction was performed along the resection areas very superficially for both medial thigh and arm. After the completion of the resection, posterior axillary fold was hanged to the deltopectoral fascia for arm and deep fascia was hanged to the pubic tubercle for thigh by anchor sutures with using 2/0 polydioxanone sutures.

Results: All of the patients had undergone bariatric surgery (sleeve gastrectomy) except one patient. The average body mass index was 26.3 kg/m² and mean weight reduction was 53.8 kg. The mean follow-up period was 1.4 years. All patients healed uneventfully with aesthetically superior results. Complication were recorded in two patients, one case of lymphoceles and one case of skin sagging after two years in arm lift patients.

Conclusions: Our experience suggests that anchor L liposculpturing technique may introduce a new area in postbariatric arm and thigh lifting to achieve better results and to minimize the scar visibility in the future. It is possible to maximize the aesthetic results and avoid complications with this promising technique we described in details.
MONSPLASTY AND SUPERFICIAL FASCIAL SYSTEM REPAIR AFTER MASSIVE WEIGHT LOSS

Presenter: Sammy Al-Benna, MB, ChB, PhD
Affiliation: Institute of Surgery and Innovation
Country: United Kingdom
Author: Al-Benna S

Introduction: Ptosis with excess skin and residual adiposity in the mons pubis is frequent in females after massive weight loss. The enlarged mons pubis may lead to psychosocial distress and impaired quality of life. Monsplasty includes reduction, elevation and superficial fascial system fixation. The aim of this study was to determine the clinical outcome after monsplasty in the massive weight loss population.

Methods: A retrospective analysis of patients with mons veneris ptosis after massive weight loss who underwent reduction, elevation and superficial fascial system fixation. Postoperative complications were recorded and clinical and functional outcomes were evaluated.

Results: All eleven cases healed completely. Complications included two minor wound dehiscence, which healed with conservative treatment and one superficial wound infections, which was treated successfully with antibiotic therapy. All patients were satisfied by the aesthetic result and contour in addition to marked improvement in local hygiene.

Discussion: Monsplasty with superficial fascial system fixation provides good clinical outcomes and minimal morbidity with high patient satisfaction to improve both form and function of the mons pubis.

LIPOSCULPTURE OF THE LEGS USING COMBINED MODALITIES

Presenter: Michelle Copeland, DMD, MD
Affiliation: Icahn School of Medicine at Mount Sinai
Country: USA
Authors: Copeland M, Copeland-Halperin LR

Techniques of liposculpture can be employed to enhance the contour the legs under light anesthesia with relatively rapid recovery, but special knowledge and skill are required to avoid complications and irregular contours.

Purpose: We describe clinical experience with combined modalities of liposuction and lower leg laser liposculpture.

Methods: We performed a retrospective review of the experience of a single surgeon in 57 patients undergoing combined modality for leg liposculpture over 9 years. The modalities included external ultrasound, laser liposuction, and sequential aspiration of lipolyzed adipose tissue by power-assisted and fine and blunt cannulas performed under intravenous sedation and tumescent anesthesia on an ambulatory (outpatient) basis. Cosmetic results were assessed clinically and photographically at 12 and 24 weeks postoperatively, and patient satisfaction was determined by interview.

Results: 57 patients (ages 18-65 years, mean 35 years) underwent bilateral fat removal and limb recontouring using the combined modalities. Thirty-three procedures involved the ankles and calves, 10 the ankles, calves and knees, and 10 the ankles, calves, knees and thighs. One patient was a tobacco smoker and 7 were taking oral contraceptives at the time of surgery. There were no episodes of venous of thrombosis or other major complications. The incidence of minor complications, including prolonged swelling, paresthesiae, contour irregularity and hyperpigmentation occurred was 10%. The combined approach was associated with little bruising and favorable contour, though postoperative swelling was similar to that with conventional techniques (Figure).

Conclusions: Combining conventional liposuction with laser liposculpture reduces limb irregularity, adiposity and volume, produces favorable leg recontouring and should be considered in the management of patients with unsatisfactory lower limb morphology.

Figure: Anterior view of legs before (left) and 24 weeks after combined modality liposculpture.
LIPOSCULPTURE OF THE LEGS USING COMBINED MODALITIES

CLASSIFICATION AND SURGICAL CORRECTION OF ASYMMETRIC CALVES IN ASIANS

Presenter: Insuck Suh, MD, PhD
Affiliation: Kangnam Sacred Heart Hospital Hallym University Medical Center
Country: South Korea
Authors: Suh I, Jung MS, Lee BH, Kim JH, Tak KS

Background: In Asia, one of the most important factors in being physically attractive is to have aesthetically pleasing legs, which has made calf contouring surgery an issue nowadays. When one leg is abnormally changed because of various factors (e.g., iatrogenic causes, poliomyelitis, cerebral palsy, trauma, and tumor resection), the tissue atrophies. Such asymmetric calves can be corrected by various surgical methods.

Methods: Calf asymmetry is defined as a difference in the maximal circumference greater than 2.0 cm between both calves. From 2005 to 2012, the authors carried out calf contouring operations on 68 patients. For patients with mild or moderate asymmetry, selective neurectomy with or without liposuction was performed on the hypertrophic calf according to shape and severity. For patients with severe asymmetry, selective neurectomy with liposuction was performed for the hypertrophic calf, whereas the hypotrophic calf was treated with fat injection or silicone implantation.

Results: At a minimum of 3 months follow-up, the mild group patients had a size difference less than 0.5 cm. The moderate and severe asymmetry groups showed size differences less than 1.2 and 2.3 cm, respectively. No functional problems or major complications were shown. Minor complications included five cases of wound dehiscence, three cases of hematoma, and six cases of hypertrophic scar at the incision site.

Conclusion: Classifying patients into three groups according to the maximal circumferential difference between both legs and treating them separately using different surgical methods could significantly provide satisfying outcomes in both functional and aesthetic aspects.
HYBRID GLUTEOPLASTY (HYBRID HIP UP) IN ASIAN

Presenter: Sangmun Choi, MD
Affiliation: BongBong Plastic Surgery Clinic
Country: South Korea
Authors: Choi S, Lee J, Kang M, Park S

Natural and beautiful shape of the buttock after gluteoplasty is a common end of both plastic surgeons and patients.

Buttock is a very dynamic region near the hip joint and located in the center of various body posture. The continuity of curved line running along the body, adequate proportion of bust, waist and hip are very important points for posterior body aesthetics.

Implant palpation and unnatural contour by depression or protrusion in some postures after implant gluteoplasty are problems that decrease the satisfaction of this procedure.

Most Asian patients who want to have gluteoplasty do not have an abundant soft tissue coverage in both subcutaneous fat and gluteal musculature. So intramuscular implantation is an optimal procedure for adequate tissue coverage. But insertion of an implant alone cannot change the lateral contour part of the buttock, especially in hip joint flexion.

So additional soft tissue coverage using autologous fat transfer improve these issue. Implantation contributes to volumetric augmentation of buttock and autologous fat transfer improve natural and smooth contour and touch feel and correct minor asymmetry.

Also liposuction in the waist and thigh, where the donor sites are, become slimmer after surgery and improves the proportion of body circumference, which takes it’s to more ideal ratio.

Authors call this procedure as “Hybrid Hip Up” (Hybrid Gluteoplasty) surgery. It means simultaneous use of implant and autologous fat for gluteal augmentation and posterior body contouring. It can be an ideal, effective and useful option in management of thin skinned patients or patients with minor asymmetry and secondary procedure.

ULTRASOUND ASSESSMENT OF LARGE VOLUME FAT GRAFTING IN MIDDLE EASTERN BUTTOCK AUGMENTATION

Presenter: Amir S. Elbarbary, MD
Affiliation: Ain Shams University
Country: Egypt
Authors: Elbarbary AS, Hussein HD, Ghanem MA, Nour El-Dien MY

Autologous fat grafting has been used successfully to enhance the buttocks. However, Fat cell survivability has been a subject of debate. This study aims at evaluating the postoperative volume changes (volumetry) of the grafted fat during gluteal enhancement procedures.

Fifty patients with age ranging from 25 to 45 years and normal range of body mass index underwent buttock enhancement by fat grafting. Ultrasound was done to calculate the buttock volume pre and post operatively. Fat was aspirated by syringe-assisted liposuction according to Coleman circumferentially from the torso, including adjacent areas to the buttock, then injected into both the subcutaneous and intra-muscular planes without centrifugation. The amount of injected fat ranged from 600 cc to 1100 cc per buttock with an average of 900 cc.

Buttock ultrasound performed at three months postoperatively revealed that 80 to 95% of fat remained following injection into the intramuscular plane as compared to 30 to 60% in the subcutaneous plane.

In conclusion, the results of ultrasonic assessment at three months postoperative in Middle Eastern females undergoing buttock augmentation by large volume fat grafting demonstrate that the volume of grafted fat remaining is related to the plane of injection.
Reshaping the buttocks is usually a demand with aesthetical purposes, though patients with severe atrophies of the gluteal muscles, caused by antiretrovirals, for instance, should benefit themselves with the procedure.

We perform the gluteal augmentation with implants introduced inside the muscle, where they remain protected enough, and inconspicuous.

The results are consistently good, from the patient’s point of view, as well as the professional staff. The complications are rated very low.

The procedure promotes satisfaction to the patients, and the viability of the implants can be observed even thirty years after the insertion.
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SIMPLE ALGORITHM FOR CHESTWALL CONTOURING SURGERY IN FEMALE TO MALE TRANSSEXUALS  

Presenter: Vladimir V. Safronov, Sr., MD  
Affiliation: IM Sechenov First Moscow State Medical University  
Country: Russia  
Authors: Safronov VV, Starceva OI, Adamyan RT  

Purpose: To create a simple algorithm of choice for bilateral mastectomy in FtM-transsexuals.

Methods: Based on our clinical experience of over 400 bilateral mastectomies performed since 1993 we distinguish three different approaches: Type 1: bilateral subcutaneous mastectomy performed through semi-circular incision at the border nipple areola complex. Type 2: bilateral subcutaneous mastectomy with circular de-epithelization around the NAC, which is performed to correct skin excess. Type 3: Bilateral mastectomy with autotransplantation of the nipple areola complex. Every patient was registered in clinical study, medical photographs were taken and clinical followup was performed before surgery and two weeks, one month, three months, six months and 12 months after surgery. Every patient has completed clinical questionnaire.

Results: Since October of 2012 to the October of 2015 in our department 73 bilateral mastectomy were performed: type 1 - 17 (23.0%), type 2 - 15 (20.0%) and type 3 - 42 (57.0%). Complications encountered were divided to early or late ones. Early complications, which has occurred in first two weeks, included hematoma - 9 (12.3%), seroma formation - 17 (23.2%), partial necrosis of the nipple areola complex - 5 (6.8%), ligature inflammation - 2 (2.7%). Late complications (post two weeks) included hypertrophic scars formation - 4 (5.4%), folliculitis in area of postoperative scar after de-epithelization - 4 (5.4%), hypersensitivity of the nipples - 1 (1.3%). Patient satisfaction rate is 90%. In 7 cases (9.5%) secondary surgical corrections were performed. In most cases correction included scar revision with simultaneous lipofilling of anterior chest-wall deformities.

Conclusion: In many cases the selection of the appropriate type of bilateral mastectomy is difficult. In our practice we use our own algorithm of choice which is based on the breast size, breast ptosis, skin elasticity and the risk factors: In patients with small breast size (A) with out ptosis and with good skin elasticity with out risk factors we perform type 1 surgery. In patients with moderate breast size (B) with good skin elasticity we perform type 2 bilateral mastectomy. In case of large breasts (C,D,E) we perform type 3 procedure.

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EFFECTIVE SKIN AND SMAS LIFTING DIRECTION OF FACELIFT IN ASIAN  

Presenter: Sangyoon Kang, MD, PhD  
Affiliation: College of Medicine Kyunghee University  
Country: South Korea  
Authors: Kang S, Choi T, Hwang J  

Introduction: Face lift is the most effective rejuvenation method for aging face. Asian face is characterized as slanted eye, prominent zygoma and wide mandible divergence resulted in rectangle [Fig1.]. So, vertical vector fixation and loop suture methods come to more angry expression and to even enforced rectangle shape, or to had lesser effect improving nasolabial fold. Careful consideration should be given to issues of direction of skin and SMAS fixation avoiding dissatisfied results.

Method: First lifting direction was marked as perpendicular [Fig2.] or superior-lateral line [Fig3.] to nasolabial fold and second lifting line was draw as right angle to jowl for drooping face with sitting position. The third lifting line was marked for submandibular and neck lift. The incision line were designed through posterior auricula line, ear lobe, anterior auricular line and crossing side burn to anterior temporal hair line. Under the general or local anesthesia with tumescent infiltration, subcutaneous plane skin flap elevation, liposuction on bulging-ptotic jowl fat and extended SMAS flap dissection were carried. SMASectomy and SMAS fixation were done along same direction of skin flap lift. SOOF suspension suture was fixed to temporal fascia with superior-lateral direction. The first skin key suture was set on the corner of side burn to anterior temporal hair line (malar to temple lifting). Second skin fixation was pointed as top of anterior auricular line met side burn. Third point was postauricula area. After careful hemostasis, skin was closed. The harvested fat from jowl was placed to nasolabial fold.

Results: From January 2013 to April 2015, 50 cases female patient was carried out the operation. Average age was 67 years old. The patient satisfied VAS was 4.5 and there were no skin necrosis, hemtoma, seroma, and permanent facial palsy.

Conclusion: The lifting vector as superior-lateral direction or perpendicular line to nasolabial fold and jowl has make effective lifting and looks natural. We presents that adequate oblique lifting vector of skin and SMAS flap is important factor and that among them the first key of skin fixation is malar to temple lifting to obtain satisfying result in Asian facial rejuvenation with good results.
The peeling-assisted volume enhancing (PAVE) lift is a single-stage approach that combines SMAS-plication techniques with fat grafting and different peeling agents. To evaluate the safety of this approach, we analysed the records of 159 patients that underwent surgery between 2008 and 2014 and performed a histological evaluation of peeling-induced skin changes in excised preauricular skin of 10 patients split into four treatment groups: Trichloroacetic acid 25% and 40%, phenol/croton oil, and a control group. The percentage of complications observed was not higher than values reported in the literature for each treatment entity (surgical facelift: \( n=3 \) haematomas (1.89%), \( n=2 \); temporary apraxia of the mandibular branch (1.26%)); fat transfer: minor asymmetry in \( n=5 \) cases (3.14%); peeling: temporary hyperpigmentation in trichloroacetic acid (\( n=5 \); 3.8%) and phenol peels (\( n=4 \); 3.1%), permanent skin lightening (\( n=6 \); 5.6%), formation of skin miliae persisting longer than 2 to 3 months (\( n=5 \); 4.6%) and prolonged erythema (\( n=3 \); 0.28%) in phenol peels. Two independent evaluators determined the depth of necrosis (\( \mu \text{m} \)), and based on the histomorphological changes, peeling depth was classified as superficial, superficial-partial, deep-partial and full thickness in order to assess possible vascular impairment of the skin flaps. The histological results revealed a regular progression of wound depth for the different peeling agents without full thickness necrosis. Impairment of the deep dermal vascular layer was only visible in the phenol peel samples. The single-stage use of chemical peels, autologous fat transfer and surgical rhytidectomy was safe, and all patients showed very high subjective satisfaction.

Keywords: Facelift; peeling; autologous fat grafting; combined single stage approach; phenol/croton oil peel; TCA peel.
3873 cases have been done with this procedure since 1994, minimal complications have been observed. The facelift and skin resurfacing techniques are carried out during the same surgical procedure, in order to save time and improve the patient recovery. Perioral and orbital wrinkles, photo aging signs such as pigmentations and changes in skin color are treated with the skin Resurfacing technique. Many surgeons for neck and cheeks is performed as usually have mentioned the face-lift technique. By using these two techniques, a full-face rejuvenation is obtained with only one surgical procedure. The patient recovery is quicker and the result obtained is much better.

We start performing the facial rejuvenation with the surgical procedure, SMAS plication and skin resurfacing in one surgical stage in 1994. However, it is needed between 2 to 3 weeks to recovery from the skin Resurfacing with CO2 laser. This procedure takes more recovery time and produces more edema, redness and patient discomfort. For that reason, we started in 2000 to perform the facial rejuvenation and the skin resurfacing with Erbium: Yag and CO2 Lasers. It is also carried out the Blepharoplasty in the upper eyelid and the tranconjunctival approach in the lower eyelid with the CO2 laser in the cut mode.

Skin Resurfacing carried on with the Erbium: Yag and CO2 lasers. Is perform in the forehead, the upper and lower eyelid, the internal and external Chantal of the eyes, the nose, the cheeks, the Perioral zone and the chin. In those zones sometimes we perform one or two passes. Permitting the treatment of fine and depth wrinkles, age spots, acne scars and photo aging.

Conclusions: We have seen that performing this procedure, the patient results are much better. If face lifting is carried out at the same surgical time with the skin resurfacing patients recovery takes less time and discomfort. In 20 days patient skin color is in the same tone. The skin looks much younger, smooth and facial rejuvenation is highly satisfactory. It is possible to perform different facial techniques at the same time such as fat graft, Gore-Tex implant, chin implant, endoscopic forehead, etc.
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SUBPERIOSTEAL MID CHEEK LIFT WITH FAST RECOVERY
Presenter: Alain G. Bonnefon, MD
Affiliation: Clinique Bonnefon
Country: France
Author: Bonnefon AG

Introduction: As the mid cheek is the most visualized part of the face, it is most important area for its impact on the appearance of youthfulness. Accordingly, lifting the mid cheek is of paramount importance in facial rejuvenation as it addresses the group of aging changes of the lid cheek area (long lower lid, nasojugal grooves, malar mounds, nasolabial heaviness with sag). Unfortunately, this same high visibility impacts on the time of post operative recovery. While subperiosteal mid cheek lifting is well recognized for being effective and safe it is not so popular due to the visibly prolonged recovery, from bruising, swelling and chemosis. The author objective over many years has been to improve the acceptability of mid cheek lifting by refining the procedure to reduce operating time and reduce the recovery time.

Methods: A review of the advances through analyses of the author personal experience in a series of nearly 400 cases over 13 years.

Results: 
- OPERATING TIME, reduce to 1 hour average, due to precise dissection and less than 1 hour for the SOFT MID CHEEK which avoid the skin lid resection as explained.

- RECOVERY TIME, average 2 weeks, due to a regime that minimizes chemosis, bruising and swelling using: anti-inflammatory eye drops, intraoperative wound irrigation with hydrogen peroxide and effective postoperative taping. And 1 week for the Soft Mid Face Lift.

- COMPLICATIONS: Rare, less than 2% temporary facial nerve neuropaxia, all recovered in 6 weeks. Non visual sensory changes of transient upper lip numbness in 15%.

Conclusions: 1- Discipline in surgical technique and a detailed preoperative management protocol enhance the recovery after subperiosteal mid cheek lift. 2- The place of subperiosteal mid cheek lift should be reassessed based on the proven improvement in outcomes.

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THE COMPLEX USAGE OF SURGICAL INTERVENTIONS AND MINIMALLY INVASIVE PROCEDURES IN FACE AND NECK REJUVENATION. LIPOFILLING
Presenter: Pavlo Denyshchuk, PhD
Affiliation: Clinik Ana-Cosmo
Country: Ukraine
Authors: Denyshchuk P, Baranov T

Introduction: The elimination of age-related changes in the middle face third and neck is an important component of anti-aging surgical interventions and procedures that are performed on the face. Nowadays, there is a specter of surgical interventions that are aimed on improvement of contours and rejuvenation of face and neck.

Methods: The usage of such minimally invasive interventions as a a ligature braces, volume plastic that uses hyaluronic acid preparations and own fat cells, removal of Bichat fat pads, local fat tissues removal, lowered nose tip correction, nasolabial triangle correction, chin correction and also the usage of laser technologies is a sufficient addition for achieving harmonic, sustainable and long-lasting result in face rejuvenation.

Results: The 2008 – 2015 results are presented. The surgical interventions or face anti-age procedures were performed in 724 patient. The age of patients was 22-71. In 189 (26,1%) patients fat face features were observed and needed surgical interventions that were aimed to lighten the soft tissue of the face along with lifting. In case of necessity surgeries were performed for additional fixation of soft tissue with ligatures (Serdev’s method modification) 439 (60,6%) which greatly stabilizes and prolongs achieved effect. In 27 patients (3,7%) some complications were observed, they were mostly treated in early postoperative period. Among observed complications there were: marginal necrosis of skin flaps, hematomas, face nerve branches paresis, contours inequality. In postoperative period the rehabilitation procedures complex was actively used. This approach enabled the opportunity to prophylaxis gross scarring, to optimize the period of recovery and to make the postoperative period more comfortable.

Conclusions: The introduced amount of surgical interventions and minimally invasive procedures in facial and neck areas sufficiently optimizes the choice of methods that provide sustainable and long-lasting effect. Patients with excessive soft tissue in facial and neck area need a surgical intervention for lightening this tissue to get a good result. The rehabilitation is an important factor in wounds healing and comfortable postoperative period.
FACE AND NECK LIFT WITHOUT PRE AURICULAR SCARRING

Presenter: Marc David Benjoar, MD
Affiliation: Cabinet Plasticiens Paris
Country: France
Authors: Benjoar MD, Berdah Y

In the era of minimal invasive or non surgical facial rejuvenation procedures, face lift still frightens patients. Traditional periauricular scars resulting from standard face lifts are the stigmata of this procedure and can't be hidden by the patient. We describe a new surgical technique combining face and neck lift without any visible preauricular incision. Temporal incision was pre or intracapillary and permitted full subcutaneous dissection of the face using a fiberoptic retractor. Neck dissection was then carried on using a retro auricular and intracapillary incision. SMAS plicature was then performed using long range needle holder. A retrospective study of 10 patients who underwent this procedure between 2014 and 2016 showed a high patient satisfaction, effective action on effects of aging, and improvement on specific aspects for each patient. Complication rate was low including a case of visible SMAS purse string plicature requiring secondary fat grafting. This technique is useful in patients between 40 and 60 years of age who do not have excessive facial wrinkles.

PERIAURICULAR FACE AND NECK LIFT FOR THE BALD PATIENTS

Presenter: William Lao, MD
Affiliation: Chang Gung Memorial Hospital
Country: Chinese Taipei
Authors: Lao W, Aston S

Introduction: Various incisions have been described in the literature to hide the facelift/necklift scar in the most inconspicuous locations. There are, however, still no optimal incision patterns suggested for the bald headed or very shorthaired individuals.

Materials & Methods: From 2008 to 2016, the senior author used a circumferential periauricular incision to perform routine face and necklift in the bald and shorthaired patients. 7 cases were done and routine pre- and post- op photos were taken to access the results in short and long-term follow-ups.

Result: All periauricular incisions healed uneventfully and are well hidden in the natural crease of the ear-face and ear-scalp junctions. All different SMAS handling techniques were feasible through this pattern of incision though access is smaller than the traditional necklift incisions. Necklift results were excellent and long lasting. The disadvantage of this technique, however, is the limited pull for the facelift component due to dog ear formation if pulled too much vertically.

Conclusion: Circumferential periauricular incision is a useful alternative for face and neck lift in the bald and short-haired individuals. The scar is well hidden but it is technically more demanding due to the smaller access and has limitations in terms of its vertical pull. This approach, however, should be added to the armamentarium of all plastic surgeons performing facelifts.
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THREAD LIFTING, AN ANCILLARY CONCEPT IN FACIAL REJUVENATION—ANATOMY FOR A BETTER OUTCOME
Presenter: Thomas Rappl, MD
Affiliation: Medical University Graz
Country: Austria
Authors: Rappl T, May S

Introduction: Non-surgical procedures are gaining importance in the field of aesthetic and anti-aging medicine. There is a big demand on the patient’s sight and a rising offer on the medic’s sight due to the high number of aesthetic practitioners. Still Botox/A and fillers are the most sold procedures. Threads are gaining importance. PDO’s and barbed threads or threads with cones are sold worldwide with high promising effects.

Methods: Cadaver dissections have been performed in the institute of anatomy to focus on the areas where threads should be placed to provide the best lifting effect.

Results: Anchoring the threads in the exact anatomical plane and near anatomical structures like retaining ligaments provide a natural lifting effect.

Conclusion: Surgical face and neck lift still is the golden standard to get a maximum lifting effect and persistency of the result. Nevertheless there has to be taken a certain down time in account. Thread lifting provides average to good results with short down-time but much less persistency of the lifting effect which leaves the question of efficiency and efficacy open.

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REFLECTIONS AFTER 22 YEARS OF USING SUTURE LOOPS FOR “SCARLESS” FACE AND NECK LIFTING
Presenter: Desmond B. Fernandes, MD
Affiliation: University Cape Town
Country: South Africa
Author: Fernandes DB

Introduction: 22 years ago I started using polypropylene sutures loops to suspend the mid-face, forehead, temples and neck for the “scarless face lift”. Over the years the positioning of the loops has evolved and today people can enjoy a relatively minimally invasive procedure to lift sagging tissues and replace them in their youthful position.

Methods: Appropriate loops of non-absorbable somewhat elastitized polypropylene are anchored on the temporal fascia through 3 mm stab-wounds by using a spinal needle. A recent modification of the “trampoline lift” has ensured longer lasting sculptured neck and one also has the advantage that the lower neck skin can be tightened.

Results: Within 5 to 10 days patients are able to return to normal social activities. The operation has proved to be certainly at least as enduring as the standard “surgical” facelift and has the distinct advantage that the result can be refreshed by simply dissecting the knots on the temporalis fascia and then re-positioning them further backwards to restore youthful facial tension.

Discussion: This is a lift most ideally done in younger patients but which can also be used in older patients who do not want extensive rejuvenation and prefer a simpler operation with results that have been graded as “beyond their expectation”. It is a valuable tool for restoring results after the standard surgical facelift and I believe every cosmetic surgeon should have this technique in their armamentarium for rejuvenation.
The aging of the mid face represents one of the first signs of aging that can start even from thirty.

His treatment is certainly surgical and involves repositioning of the malar fat pad that has migrated to locate above the nasolabial folds via subciliary incision. This mid-face lift not only need knowledge of anatomy but also a very good training and large experience. But surgeons are frequently confronted to patients who are seeking fast, simple and effective procedures. For these reasons we must be able to suggest them others procedures like injections, certainly less effective and transient but faster and more convenient for someone.

Our goal being patient satisfaction, we must master both the surgical technique that the medical one.

Introduction: In 2014, approximately 130,000 facelifts were performed in the United States, making it the 7th most common aesthetic surgical procedure overall. The purpose of the current study is to compare the complication rates in facelift surgery between a young surgeon, early in his career, with additional Aesthetic Fellowship training and senior surgeons without additional Aesthetic training at the same institution.

Method: A retrospective chart review was conducted on all patients who underwent facelift surgery between 2003 and 2011 by the senior surgeons, group 1, (S-FL) and all patients who underwent facelift surgery by one young surgeon, with additional Aesthetic Fellowship training, since the beginning of his practice (2008) to present, group 2, (Y-FL) at the same institution. All charts were reviewed to identify the presence of hematoma, seroma, deep venous thrombosis, skin loss, wound infection, or motor and sensory deficit following the operation. The primary outcome was overall complication rate.

Results: A total of 253 facelifts were included. Group 1, (S-FL, senior surgeons) had 208 patients and group 2, (Y-FL, young surgeon) had 45 patients. For the (S-FL) group, 88% of the patients were female with a mean age of 62 years. For the (Y-FL) group, 85% of the patients were female with a mean age of 65 years. The average postoperative follow up was 12 months for group 1 (S-FL) and 8 months for group 2 (Y-FL). The overall complication rate was 26% for patients in the senior surgeons group (S-FL), compared to 4% for patients in the young surgeon group, (Y-FL), which was statistically significant (p=0.0016).

Conclusions: In the present study, facelift complication rates were significantly lower in patients operated on by the young surgeon compared to those of the senior surgeons. This data suggests that successful facial rejuvenation surgery is not related to the age of the surgeon, rather it is a reflection of proper training.
THE ROLE OF SURGEON SENIORITY AND AESTHETIC FELLOWSHIP TRAINING IN FACELIFT COMPLICATIONS: A COMPARATIVE ANALYSIS AT A SINGLE INSTITUTION

NON-SURGICAL FACE LIFT - MINIMALLY INVASIVE 1440NM LASER TISSUE TIGHTENING ON FACE AND NECK

**Presenter:** Katharina Russe-Wilflingseder, MD  
**Affiliation:** Ordination und Laserzentrum Innsbruck  
**Country:** Austria  
**Authors:** Russe-Wilflingseder K, Russe E

**Introduction:** From age of 40 onward, neck loses its contour. Laser technology provides additional benefits when treating the reticular-dermal and fibro-fascial-platysma layer of the neck. Aim of this study is to evaluate a minimally-invasive approach to treat unwanted skin laxity and fat in the lower face, mandibular and submandibular areas with a new treatment modality which utilizes a pulsed laser that delivers 1440nm energy to the dermal-hypodermal interface.

**Materials and Methods:** 48 patients (40 female, 8 male) age 46-72 (55.6) received a single treatment using the 1440nm laser. In tumescence laser energy was emitted with an 800m side-firing-fiber through three small incisions (Precision Tx) for deeper bulk lipolysis and shallow heating of collagen fibers within the dermis. Approximately 1200J were delivered per 5x5cm area through a temperature-sensing cannula. Treated fat was removed through vacuum aspiration using a 2mm cannula.

**Results:** Patients tolerated treatment well. A highly targeted delivery of thermal energy resulted in thickening and tightening of skin. Patient satisfaction was rated as 81.67% at 3 months follow-up, physician rated improvement as 60% in GAIS score and 70% in CAS score at 3 months follow-up. All patients would recommend this treatment to a friend or family member. No severe side effects were seen.

**Conclusions:** This new approach is safe and effective for the treatment of skin laxity in the lower third of the face and the neck, as well as subcutaneous fat in the submandibular area. Side effects and downtime are minimal, especially in comparison to other procedures.
THE MINIMALLY INVASIVE LASER-ASSISTED MID-FACE AND NECK LIFT IN YOUNG PATIENTS
Presenter: Williams E. Bukret, MD
Affiliation: BA Plastic Surgery
Country: Argentina
Authors: Bukret WE, Rosenfeld S

Background: The surgical treatment for early signs of aging in young patients is still challenging in spite of the myriad of procedures described to treat mid-face, neck ptosis, and fat deposits.

Objectives: This presentation aims to describe our minimally invasive laser assisted approach to treat initial signs of aging in midface and neck. We report the results obtained with this innovative approach.

Materials and Methods: A total of 6 patients with slight to moderate midface ptosis and neck fat deposits had surgery between 2013 to 2015. In addition, upper blepharoplasty and orbicular myotomies were performed in all cases.

The following steps were performed:
2. Discontinuous undermining with cannula, and laser irradiation of the malar fat pad and neck fat deposits.
3. Midface elevation with percutaneous suspension sutures.
4. Laser-assisted liposuction in neck.
5. Lateral platysma suspension to the cervical fascia.
6. Conservative skin resection through a limited incision in the back of the ears.

Photographs were analyzed and patients were followed up for 24 months. A questionnaire was used at 12 months to obtain a subjective esthetical outcome assessment.

Results: All patients were female. Ages were between 38 and 52 years (mean = 45 years). Transient edema and ecchymosis were the only related complications. High degree of satisfaction was obtained in all patients.

Conclusions: The Minimally invasive laser assisted face and neck lift is an effective procedure for young patients. More studies are granted to make evidence-based decisions.

Level of Evidence: IV.
Keywords: Minimally invasive; laser assisted mid facelift, laser assisted neck lift

THREE-DIMENSIONAL EVALUATION OF STATIC AND DYNAMIC EFFECTS OF BOTULINUM TOXIN A ON GLABELLAR FROWN LINES
Presenter: David B. Lumenta, MD, PhD
Affiliation: Medical University of Graz
Country: Austria
Authors: Lumenta DB, Rappl T, Wurzer P, May S, Tuca A, Kamolz LP

Background: Botulinum toxin injections for aesthetic indications have increased worldwide, while lacking objective support in clinical studies.

Objectives: We aimed at assessing effects of botulinum toxin A (BoNTA) on glabellar lines by use of an established objective three-dimensional methodology.

Methods: We prospectively collected three-dimensional images in 21 patients, receiving a total of 20 units of BoNTA in both corrugator supercilii muscles. The primary endpoint was the three-dimensional static and dynamic surface irregularity, secondary endpoints were the glabellar line scale and overall patient satisfaction.

Results: Static glabellar lines (neutral facial expression) were significantly reduced by -17% and -24% on day 30 and 90 posttreatment, respectively (p<0.0001). Dynamic glabellar frown lines demonstrated a reduction of surface irregularity by -26% and -21% on day 30 and 90 posttreatment, respectively (p<0.0001). The subjective dynamic glabellar line scale documented a statistically significant improvement on day 30 posttreatment (mean±SD: 1.5±0.8; p<0.05) vs. pretreatment (2.8±1.0). Polled patients confirmed a subjective wrinkle improvement 90 days posttreatment.

Conclusions: The presented setup detected even subtle changes of BoNTA treatment for facial wrinkling. The objective three-dimensional methodology is a promising candidate for clinical trials evaluating the outcome and length of efficacy of cosmetic facial treatments.
THE LIPOFILLING PLAYER IN FACIAL REJUVENATION
Presenter: Samia Aoun Kanoun, MD
Affiliation: Farabi Medical
Country: Tunisia
Author: Aoun Kanoun S

The reduction or disappearance of fat in the face following a weight loss or aging is often poorly tolerated by young and older patients either being at the origin of tired features either slackening of tissues. For these reasons we see more and more young patients between 40 and 45 years asylum facelifts.

We practice lipofilling using the technique of “Coleman” since 11 years with more and more satisfaction and optimization results, we’ll present a series of thirty patients with age between 32 and 72 years old treated for rejuvenation of the face by lipofilling isolated or associated to a facelift and their evolution overtime?

Lipofilling will then allow us, referring to old photos and after careful analysis to reproduce the reliefs that have faded with time giving nicer look and temporal arcades less sunken, smoother forehead, better cheeks and more projection of the chin. Lipofilling will then allow us to recover, in addition to the remodeling of missing reliefs, a much better skin simulating for the most of our patients a medium to deep peeling associated. Indeed, the skin becomes more youthful and shining; elasticity is becoming better with visible reduction or even disappearance of moderate sagging or slackening. The alternative to facelift for some young patients will allow us to delay thus; avoiding a facelift scars in the first place and allows our patients to old more slowly and in better condition.

For older patients with a greater relaxation, a tension reconditioning of the superficial and deep structures is needed although obviously may or may not be accompanied by a lipofilling as appropriate.

In conclusion face rejuvenation is an art and not only a surgery, old photos, the age of the patient, and the characteristics of the aging are the governing principles to judge the appropriate treatment.

CONCHAL CARTILAGE SANDWICH GRAFT METHOD FOR REPAIR OF SPLIT EAR LOBE
Presenter: Rajiv Agarwal, FRCS
Affiliation: Sanjay Gandhi Postgraduate Institute of Medical Sciences
Country: India
Authors: Agarwal R, Agarwal D

Aim: Split ear lobe repair is one of the commonest request in cosmetic facial surgery. 1 Frequently, the ear lobe split is prone to recurrence following surgical repair. 2 A new technique is described which strengthens the ear lobe tissues using locally available conchal cartilage to prevent recurrence. 3,4

Materials and Methods: 98 women in age range from 18 to 62 years with varying grades of split earlobe were operated using the technique of conchal cartilage reinforcement of earlobe. Seventy eight females had bilateral involvement and the remaining had unilateral tear. 25 women had a previous failed repair with earlobe scarring. A conchal cartilage disc was harvested at time of repair of earlobe. This disc was placed in a pocket created in the earlobe over which the earlobe was repaired. Simultaneous reperforation of the earlobe was done in a central location through the implanted conchal disc and stud earring was applied.

Results: Satisfactory aesthetic and functional results have been obtained in the series using the technique of conchal cartilage graft augmentation of the ear lobe. All patients had high degree of satisfaction as being able to come out of the operating room with earrings on. There has been no stretching or retear of the earlobe following implantation of the conchal cartilage over a follow-up period of 48 months.

Conclusions: The conchal cartilage graft sandwich procedure allows immediate reperforation of the repaired earlobe at the time of repair in a central aesthetic location along with providing necessary strength to the earlobe thus preventing recurrence in primary and recurrent acquired split earlobe deformity.
CONCHAL CARTILAGE SANDWICH GRAFT METHOD FOR REPAIR OF SPLIT EAR LOBE

AN ADAPTABLE OTOPLASTY TECHNIQUE FOR DIFFERENT NEEDS: THE DISTALLY BASED PERICHONDRIO-ADIPO-DERMAL FLAP WITH CONCHAL CARTILAGE EXCISION

Presenter: Ercan Cihandide, MD
Affiliation: Bahcesehir University Goztepe Medical Park Hospital Complex
Country: Turkey
Authors: Cihandide E, Kayiran O

Background: Otoplasty techniques are generally divided into two categories: cartilage-cutting and cartilage-sparing. The cartilage-cutting techniques have been criticized because of their high risk of hematoma, skin necrosis and ear deformity. As a result, suture based cartilage-sparing methods like Mustard© and Furnas have become increasingly popular. However, postauricular suture extrusion may be seen with these techniques and recurrence rates up to 25% have been reported.

Methods: In this study, cartilage-sparing otoplasty is redefined by introduction of the distally based perichondrio-adipo-dermal (PAD) flap, elevated from the postauricular region. 113 ears (53 bilateral and 7 unilateral) in 60 patients (32 females and 28 males) were operated with defined technique by the same surgeon. After the conchal cartilage excision is done in cases where needed, the PAD flap is advanced posteriorly and sutured to the mastoid fascia to correct the deformity. The different parts of the ear deformity (upper pole, lobule etc.) can be corrected with ease with different number of sutures according to the specific need. The flap acts as a strong postauricular support to prevent recurrence, also correcting both the conchoscaphal and the conchomastoid angles.

Results: There were no hematomas. After an average follow-up of 30.8 months (3-40 months), recurrence was seen in only one of the former patients who requested no further surgery. No patients developed suture extrusion, granuloma or tension pain.

Conclusion: We introduce a simple, safe and versatile otoplasty technique to correct different kinds of prominent ear deformity with benefits of a resultant natural-looking antihelical fold and less tissue trauma. The distally based perichondrio-adipodermal flap seems to prevent suture extrusion and may also help to reduce recurrence rates. By forming neochondrogenesis, stimulated by elevation of the perichondrium, this flap gives promise of longer durability of the newly formed antihelical fold.
ANTITRAGICUS MUSCLE RESECTION IS A KEY TO CORRECTION OF PROMINENT LOBULES

**Presenter:** Daichi Morioka, MD  
**Affiliation:** Showa University  
**Country:** Japan  
**Authors:** Morioka D, Nobuhiro Sato NS, Fumio Ohkubo FO

**Introduction:** The antitragicus muscle arises from the outer part of the antitragicus cartilage, and inserts into the helical tail and antihelix. Overdevelopment or malpositioning of the antitragicus muscle exerts an anterior pull on the helical tail, and can cause prominent lobules (Fig. 1). We attempted prominent lobule correction using antitragicus muscle resection and helical tail setback in combination with a Mustarde or Furnas suture technique.

**Method:** If the lobule appeared protuberant when an antihelix correction and/or conchal bowl repositioning through the postauricular approach was performed, the skin incision was extended up to the lobule. The antitragicus muscle found in the fissura antitragohelicina was resected and the tail of the helix freed up. A lobular setback is then performed using one or two nylon mattress sutures from the helix tail to the conchal rim.

**Results:** Fifteen children with prominent lobules underwent this technique, and all had satisfactory outcomes (Fig. 2).

**Conclusions:** Resection of the antitragicus muscle is less invasive and easy to perform. This procedure is a key to successful lobular setback.

Fig. 1. Preoperative (Left) and immediately postoperative (Right) views.
ALGORITHM FOR PROMINENT EAR CORRECTION
BASED ON THE ANATOMY OF THE AURICULAR MUSCLES

Presenters: Nobuhiro Sato, PhD
Affiliation: Showa University Hospital
Country: Japan
Authors: Sato N, Morioka D, Ohkubo F

Prominent ear is one of the most common deformities of the external ear. Over 200 different techniques have been described to correct this deformity. Most of them have proven successful despite morphologic variability in types of prominent ears, which consist of one of three different etiologies: hypoplasia of the anti helix, hyperplasia of the auricular concha, and protrusion of the ear lobe. Each deformity seems to be due to malposition of a different auricular muscle, namely the transverse auricular muscle, the posterior auricular uscle, and the antitragius muscle, respectively. We propose a simple algorithm for prominent ear correction. It is important to understand the variations of prominent ear as they relate to the three auricular muscle and to change technique accordingly.
CHARACTERIZATION OF ADIPOSE STROMAL VASCULAR FRACTION FROM SURGICAL DISCARDS OF BURN WOUNDS

Presenter: Alexandra Conde-Green, MD
Affiliation: University of Maryland Medical Center and Johns Hopkins University
Country: USA
Authors: Conde-Green A, Kotamarti V, Sherman L, Marano MA, Lee ES, Granick MS, Rameshwar P

Introduction: The benefits of adipose-derived stem cells (ASC) have drawn considerable attention in wounds and scars. Unfortunately, patients with large total body surface area (TBSA) burns cannot undergo liposuction to harvest these cells for regenerative applications. Researchers have begun investigating cells isolated from burn tissues and demonstrated that these cells retain regenerative potential and improve healing in both murine models and humans. Flow cytometry of a limited set of markers reported similar expression for mesenchymal stem cell (MSC) markers to abdominoplasty-derived cells. Our aim was to extensively describe marker expression of burn tissue-derived stromal vascular fraction (SVF) and compare the cell population to that of abdominoplasty-derived SVF.

Methods: We conducted a study using abdominoplasty tissues from two healthy adults with a mean age of 36.5-years-old and a mean BMI of 25.4 and a middle-aged male presenting 45% TBSA, who underwent fascial excision of the trunk. Adipose tissue was dissected and minced. SVF was isolated enzymatically. Cells were quantified by Turk staining on a hemocytometer. SVF was incubated with monoclonal antibodies (CD14, CD31, CD34, CD45, CD73, CD90) and analyzed with fluorescence-activated cell sorter.

Results: The overall cell yield from abdominoplasty samples (2.66–105 cells/g) was higher than that from burn tissue samples (7.02–104 cells/g). Expression of CD45 was 11.3±5.3% in abdominoplasty cells and 8.4% in burns. The CD14+ population was greater in abdominoplasty samples (29.9±26.7%) than burns (1.26%). Endothelial cells (CD31+) represented 28.0±7.6% in abdominoplasty samples and 11.1% in burns. CD34, CD90 and CD105 positivity were greater in abdominoplasty samples (75.2±14.7%, 78.3±10.5% and 1.1±1.3% respectively) than burns (14.5%, 22.7% and 0.43% respectively). Expression of CD73 was 6.82±9.1% in abdominoplasty samples and 7.4% in burns.

Conclusions: Burn tissue SVC retained MSC and ASC expression. However endothelial cell population was lower. Levels of contaminating hematopoietic, macrophage populations remained low in both samples. These data suggest that fat excised from burns may be an untapped resource to improve outcomes in patients presenting severe and extensive burn wounds.

THE PLATELET RICH MICROLIPOGRAFT AND PLATELET RICH NANOLIPOGRAFT IN ENHANCING THE MATURATION OF POST TRAUMATIC AND POST BURN SCARS

Presenter: Hussein S. Abulhassan, MD
Affiliation: University of Alexandria
Country: Egypt
Authors: Abulhassan HS, Abulhassan AH

Goals/Purpose: The mechanical separation of lipoaspirate and yielding Microlipografts and Nanolipografts as described by Tonnard etal (2012) has shown a great improvement in the quality of fat and methods of injection using up to 27G needles. Platelet Rich Plasma contains several different growth factors and other cytokines that stimulate healing of soft tissue. The aim was to study the effect of injecting a combined Microlipograft and Nanolipograft mixed with PRP into post traumatic and postburn scars as a modality of scar management.

Methods/Technique: Seventy five patients suffering from postburn and posttraumatic scars were injected with the PRML and PRNL both intralesionally using 18G needle, subcutaneously and subdermally using 27G needles in the region of scarring, whether in the face, chest, arms and shoulders. The injected sites were followed every 1m, 3m and 6m. They were also biopsied and the tissues were stained to demonstrate the changes occurred in these scars at the end of the 6th month. Cases were also photographed every visit for the blinded clinical evaluation.

Results/Complications: Results were tabulated, discussed and compared to other similar studies.

Conclusion: Our technique showed efficacy with good restoration of skin texture and pliable scars with definite changes of the quality of skin and scars of injected sites.
ADIPOSE CELL DERIVED REGENERATIVE THERAPY (ACRT) – A NEW APPROACH OF LIPOTRANSFER IN SCAR TREATMENT

Presenter: Delia Letizia Hoppe, MD
Affiliation: Ernst von Bergmann Klinikum, University Charite
Country: Germany
Authors: Hoppe DL, Spiekman M, Harmsen M, Ghods M

Introduction: Regenerative properties of autologous lipotransfer are recently described in patients with atrophic and painful scars. In this regard preliminary results of an European multicentre study (Germany, Netherlands) underline the aspect of regeneration and possible reconstruction of the subcutaneous layer using a certain lipotransfer technique (ACRT = adipose cells derived therapy) in symptomatic scars and posttraumatic soft tissue defects.

Material and Methods: Since the start in June 2014 clinical and histological analyses were performed in 17 patients (6 burns and 11 trauma) treated with 2 to 4 specific microinvasive subcutaneous scar releases combined with waterjet-assisted lipotransfer (WAL). The follow-up has been at least 3 months. Skin biopsies were taken preoperative and after 3 months. The skin quality and scar improvement were measured by POSAS and VAS-score system and documented by digital pictures. If joints were affected due to scar contraction, the mobility was determined with the neutral zero method pre and postoperatively. Overall changes were detected in the resulted skin adhesion, colour and aesthetic outcome as well as in the histological structure of the scars treated in the study presented.

Results: Up to date 17 patients were treated by ACRT-protocol with a minimal invasive scar release combined to WAL-technique. Short operation time (56.2 min) with minor complications like haematoma on the donor site (5.16%) has been achieved. However a significant decrease of pain in movement and skin stiffness was remarked in 56.3% of the patients after the first and in 75.1% after the second procedure. Histological analysis mainly showed a regain of cell layers in the epidermis and a rearrangement of the collagen fibres in the dermal layer similar to normal skin.

Conclusion: The current trial helped to develop a new protocol in scar treatment called ACRT. It has been successfully used in a range of different scar types with and without soft tissue defects in our patient group so far. It is seen as a new tool in scar treatment, which offers a handy technique with high patients safety and satisfaction linked to a small complication rate.
FAT GRAFTING FOR AESTHETIC GLUTEAL AUGMENTATION: WHAT IS PUBLISHED?

Presenter: Alexandra Conde-Green, MD
Affiliation: University of Maryland Medical Center and Johns Hopkins University
Country: USA
Authors: Conde-Green A, Kotamarti V, Nini KT, Wey PD, Ahuja NK, Granick MS, Lee ES

Introduction: Many plastic surgeons have published their techniques for achieving a larger gluteal contour in the last 15 years. However, there’s no consensus on the best and safest way to perform this procedure. Due to the recent reported fatalities related to fat grafting to the gluteal region, we reviewed the techniques described in the literature in order to analyze and compare the different steps of the procedure, and identify those that could potentially be of concern.

Methods: We performed a systematic review of the literature in December 2015, with a search of 21 terms related to gluteal fat augmentation in 3 databases. Nineteen articles meeting our predetermined criteria were analyzed allowing evaluation and comparison of techniques. Independent-samples t-test and one-way ANOVA were used for statistical analysis.

Results: Seventeen case series and two retrospective studies were selected, mostly from Mexico, Columbia, and Brazil. A total of 4,105 patients, composed of 98.2% women and 1.8% men with a mean age of 33.6 years and mean BMI of 24.3 were reported. Most received general anesthesia. The thighs and trochanteric regions were the most common donor sites. Harvesting was most often performed with vacuum and syringe-assisted liposuction, and processing was most commonly decantation or centrifugation. A mean of 400 ml of lipoaspirate was injected per gluteal region, in intramuscular and subcutaneous planes with 60 ml syringes. Results were evaluated mainly with pre and postop photographs. Most patients rated their results as “excellent”. The mean complication rate was 7%, consisting mainly of seroma (2.4%), erythema (1.3%) with no significant relation to the planes of injection. Note that one study, which reported 13 deaths, was not included in our data to reduce selection bias.

Conclusion: Fat grafting is an effective and predictable way to remodel the gluteal region, however the procedure is not without risks. Avoiding gluteal vessel damage may prevent most feared complications, such as fat embolism. Accurate analysis, systematization of the procedure and reporting cases in the fat grafting registry may provide the foundation for optimization of outcomes.

JET-ASSISTED MICRO FAT TRANSFER AND BODY CONTOURING: 5 YEARS EXPERIENCE

Presenter: Marco Stabile, MD
Affiliation: General Hospital of Piacenza
Country: Italy
Author: Stabile M

Background & Aim of the Study: Successful transplant of fat is possible in principle, and this was described as long ago as 1893. The barrier to its realization until now has predominantly been the rate of survival of the fat cells transplanted and the absence of a facility for harvesting large quantities in realistic surgery times. Different approaches of fat harvest, filtering, and reinjection have been described in last three decades.

Materials & Methods: Since the 2009 we have used this new technique that takes the advantage of the ability to a gently water jet in order to capture small partcells adipose tissue (diameter 0.9 mm) without damaging them and through a controlled low pressure of aspiration they are deposited in a lipocolletor purposely predisposed in a closed system sterile. A continuous washing helps to remove the fluid in excess and the cells of the blood, holding the adipose tissue within. The fat cells are immediately ready for the transplant without centrifugation.

Results: This surgical procedure is fast and it is carried out in smart times under local anesthesia or with sedation. In our experience we have evaluating the effects related to the use of micro fat graft in breast asymmetry, breast reconstruction, Poland Syndrome, capsular contracture, breast and buttocks enlargement. The aesthetic outcome was good to excellent, VAS Score rated 1- 4 in the first 7 days. MRI study pre and post shows a good fat intake ratio.

Conclusions: Micro fat transfer jet-assisted is a procedure with a short hospitalization and low complication rate. Based on the results after 5 years in the use of this technique for several different surgical indications the authors confirm that it can be safely applied. We can obtain in the same time two operations: a body contouring by liposuction jet assisted and a micro fat graft. This technique is easy, smart for the fat graft in large quantity with effective and natural results.
AESTHETIC REJUVENATION OF THE HAND WITH STRUCTURAL FAT GRAFTING

**Presenter:** Sanjay K. Parashar, MD, MCh, MBBS  
**Affiliation:** Sri Devaraj Urs Academy of Higher Education and Research RLJalappa Hospital  
**Country:** India  
**Authors:** Kagodu KT, Parashar SK

**Introduction:** Apart from the face and neck, the hand is the next visible area of the body. Cosmetic patients these days notice that the aged appearance of their hands contrasts with their rejuvenated face, prompting plastic surgeons to perform volumetric hand rejuvenation. Recent reports have identified three distinct fatty laminae in the dorsal hand (superficial, intermediate deep), with a 3-D sponge-like framework between dermis and tendons divided by multiple vessel containing septal perforations. Thinning of dermis and subcutaneous fat occur as a result of extrinsic factors and intrinsic aging leading to skeletal appearance of hand, prominent veins and bulging tendons. Here, we describe our preferred injection method for hand rejuvenation using structural fat graft.

**Method:** Series of patients looking for aesthetic hand rejuvenation or having age related changes were chosen. Adipose tissue is harvested using different sized cannulae from the abdomen or trochanteric region. The harvested fat is manually centrifuged. Stab incisions made in between metacarpals and using blunt tip cannulae, a subcutaneous plane is bluntly dissected from distal to proximal. Care is taken to not puncture the dorsal veins. Harvested fat is injected in radial fashion, in multiple planes. Finally, a gentle massage done to create a smooth contour.

**Results:** The results in all cases were evident in the immediate post operative period, satisfying all patients in the long term. Swelling post-operatively subsided in few days, no infections related to the procedure, with good long term results.

**Conclusion:** Hand aesthetics are based on normal anatomy, distinguishing extrinsic and intrinsic aging and following correct fat harvest and injection protocols. We propose structural fat grafting (macrofat, microfat and nanofat grafting), to address separate areas of the dorsal skin. Injection technique addressing the fatty laminae, using blunt cannulae to avoid puncturing the veins and the quality of fat injected will eventually improve long term results and create youthful hands.

FAT GRAFTS IN PLASTIC PAEDIATRIC SURGERY

**Presenter:** Patricia Gutierrez-Ontalvilla, MD  
**Affiliation:** Hospital LA Fe  
**Country:** Spain  
**Authors:** Gutierrez-Ontalvilla P, Lopez E

**Introduction:** Neubert named the first description for fat graft in 1893. One century after, in 1994 Sydney Coleman with his personal technique and method of lipostructure allowed the improvement of the survival of this type of graft.

**Methods:** Lipofilling is a thoroughly applied technique in our unit of Paediatric Plastic Surgery for the treatment of many pathologies: scars as a result of burn or surgery, the sequelae of paediatric cancers, breast related pathology, craniofacial malformations, Parry Romberg disease, Treacher Collins Syndrome, and etc.

**Results:** In our Unit of Paediatric Plastic Surgery is a commonly used and feasible technique due to the good results not only in aesthetic, but also in durability in the treatment of pathologies that in the past years only should have been suitable for treatment with implants, flaps, fillers or nothing. Eighty six percent of our patients were very satisfied with the results despite of the reoperation in some cases due to fat reabsorption.

**Conclusion:** Autologous fat grafting is a very valuable, trustworthy and an excellent technique for the treatment of aesthetic and functional sequelae in Plastic Paediatric Surgery and improves so much the results of congenital and acquired diseases.
A 56 year old male presented with a 4 cm parotid gland carcinoma and underwent left parotidectomy and a neck dissection followed by radiotherapy. Following surgery he had a 20cm indented scar from his left temple down to his left neck with scar alopecia. He had a tight scar across his neck anteriorly causing a slight restriction of movement and scar contracture. The loss of soft tissue lead to a marked contour deformity of the face and neck. He underwent 5 episodes of fat grafting from the abdomen ranging from 30cc to 80cc with riggitomies to release the scar tissue. On final review & after the last episode of fat grafting he had good facial symmetry with softening of the scar and improvent in the quality and colour of the skin. Most interestingly the hair had regrown within the scar alopecia in his temple. This case illustrates the potential regenerative benefits of even small volumes of fat grafting to radiotherapied facial scar in resolving the soft tissue deficits and restoring facial symmetry. From the pre and post fat transfer (pictures) results the regeneration of the overlying skin produced outstanding results as well as interestingly the regrowth of hair.

A LOWERING LATERAL CANTHOPLASTY AND ORBITAL RIM SHAVING: AN IGNORED BUT NEEDED PROCEDURE FOR MAXIMIZING THE EFFECT OF REDUCTION MALARPLASTY IN ASIANS
Presenter: Seungil Chung, MD, PhD
Affiliation: ID Hospital
Country: South Korea
Authors: Chung S, Park SH

Background: Although reduction malarplasty is a well-accepted procedure for Asians with prominent cheek bone, some patients are not fully satisfied with the outcomes and request further surgery. This is because much attention on the contouring procedure has focused on the position of the zygomatic body and arch. As a result, the axis of the lateral canthal angle and the remaining protrusion of the infero-lateral orbital rim are often overlooked or ignored. The authors introduce a new surgical technique for maximizing the effect of the reduction malarplasty that allows for both the lowering of the lateral canthal angle and reduction of the orbital rim in selected Asian patients.

Methods: A total of 33 patients, including 31 female and 2 male patients (mean age, 28.6 years), underwent the lowering canthoplasty with or without infero-lateral orbital rim shaving in conjunction with reduction malarplasty between February of 2015 and February of 2016. The main indications were patients with prominent cheek bone and an up-slanting appearance. In addition to intraoral and preauricular approach for standard reduction malarplasty using L-shaped osteotomy, transconjunctival and continuous canthotomy incision were made. And then the protruding infero-lateral orbital rim was shaved off, followed by downward and inward repositioning of lateral canthal anchoring (the lowering lateral canthoplasty).

Results: The up-slanting lower eyelid margin was lowered and the protruding infero-lateral part of the orbital rim was reduced by the procedure in all cases. Cosmetic outcomes were encouraging and satisfying to most patients. Three complications occurred: asymmetry in one patient (2.7 percent) and mild entropion in two patients (5.4 percent). Conjunctival edema was noted in half of the patients but resolved within 1 month.

Conclusions: The lowering lateral canthoplasty offers Asian patients desiring a slim and soft image a novel surgical option. The procedure proved to be a reliable and consistent technique that provided satisfactory results in carefully selected patients.
FAT GRAFTING FOR RECONTOURING THE SUNKEN UPPER EYELIDS WITH MULTIPLE FOLDS – NOVEL MECHANISM FOR NEOFORMATION OF DOUBLE EYELID CREASE

Presenter: Ching-Hsiang Yang, MD
Affiliation: Charming Institute of Aesthetic and Regenerative Surgery
Country: Chinese Taipei
Authors: Huang YH, Yang CH, Lin TM

Introduction: This study reviewed the minimally invasive technique, microautologous fat transplantation (MAFT), as a strategy in simultaneously treating sunken upper eyelids with multiple folds and recreating a double eyelid crease.

Methods: The MAFT was performed with the assistance of a patented medical device, on 34 patients who had sunken upper eyelids and multiple folds. Each delivered fat parcel was accurately and consistently maintained at 1/240 mL during placement. Follow-up was regularly performed with photography for comparison.

Results: Fifty-eight sunken upper eyelids with multiple folds were reconstructed. In addition to the ameliorative recontouring of hollowness, a natural eyelid crease was created postoperatively. Temporary swelling and bruising were noted several days after surgery without morbidities, such as fibrosis or nodulation. All of the patients were satisfied with the one-time MAFT procedure.

Conclusion: Fat grafting for sunken upper eyelids with multiple folds has been reported in the literature. However, temporal effects and complications, such as nodulation and irregularity, have often occurred. A new method, MAFT, demonstrated its reliability as a modality for sunken upper eyelids with multiple folds. Moreover, MAFT might serve as an alternative for neoformation of double eyelids in these patients.
**Introduction:** Although upper blepharoplasty is one of the most popular cosmetic procedures for Asian women, less optimal outcome is still quite common. In this presentation, the author's preferred approach to Asian upper blepharoplasty in women is described.

**Method:** A comprehensive approach for Asian upper blepharoplasty in women developed by the author is summarized in the following:

1. To determine both the height and length of the upper skin crease. The distance from the eyebrow to the eyelid margin as well as the ratio (About 1:3 or 1:4) between the height and length of the upper eyelid skin crease should also be determined.

2. To reconstruct the desirable anatomical structure of the upper eyelid. After evaluating the levator function, the dynamic expression of the upper eyelid can be adjusted intraoperatively by possibly plicating the levator aponeurosis once the height of its suspension is determined. This allows the upper eyelid margin to rest at the superior limbus by covering 0.5 mm-1.0 mm of the upper cornea.

3. To remove excess tissue of the upper eyelid so that it can have more “ideal” anatomy. The excess portion of the upper eyelid skin (About 5 mm), the portion of the orbicularis oculi muscle as well as the preseptal fat can be excised.

4. To meticulously close the upper eyelid skin incision with interrupted sutures and to add a medial epicanthoplasty or even lateral epicanthoplasty as needed to enhance cosmetic results.

**Results:** Between 2008 and 2015, a total of 332 Chinese Women (Age 16-60 years) underwent upper blepharoplasty for creation of double eyelid or conversion from less visible to more optimal double eyelid by the author with above comprehensive approach. There were no surgical complications postoperatively and 326 patients (98.2%) were satisfactory for the outcome during up to 7-years follow-up. Only 6 patients (1.8%) required surgical revision for asymmetry or less optimal shape of the upper eyelid. (Before and after photos of one patient are attached)

**Conclusions:** A satisfactory outcome of Asian upper blepharoplasty in women can be achieved with this comprehensive approach. Several typical cases will be demonstrated to highlight the author’s preferred techniques in Asian upper blepharoplasty.
FACELIFT IN COMBINATION WITH THREAD LIFT: THE JAPANESE EXPERIENCE
Presenter: Yoshiro Suzuki, MD
Affiliation: Dr. Spa Clinic
Country: Japan
Author: Suzuki Y

Introduction: Facelift procedures were primarily developed for Caucasians. Therefore, favorable results cannot be obtained in many cases when they are used without modification in Japanese patients. We will present a novel method which combines Lateral SMASectomy with a thread lift and thereby achieves a favorable rejuvenation effect in Japanese patients.

Method: On average, Japanese faces are anatomically flat with broad cheekbones, making midface lifting difficult. Accordingly, it is important to ensure that a lifting effect is exerted on the midface when a facelift procedure is performed on Japanese patients. When the face is divided into the front and the lateral portions, the lateral portion of the face is primarily lifted by normal Lateral SMASectomy; therefore, a thread lift is separately used to lift the malar fat pad for the front portion of the face. The thread lift procedures used include Silhouette lift, Cable suture, and PDO cog threads; these are applied differentially depending on individual patients.

Results: This approach successfully achieved midface lifting that had been insufficient with Lateral SMASectomy alone and formed an ogee curve from the mid to lower face, creating a clear outline of the entire face. As a result, a rejuvenation effect was successfully obtained.

Discussion: Creating a clear outline from all directions is very effective in rejuvenation. In particular, forming an outline of the midface is very important in Japanese patients, and the combined use of thread lift was very effective for improving this aspect of the procedure. We will elaborate on this important point by showing some illustrative cases.

NEW TRENDS IN LIP COSMETIC SURGERY AND PERIORAL REJUVENATION FOR ASIANS
Presenter: Bailin Pan, MD
Affiliation: Peking University 3rd Hospital
Country: China
Author: Pan B

Background: In this Asian study, several new procedures of lip cosmetic surgery and perioral rejuvenation were illustrated and assessed for their effects and risks.

Methods: A total of over 600 Chinese cases underwent several types of new methods for lip cosmetic surgery and perioral rejuvenation from 2012 to 2016. Of these, 148 cases underwent upper-lip lift, 9 cases underwent upper-lip elongation, 121 cases underwent upper vermilion plasty, 76 cases underwent lower vermilion plasty, 94 cases underwent lip reduction, 28 cases underwent angulus lift, and 26 cases underwent gummy smile correction. Most of them were original, which were modified from the classic methods according to the contemporary aesthetic culture in Asian.

Results: Recovery period, surgery effect, visibility of the scar, vermilion shape, surgery associated effects, any complications, and overall rejuvenation, among other outcomes, were evaluated at 1 week, 1 month, and 3-24 months post-operation. Assessment was performed by both objective measurements and subjective satisfaction: significant efficiency was obtained; high satisfaction, satisfaction, and dissatisfaction were found in about 75%, 22% and 3%, respectively. And for the complications, we got the repairable rate of over 90%.

Conclusions: The new methods of upper-lip lift, vermilion plasty, angulus lift and gummy smile correction yield a significant effect with few complications. These surgical interventions described herein merit further clinical development and application.
Introduction: Correction of the crooked/deviated nose has to be addressed conjointly with both aesthetic and functional (airway obstruction) improvement by aesthetic septorhinoplasty. Although functional evaluation are assessed by objective methods such as a rhinomanometry, objective evaluations of deformity to identify the deformities clearly in preoperative planning and share the problems with the patient have not been enough reported. To evaluate the deformity objectively and easily, we report the crooked nose index (CNI) obtained from clinical photography and analyze the results of our patients using CNI.

Method: Dorsal angle (DA) and Tip angle (TA) were measured in standardized photography with frontal view. Columellar angle (CA) was measured in basal view. These three angles were tilt angles from the vertical midline of the face. CNI was defined as the total of these three angles degrees. DA mainly represented the deformity of bony vault. TA and CA represented the deformity of cartilage in septum, alar and columellar.

Results: 20 patients who had undergone aesthetic septorhinoplasty for correcting crooked nose were evaluated by CNI pre-postoperatively. Preoperative CNI was 16 ± 6.8 (mean ± SD) and postoperative CNI was 4.9 ± 3.4. There was significant improvement CNI between before and after surgery (paired t-test, p<0.001). Patients with CNI less than 10 were highly satisfied with the results.

Conclusions: CNI evaluated three components of nasal deformity objectively and easily from clinical photography. CNI was useful and objective indicator for surgical planning, sharing degree of deformity with patient, and evaluation the results.
THE ROLE OF CARTILAGE AUTOGRAPHS AND SUTURING TECHNOLOGIES IN CLOSED RHINOPLASTY

Presenter: Pavlo Denyshchuk, PhD
Affiliation: Clinik Ana-Cosmo
Country: Ukraine
Authors: Denyshchuk P, Baranov T

Introduction: The shape of the nose plays an essential role in patient’s own and other people perception. Nose correction opportunities play the key role in the plastic surgery of the face. Nowadays there is a tendency in plastic surgery to achieve the maximum optimal result by performing the minimum traumatic manipulations, that is why the usage of closed technologies in nose correction is more than actual.

Methods: The functional state of the outer nose, its volume, shape, symmetry, relationship to surrounding areas and other indexes are crucial in shaping, facial appearance. The usage of cartilage autografts is one of the most important moments in outer nose correction. The correction of the saddle deformity, asymmetry, deviation of the septum cartilage, creation of support structures for tip of the nose, expanding autografts this is not the total list of cartilage autografts usage opportunities. Suturing technologies give the opportunities to get sustainable results in restoring harmonic and optimal relationships between the structures of the nose.

Results: From 2009 to 2015 there were performed 589 rhinoplasties in our clinic. 488 (81,6%) of them by closed method, 101 (18,4%) by opened. Women were 89% of all patients. In 469 patients in our practice we used cartilage autografts during the closed rhinoplasty. Suturing technologies were used in 529 (93,4%) cases.

The analysis of surgical interventions was performed in postoperative period. We achieved good and perfect results in 94,9% cases. Unsatisfactory result and need for another surgical intervention were observed in 5,1% patients. We observed such complications after usage of cartilage autografts as: lysis of the autograft, cartilage deviations, hypercorrection. After using suturing technologies: nose tip asymmetry sutures protrusion in remote postoperative period.

Conclusions: The shape of outer nose plays an important role in personality’s selfidentification. The method of outer nose closed correction is justified, safe and little traumatic type of surgery. The usage of cartilage autografts and suturing technologies is reliable and predictably safe method of outer nose correction. Rehabilitation optimizes the recurrence process.

COMPOUNDED ALLOGRAFTING FOR NASAL RECONSTRUCTION IN COCAINE NOSES

Presenter: Manuel Tafalla Navarro, BS
Affiliation: Dr Tafalla’s Clinic
Country: Spain
Author: Tafalla Navarro M

The number of cocaine users, especially women, has increased significantly in recent years. The consequences of such consumption via nasal is necrosis of the tissues surrounding the place of inspiration. That’s what leads to perforation of the nasal septum and columella, the nasal wing collapse and, ultimately, a more than obvious aesthetic deformity. Many reconstruction techniques exist but the author wants to show that after 16 years of experience and hundred of reconstructed noses is you get a more satisfactory result. Rhinoplasty is a surgery where the precise errors margins are measured in millimeters, it’s for the reason that surgery should be performed through exhaustive knowledge of nasal anatomy and its variations inherent. The nose is divided into three components: frame, support and external cover. According to the greater or lesser degree of nasal deformity and collapse and open or closer rhinoplasty will be planned. After meticulous dissection and measurement of defects proceed to obtain various autologous costal and ear cartilage grafts. Since the nasal support requires a robust prefer the costal cartilage graft for their more stable characteristics. If you need only one columellar rod can be gathered from a floating rib, but if indicated a dorsal grafted prefer to use the fifth or sixth rib through an incision in the breast fold medially located. The spinal onlay graft stabilization is increased by preparing the recipient bed in the back to be flat and smooth as much as possible. The designs of the nasal tip graft should be similar to the anatomical nasal tip grafts. Therefore, the author prefers to reconstruct the tip Sheen grafting, primary process increases the frontal area of the medial crura and Peck’s graft for increasing the dome to uppermost portion of the nose tip. Thus, copying the current surface anatomy of a normal nose, the amount of guesswork is minimized in size and shape. To prevent movement of the tip grafts sutured with vycril 5/0. External with a monofilament 5/0 to retire at 7 days. One week to put a plaster splint and steri strip 15 days.
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GLASSCUTTER TECHNIQUE OSTEOTOMY
Presenter: Vitaly Zholtikov, MD
Affiliation: Atribeau Clinique
Country: Russia
Author: Zholtikov V

Different variants of lateral osteotomy in combination with transverse and medial osteotomies or without it are the key part of majority of rhinoplastic operations. They are used to achieve good results when working with upper and medial nose vaults. Although there is great amount of methodics and new instruments for such operations but it is difficult to guarantee good result of manual osteotomy so far. And most of the power instruments often require more mobilization of tissues, especially when performing lateral and transverse osteotomy, and they have more risks due to the insufficient tissue support of the bones fragments. The authors describe the new osteotomy technique (“Glasscutter technique osteotomy”) with incision on the bone before performing as electro-assisted medial osteotomy or manual lateral osteotomy, and transverse osteotomy when needed. The authors found this technique safe and reliable in cases of 389 patients who underwent rhinoplasty in period from January 2011 to January 2015. The main advantages of this technique are more predictable operation result, less bleeding, and the possibility to avoid bone break fragments that destabilize nose form in upper and middle vault. The technique appears to be simple enough and effective in addition to standard osteotomy methods and allows achieving more predictable outcomes without increasing the risks of bone fragments displacement.

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REScue asian patients suffering from sequels of silicone augmentation rhinoplasty from a trouble task to liable job
Presenter: I-Feng Sun, MD, MBA
Affiliation: Hsin-Ho-Mei Plastic Surgery Clinic
Country: Chinese Taipei
Authors: Sun IF, Lin T, Huang Y, Takahashi H

Introduction: Silicon implant augmentation rhinoplasty is a common cosmetic procedure in Orientals. The potential complications such as drift of the implant, convexo-concave at nasal root, deviation implant, skin thinning with skeletonization, and abnormal skin color/sensation are often encountered. In literature, an effective and easy method to rescue those abovementioned complications has not come out yet. Lin et al. proposed the concept of micro-autologous fat transplantation (MAFT) in 2006 and provided the alternative strategy as a foresight to fat grafting. In this series, we further investigated the feasibility of MAFT and demonstrated the conclusive techniques for salvaging patients from those complications after silicone implant rhinoplasty

Materials and Methods: There were 68 patients (55 female, 13 male) receiving MAFT as a rescue procedure for the complications after silicone implant augmentation rhinoplasty from Jan. 2009 to Dec. 2014. The autologous fat was harvested, processed and refined by centrifugation for 3 min 3000 rpm (~1200 g-force). In transplantation, we applied a patent instrument, MAFT-GUN for controlling the delivered parcels. Follow up was regularly done with photography taken for comparison.

Results: It took averagely 23.8 minutes to complete the total procedure. An averaged 1.9 mL (1.2 to 3.5 mL) of injecting fat volume was micro-transplanted with assistance of MAFT-GUN. Each fat parcel was pre-determined precisely and consistently at 1/150 mL (0.0067mL) or 1/180 mL (0.0056 mL) for transplantation. Mild swelling with ecchymosis was noted post-operatively. Patients were satisfied with the final results from such a mini-invasive procedure to rescue the complications not easy to be solved satisfactorily by other means.

Conclusion: With the innovative medical device MAFT-GUN, surgeons could convert the used-to-be inaccurate, labor demanding, and not predictable fat grafting into an easy, micro- and consistent way. Not all complications of silicone augmentation rhinoplasty might be solved with MAFT; satisfactory results were demonstrated. When facing the challenge of complications of silicone implant rhinoplasty, MAFT concept provided an alternative strategy, and MAFT-GUN therefore served as an innovative device to achieve this goal.
RESCUE ASIAN PATIENTS SUFFERING FROM SEQUELS OF SILICONE AUGMENTATION RHINOPLASTY FROM A TROUBLE TASK TO LIABLE JOB

CUSTOM-MADE NASAL IMPLANT WITH THE AID OF 3D PRINTER

Presenter: Keizo Fukuta, MD  
Affiliation: Verite Clinic  
Country: Japan  
Authors: Fukuta K, Foo CL

The use of a ready-made implant is not able to achieve a good fitting in the undersurface with the dorsum of nasal bone and cartilage. This could be one of the causes for malposition of the implant or visibility of implant contour. This paper presents our current effort to use a custom made silicone nasal implant.

3D skull model is manufactured based on CT-scan in each patient. The contour of the upper and lower lateral cartilage was traced manually on the CT slice data. Thus, the shape of nasal cartilage was incorporated in the 3D skull model. The thickness of the implant is designed base on the life size photo of the patient’s profile view and mid-sagittal image reformatted from the CT data. The implant is made using epoxy resin, which is used for hobby craft on the 3D model according to the planned thickness. It is essential to make the bilateral side gently tapered to avoid any step at the junction between the implant and nasal hard tissue. After hardening of epoxy resin, the model is duplicated with silicone with aid of Keosan Trading company (www.ekeosan.com, South Korea).

The implants we made were not only for nasal dorsa augmentation, but also for the augmentation of nasal dorsum, glabella and forehead. We have also designed a prototype for septal extension with dorsal augmentation.

Our clinical experiences of various types of nasal implants will be demonstrated in details.
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FAT GRAFT TO IMPROVE THE NASOFRONTAL ANGLE IN RHINOPLASTY
Presenter: Juan M. Chavanne Nougues, Sr., MD
Affiliation: Austral University Hospital
Country: Argentina
Author: Chavanne Nougues JM

Background: The nasofrontal angle (NFA) is an important component of facial harmony and often neglected feature in patients seeking for rhinoplasty. Difficulties to manage the surface of the forehead with simple methods very often discourage surgeons to include this zone in surgical treatment. Fat grafts transfers at the frontal region is an easy procedure that can help to improve an optimal aesthetic outcome in patients with high nasal dorsal hump and flat forehead.

Methods: From August of 2011 to December 2014, 38 patients operated of rhinoplasty underwent complementary fat graft transfer at the frontal region with the purpose to obtain a better balance between nose and forehead. Surgical technique include fat grafts extraction at the beginning of the rhinoplasty operation, processing and injection to modelate the curvature of the forehead unit at the end of the nose procedure.

Results: Successful improvement of the facial balance and NFA was performed by means of this technique, decreasing the need to reduce the nose in patients with high dorsal hump and flat forehead. The follow-up show stability of the volume injected with a very low complications rate.

Conclusion: Fat grafts transfers - a worldwide technique used primary or as a complementary procedure - can help to improve the results in patients underwent rhinoplasty procedure avoiding to download all the effort in only nose correction.

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PRIMARY AUGMENTATION RHINOPLASTY WITH FAT GRAFTING
Presenter: YiShin Lu, MD
Affiliation: China Medical University Hospital
Country: Chinese Taipei
Author: Lu Y

Introduction: Numerous techniques and materials are available for increasing the dorsal height and length of the nose. Microautologous fat transplantation (MAFT) may be an appropriate strategy for augmentation rhinoplasty with fat grafting.

Methods: A total of 198 patients who underwent primary augmentation rhinoplasty with MAFT were evaluated in a retrospective study. Fat was harvested by liposuction and was processed and refined by centrifugation. Minute parcels of purified fat were transplanted to the nasal dorsum with a MAFT-Gun. Patient satisfaction was scored with a 5-point Likert scale, and aesthetic outcomes were validated with pre-and postoperative photographs.

Results: The mean age of the patients was 45.5 years. The mean operating time for MAFT was 25 minutes, and patients underwent 1-3 MAFT sessions. The mean volume of fat delivered per session was 3.4 mL (range, 2.0-5.5 mL). Patients received follow-up for an average of 19 months (range, 6-42 months). Overall, 125 of 198 patients (63.1%) indicated that they were satisfied with the results of 1-3 sessions of MAFT. There were no major complications.

Conclusion: The results of this study support MAFT as an appropriate fat grafting strategy for Asian patients undergoing primary augmentation rhinoplasty.
A SIMPLE PATTERN OF AUGMENTATION RHINOPLASTY COMBINED WITH NASAL TIP SURGERY AND BRIDGE TECHNIQUE OF CONCHAL CARTILAGE HARVESTING IN ASIAN

Presenter: Sangyoon Kang, MD, PhD
Affiliation: College of Medicine Kyunghee University
Country: Korea
Authors: Kang S, Choi T, Hwang J

Introduction: The typical Asian nose is characterized by low dorsum and broad tip. Dorsum augmentation with silicone implant and tip plasty with autogenous cartilage are the most commonly performed in Asian rhinoplasty. However, autologous complex nasal tip plasty results in fibrosis or scar contracture. Especially in revision rhinoplasty, hardness of grafted tip makes it difficult to perform rhinoplasty well. To overcome these problems, we present a simple pattern of silicone implant and conchal cartilage complex.

Method: The present study was carried out on 25 patients with follow up over a period of 3 years. Patient satisfaction was measured by VAS score. Approach is open rhinoplasty or endonasal rhinoplasty technique with general endotracheal or local anesthesia. In harvesting, 2 or 3 pieces of conchal cartilage were harvested with postauricular incision, preserving the radix helicis as cartilage bar [Fig.1]. Each cartilage graft measured 0.5 to 1.0 cm in diameter and designed to lie onto silicone tip [Fig.2]. In nasal tip surgery, interdomal or intradomal suture was done, if needed. A complex of silicone implant and cartilage was made of 1 piece of shield graft, 1-2 pieces of cap graft and optional onlay graft. The complex is placed on the dorsum and rest of the rhinoplasty is performed as planned. The donor site is closed primarily without tie over dressing.

Results: This technique has used in 25 patients with encouraging results. The patient satisfied VAS was 4.5. Follow-up ranged from 1 months to 36 months. There was no incidence of above mentioned complications and donor site morbidity in these patients. Fig.3 shows the preoperative (Left) and postoperative 3 month (Right) results.

Conclusion: This simple pattern of nasal dorsum and tip augmentation is a safe and reliable method with minimal morbidity associated with harvesting the graft. It is easy to perform revisional rhinoplasty. It produces an aesthetically pleasing result in Asian patients undergoing augmentation rhinoplasty.
MY TECHNIQUES TO SIMPLIFY TIP SURGERY
Presenter: Vitaly Zholtikov, MD
Affiliation: Atribeaute Clinique
Country: Russia
Author: Zholtikov V

Among different techniques for nose tip improvement surgeons broadly use several maneuvers starting from cartilages modifications (based on domes resection and/or resection of lateral and medial crura) and finishing with suture methods and cartilage supporting. The most part of these techniques gives excellent results when performing in routine nose surgery, but in nose tip improving surgery it can lead to excessive tip narrowing and appearance of the “operated nose”. If excessively resect cephalic parts of lateral crura to decrease the tip width and do not create a strong support for the newly formed nose tip frame then can occur different severe deformations such as external and internal nose valves dysfunction, nostril retraction, pinch deformation, tip asymmetry. Facing with these deformations we developed complex and maximum predictable technique for the patients who want to improve the nose tip and prevent mentioned deformations.

We use the open approach to the tip with V-form incision on columella and alar dissections at the nose vestibulum. After separation of the medial crura, work on septum and nose dorsum, transplantant harvesting, osteotomy and septum fortifying, we place septal extender graft (SEG) for the nose tip and base stabilization and fix it to the nose septum and medial crura cartilages. This construction (SEG) allows us to reach maximum stable results in all cases in a long term and it is a reliable support for the whole new nose construction. The following technique depended on the alar cartilages position. In case of its malposition in cephalic direction we perform lateral crura transposition (LCT) to more caudal position with help of lateral crura strut grafts. In case of correct lateral crura position we often straighten them with Z-sutures placed on lateral crura or with help of lateral crura strut graft. The improvement of the dome shape is performed with dome or interdome sutures. Decreasing or increasing of the nose tip projection is performed with medial and lateral crura steal technique. We either do not do the cephalic trim or if there is the case we eliminate not more than 2 mm of the cartilage in the paradomal region. Thus we obtain stable and well-fixed nose tip construction with desired form and height.

USE OF RIB ALLOGRAFT IN PRIMARY AND SECONDARY COSMETIC RHINOPLASTY RECONSTRUCTION
Presenter: James Fernau, MD, FACS
Affiliation: Accent on Body
Country: USA
Author: Fernau J

Background: Reconstruction of nasal anatomy with an allograft of costal cartilage is a suitable and viable alternative to using rib autograft. Benefits of costal cartilage allograft include high tensile strength, less prone to foreign body reaction, carves easily with low extrusion rates and low long-term absorption. It is relatively inexpensive and is provided frozen and sterile in an antibiotic solution. A 4.0 cm piece is usually needed to obtain adequate length. If a mistake is made, another piece can be carved unlike septum or conchal cartilage.

Methods: A retrospective review was conducted with a subsequent follow-up evaluation at 12 months. The costal cartilage collumellar strut was used for 12 patients to reconstruct the nasal anatomy. Other struts used included lateral crural strut grafts, alar contour grafts, dorsal onlay grafts, and tip grafts.

Results: In all 12 cases the author was able to reconstruct normal nasal anatomy. The cases included 8 primary cosmetic rhinoplasties. 2 secondary cosmetic rhinoplasties and 2 paramedian forehead flap reconstructions. Of these, one severe saddle nose was reconstructed with a dorsal onlay graft. There were no complications, extrusions or warping. All patients gave a high satisfaction rating.

Conclusion: The reported techniques enable the surgeon to reconstruct nasal anatomy without using a secondary surgical site with its subsequent morbidity. Operating room time is reduced. In certain cases this technique of allograft reconstruction of the nasal anatomy could be a valuable alternative to autograft reconstruction.

INTRODUCTION AND AIMS: Augmentation rhinoplasty is a procedural term used for increase of the height of the nasal dorsum. We come across patients approaching for the augmentation rhinoplasty due to wide range of aetiologies like developmental, post surgical and post traumatic origin. This study is aimed at knowing common deformity seeking rhinoplasty, technical steps performed, long-term results, and superiority of the regional autologous cartilage grafts.

MATERIAL AND METHODS: This is a retrospective study conducted on a group of 275 cases of Augmentation Rhinoplasties selected from total 600 Rhinoplasties performed over a period of 10 years, i.e between 2004 Jan and 2014 Mar. All the cases were operated by the single surgeon. Though we use implants in select patients this study did not include those cases. Stacked cartilage grafts bound with permanent sutures are our method of usage. Study was aimed at factors like Age, sex, most common nasal deformity, indication for augmentation, in particular steps performed, graft material choice, method of usage, long term aesthetic outcome, technical errors and donor site problems etc.

RESULTS: Augmentation rhinoplasties constitute 46% of total number rhinoplasties. Average age of the patient is 22 years. Female and male ratio is 3:1. Developmental low dorsum is the most common indication. Nasal septal and conchal cartilages are most commonly used graft material of choice. They constitute 80% of the cases, rib cartilage constitute 20% cases. The average Graft harvest and preparation time for nasal septal and bi-conchal cartilage is one hour. 95% of the cases involved more than one procedural step, like osteotomies, tip correction, alar base reduction and septal work. Developmentally low dorsum is the most common indication followed by trauma and post septoplasty saddle deformities. Over years this study did not come across cartilage resorption. Management of Post-surgical and post-traumatic cases was more complex, time consuming and needed more graft material.

CONCLUSIONS: Augmentation is the most commonly done rhinoplasty. Overall assessment and correction is required in most of cases than an isolated augmentation to achieve high-quality.
To day in advanced rhinoplasty specific sutures have an important situation for getting best result after surgery. Many of these sutures used in tip and columella with specific reasons. One of this procedure is use horizontal matress suture in base of columella for repairing the widening in base of columella, supporting nasal projection, and for better symmetry in base of nose.

Technically during open rhinoplasty after insetting strut graft and fixing of this cartilage graft in medial crura, we used a new suture in lowest part of columella on the foot plates and in point between sill and base of columella as a horizontal matress bilaterally. We prefer nonabsorbable material such as 5/0 prolene but we can used long time suture material for example PDS. Because this suture is permanent we should cut it short and also for most symmetry and equal pressure we must suturing bilaterally. After matress suture in base of columella, continues other parts of rhinoplasty operation routinely and post operation management is as same as other patients except during remove suture material we should not remove this specific suture in base of columella.

In long term evaluation the cosmetic results of this technique for narrowing the base of columella and enogh tip projection and symmetry in base of nose were good and there was not any complication and problem related to this method.
PROMINENT NOSE
Presenter: Igor Niechajev, MD, PhD
Affiliation: Lidingo Clinic
Country: Sweden
Author: Niechajev I

Introduction: Size of the nose vary in the different parts of the world and perception of what is the aesthetically acceptable nose shows large differences depending on the ethnic background, type of the society, gender and age. Nose which is generally larger than the average nose in a given society, particularly regarding the height of its nasal bridge, could be defined as a prominent nose.

Method: Photographs of 414 consecutive patients who underwent rhinoplasty by the author during the years 2014 and 2015 were reviewed. 70% of the patients had Middle-Eastern origin. Attention was directed to the following outer features: overall length, height and width of the nose, nasofrontal angle, nasolabial angle (NL), nose-lip and nose-chin relations, shape and position of the chin and the evaluation of the respiratory function. Among determinants was formula of Goode, which delineates the approximate relationship between tip projection and nasal length.

Results: 144 patients who fulfilled criteria of prominent nose were selected for the further analysis. Following four types of prominent nose were recognized:
1. Short prominent nose, or tension nose was present in 38 patients (Fig. 1). It has overprojecting dorsum, which usually forms a hump. NL angle is obtuse, nasal spina is frequently overgrown. The rate of functional problems is quite high due to overdevelopment and subsequent deviation of the septal cartilage.
2. Long prominent nose, present in 96 patients, usually has an arched dorsum, sharp NL angle and drooping tip (Fig. 2).
3. Long nose depending on the height of the dorsum in the lateral projection can be the low long nose (Fig. 3), seen in 4 patients, or when the nose is both long and the tip is overprojecting it is called Pinocchio nose and it was present in 8 patients (Fig. 4).
4. Rhinomegaly is the term describing nose which is very large in all dimensions, the height, length and width (Fig. 5) and was also seen in 8 patients. Noses in advanced rhinophyma can achieve rhinomegalic proportions.

Conclusion: In the aesthetically pleasing Caucasian nose Goode’s ratio should equal 0.55 to 0.60. If there is before operation unrecognized deviation from this norm, which is also persistent after the rhinoplasty, the result will be substandard.
A NEW METHOD OF AUGMENTATION MASTOPEXY WHICH SPARES THE ABDOMINAL PART OF THE PECTORALIS MAJOR MUSCLE

Presenter: Vadim N. Zelenin, MD
Affiliation: Scientific Center of Reconstructive and Restoration Surgery
Country: Russia
Authors: Zelenin VN, Zelenin NV

Post-lactation changes in the mammary glands together with sagging are a natural process occurring as the female body ages. Women who experience this change and who seek help from plastic surgeons are most concerned with the loss of breast volume, changes in the shape of the breasts, and flaccidity.

However, it is difficult and controversial task to increase the breasts' volume, improve their shape, and lift them to a higher position on the chest because in patients with breast ptosis, the skin envelope has been compromised and does not hold the implant in position as tightly as required to properly secure the implant. All this makes augmentation mastoepxy a difficult aesthetic procedure.

On 35 patients with breast ptosis breast augmentation with silicone implants and mastoepxy according to the developed technique were performed as a one-stage procedure. The author's approach is based on two considerations. First, in order to provide support for the implant against gravitation and to prevent its displacement in an inferior and lateral direction, we spare the abdominal part of the pectoralis major muscles. Second, as the mammary gland parenchyma which has dropped below the submammary fold cannot be properly repaired, we elect to remove it.

The implant’s pocket is created in the subpectoral space. The borders of the pocket follow. Inside, it is the area of the m. pectoralis major insertion to the sternum. Outside, it is the abdominal portion of m. pectoralis major and the pectoral fascia going to the bundles of m. serratus anterior and m. obliquus externus abdominis. The upper limit is the thoracoacromial vascular fascicle. The lower border is the lower edge 6th rib and the spared portion of the abdominal part of m. pectoralis major’s attachment. Follow up for all patients was at least one year.

There were no major complications in the immediate post-op. In the late post-op, all the patients showed stable position of the implant against the submammary fold and were satisfied with the outcome. The technique suggested in this paper provides for stable good results. It neither increases the time taken to perform the surgery nor makes the surgery more complicated.

EXTENDED FASCIAL PRESERVING SUBFASCIAL BREAST AUGMENTATION AND REVISION WITHOUT ELECTROCAUTERY A NOVEL TECHNIQUE PROVIDING UNIQUELY SUPPORTED LONG TERM CONTROL OF BREAST SHAPE AND AESTHETIC APPEARANCE

Presenter: Rian A. Maercks, MD
Affiliation: The Maercks Institute
Country: USA
Author: Maercks RA

The subfascial breast augmentation plane is gaining mainstream support with claims of more natural shape, better support and longevity of the result. The problems of pectoral muscular movements are reduced or eliminated and better control is achieved medially and laterally to occupy the true “footprint” of the breast. The thin but strong mm layer is perhaps the most debated structure in breast augmentation surgery. Presented is a novel technique intended to optimize the benefits of the subfascial plane by eliminating electrothermal damage, maintaining a completely contiguous extended fascial envelope and maintaining direct visualization to control breast shape by creation of a custom fascial brassiere. Subcutaneous tunnel and fascial plane of the intended breast shape is infiltrated with tumescent containing 1:250,000 epinephrine and lidocaine 5mg/kg. The entire procedure is completed under direct visualization with fiberoptic lighted retractors and 13” Metzenbaum scissors, dissectors, facelift scissors and scalpel transaxillary approach unless mastoepxy access is indicated. Contiguous fascial envelope includes serratus fascia and inferiorly as indicated. Submuscular revisions converted to a “neosubfascial plane.” Only low-profile or lowest profile anatomic shapes are used in this technique with a general preference for Allergan style 410FM or Style 10. Implants are placed with a funnel. The cold technique and direct observation allow dissection of a full strength, custom shaped fascial “brassiere.” A naturally draped form is produced that the author has been unable to attain with other techniques such as subglandular, subpectoral and dual-plane. Interoperative endoscopic evaluation reveals a true white fascia that is load bearing. The projection attained with low profile implants demonstrates that the fascia, not the implant is responsible for breast shaping. Presented are the first 80 cases with demonstration in primary augmentation, secondary/tertiary revision, primary mastoepxyaugmentation and varying body types and sizes of augmentation. Follow up presented up to four years post op with maintenance of shape and support. Complications include two postoperative hematomas early in the series.
Background: We believe that one or two abnormalities are presented in hypoplastic tuberous breast:

a. Herniation of breast tissue through the nipple – areola complex and/or skin shortening at the level of Inframammary Fold (IMF). We describe a new technique which combines the Northwood index and the muscle-splitting dual plane (MUST technique) breast augmentation technique.

Materials and Methods: We used the Northwood Index (NI) as described by Dr. Pacifico in 2005. The NI is the ratio derived between the areola herniation to areola diameter, in the true lateral view photo of the breast. The herniation is measured in cm and it is the maximum anteroposterior distance between the base of the nipple and the edge of the areola. The diameter is measured in cm at the maximum diameter of the areola. When the index was above 0.3, we performed peri-areola tightening with CV-3 stitch and relaxing incisions at the lower pole of the constricted lower pole of the breast. When the Index was below 0.3 we did only the relaxing incisions. In all patients we use round silicone implants to restore the volume and the muscle-splitting dual plane technique (MUST) for the pocket dissection. The MUST technique includes subfascial pocket at the lower part of the breast and division of the pectoralis muscle in 3 different levels depending on the volume of the implant. From March 2007 to October 2016, we have performed the aforementioned technique in 71 tuberous breasts. Mean age of patient was 27.5 years old. Mean follow-up was 2 years.

Results: All patients reported high levels of satisfaction. 4 patients had scar revision. 3 patients had suture exposure in the nipple. Slight recurrence of the deformity was observed in 5 patients. One patient developed infection and we removed the implant.

Conclusions: We advocate an one-stage surgical correction of tuberous breast. Based on the Northwood index we can decide whether we will perform peri-areola correction or not and with the MUST technique we can achieve the best expansion of the lower pole of the tuberous breast.
GLOBAL AESTHETIC SURGERY STATISTICS - A CLOSER LOOK

Presenter: P. Niclas Broer, MD
Affiliation: Technical University Teaching Hospital Munich
Country: USA
Authors: Broer PN, Juran SJ, Heidekrueger PI

The International Society of Aesthetic Plastic Surgery (ISAPS) reports the total number of aesthetic surgeries performed worldwide on a yearly basis. While providing valuable data, ISAPS’ interpretation of the published statistics leave two important factors unaccounted for: 1) the underlying base population, and 2) the number of surgeons performing the procedures. The presented analysis puts the regional and quantitative distribution of surgeries into perspective in order to better assess the global demand and possible need for training new surgeons in the respective regions.

Statistics of the recently published ISAPS™ “International Survey on Aesthetic/Cosmetic Surgery” were analyzed by country taking into account the underlying base population (age +19). Further, the number of surgeons per country was used to calculate the number of surgeries performed per surgeon.

In 2014, ISAPS survey data resulted in the following ranking: 1st USA, 2nd Brazil, 3rd South Korea, 4th Mexico, 5th Japan, 6th Germany, 7th Colombia, 8th France. Considering underlying populations and distribution the adapted ranking changes substantially led by South Korea, followed by Brazil, and Colombia. Further, it was found that the rate of surgical procedures per surgeon shows great regional variation.

The U.S. and Brazil are often quoted to be the countries with the highest demand for plastic surgery. However, according to the presented analysis, other countries lead the ranking.

Valuable insight regarding the demand for surgical procedures and need for training new surgeons can be gained by taking specific demographic and geographic factors into consideration.

SMOOTH AND TEXTURED IMPLANTS: COMPARATIVE ANALYSIS OF COMPLICATIONS

Presenter: Volodymyr V. Shapovalyuk, MD, PhD
Affiliation: Dniepropetrovsk Medical Academy
Country: Ukraine
Authors: Shapovalyuk VV, Krikun MS

Aim: The complications’ analysis after breast augmentation (BA) depending on type of implants shell, smooth or textured.

Background: the influence of the type of implants’ shell / textured or smooth/, as risk factors onto capsular contracton or other complications remain controversial. Some studies have noted the highest (11.8%) frequency with textured implants, while others show a significant (up 20.6%) CC with smooth ones.

Patients and Methods: Evaluation of treatment results 110 (215 implants, all by Mentor®) of patients during the period 2011-2015, after primary BA. Mean patients’ age was 31 year. In 153 (71.2%) case were used textured implants, and in 62 (28.8%) - smooth one. Technique details: all patients had subpectoral or partly submuscular (dual plane) BA. The average hospital stay was 1.6 ± 0.4 days. To assess short-term and late complications patients were examined clinically and by ultrasound at 4, 12, 24, 48 weeks postoperatively. The degree was classified after Baker scale. Statistical analysis was performed using methods of variation statistics and Spearman rank correlation.

Results: In 98.2% (108 patients) of the cases held bilateral BA. The postoperative period in 2.3% (n = 5) was complicated by seroma, and 3.2% (n = 7) of patients with haematoma. No significant difference in the incidence of complications was determined depending of implants shell (r 0.05). All the seromas was treated conservatively. 4 cases of hematoma demanded revision. The incidence of Baker I CC with textured implants was 2.6% (n=4) and after smooth one was 1.6% (n=1). Baker II was found in 3.3% (n=5) with textured and 3.2% (n=2) with smooth implants respectively. The results of this study demonstrate that there is no statistic difference between textured and smooth shell surface in regard to the capsular reaction.

Conclusion: The results indicate that type of implant shell did not affect the incidence of nearest and late complications. The difference between two groups of patients with smooth and textured implants was statistically not significant. We think that a surgeon could use implants with both shell type with good aesthetic result.
**NEW FACE-LIFT PROCEDURE FOR LONGER LASTING REJUVENATION BY RECONSIDERING THE SMAS AND LIGAMENT ANATOMICAL STRUCTURE**

**Presenter:** Jun Sugawara, MD  
**Affiliation:** Clinic UTSUGIryu  
**Country:** Japan  
**Authors:** Sugawara J, Utsugi R, Okumura H, Kono T, Maegawa J, Takeda A

**Introduction:** These days a lot of effective non-invasive rejuvenation treatments have become more popular. More effective and longer lasting facelifts are needed more than before. However, even though SMAS and retaining ligaments have been used in recent reported facelifts, it is still not effective to produce satisfactory rejuvenation. In order to understand why proper rejuvenation was not achieved, we have done precise anatomical research on the SMAS and retaining ligaments. With our findings, we have developed a new facelift procedure, considering the common ideas about the SMAS and retaining ligaments.

**Methods:** We did research on the relationship of SMAS and the retaining ligaments by studying preserved cadavers. Based on what we found, we reevaluated facelift procedures which were done previously. We then modified previous methods and created an original one.

**Results:** In the preserved cadaver studies, we found SMAS was not a simple membrane which spread parallel with the skin. The main structure of SMAS is that it integrates with muscle and membrane so it is thick and dense. It wraps around the parotid and masseteric muscle and it firmly adheres to the mandible and zygomatic bones. Another area of SMAS is just a fragile membrane and does not include any muscle fiber. That’s why a facelift flap can not sustain itself for a long time. Also, the ligaments are not formed like strings, but they are wide and compartmentalize the space.

**Discussion:** The preserved cadaver studies have revealed that SMAS has a firm adherence to the bones and a huge connection between SMAS and several ligaments. These structures hamper long lasting facelift results. To attain satisfactory results, the SMAS has to be a completely mobilized island below the skin. The ligaments also need to be re-sutured as much as possible after they are cut. For these reasons we use a new procedure that is based on the High and Extended facelift procedure (Fritz Barton’s method), plus a ligament to ligament re-sutured facelift. We have achieved longer lasting and highly satisfactory results. We will present this topic at this conference.
RHYTIDECTOMY: THIRTY YEARS OF EVOLUTION

Presenter: Rubem Bartz, MD
Affiliation: Plastica Clinica Cirurgica e Estetica
Country: Brazil
Author: Bartz RB

After 30 years of experience in facial rejuvenation surgery and more than 5,000 surgeries performed, several concepts were reviewed and technical modifications were made aiming at a more natural and lasting results.

We emphasize consultation with the mirror, where the patient can show us their priorities. We detail how to perform the physical examination of the face, the sequence of photos and setting up of pre-operative photos in the operating room.

We show in this presentation what we used to do, what changed and why it changed, and what we are doing now in Rhytidectomy. We emphasize the technical part through drawings and photographs of multiple incisions, amplitude of the detachments, open and closed liposuction, fat grafting, as well as various SMAS-Platisma treatments, like plicatures, smasectomies and classic SMAS treatments. We also show the approach we currently use for resection of Bichat fat pad and how we treat the Witches Chin and Medial Platisma.

We updated the associated treatments, such as:
- Blefaroplasty
- Mentoplasty
- Fat grafting
- Mechanical Peeling and other treatments.

We also have a specific routine for smokers with 15 specific cares to avoid complications.

Finally, we show several patients in pre- and post-operative evolution of up to 30 years. We conclude that the Rhytidectomy surgery is constantly evolving to be effective in the long term and to promote harmonious and natural results, it should embrace all segments of the face and treat both the deep structures and the most superficial tissues.
Facial subunits are well established and agreed upon in regard to reconstructive surgery and as guides for scar placement and transitions of reconstructive efforts. These subunits are however of little value in understanding the aging face and planning volumetric rejuvenation procedures. The anatomy of facial fat compartments is also now well elaborated, however, the author feels this anatomy is of little utility in planning a successful volumetric treatment with the goals of natural appearance and rejuvenation in mind. Facial volume is commonly applied to treat focal problems such as wrinkles or specific features. Patients are often left with an improved feature but not an improved aesthetic appearance.

Over a six year experience with high volume volumetric rejuvenation of the face the author has defined seven subunits of facial aging and facial balance that help assess a patient’s facial aging features and plan treatment for a natural appearing rejuvenation. In the authors practice much higher volumes are used to achieve the goal of facial balance instead of focal features. While target features may be treated with as little as 1-2 mL of a filler, balancing consumes a much larger volume. The minimum volume injected in the authors practice for example is 6mL. Presented is a six year experience of high volume hyaluronic acid treatments with volumes ranging from 6 mL to 50mL. The concept of facial balancing is demonstrated in patients ranging from 18 years of age to 64 years of age. Key goals of the authors concepts of the five aesthetic subunits of facial balance are described and exemplified in specific cases including the paired periorbita, the true lip subunit, the paired lateral jaw, the temporal region and the frontal region. The authors concept of ‘aesthetic facial balancing’ involves a process of separately evaluating and prioritizing seven separate subunits of aesthetic facial balance. Once prioritized an algorhythmic treatment plan is applied to determine volume to be applied and achieve the goal of a balanced and harmonic face. Although the goal of such a balancing procedure is not rejuvenation, survey of patients consistently reveals a perceived rejuvenation of 10+ years.
Background: Today plastic surgeons face a difficult challenge of performing rejuvenating procedures that with maximum effect and minimal scarring. The modern concept is changing to wide skin undermining and SMAS plication. But this maneuver could be dangerous for smokers and vascular compromised patients. Therefore a considerable problem for them will be ischemic flap changes. We take the perforator flap concept from reconstructive surgery and introduce it to aesthetic surgery of the face. We preserve main facial perforators during wide flap undermining. The main aim of clinical study was to create a concept of safe face lifting procedure for a vascular compromised group of patients.

Material and Method: We have performed 72 facelifts with wide skin dissection. Depending on the condition of soft tissues of the face, neck, forehead we used SMAS plication or resection, platismoplasty and forehead lifting with an endoscopical approach.

Result: The modified approach was used in 72 female patients (the followup was 1 - 3 years; mean - 1,2 years). The patient evaluation of the results were - 95,8% (69) good, 4,2% (3) satisfactory. The objects of clinical evaluation were skin laxity, amount of wrinkles, hemifacial symmetry, postoperative scar condition. Clinical exam was performed by three independent surgeons who didn’t take a part in operation process. By surgeons opinion of the result was - 93,0% (67) good, satisfactory - 5,6% (4), unsatisfactory - 1,4% (1).

Conclusion: Applying of anatomical findings and angiosome concept was very helpful in clinical practice. There wasn’t any case of ischemic complications. We conclude that preservation of perforator vessels of the face is a necessary procedure for prevention of skin flap necrosis. This technique will be a choice procedure for patients with systemic vascular disease, smoking, in cases of acute haematoma formation in early postoperative period and mechanical interruption of skin vascularisation.
SUBPERIOSTEAL MIDFACE LIFT, IN CONJUNCTION WITH MACS (MINIMAL ACCESS CRANIAL SUSPENSION) LIFT—THE DUAL PLANE FACELIFT IN CHINESE women

Presenter:  Talee Chang, MD
Affiliation:  Tokyoystyle Plastic Surgery Clinic
Country:  Chinese Taipei
Author:  Chang T

Introduction: Middle age, 30-50 years old Chinese women prefer no pre-auricular scar facelift in recent years. However, sagging jowl line, mandibular area, cannot be corrected well by midface lift only. Isolated endoscopic midface lift can produce more youthful cheek lining; sagging cheek, jowl line and neck line is better to be corrected by MACS lift. Therefore, conjuction of subperiosteal midface lift and MACS lift surgery will produce more lifting effect in clinical practice.

Methods: From 2008 to 2015, 122 patient received endoscopic mid face lift with or without MACS lift. The average result of facelift is compared with skin and SMAS lift at long term follow up. Sagging degree is compared at the site of apple cheek (O-G curve upper pole) by clinical follow up and photographs.

Results: Isolated midface lift or isolated MACS lift will produce good effect initially, the long term effect is better in mid face lift with MACS lift - the dual plane facelift. Subperiostial midface lift is suitable for middle age Chinese woman with no obvious cheek sagging.

Conclusions: Facelift with dual plane lift will produce more lifting effect because of the wide releasing area. Through good fixation method, the long term persistency of lift effect will satisfy the patients.
BEARD RECONSTRUCTION - A SURGICAL ALGORITHM

Presenter: P. Niclas Broer, MD
Affiliation: Technical University Teaching Hospital Munich
Country: USA
Authors: Broer PN, Heidekrueger PI, Ninkovic M

Facial defects with loss of hair-bearing regions can be caused by trauma, infection, tumor excision, or burn injury. Several techniques, including local-, loco-regional-, and free flap transfers have been described. This analysis evaluates different surgical approaches with a focus on male beard reconstruction, emphasizing the role of tissue expansion of regional and free flaps.

Loco-regional and free flap reconstruction were performed in 11 male patients with 14 facial defects affecting the hair-bearing bucco-mandibular or perioral region. In order to minimize donor site morbidity and obtain large amounts of thin, pliable, hair-bearing tissue, pre-expansion was performed in 5 of 14 cases. Eight of 14 were treated with loco-regional flap reconstructions, and 6 of 14 with free flap reconstructions. Algorithms regarding pre- and intra-operative decision-making are discussed and long-term (mean follow-up 1.5 yrs) results analyzed.

Major complications, including tissue expander infection with need for removal or exchange, partial or full flap loss, occurred in 0% (0/8) of cases with loco-regional- and in 17% (1/6) of patients receiving free-flap reconstructions. Secondary refinement surgery was performed in 25% (2/8) of loco regional flaps and in 67% (4/6) of free flaps.

Both loco-regional- as well as distant tissue transfers have their role in beard reconstruction, while pre-expansion remains an invaluable tool. Paying attention to the presented principles and keeping the importance of aesthetic facial subunits in mind, range of motion, aesthetics and patient satisfaction were improved long-term in all our patients, while minimizing donor site morbidity.

AESTHETIC SURGERY AND PENAL LAW: WHY PLASTIC SURGEONS SHOULD NOT PLAY GOD WITH SOME GENITAL PROCEDURES

Presenter: Calin C. Lazar, MD
Affiliation: Meulan Regional Hospital
Country: France
Author: Lazar CC

Introduction: Rapid growth of aesthetic procedures does not change the fact that every physician is responsible towards the law for the specific act he undertakes, even if criminal prosecutions remain hopefully rare. To date the increased number of patients (including minors) seeking genital cosmetic surgeries for personal, familial or religious reasons exposes surgeons to ethical, deontological and legal issues. However, although both ethics and the law define our acceptable behaviour, adherence to the law is mandatory. We present six controversial genital techniques which interest is still under debate and that plastic surgeons should carefully deal with or avoid.

Discussion: Among our free societies preservation of the physical integrity and respect of personal autonomy and individual are mandatory, especially in children where it is either difficult or impossible to deliver them understandable and precise preoperative information, and to obtain their consent. Thus in case of civil or penal issues the magistrate will judge us more severely for our strict application of caution, diligence, safety measures and adequate indications than in therapeutic surgeries. And the border between bodily harm, genital mutilation and therapeutic treatments is not always clearly defined by courts.

Clitoridectomy, labiaplasty, hymenoplasty, vaginal rejuvenation, point G amplification and circumcision are therefore real procedures which may expose patients to unnecessary risks of complications and sequels. We discuss these techniques in light of penal laws, scientific opinions and jurisprudence.

Conclusion: As physicians we must deal cautiously with images related to cosmetic procedures, and provide our patients high-quality consultations and interventions which must comply with documented guidelines. Most of all we should avoid unnecessary or controversial techniques, especially in case of unreasonable expectations or non-medical motivations: family, religion, money, media or false beliefs about clinical efficacy.

A plastic surgeon and Nobel Prize winner once said: “We have to be careful that our educational efforts do not lead us into producing not surgeons but technicians selling their skills in the market place”. Today prudence is our best defence.
RARE CASE OF MAYER ROKITANSKY KUSTER HAUSER SYNDROME: REVISITING THE NEUROVASCULAR PUDENDAL THIGH FLAP FOR NEOVAGINA

Presenter: Karishma T. Kagodu, MCh
Affiliation: Sri Devaraj Urs Academy of Higher Education and Research RLJalappa Hospital
Country: India
Author: Kagodu KT

Introduction: Mayer Rokitansky Kuster Hauser syndrome is an impairment of the female reproductive system that belongs to class I typical mullerian duct anomalies, commonly encountered in Asian population. As a plastic surgeon we can offer to treat the vaginal aplasia, by creating a neo-vagina for sexual intercourse.

Case report: 23 year old female presented with primary amenorrhoea, secondary sexual characteristics well developed, 46xx karyotype. Her external genitilia and urethral opening was normal with complete vaginal agenesis. Patient was counselled regarding the condition, the options for creating a functional vagina, and the importance of long term follow up for successful results. Under spinal anesthesia, by blunt finger dissection, 6.5 inches vaginal space created between the bladder and rectum. Bilateral flaps based on the posterior labial arteries raised in the groin crease just lateral to the hair bearing labia majora, tunnelled beneath it and transposed toward the midline. Flaps were raised including the deep fascia and epimysium of the adductor muscles. The 2 flaps are sutured to form a cul-de sac which is pushed into the vaginal space created with the opening at the introitus. There was no need to retain any prosthesis in the vagina post-operatively, and we just inserted a vaseline gauze. The donor site was closed primarily.

Discussion: The problems of Mcindoe’s technique continue to include skin graft contraction, prolonged use of dilators post-op during the contractile phase of healing, stenosis of introitus and absence of vaginal sensations. We adopted this technique as it eliminates the need for of post-operative dilators, the flap is sensate, donor scar is hidden in the groin crease. Duration of the procedure did not exceed 3 hours. There were no post operative complications related to flap or donor site and patient got happily married 6 months later, able to perform sexual intercourse. I would like to highlight the advantages of this well described flap which is simple and gives good cosmetic and functional results.
OPTIMIZING INTRAGLUTEAL IMPLANTS WITH THE DACRUZ TRIPLE TOOL

Presenter: Luis F. Da Cruz, Sr., MD
Affiliation: Hospital Cima San Jose
Country: Costa Rica
Author: Da Cruz LF

Introduction: Dacruz Triple tool is an instrument designed for implantation of intramuscular gluteal prothesis. It achieves three vital functions in this surgery. It is a dissector, a retractor and a sizer.

Method: With the goal of simplifying the intramuscular gluteal implant surgery we created a two piece device, capable of dissecting, with the correct depth and thickness, the gluteus maximus pocket in two interconnected segments. Once the pocket is done, the two blades are mounted and, through a pivot, rotate the tips and measure the cephalocaudal length for the implant selection in this hidden space. Each blade, separately or mounted, also provide the function of a retractor, with the particular help of seeing far inside, in both directions from the muscular opening.

Results: The specific weight of each piece of aluminium handles with 2 millimeter stainless steel blades, permit a gentle blunt dissection of the gluteus maximus muscle. The precision and speed of this dissection minimize the trauma and, as a result, produce a faster recovery with less discomfort and desirable location of gluteal implants. Understanding the technique with this tool, every experienced plastic surgeon benefit of successfull outcomes when performing intramuscular gluteal implants. Also, the tool avoid the need of purchasing other unnecessary instruments. In adition, surgeons can calculate the size of the implant, avoiding excessive manipulation and trauma to the pocket.

Conclusions: Althout intramuscular gluteal implants require a long learning curve, the Dacruz Triple Tool can accelerate the process. It provides a accurate dissection of the muscle pocket, gives a confortable separation of tissues as a complete retractor and let the surgeon calculate the dimension of a hidden pocket and choose the right implant for each patient, without the aditional manipulation of a sizer.

NEW TECHNIQUE FOR REJUVENATING THE AGING HANDS WITH FAT GRAFTING – A PROMISING MISSION OR NOT?

Presenter: YunNan Lin, MD
Affiliation: Charming Plastic Clinic
Country: Chinese Taipei
Authors: Lin T, Huang Y, Sheen Y, Lin Y, Takahashi H

Introduction: Though fat grafting has been used in body re-contouring for more than one hundred years, the versatile soft tissue fillers seem to be a preferably choice both to surgeons and patients in recent years. However, the injection of HA or collagen for correction the aging appearance of hands is not cost effective and endurable. Lin et al. proposed the concept of micro-autologous fat transplantation (MAFT) in 2006 and have demonstrated its alternative and foresight to fat grafting thereof. The feasibility of MAFT to aging hands and its long-term follow up were not addressed yet. In this study, we investigated this issue and proposed the conclusive techniques.

Materials and Methods: There were 65 female patients with average age 53.7 receiving MAFT as a strategy for aging hands from Jan. 2012 to Dec. 2015. The liposaspirates were harvested, processed and refined by centrifugation for 3 min at 3000 rpm (~1200 g). In transplantation, we utilized a patent instrument, MAFT-GUN for precise controlling each delivered parcel. Follow up was regularly done with photography taken for comparison.

Results: Total mean procedural time of applying MAFT for both hands was 55 minutes. An averaged 12.5 ml (ranging from 10 to 22 ml) of refined fat was micro-transplanted evenly and consistently with each parcel was 1/60 or 1/90 mL (0.017 or 0.011 mL). All patients undergoing MAFT were uneventfully post-operatively and mean follow-up time was 28 months. No major complications such as neurovascular injury or infection were reported. Mild swelling and ecchymosis were found but subsided around one week. In follow-up period, patients all were satisfied with the result and long-term (>6 months) outcome was appreciated as well.

Conclusion: By applying the innovative medical device, surgeons might transform the fat grafting which has used to be inaccurate, labor demanding, and unpredictable task into a liable, micro-, confident and most importantly, consistent procedure. In this study we demonstrated the rejuvenating effect of MAFT, illustrated the feasibility and longevity for aging hands. Therefore, MAFT concept along with the application of MAFT-GUN might be an alternative and provided a better choice in rejuvenation of aging hands.
NEW TECHNIQUE FOR REJUVENATING THE AGING HANDS WITH FAT GRAFTING – A PROMISING MISSION OR NOT?

Three D surface technology is used to demonstrate to the patients the expected changes possible with a particular procedure. This technology has allowed the patient and surgeon to both see the expected result at the same time on the same screen. This will help the surgeon identify the patient’s expectations and be cautious about patients who have unrealistic expectations. The Surgeon can also define the steps of surgery and plan it more accurately. The goal is to improve the patient’s satisfaction with this technology and minimize the revision.

Three Dimensional Surface Imaging (3DSI) represents a revolution providing objective information on changes in volume or shape before and after treatment. The introduction of Three Dimensional Surface Modelling (3DSM) represents a paradigm shift towards more realistic results that the patients can see and feel and appreciate from all dimensions. The aim of this paper is to describe the author’s experience with 3DSI and 3DSM.

Method: The 3D images are normally taken with digital camera with adequate lightning and then stored in a computer, images then manipulated using a software. The image can be captured with a camera or the surface can be scanned with a scanner but the latter would require the subject to be motionless for a longer time. The author used the Vectra H1 camera for the face and the Vectra XT for the body with the mirror image software for manipulation. A single camera is usually adequate (H1) but the 3D camera system (Vectra XT) is more precise and will acquire better and larger images.

Results and Discussions: Currently, 2 D photography is used to document, analyze and plan surgical procedures in Plastic Surgery. This tool does not represent 3 dimensional figures accurately. It lacks shaped and topographic depth. The 3 Dimensional Surface Modelling (3DSM) was introduced in our clinic in the year 2014 and a comparison was conducted between the # of cases prior to that and after that to see if it had influenced patients’ decision to undergo the surgery.

Conclusion: Three Dimensional Surface Modelling (3DSM) is a useful tool in:
1. For the surgeon to understand the exact concerns of the patients and to have more precise planning of the procedure.
2. For the patients to see the expected change.
UP-DATE ON STRETCH MARKS TREATMENT AND CLINICAL EXPERIENCE WITH FRACTIONAL RADIOFREQUENCY AND INFRARED LIGHT

Presenter: Mariagrazia Moio, MD
Affiliation: University of Rome Sapienza
Country: Italy
Author: Moio M

Introduction: Striae distensae, otherwise known as stretch marks, are common skin lesions found in a variety of clinical settings. They occur frequently during adolescence or pregnancy where there is rapid tissue expansion and in clinical situations associated with corticosteroid excess. Despite a considerable amount of investigative research, the pathogenesis of striae remains obscure. The treatment of SD has long been plagued by disappointing outcomes and remains a frustrating entity for both physicians and patients. Risk factors have been reported but much remains to be understood about their epidemiology, diagnosis and treatment. Up-to-date knowledge of the scientific research and the evidence behind both preventative and therapeutic agents are vital in order to understand striae and to offer patients the best therapeutic alternatives.

Materials: We realized a clinical review of the current literature concerning striae distensae and their prevention and treatment. An evidence-based evaluation of topical, laser and light therapies used to treat striae distensae is provided. We therefore present our experience in the treatment of stretch marks with the use of bipolar radiofrequency associated with infrared light and fractional radiofrequency alone or in combination with different therapeutic approaches.

Results: Twenty patients were enrolled in our study and clinical results were evaluated on the basis of photography, visual scales and patients’ satisfaction. Mean follow up time was of one year.

Conclusions: Encouraging results are shown in such a tricky field and new therapeutic protocols are proposed.

DIFFERENTIAL DIAGNOSIS BETWEEN BODY DYSMORPHIC DISORDER AND BORDERLINE PERSONALITY DISORDER IN AN AESTHETIC SURGERY SETTING

Presenter: Erika Masuda, MD
Affiliation: Showa University
Country: Japan
Authors: Masuda E, Morioka D, Sato N, Ohkubo F

Introduction: The most common and important mental disorder in aesthetic and plastic surgery settings is body dysmorphic disorder (BDD). However, patients with borderline personality disorder (BPD) seek aesthetic and plastic surgery as well. BPD is a common axis II disorder associated with a high risk of impulsivity and self-injury. Several authors have suggested that individuals with BPD are poor candidates for aesthetic surgery (Morioka 2014).

Method: We review the literature on BDD and BPD, attempt differential diagnosis between those conditions, and discuss how difficult it is to treat patients, highlighting features and signs in aesthetic surgery settings. Illustrative case examples from our experience are also described.

Results: The prevalence of BDD and BPD is almost equal. Comorbid BPD was seen in 10% of individuals with BDD. Patients with BDD tend to persist one body part such as nose due to preoccupation with appearance. Whereas, patients with BPD tend to request surgery for multiple body parts to avoid abandonment by the surgeon or due to their impulsivity, but the focus is less profound and shifts from one body part to another over time.

Conclusions: Both patients with BDD and BPD are poor candidates for aesthetic surgery, but different psychological approaches are required between those two conditions.
Since the days of Sushruta, innovation has shaped the history of plastic surgery. Plastic surgeons have always been known as innovators or close followers of innovations. With this descriptive international survey study, the authors aimed to evaluate the future of plastic surgeons by analyzing how plastic surgery and plastic surgeons will be affected by new trends in medicine. Aesthetic surgery is the main subclass of plastic surgery thought to be the one that will change the most in the future. Stem cell therapy is considered by plastic surgeons to be the most likely “game changer.” Along with changes in surgery, plastic surgeons also expect changes in plastic surgery education. The most approved assumption for the future of plastic surgery is, “The number of cosmetic nonsurgical procedures will increase in the future.” If surgeons want to have better outcomes in their practice, they must at least be open minded for innovations if they do not become innovators themselves. Besides the individual effort of each surgeon, international and local plastic surgery associations should develop new strategies to adopt these innovations in surgical practice and education.

Background: Beside the face, first signs of aging are clearly shown in the hands. Due to the high demand, different techniques for hand rejuvenation using either structural fat grafts or injectable fillers to restore the volume have been performed. Mesotherapy, lasers, chemical peelings or sclerotherapy help to treat the superficial signs of aging. We wanted to demonstrate the right plane of injection for safe volumetric restoration.

Methods: Having dissected 12 cadaveric hands, evaluation clearly showed the best placement of volumetric fillers.

Results: Histologic examination showed three fatty laminae which are separated by thin fascias. No structures transversing the subcutaneous, superficial fatty lamina could be found. Dorsal veins and dorsal sensory nerves could be found within the intermediate lamina. The extensor tendons were found within the deep lamina.

Conclusions: Following anatomical dissection we could demonstrate the safe approach injecting into the intermediate lamina with minimal risk of adverse events.
PLACEBO CONTROLLED, PROSPECTIVELY
RANDOMIZED, DOUBLE-BLINDED STUDY FOR THE
INVESTIGATION OF THE EFFECTIVENESS AND SAFETY
OF THE ACOUSTIC WAVE THERAPY FOR CELLULITE
TREATMENT

Presenter: Katharina Russe-Wilflingseder, MD
Affiliation: Ordination und Laserzentrum Innsbruck
Country: Austria
Authors: Russe-Wilflingseder K, Russe E, Vester JC, Haller G, Novak P, Krotz A

Introduction: Cellulite is a biological caused modification of the female connective tissue and affects over 90% of all women worldwide. In acoustic wave therapy (AWT®) pulses are penetrating into the tissue, stimulating tissue metabolism and blood circulation.

Materials and Methods: Placebo controlled double-blinded, prospectively randomized clinical trial with 17 patients (11 verum, 5 placebos). Age 42.7 years (26-54; SD 7.4), BMI 22.50 (19.12-27.4; SD 1.85); duration of cellulite was 17.9 years (5-40, SD 9.6). Patients were treated once a week for 7 weeks, a total of 8 treatments with the D-ACTOR® 200 by Storz Medical AG. Data were collected at baseline, before 8th treatment, at 1 month (follow-up1) and at 3 month (follow-up2) after the last treatment with a patients’ questionnaire, weight control, measurement of circumference and standardized photography. Treatment progress was further documented using a specially designed 3D-imaging system (SkinSCAN3D, 3D-Shape GmbH). Surface topography parameters dealt as an objective measure of cellulite and were used as primary efficacy criteria.

Results: Patient’s questionnaire in the verum group revealed an improvement in number and depth of dimples, skin firmness and texture, in shape and in reduction of circumference. Four blinded observers ranked a statistically significant improvement in the appearance of cellulite at follow-up 2 on standardized photo documentation using a modified Hexsel scale. The overall result (of skin waviness, Sq and Sz, surface and volume of depressions and elevations, Vvv and Vmp) at two follow-up visits indicates a more than medium sized superiority (MW = 0.6706) and is statistically significant (PWei-Lachin = 0.0106). The placebo group revealed no statistically significance. No side effects were seen.

Conclusion: AWT® is a local therapy, non-invasive and free of side effects. The improvement in the appearance of cellulite increases continual up to 3 months and is temporarily. The surface topography parameters used in this study are seen as an objective measurement for the evaluation of cellulite and evidenced only in the verum group a statistically significant improvement. This indicates the efficacy and safety of AWT® for patients with cellulite.

PARTICULAR ETHNIC DIFFERENCES, DO WE REALLY
NEED MATHEMATICAL APPROACHES FOR FACIAL
BEAUTIFICATION?

Presenter: Thomas Rappl, MD
Affiliation: Medical University Graz
Country: Austria
Authors: Rappl T, May S

Introduction: By far most papers for rejuvenation/beautification are based on the treatment of Caucasian population, which seems to be the ideal proportion of beauty. 2300 years ago Nefertiti was believed to have the ideal proportions of beauty. Till today the same proportions are seen to be perfect. Numbers (divine number, phi, golden ratio, etc.), lines (Hindrer lines) and masks are used to calculate the ideal angles and mathematical perceptions of beauty regardless ethnic differences to beautify in only one direction.

Methods: Focusing on ethnic differences a questionnaire has been created and was presented to different ethnic populations regarding the perception of beauty.

Results: Having done this questionnaire 7 years ago a shift towards individual and more on particular ethnic differences could be noticed.

Results: Still the proportions of Leonardo da Vinci and all the colleagues who used his numbers to create proportions of beauty based on the Caucasian race are somehow guidelines in global facial rejuvenation/beautification for the beginners to get an idea about curves and numbers.

Conclusion: Advanced aesthetic practitioners should focus on specifications, because ethnic differences are getting more and more important. The ideal Caucasian sign for beauty’s loosing it’s importance. Aesthetic practitioners are requested to keep the identity and personality in the future and not to change ethnical differences in only one direction.
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RETROSPECTIVE EVALUATION OF THE SAFETY AND EFFICACY OF LASER HAIR REDUCTION WITH THE 755NM ALEXANDRITE WAVELENGTH WITH 8 YEAR FOLLOW UP

Presenter: Katharina Russe-Wilflingseder, MD
Affiliation: Ordination und Laserzentrum Innsbruck
Country: Austria
Authors: Ciscar E, Herold M, Buendia G, Russe-Wilflingseder K

Background: Laser hair removal is one of the most commonly performed cosmetic procedures worldwide with an estimated 12.7 million procedures performed in 2015 (Global Aesthetics Market Study). A retrospective study was conducted to assess long term clearance and safety of the 755nm wavelength for hair reduction.

Methods: Chart review and patient assessments were conducted at two follow up intervals. Treatments were performed on the axilla, back, bikini, breast, abdomen, face, lower extremity or upper extremity region with the 755nm wavelength. At the first follow up the physician assessed clearance and the patient assessed clearance and satisfaction. At the second follow up patients were asked to compare clearance to the first follow up.

Results: 422 patients, male (5%) and female (95%) with skin types I-IV and 35 years (+/-11.4) were included in the study and received 4 or more treatments. The first follow up was conducted 3.4 (+/-1.6) years after their last treatment. 81% of these patients received 75-100% clearance as reported by the physician and 53% by the subject. 63% of patients reported slower hair growth, and 67% change in hair texture. Patients treated on axilla, bikini, breast and abdomen, and lower extremities experienced 75% or more clearance after 4 treatments on average. Facial treatments needed 5 treatments on average to experience 65% or more clearance. Upper extremity and back treatments did not have enough physician ratings to draw conclusions. Long term adverse events were minimal. 1 patient (0.3%) experienced a scar and 4 patients (1.2%) an outbreak of herpes infection. All complications were located on the face. The second follow up assessment was conducted at 8 years (+/-2) later and 88% of patients reported that their improvement sustained.

Conclusion: The 755nm alexandrite laser is a safe and efficacious treatment for the reduction of unwanted hair with long term results and high patient satisfaction.

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SCIENTIFIC EXPERIMENTS IN SKIN CARE BEFORE AND AFTER SKIN NEEDLING

Presenter: Desmond B. Fernandes, MD
Affiliation: University Cape Town
Country: South Africa
Authors: Fernandes DB, Aust M

Introduction: With the rise of popularity of skin needling to treat wrinkles, acne scars, burn scars, stretch marks and lax skin there has been a plethora of recommended regimes without any scientific basis, and very often without a well-founded scientific target to achieve with the skin care.

Discussion: At this stage we feel confident that skin needling results are produced by a complex interaction of TGF-beta growth factors and IL10 cytokine. The interesting fact is that TGF-beta initiates the activity of IL10 and retinoic acid stimulates the production of TBF-beta 3. For this reason we have to include vitamin A based products in the preparation of the patient as well as the post operative treatment. Zeiter has shown virtually a fourfold improvement in the results when the skin is prepared and treated with vitamin A. Vitamin C is a logical topical to assist in increased collagen production. Hyaluronic acid is frequently used but does not promote growth factors, which on the other hand actually promote hyaluronic acid. Certain peptides stimulate the release of growth factors and these selected peptides should prove valuable in helping to produce even better results from skin needling. There seems to be no scientific sense to add topical growth factors since this will alter the ratio of growth factors and may be counter-effective.

Conclusion: At this stage vitamin A and C remain the most effective and only scientifically proven topicals that should be used before and after skin needling and most likely selected peptides will prove to be invaluable to produce excellent results.
EFFECT OF BOTULINUM TOXIN TYPE A ON FIBROBLAST TO MYOFIBROBLAST DIFFERENTIATION DERIVED FROM SCAR TISSUE

Presenter: Insuck Suh, MD, PhD
Affiliation: Kangnam Sacred Heart Hospital Hallym University Medical Center
Country: South Korea
Authors: Suh I, Jeong HS, Sung HM, Lee BH, Kim JH, Park SY

Purpose: Botulinum toxin type A is known to prevent fibroblast proliferation and expression of TGF-β1. During wound healing procedure, fibroblasts induces contraction after synthesizing extracellular matrix. This process is mainly due to myofibroblasts which are differentiated from fibrobasts. We tried to identify effect of botulinum toxin type A on differentiation of fibroblast to myofibroblast by comparing the amount of differentiated myofibroblasts between botulinum toxin type A treated group and control group.

Material & Methods: Under local anesthesia, total of 16 scars (8 normal mature scars and 8 hypertrophic scars) were obtained from 16 patients who visited our department for scar revision. Fibroblasts were isolated from each specimen and cultured in DMEM solution with 10% FBS until confluent (Fig.1). Cells in the control group were treated with TGF-β1 to differentiate fibroblast to myofibroblast while treatment group were treated with both TGF-β1 and botulinum toxin type A. Proliferation of fibroblast according to time passage and botulinum toxin type A volume were decided through MTT assay. (Fig. 2) a-SMA were detected by ELISA and RT-PCR to compare amount of differentiated myofibroblasts from control and treatment group in protein and RNA level, and visualized by confocal microscopy.

Results: In comparison to control group, a-SMA were detected lesser on botulinum toxin type A treated group, which suggests effect of botulinum toxin type A on inhibiting differentiation of fibroblast to myofibroblast.

Conclusion: In addition to the chemical denervating effect of botulinum toxin type A on nerve ending resulting in preventing scar formation, botulinum toxin type A was identified to affect fibroblast directly inhibiting differentiation to myofibroblast. This results can be extented to human scars which are expected to develop as hypertrophic scars after trauma, burn or operation. We can expect this to improve aesthetic, functional, emotional problems and help patients suffering from hypertrophic scars.

Fig.1 Fibroblasts isolated and cultured from specimen
Fig.2 MTT assay for proliferation of fibroblast according to time passage and botulinum toxin type A volume
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PRIMARY AXILLARY HYPERHYDROSIS. LONG-LASTING EFFECT FEATURES IN SURGICAL INTERVENTION

Presenter: Pavlo Denyshchuk, PhD
Affiliation: Clinik Ana-Cosmo
Country: Ukraine
Authors: Denyshchuk P, Baranov T

Introduction: Excessive, uncontrolled sweetening in the areas of axillary fossa, palms or feet is called primary essential local hyperhidrosos. According to the literature this disease is spread between 3-15% of population and affects mainly people of working age, that causes their psychological, social and professional disadaptation. The main complication is the appearance of unpleasant smell in 70% of cases. The objective of the study is to reveal features that appear during surgical intervention and which guarantee long or life-lasting effect during postoperative period.

Methods: Approximately 284 patients aged 18 – 47 were operated during last 5 years. There were 221 women (77,8%) and 63 men (22,2%) among them. The ultrasonic destruction of sweat glands have been performed by using the vacuum-mechanical curettage under video-endoscopic control. Canulas of our own construction were used for the curettage.

Results: Analyzing the video during the interventions we have identified the limit of necessary destruction, thereby the ultrasonic destruction allowed us to provide the emulsification of fat and sweat glands without violations of trabeculas and blood vessels structure. Our experience proved that appearance of transparent trebeculas in subdermal layer indicates a lack of sweat glands, and the presence of dark spots of hair follicles in the upper part of subdermal layer confirms maximum removal of sweat glands and primary detachment of excretory ducts. Keeping the blood supply eliminates the risk of tissue necrosis in the operated areas.

An additional feature of the optimal distruction and removal of sweat glands is the pinch test of hair removal in axillary area. Easy pinch hair removal indicates sufficient destruction and removal of sweat glands.

Conclusions: 1. The usage of combined surgical treatment method with usage of vacuum-mechanical curettage combined with ultrasonic destruction under video-endoscopic control provides a more expressed and sustained reduction of sweat glands in case of axillary hyperhidrosis.

2. Receiving of transparent trebeculas and black spots of hair follicles in subdermal endoscopic layer during video-endoscopic control and positive pinch test guarantee long-lasting effect.

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MODIFICATION OF SERDIEV’S METHOD

Presenter: Sergey Obydennov, PhD
Affiliation: Kazan Medical Universety
Country: Russia
Authors: Obydennov S, Obydennov D

Introduction: The human Desire to preserve beauty and youth is natural and right. However, there are two major forces opposing him, to cheat which is extremely difficult. It is about age…and gravity. “The joint efforts” of these two factors seriously spoil our appearance.

Gravitational ptosis – a condition in which under the influence of earth’s gravity, the skin sags, and the outline and the facial features are considerably deformed. This phenomenon is associated with age-related tissue changes: as we age, the skin loses its firmness and elasticity. And once the process reaches a certain point, comes into force gravity – it’s not going anywhere. Weakened by age, the skin pulled to the ground, resulting in formation of the hated wrinkles, lowered corners of the mouth is lost the former shape of the face…in short, all the skin to slightly “slide” down.

More or less accurately predict at what age this can happen, it is not easy – there are so many individual factors involved here. In good condition is the body in General and skin in particular, the more carefully take care of it, the later will be faced with the gravitational ptosis. Someone will notice the first signs of it already in 25-30, other be lucky enough to remain ignorant to 40-45. However, sooner or later, this problem will affect everyone. Bulgarian plastic surgeon in this case offers minimally invasive surgery – ligature facelift lower third of the face without incisions. Only through punctures and conducting ligatures in SMAS in the form of a loop. Often when this technique is indentation of skin at the site of the puncture and return of the needle puncture, due to the capture thread the subcutaneous layer along with the SMAS. In this case, we can through the existing puncture lifting the skin and separating it from the SMAS, which is not always possible.

Materials and Methods: We propose an advanced method Serdieva, namely the parotid incision near the earlobe is created subcutaneous tunnel to the middle third of the mandible. Over the bryla is a small notch of skin. The ligature is held in Smase through a tunnel from the incision is output and displayed back to Smase the form of a loop, but also in the tunnel. Ligature zavyazyvaetsya,and the Assembly is secured to the temporal fascia. If there is a indentation in the skin, it is corrected easily, through a tunnel, because by this method the skin is peeled from the SMAS. In this way we operated 120 patients, there were no complications, the depression was not.

Conclusions: The creation of the tunnel makes it easy to correct skin depressions in wicola and the needle puncture Serdieva.
LABIAPLASTY: 18 MONTH EXPERIENCE IN 38 PATIENTS: OUTCOMES AND STATISTICAL ANALYSIS

**Presenter:** Marisa Manzano Surroca, MD

**Affiliation:** Antiaging Group Barcelona-Clinica Tres Torres

**Country:** Spain

**Authors:** Manzano Surroca M, Salvador Miranda L, Benito Ruiz J

**Introduction:** From January 2014 since July 2015 we have performed 38 procedures of labia minora reduction. The purpose of the study is to review our experience with labiaplasty and describe complications, quality outcomes and to research eventual differences between nulliparous and not.

**Methods:** A retrospective chart review was performed on all patients who had primary or secondary labia minora reduction surgery including demographics, sexual activity, children, technique, complications and quality of life pre and post surgery.

**Results:** From the total number of patients the average age for surgery was 32.16 years, 50% single, 65.8% sexual active, 65.8% nulliparous, 75.7% the preferred technique was wedge excision, the rate of late complications were 13.16% being under-resection the main reason. The average results of the quality of life test were as follows (from 1 none or never to 5 very much or always): The shape of your labia minora makes you feel bad-3.95 (52% answer 5), this affects your sexual relationships-3.87 (44% answer 5), this affects your self-esteem-3.87 (44% answer 5), you talk about this with your partner-2.45 (50% answer 1), with your friends-1.76 (68.42% answer 1), with your family-2.45 (52.63% answer 1), with your media have been involved in your decision-2.16 (50% answer 5), this affects your self-esteem-3.87 (44% answer 5), you talk about this with your life partner-3.95 (52% answer 5), do you think or look your genitals often-3.08, do you know your genital anatomy-4.35 cm. with a range of 3.8 to 4.9 cm. The post surgery questionnaire was answered between 3-6 months after. For 97.37% of the patients the surgical experience was very good or excellent, 89.48% the process was as expected and the final result was very good or excellent in 84.21% having improved their self-esteem in 86.85% of the cases. They felt ready for their ordinary life after 23.26 days average and the ones that were sexually active had their first intercourse after 36 days average after the surgery. Women with children had higher scores in the postop results, no statistical differences with regard to technique.

**Conclusions:** There has been a great raise of labiaplasty in our clinical setting. Our results show that the procedure is safe with high rates of overall satisfaction seeking as less width as possible.
PENILE ENHANCEMENT
Presenter: Rajesh S. Gawai, MCh
Affiliation: Bahrain Specialist Hospital
Country: Bahrain
Author: Gawai RS

The desire to be Big persists in we all Homosapiens and also holds it value in the entire animal kingdom. Everything big is most welcome. The desire to have bigger male organs is growing in the world today. Mostly due to the internet media knowledge that this can achieved. We started performing penile enhancement a few years ago due to the demand of the procedure (Probably because of the region come from).

Methods and Material: We have performed till date 68 procedures age group 23 years to 51 years. Lengthening 68, Length Girth in 53, Length Girth Glans 53 Girth 0

Procedure: local and Sedation anaesthesia, through a Y shaped incision at the pubis Symphysys.

Results: Average length achieved 3cm. complications Haematoma, edema, Scar hypertrophy.

Conclusion: Overall Satisfaction 98%, 1.5% wanted a more bigger size. 0.5% said nothing changed.

AUGMENTATION LOWER BLEPHAROPLASTY WITH MICROFAT GRAFTING – THE ESSENTIAL REJUVENATING STRATEGY FOR AGING LOWER EYELID
Presenter: Yu-Hao Huang, MD
Affiliation: Charming Institute of Aesthetic and Regenerative Surgery
Country: Chinese Taipei
Authors: Huang YH, Lin T

Introduction: “Fullness” of lower eyelid is an essential symbol of youthfulness. Classical resection blepharoplasty may remove the protruding orbital fat, apparent redundant skin and lead to further lower lids emptiness.

Methods: Records of 258 patients (516 lids) treated were reviewed from Oct. 2010 to Oct. 2015 retrospectively. All lower eyelids were treated with either transconjunctival or transcutaneous approach, removal of optimal orbital fat and augmentation blepharoplasty with micro-autologous fat transplantation (MAFT) simultaneously. Postoperative outcome was regularly followed up and photographed at 1, 3, 6 months.

Results: The average age was 53.8 years old. It took averagely 50.8 minutes to perform the total procedure (augmentation lower blepharoplasty with MAFT). The removed fat was 0.25/0.27 (left/right) gram separately. The fat transplantation was 2.6/2.59 (left/right) ml separately. Only 2 ectropion and 3 chemosis patients were noted and were treated with conservative treatment. Others were only mild swelling with ecchymosis noted post-operatively. Patients were satisfied with the final results of the fullness of lower eyelid.

Conclusion: Augmentation lower blepharoplasty with micro-autologous fat transplantation can be an essential rejuvenating strategy for aging lower eyelid. The technique provides an easy, simple, promising therapeutic effect and good long-term follow-up.
AUGMENTATION LOWER BLEPHAROPLASTY WITH MICROFAT GRAFTING – THE ESSENTIAL REJUVENATING STRATEGY FOR AGING LOWER EYELID

ORBICULARIS OCULI MUSCLE OVERLAP METHOD FOR THE CORRECTION OF TEAR TROUGH DEFORMITY

Presenter: Yuzo Komuro, MD
Affiliation: Teikyo University School of Medicine
Country: Japan
Author: Komuro Y

Background: Although the fat pad sliding method reported by Loeb and the arcus marginalis release with preservation of orbital fat method reported by Hamra are useful methods for correcting tear trough deformity in the Asian population, including Japanese patients, there have been occasional cases of tear trough deformity persisting even after surgery. To solve this problem, we developed a novel orbicularis oculi muscle overlap method and have obtained good results using this technique.

Methods: The orbicularis oculi muscle overlap method was performed on 35 patients suffering from prominent tear trough deformity. It was used in 30 female cases and 5 male cases, and the average patient age was 51 years (range, 34 to 72 years). The origin of the orbicularis oculi muscle was elevated at its adherence to the maxillary bone, and the innermost portion of the origin of the orbicularis oculi muscle was excised by a width of 6 to 7 mm to reduce the muscle tension. This muscle flap was overlapped relative to the orbital fat, which was repositioned over the orbital rim, and the flap was sutured in place.

Results: Tear trough deformity improved in all cases and patients were highly satisfied with their flat lower eyelids.

Conclusion: The orbicularis oculi muscle overlap method is effective for thin eyelids with prominent tear trough deformity and also could have the effect of midface lift.
THE ROLE OF ORBICULARIS OCULIS MUSCLE IN MIDFACE AND EYES REJUVENATION REVIEWING

Presenter: Juan M. Chavanne Nougues Sr., MD
Affiliation: Austral University Hospital
Country: Argentina
Author: Chavanne Nougues JM

Background: Anatomic bases of aging midface include soft and hard tissues changes. Many techniques has been described to restore a more youthful appearance, natural-looking form to reverse some of these features, including volumetric changes in soft tissue compartments and anti-gravitational maneuvers, realeasing retaining ligaments to re-address ptotic soft-tissues. The purpose of this paper was to present the surgical importance of ocularis oculis muscle reposition procedure for the long term correction in midfacial and eye rejuvenation.

Methods: A retrospective study of 98 patients, operated between 2003 to 2014, was conducted to analyze the stability of the results in midface lift. Surgical technique include a entire orbicularis oculis muscle complex reposition to stabilize the entire palpebral fissure and lateral third of the eyebrow. Minitemporal incision to access the orbicularis oculis muscle body was used isolated in 38 patients. Direct approach through classic facelift incision was performed in 60 patients. Additional superior or inferior blepharoplasty procedure were performed passively in 46 patients. Lateral cantopexie type I, was made in 52 patients.

Results: Successful restoration of youthful eyes and midface appearance including attenuation of tear through deformity malar bags and naso-labial folds was obtained. Long term follow-up show stable result in comparison with previous patients condition suggesting that the treatment was a satisfactory. Complications rate were low.

Conclusions: Reposition of the entire orbicularis oculis muscle complex is the key to restore volume, proportion and youthfull appearance of midface aging, reducing or delaying the need of adititional inferior blepharoplasty procedure.

USE OF PORCINE-DERIVED DECELLULARIZED MEMBRANE (TARSYS) FOR COSMETIC LOWER EYELID BLEPHAROPLASTY

Presenter: Hee J. Kim, MD
Affiliation: Emory Eye Center
Country: USA
Author: Kim HJ

Introduction: Cosmetic lower eyelid blepharoplasty usually requires excision of skin and prolapsed fat, as well as a lateral canthoplasty to correct the eyelid laxity that is often present. However, in patients with existing exophthalmos, a lateral canthoplasty can result in postoperative eyelid malposition, such as an ectropion or retraction. In order to minimize these potential postoperative changes, eyelid spacer grafts are often utilized for vertical elevation and support for the lower eyelids. The author reports the use of porcine-derived decellularized membrane (TarSys, IOP, Inc., Costa Mesa, CA) as an eyelid spacer graft for cosmetic lower eyelid blepharoplasty.

Method: A 24-month retrospective chart review was performed from January 2014 to January 2016. Charts were reviewed for preoperative clinical findings, surgical technique, and outcome. Clinical photos were utilized to measure the preoperative and postoperative inferior scleral show (ISS). Descriptive statistics were utilized.

Result: A total of 8 patients were identified, 5 females and 3 males. The average Hertel measurement was 19.9mm +/- 2.2mm. Preoperative ISS was zero for 6 out of the 8 patients. One patient was monocular and had ISS of 3mm. The remaining patient had 4mm OD and 3mm OS. Postoperatively, all 6 patients with zero preoperative ISS had zero postoperative ISS. The monocular patient had 1mm. The remaining patient resulted in 2mm OD and 0mm OS ISS. Average follow-up was 5.8 months +/- 7.7 months.

Technique: A subciliary incision was made with creation of a skin and muscle flap. The 3 fat pockets were sculpted. Lower lid retractors were then disinserted from the inferior border of tarsus. The superior edge of a 2cm x 1cm tarSys eyelid spacer graft was then sutured to the inferior border of the tarsus with a 6-0 vicryl and inferior edge of the spacer graft was sutured to the cut edge of the lower lid retractors. A lateral tarsal strip was performed and the lid was re-suspended to the periosteum at the lateral orbital rim with a 4-0 vicryl. The redundant skin and orbicularis were then excised. The skin was closed with a 6-0 prolene.

Conclusion: Porcine-derived cellularized membrane (tarSys) is a suitable spacer graft for lower eyelid blepharoplasty.
USE OF PORCINE-DERIVED DECELLULARIZED MEMBRANE (TARSYS) FOR COSMETIC LOWER EYELID BLEPHAROPLASTY

Introduction: Blepharoplasty is an exacting and unique operation. It aims to improve function and cosmetic appearance of the upper and/or lower eyelids. This contributes significantly to overall facial rejuvenation, adding freshness, youthfulness and vitality to a person’s appearance.

Methods: We present a retrospective overview and experience of Blepharoplasty procedures performed at our institutes over a period of 20 years.

Results: We present and discuss how to avoid complications such as prolonged oedema, haematomas, and ectropion along with over and under correction. We also discuss simplifying the blepharoplasty procedure in order to reduce morbidity and complications, to shorten operative and recovery time.

Conclusion: Blepharoplasty is a very rewarding and gratifying operation for both the patient and surgeon. It is a delicate procedure, requires good judgment that comes with experience. Patient selection, planning and marking are key to a successful outcome.
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IMPROVING THE ORBITAL FRAME (IOF) - AESTHETICALLY & FUNCTIONALLY
Presenter: Ana B. Santamaria, Ph D
Affiliation: Private Practice
Country: Spain
Author: Santamaria AB

Introduction: The appearance of the upper 2/3 of the face, is a key factor in facial expression, as an aesthetic unit. This region facilitates the communication via mime, gestures and facial expression. Facial aging signs appear frequently in this area, in the third decade of life. Important aging signs are ptosis and loss of contour of the eyebrows, the sagging of the periorbital tissues, and the lowering and rounding of the external canthus with scleral show and eye tearing. As the cheek descends, the eyelid elongates vertically thereby promoting herniation of periorbital fat and orbicularis muscle hypotonia. There is also the participation of intraorbital structures, cantal fixation ligaments and those that maintain the eyeball.

Methods: The goal is to improve blepharoplasty results with the reinforcement of the eyesight frame. We dissect the eyebrow and the periorbital region, and continue on a sub-SMAS plane, over the zygomatic arch toward the midface, in the preperiosteal plane. This is done with an endoscopic technique, but the important fact is the release of all the attachments and insertions. A series of cases are reviewed.

Results: These results demostrate a safe and effective approach and recommend a combination of surgical techniques for rejuvenation of the upper two thirds of the face.

Conclusions: The eyelids and periocular framework form an aesthetic whole unit. Preoperative analysis of the patient’s whole face and a critical discussion of the patient’s expectations are mandatory. A customized multimodal therapy is essential to achieve an integral and harmonic rejuvenation. The goal is to restore the position of the eyebrow, and to improve the aesthetic function of the upper two thirds of the face, the orbital region and the eyelids, with no stigmata. Brow lift surgery is an important aesthetic weapon of the upper face. Although there is no ideal eyebrow, traction vectors need a lateral vigorous elevation, in order to avoid unwanted expression of surprise at medial brow. The elevation of the brows, the palpebral fissure and the orbicularis muscle, together with the proper skin tension offer an increased brightness of the orbital area. Additional cervico-facial lift with vertico-oblique plication may be needed.

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RADIO-WAVE PELLEVE AND BLEPHAROPLASTY FOR CORRECTION PERIORBITAL AREA
Presenter: Alexander Lee, MD
Affiliation: City Hospital 67
Country: Russia
Author: Lee A

The operating principle of technology Pellev© by Ellman is based on the generation of radio waves of high frequency 4.0 MHz, which penetrate into the subcutaneous fat, causing the formation and accumulation of heat it to 53°C, the surface of the skin heats up no more than 44°C. In the dermis and subcutaneous fat occurs reconstruction of collagen, causing the skin surface lift.

Purpose: Evaluation of efficacy of radiofrequency Pellev© and blepharoplasty.

Methods: 17 patients aged 32 to 67 years, we have conducted the procedure Pellev© and blepharoplasty. The first step is to conduct a course of three treatments at intervals of 2 weeks radiowave Pellev©. The second step is to perform classical blepharoplasty using radiofrequency generator of new generation Surgitron® DF S5 (4.0 MHz) and a repeated course of radiowave lifting Pellev© a month after the operation. This combination allows to accelerate the regeneration of tissues after surgery and reduce the risk of a rough scar tissue shorten the rehabilitation period, resulting in good aesthetic results.

Results: All patients reported improvement in skin quality, subjectively faster rehabilitation in the postoperative period.

Conclusion: We believe that the combination of two of these methods leads to good clinical and aesthetic outcomes in correcting involutional changes in the periorbital region.
Introduction: Tear trough deformity with herniated fat of lower lid can be an aging process of lower lids. Transconjunctival orbital fat repositioning commenced in 2000 with externalized sutures or internal stitches to fixate pedicled fat. The following technique using the external cannula to fix the pedicled fat internally is easily undertaken by limited access to the transconjunctival approach.

Methods: From February 2012 to March 2015, 16 patients with tear trough deformity with herniated fat underwent fat repositioning via external cannula guiding with internal fixation. The fixation suture, guided with a blunt cannula through the skin, secures fat on a supraperiosteal plane beyond the tear trough (Figure 1). The outcome and postoperative complications are reviewed (Figure 2).

Results: For all 16 patients, follow-up ranged from 12 months to 37 months with an average follow-up of 21 months period. This group including 14 females and 2 males aged from 27 to 61 years-average age being 42 years. Tear trough deformity was corrected in 15 patients. One patient had recurrent deformity 6 months after surgery due to rubbing the eyes. No restricted ocular movement or diplopia was reported in this study. Those with dark eye circles over the tear trough showed improvement but not complete effacement due to pigmentation or vessels congestion.

Conclusions: Orbital fat repositioning via the external cannula guiding with internal fixation along the tear trough can be performed with limited exposure of transconjunctival approach and has the benefit of a lasting effect on lower lid shape with minimal risk.
Lower blepharoplasty is a controversial operation in plastic surgery which gives nice results enhancing face’s freshness and beauty by removing redundant skin, bags and infrapalpebral grooves.

It needs long and solid training to avoid frequent complications sometimes difficult to solve as ectropion and scleral show.

The big challenge is to make decision between the transconjunctivally approach for moderate redundant skin and the transcutaneously approach when a larger amount of skin must be resected.

Sometimes a transconjunctivally approach is required when just associated to “pinch test” without any undermining of skin.

The surgeon must be able to do both techniques so he can choose the most suitable one for his case.
THE POSSIBLE MECHANISM OF FAT GRAFT SURVIVAL ENHANCEMENT BY PLATELET RICH PLASMA: IN-VITRO AND IN-VIVO STUDY

Presenter: Han T. Liao, MD, PhD
Affiliation: Chang Gung Memorial Hospital Chang Gung University
Country: Chinese Taipei
Authors: Liao HT, Marra KG, Rubin JP

Purpose: Recently, platelet-rich plasma (PRP) is reported to promote fat graft survival in both animal and clinical studies. However, the molecular mechanism is still not clear. The aim of this study is to determine the possible mechanism via in-vitro and in-vivo nude mice study.

Materials and Methods: Human Platelets were purchased from HEMOCARE for the production of PRP. Human adipose-derived stem cells (ASCs) were isolated as per laboratory protocol. The ASCs were cultured under four conditions: 1. Regular DMEM medium, 2. Regular DMEM medium with 10 to 40% PRP 3. Adipogenic medium 4. Adipogenic medium with 10 to 40% PRP. The cell proliferation was assessed by CYQUANT. The adipogenesis was evaluated by AdipoRed stain and mRNA of PPAR-gamma and FABP4 gene expression. The stemness and angiogenic gene expression was also compared. The endothelium tube formation assay was further used to prove the phenotype of angiogenesis. The nude mice were implant with fat graft plus 10 to 40% PRP as experiment and fat graft only as control group.

Results: Proliferation of ASCs was enhanced by PRP dramatically both in regular DMEM and adipogenic medium. The up-regulation of Sox-2, Nanog and Oct-4 further proved the more stemness of PRP-treated ASCs. The up-regulation of VEGF expression and the tube formation assay indicated angiogenesis of PRP-treated ASCs under regular medium. However, intra-cytoplasmic lipid accumulation was decreased after treatment with PRP. The qPCR also confirmed the down-regulation of adipogenesis on both PPAR-gamma and FABP4 gene expression in PRP-treated ASCs under adipogenic medium. The in-vivo nude mice showed more fat graft retention in the PRP-treated group than fat graft only group (p<0.05). Histology indicated the greater adipocyte survival and more vessel formation in PRP-treated group.

Conclusion: Taken together, PRP may promote fat graft survival via proliferation of ASCs. The angiogenic effect of PRP itself and PRP-treated ASCs will enhance the vascular supply to maintain the adipocyte survival within fat graft. Furthermore, the stemness effect of PRP increases the renewal and differentiation capabilities of ASCs which can be the cell depot required in fat graft survival.

AUTOLOGOUS PLATELET RICH PLASMA (PRP): A SAFE AND EFFICIENT CULTURE MEDIA FOR ADIPOSE DERIVED STEM CELLS EXPANSION

Presenter: Ali Modarressi, MD
Affiliation: University Hospitals of Geneva
Country: Switzerland
Authors: Modarressi A, Atashi F, Pittet-Cuenod B

Background: Mesenchymal stem cells derived from adipose tissue (AT-MSCs) are promising candidates for cell therapy and tissue engineering strategies. Currently the use of non-autologous cell culture media (e.g animal-derived or allogenic serum) for clinical applications of mesenchymal stem cells (MSCs) is criticized by regulatory agencies. Here we propose autologous platelet-rich plasma (PRP) as a safer alternative medium supplement for adipose-derived mesenchymal stem cells (AT-MSC) culture.

Methods: To study its efficiency on cell proliferation, AT-MSCs were cultured for 10 days in media supplemented with different concentrations of autologous non-activated (nPRP) or thrombin-activated PRP (tPRP) (1%-60%). AT-MSC proliferation, cell phenotype and multipotency capacity were assessed and compared to AT-MSCs expanded in a classical medium supplemented with 10% of fetal bovine serum (FBS). Platelet count and viability in the presence or absence of AT-MSCs, was assessed for up to 10 days of culture.

Results: Culture media supplemented with nPRP showed dose-dependent higher AT-MSC proliferation than did FBS or tPRP. 20% nPRP was the most effective concentration to promote cell proliferation. This condition increased 13.9 times greater AT-MSC number in comparison to culture with FBS, without changing the AT-MSC phenotype and differentiation capacity. 57% of platelets were viable up during 10 days of culture. Most key growth-factors known to be crucial for stem cells proliferation (e.g. VEGF, FGF, PDGF) was increased significantly in PRP media in comparison to control media.

Conclusion: We concluded that 20% autologous nPRP is a safe, efficient and cost-effective supplement for AT-MSC expansion. It should be considered as an alternative to FBS or other non-autologous blood derivatives. It could serve as a potent substitute for the validation of future clinical protocols as it respects good-manufacturing practices and regulatory agencies standards.
MICRO-STRUCTURED BACTERIAL CELLULOSE COATING RESULTS IN A SIGNIFICANT REDUCTION OF CAPSULE FORMATION AROUND SILICONE GEL BREAST IMPLANTS

Presenter: Nicole Lindenblatt, MD
Affiliation: University Hospital Zurich
Country: Switzerland

Introduction: Capsular contracture occurs in up to 59% of patients receiving breast augmentation resulting in repeated revision surgeries and a significant financial burden. Despite this fact no proven prevention strategies exist until today. Therefore it was the aim of this study to evaluate the effect of micro-structured bacterial cellulose on capsule formation in an in vivo model.

Methods: Upon approval by the local authorities eight female domestic pigs received the placement of round structured silicone gel implants (125g) in a subcutaneous pocket underneath the teats. Each animal served as its own control and received one uncoated implant and one implant covered with micro-structured bacterial cellulose. All implants were left in place for 6 weeks and then removed for histopathological evaluation.

Results: Histopathology showed a marked reduction of capsule formation around the implants covered with micro-structured bacterial cellulose. Reduction of capsule thickness was more pronounced on the convex side of the implant (29.4%), than on the concave side (16.2%). The efficacy of the protective layer to reduce capsule formation appears to be more significant in the case of a strong fibrotic response and capsule formation of more than 2.5 mm (-22.9%), than in animals with a lesser tendency for fibrotic reaction (-9%). The maximum reduction of fibrotic tissue capsule measured amounted to 55%.

Conclusions: Micro-structured bacterial cellulose coating of silicone breast implants significantly reduces capsule formation and fibrotic tissue reaction and therefore represents a potentially highly effective material to reduce capsular contracture after breast implant surgery.

ANIMAL STUDY: THE EFFECT OF LIPO-ASPIRATE ON WOUND HEALING

Presenter: Marisse Venter, MD
Affiliation: Netcare Breast Care Center of Excellence Milpark Hospital
Country: South Africa
Author: Venter M

Background: Adipose derived stem cells have been shown to have multiple regenerative properties including accelerated wound healing. Stem cells are harvested, purified and cultured in order to provide an adequate cellular yield. This isolation process required large financial contributions, trained laboratory staff, intensive procedure utilizing multiple purification solutions and expensive equipment. The aim of the study was to investigate the effect of simple lipo-aspirate on wound healing without stem cell cultivation, thereby reducing the cost but still maintaining the adipose stem cell advantage.

Methodology: This is a prospective, interventional animal study to investigate the effect of lipo-aspirate on wound healing. Seven young, adult white male pigs were used in the study. Firstly, flow cytometry was used to demonstrate the presence of stem cells in the lipo-aspirate. Once stem cell presence was confirmed the lipo-aspirate was harvested. Fat was harvested using standard liposuction technique and injected around defects created. Skin defects were evaluated for primary and secondary wound healing. Ten defects were created on the back of seven white large male pigs. Five wounds were injected with fat and compared to five control wounds. Histological evaluation was done Day 0/3/5/7/10. Defects were compared using macroscopic evaluation, wound surface area, epidermal growth, epidermal thickness, bacteriology and new collagen formation.

Results: Evaluation shows accelerated wound healing with the treatment of adipose tissue compared to control wounds. Wound healing markers such as epidermal growth, new vessel formation, new collagen formation were all statistically significantly increased. The Bacteriology results showed no significant differences. Fat treated wounds had a clear histological advantage compared to control wounds.

Conclusion: Results indicate a benefit in the treatment of wounds by injecting fat harvested by liposuction. The procedure allows for a cost effective method to enhance wound healing in a developing country.
ANIMAL STUDY: THE EFFECT OF LIPO-ASPIRATE ON WOUND HEALING

EFFICACY OF LIPOSUCTION AS A DELAY METHOD FOR IMPROVING FLAP SURVIVAL
Presenter: Erkan Orhan, MD
Affiliation: Namik Kemal University
Country: Turkey
Authors: Orhan E, Deren O, Erol Y, Altun S, Erdozan B
WITHDRAWN
AN ISLANDED RABBIT AURICULAR SKIN FLAP MODEL OF HYALURONIC ACID INJECTION INDUCED EMBOLISM

Presenter: Chunjun Liu, MD, PhD
Affiliation: Plastic Surgery Hospital Peking Union Medical College Chinese Academy of Medical Sciences
Country: China
Authors: Liu C, Zhuang Y, Yang M

Background: Hyaluronic Acid (HA) injection induced embolism is a rare but severe complication. This article is aimed to introduce an islanded rabbit auricular skin flap model of HA injection induced embolism and study its pathophysiological progress.

Methods: An islanded skin flap was elevated based on the proximal central auricular artery/vein. Eighteen rabbits were randomized into three groups. Ten, twenty and forty microliters of HA were injected into central auricular artery in each group, respectively. Flap fluorescence angiography was performed. One way ANOVA was used to compare fluorescence area at different time points and between dose groups. Two rabbits in each group were randomly chosen for histology examination. In addition to regular HE staining, Alcian Blue staining were performed to better show the existence of HA in the vessel lumen.

Results: The mean calculated fluorescence area were 64.41% on POD 1, 79.77% on POD 3, 88.20% on POD 5 and 92.03% on POD 7 in 10ml group; 60.51% on POD 1, 58.84% on POD 3, 71.20% on POD 5 and 76.54% on POD 7 in 20ml group; 21.60% on POD 1, 3.08% on POD 3, 2.91% on POD 5 and 7.52% on POD 7 in 40ml group. In all three groups infiltration of eosinophilic granulocyte was observed in the muscular layer of both artery and vein.

Conclusion: Our study successfully created a rabbit auricular skin necrosis model of HA embolism, which provided a valuable animal model for further investigation of the pathophysiological progress and the efficacy of potential treatments.

READABILITY OF ONLINE MATERIALS FOR RHINOPLASTY

Presenter: Pauline Joy F. Santos, BA
Affiliation: University of California Irvine
Country: USA
Authors: Santos JF, Daar DD, Wirth GW, Paydar KP

Background: Rhinoplasty is a popular aesthetic and reconstructive surgical procedure, and it is one of the top five surgical cosmetic procedures performed worldwide. However, little is known about the content and readability of online materials for patient education. Patients are predominantly using online materials to gather information on healthcare. While there is a plethora of patient material available, the appropriateness of content readability is not known. The recommended grade level for educational materials is sixth grade according to the National Institutes of Health (NIH) and the American Medical Association (AMA). This study aims to assess the readability of online patient resources for rhinoplasty.

Methods: The largest public search engine, Google, was queried using the term “rhinoplasty” on February 26, 2016. Location filters were disabled and sponsored results excluded to avoid any inadvertent search bias. The 10 most popular websites were identified and all relevant, patient-directed information within one click from the original site was downloaded and saved as plain text. Readability was analyzed using five established analyses (Readability-score.com).

Results: Analysis of ten websites demonstrates an average grade level of at least twelfth grade. No material was at the recommended sixth to seventh grade reading level (Flesch-Kincaid, 11.1; Gunning-Fog, 14.1; Coleman-Liau, 14.5; SMOG 10.4; Automated Readability, 10.7; Average Grade Level, 12.2). Overall Flesch Reading Ease Index was 43.5, indicating reading ease above seventh grade level, which is a score of at least 70.

Conclusions: Online materials available for rhinoplasty exceed NIH- and AMA-recommended reading levels, which may prevent appropriate decision-making in patients considering these types of surgery. Similar projects assessing other plastic surgery procedures found grade level above 7th grade. Outcomes of this study identify that Plastic Surgeons should be cognizant of available online patient materials and make efforts to develop and provide more appropriate materials. Readability results can also contribute to marketing strategy and attracting a more widespread interest in the procedure.
Background: Humanitarian plastic surgery is a challenge for experienced plastic surgeons helping underprivileged patients all over the world. Experts from Interplast-Germany and France perform every year more than 70 mission not only to operate on difficult cases but share their experience with the local team. Long lasting projects show the effectiveness and sustainability of this sophisticated support. In case of desaster relief the plastic surgeon needs the confidential collaboration with international NGOs like MSF (Medécins sans Frontiéres) which take care of the logistical conditions, security and primary aid. Now the help for thousand injured victims of the Syrian conflict demand our plastic surgical expertise.

Materials and Methods: Experiences from INTERPLAST Mission to Amman in Jordan and Reyhanli in Turkey show the desaster of the insufficient medical treatment and the urgent need for plastic and reconstructive surgery

Results: Compared to 35 years of experience with INTERPLAST-Germany organizing 1,200 missions performing 90,000 operations, the situation at the Syrian border ist totally different. Not the number matters but the quality of work you are able to perform at once. In desaster relief and war casualties the effectiveness of plastic surgery is limeted to basic and save procedures like skin grafting and muscle flaps. In close cooperation with the traumatologists open fractures, burn cases and infected wounds need a sufficient coverage. But often changing teams make the continuity of the treatment difficult. Different therapy strategies confuse the local staff and weaken the confidence in the success of the treatment. Daily discussion and explanation are necessary to convince the Syrian doctors and nurses of the effectiveness of the proposed operation. Limeted after care and lack of material and facilities do not allow always optimal results. Nevertheless the patients are extremely grateful for the help they get offered. These challenging experiences could be a great gift for any plastic surgeon.

Conclusions: The Syrian conflict shows there is a big need of humanitarian plastic surgery. Regular and consecutive surgical camps at the same place are mandatory. We can perform basic plastic principles which we can teach to the local surgeons to enable them to help their own people and improve the effectiveness of their dedication. Humanitarian aid in the field of plastic surgery should not only remain a national task but a challenge for many international cooperations.
USE OF EARLY HIGH CONDENSED ADIPOSE- DERIVED STEM CELL FOR COMPLICATED WOUND AFTER FILLER INJECTION

Presenter: Seoung Hoon Park, MD
Affiliation: Kangnam Sacred Heart Hospital Hallym University Medical Center
Country: South Korea
Authors: Suh I, Kim JH, Yang HJ, Jeong HS, Park SH, Lee JW

Filler injection for augmentation of soft tissue depression or wrinkles is a common procedure, however it causes various complications such as erythema, infection and skin necrosis. Treatments for complication range from conservative treatment to surgical treatment. Early high condensed adipose-derived stem cell treatment which has tissue regeneration effect has had satisfactory results for soft tissue necrosis severe infection after filler injection.

Out of the 50 patients for complications after filler injection on the face during 2009-2014, medical chart review was done for the 13 patients who had high condensed adipose-derived stem cell injection to treatment soft tissue necrosis with severe inflammation after filler injection. Adipose tissues were harvested from the patients’ abdomen by using a Lipokit (Medikan Inc., Seoul, Korea) for the lipotransfer and centrifuge. They were subsequently mixed with collagenase type II and liquefied by saline in the syringe. 3cc was extracted and injected after 5 times of centrifuging.

There was 13 female patients, with an average age of 36.8 years (24-52 years). The average days it took from injection to stem cell therapy is 5.3 days. The average days it took from stem cell treatment to symptom relief was 9.5 days. In spite of stem cell treatment, complications such as erythema, contracture, scars remained but symptoms were mild. Five cases were performed additional stem cell treatment and 1 case required composite graft for nostril notching.

By using stem cell treatment, we were able to obtain satisfactory results in a short period of time without any sequelaes requiring surgical treatments. In conclusion, early condensed adipose-derived stem cell injection may resolve various complications after filler injection on face by promoting rapid reepithelization, angiogenesis and regeneration of soft tissues.
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MANAGEMENT AND OUTCOME OF COMPLICATIONS OF MASSIVE VOLUME (>100ml) SOFT TISSUE FILLER INJECTION

Presenter: Sammy Al-Benna, MB, ChB, PhD
Affiliation: Institute of Surgery and Innovation
Country: United Kingdom
Author: Al-Benna S

Introduction: Complications after massive volume filler injection for soft tissue augmentation are increasing due to the increasing use of filler. The aim of this study is to describe the epidemiology, presentation, management and complications of surgical management of massive volume soft tissue filler injection.

Methods: A retrospective case note review of all patients with complications of massive volume soft tissue filler injection (>100ml). Data are presented as means ± SEMs.

Results: Twenty-one cases were identified with recurrent inflammation causing severe necrosis and scarring. The mean age was 28±2 years. 76% were female. The head, breasts, buttocks and thighs were the body parts most frequently injured. All had chronic pain requiring pain team expertise. More than three-quarters of patients took opioids and one-third took amitriptyline, gabapentin, or pregabalin. There were two cases of acute renal failure and one of acute pancreatitis.

Discussion: Massive volume soft tissue filler injection is an infrequent but potentially serious cause of injury in adults. Although rare, the loss of large areas of skin and soft tissue, neurological sequelae, pancreatitis and renal failure remain serious complications in a significant number of cases. Complications of massive volume soft tissue filler injection require operative treatment for successful management.

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COMPARISION OF INFORMED CONSENTS IN PLASTIC SURGERY: SHOULD WE HAVE AN INTERNATIONAL GOLD STANDARD?

Presenter: Mariagrazia Moio, MD
Affiliation: University of Rome Sapienza
Country: Italy
Authors: Moio M, Fahmy F

Introduction: Consent to surgeries is one of the mainstays in our practices before proceeding with surgery. There is great emphasis in our practices of the need for informed consenting of patients.

Materials and Methods: In this paper the consents of a number of common cosmetic procedures were reviewed and compared amongst clinicians.

Results: There was a split amongst clinicians in the way they consent their patients. One group, opted for consenting patients on individual basis, as they come along; another group attempted a standardised consent for the common procedures. There was still a clear discrepancy in the contents of the standard consent among different clinicians. Our results will be presented.

Conclusions: The lack of consistency amongst consents was striking. With the increasing trend of litigation, there is a call to have consistent universal consents for all the common plastic surgery procedures. This will not only ensure that standardised information is provided to our patients but is also a protective tool for the surgeon, ensuring that worldwide recommended consenting is being followed. We propose that this idea to be adopted by the national and international bodies, with a view of producing standardised consents.
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8304 Esters Boulevard, Suite 890
Irving, TX 75063, USA
T: 1-214-612-5849
F: 1-817-769-1430
E: info@thermi.com
W: www.thermi.com

Thermi™, an Almirall company, is a leading developer and manufacturer of thermistor-regulated energy systems for plastic surgery and dermatology applications. The company is focused on the worldwide distribution of its products. Our products are based on the science of heat, using SmartTip technology to enable physicians to use temperature as a clinical endpoint.
Tulip Medical Products

Sacsy Sukcharoun, Director of Sales & Marketing
4360 Morena Boulevard, Suite 100
San Diego, CA  92117, USA
T:  1-619-346-3559
F:  1-858-270-5901
E:  sacsy@tulipmedical.com
W:  www.tulipmedical.com

Premium fat transfer instruments that operate like an extension of a skilled hand, for the surgeon who doesn’t compromise on quality. Now introducing the patent-pending Tulip Nano Transfer System - taking fat transfer to the smallest level. Tulip Medical - Delivering the Benefits of Fat to Millions™

VOE, S.A.

Francisco Saula Riera, General Manager
Aribau, 39
Barcelona, 8011, Spain
T:  34-93-451-6452
F:  34-93-451-7622
E:  info@voe.es
W:  www.voe.es

Since 1985, Voe’s team have been manufacturing surgical compression garments, world renowned for their superior quality, comfort and innovative design. Try our SLIM fabric that through nantechnology, incorporate anti-cellulite active ingredients that help get you in shape. All VOE products are made entirely in Barcelona, Spain.

Xelpov Surgical (PVT) Ltd.

Qamar-ul-Zaman, International Business Manager
Flat #CG10, University RESidential Area, University of Sargodha
Sargodha, Punjab 40100, Pakistan
T:  92-300-6300-808
E:  qamar.zaman@xelpovsurgical.com
W:  www.xelpovsurgicalonline.com

XELPOV SURGICAL is known synonymous with high quality, efficient service and close correspondence with its customers. The Commitment to excellence has allowed us to establish our customer base in strategic and vital surgical hubs globally. In addition to cost-effective products designed to meet the needs of your business, there are many other reasons to choose Xelpov Surgical.

Zeltiq (Gold Sponsor)

Melody Bertolucci, Director of Events
4698 Willow Road
Pleasanton, CA 94588, USA
T:  1-925-621-4130
F:  1-925-621-4235
E:  mbertolucci@zeltiq.com
W:  www.coolsulpting.com

ZELTIQ is the maker of CoolSculpting, the world’s #1 non-invasive fat reduction treatment worldwide. With over 3 million treatments performed around the globe and over 60 peer reviewed papers, ZELTIQ’s patented cooling technology is leading the way in the non-invasive fat reduction category. The latest CoolSculpting innovation is the CoolAdvantage Applicator, a 3-in-1 applicator designed to deliver transformational results with shorter treatment times (nearly half), improved patient comfort, and the ability to treat more tissue.
ONE SYSTEM.
MILLIONS OF OPPORTUNITIES.

Capture the 22.4 million patients interested in non-invasive fat reduction with the market-leading CoolSculpting® system.1 With a broad range of applicators targeting multiple treatment areas, the CoolSculpting system is the most versatile solution for your practice.

1. Data on file, ZELTIQ® Aesthetics, Inc.

In the U.S., the CoolSculpting procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank. In Taiwan, the CoolSculpting procedure is cleared for the breakdown of fat in the flank (love handle) and abdomen. The CoolSculpting procedure is available worldwide.

ZELTIQ, CoolSculpting, the CoolSculpting logo, and the Snowflake design are registered trademarks; and CoolCore, CoolCurve+, CoolFit, CoolMax, CoolSmooth PRO, and CoolMini are trademarks of ZELTIQ Aesthetics, Inc. © 2015. All rights reserved. IC1991-C

Learn more at CoolSculpting.com/for-physicians
Demonstrations in the Exhibit Hall

Calligraphy

Experience Calligraphy! LET’S MAKE YOUR ORIGINAL CARD USING A BRUSH OF SUMI
Calligraphy is a creative art form that attempts to express spiritual depth and beauty by means of KANJI and KANA characters written with a brush and SUMI (black ink). We will help and teach you. Join us to experience this ancient art yourself!

Origami

Origami is one of Japanese traditional arts - folding a sheet of paper into various figures such as birds, animals and many other things. We offer you an opportunity to try origami as we display our works.

ISAPS gratefully acknowledges the generous support of:
• Allergan Japan
• The Federation of Pharmaceutical Manufacturers’ Associations of Japan
INDUSTRY LUNCH SEMINARS
Zeltiq/Coolsculpting Seminar
CoolSculpting: New Patient Research to Grow your Practice
Monday, October 24th
12:00 - 1:00 pm
Room A

A recent in-depth market research study was conducted by Zeltiq Aesthetics, the maker of the CoolSculpting® system. The study uncovered large patient demand for non-invasive fat reduction globally. Join us and three leading aesthetic providers as we discuss how to leverage the insights gained by this global research.

Presenters:
W. Grant Stevens, Marina Plastic Surgery, USA
Renato Saltz, Saltz Plastic Surgery, USA
Heidi Waldorf, Waldorf Dermatology, USA

Motiva Seminar
Minimally Invasive Techniques with Nano-surface Breast Implants
Tuesday, October 25th
12:00 - 1:00 pm
Room A

Please join us for this informative session entitled: Minimally Invasive Techniques with Nano-surface Breast Implants. The esteemed, world renowned faculty for the session include Drs. Brian Kinney (U.S.), Marcos Sforza (UK), Giovanni Botti (Italy) and Johan Nordqvist (Sweden).

Galderma Seminar
Achieving Optimal Outcomes with Restylane
Chairperson: Dr. Nobutaka Furuyama (Japan)
Tuesday, October 25
12:00-1:00 pm
Room F

Asian & Japanese Beauty Concept with Patient Assessment presented by Dr. Akiko Imaizumi (Dermatologist, Japan)
Achieving Full Face Contouring with Angles & Curves presented by Dr. Shih-Yen Lu (Plastic Surgeon, Taiwan)
Achieving Non-Surgical Facelifting Effect with “Butterfly” Technique presented by Dr. Puttipong Poomsuwan (Aesthetic Physician, Thailand)

Sciton Seminar
The Fusion Technique: Enhancing Your Facelifts Using Multiple Laser Applications
Wednesday, October 26th
12:00 - 1:00 pm
Room A

Presenter: Marc Salzman, MD, FACS, Louisville, Kentucky, USA

Today’s cosmetic patient is more demanding than ever. Discover how using the Fusion Technique can help you exceed expectations and beat your competition. By adding minimally invasive and non-invasive laser modalities to your facelift or other plastic surgery procedures, you can provide unmatched results while charging more for your procedure. In addition, these minimally invasive treatments may provide a future stream of regular patient revenue.

human med AG Seminar
Aesthetic and Regenerative Applications for Lipofilling with WAL
Wednesday, October 26
12:00-1:00 pm
Room B

This seminar will focus on new clinical data and experience on fat grafting in a broad spectrum of aesthetic and regenerative indications, reaching from long-term results in aesthetic and reconstructive breast augmentation, presented by Klaus Ueberreiter, MD to Arthrosis treatment with fat grafting in the Hip and Knee, presented by Marco Stabile, MD, followed by Water-jet assisted lipotransfer in post-traumatic defects and scars, presented by Delia L. Hoppe, MD

Polytech Health Seminar
Microthane® Breast Implants: A Guarantee for Breast Softness, Shape and Position
Thursday, October 27th
12:00 - 1:00 pm
Room B

Microthane® Implants: A Guarantee for Breast Softness, Shape and Position - Mario Pelle-Ceravolo, Italy
The Importance of Anatomical Breast Implants - Magnus Noah, Germany
New Clinical Evidence of Long-Term Superior Outcomes with Microthane® Breast Implants - Tom Biggs, USA
Stop underarm sweat.

Half the patients in your practice are interested in eliminating their underarm sweat and odor.¹

miraDry® is the first and ONLY non-invasive treatment proven in more than 70,000 procedures worldwide to permanently destroy underarm sweat and odor glands. Fast, safe, and comfortable, miraDry delivers patient satisfaction, among the highest of any non-surgical aesthetic procedure.

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¹ Not for pediatric use.
² www.RealSelf.com, world’s largest community for information about cosmetic surgery, dermatology, dentistry, and other elective treatment, poll of 2200 females age 18-64, MK0332-D 08/16