23rd Congress of ISAPS

Kyoto, JAPAN
Welcome to this issue of ISAPS News. I hope that everyone is planning their trip to Kyoto, Japan so that we can all be together for the 23rd Congress of ISAPS in October. I am looking forward to this incredible educational experience and the opportunity to spend time with colleagues from around the globe. Our President, Susumu Takayanagi, is putting together a once-in-a-lifetime experience for us all.

Our Global Perspectives Series features brow lifting and forehead rejuvenation. Read about approaches and techniques in this informative section with lots of tricks and tips to help your practice. You can also read about ISAPS educational activities and reports of the humanitarian efforts being undertaken by our members.

Our history article this time is Part I of a two-part series, The Birth of Cephalometry, by Denys Montandon from Switzerland and we have expanded our new marketing section into ISAPS Business School with great ideas to help you grow your practice. We continue to spotlight our newly formed and growing ISAPS Global Alliance, this time featuring messages from the Australian, Korean and American aesthetic societies.

All this and more can be found in this issue of ISAPS News.

J. Peter Rubin, MD, FACS
ISAPS News Editor
MESSAGE FROM THE PRESIDENT

COPLAST is an association of plastic surgery societies from each country that was recently established to replace IPRAS; however, ISAPS has not received any official information from the management of ICOPLAST that they desire to engage in activities together. It is regrettable that the relationship with IPRAS has become difficult; however, I expect to build a favorable relationship with ICOPLAST. I believe that plastic surgery and aesthetic surgery overlap and they should not be separated; however, since ICOPLAST has just started its activity, we at ISAPS need to wait for a while to see the direction in which this new society is heading.

ISAPS Kyoto 2016

The Congress will be held for four days from Monday, October 24 through Thursday, October 27, 2016 at the Miyakomesse in Kyoto.

In the afternoon on Sunday, October 23, 2016, we will organize a program for Residents and Fellows to train in the basic procedures of aesthetic plastic surgery. Participation is free.

The Jidai-Matsuri (Jidai Festival) will be held in Kyoto on Saturday, October 22, 2016. This is a famous festival featuring various periods of Japan in a parade. It is very popular and is expected to be very crowded. If any of you desire to see the parade, I recommend that you make a reservation for your hotel as soon as possible. On Wednesday, October 26, 2016, we are planning to hold sessions on practice management and skin care. We are expecting the participation of many people, including nurses and other medical staff members in addition to doctors. We think that there may be people who want to participate on October 26 only. Therefore, we prepared a one day fee specifically for these sessions.

Since many tourists visit Kyoto throughout year and there are strict building regulations in the city of Kyoto to maintain its scenery, large, multi-room hotels cannot be built. Therefore, hotels in Kyoto are always fully booked. Consequently, I strongly recommend that you reserve your hotel as soon as possible. At this moment, it is already difficult to book a room at the Westin Miyako Kyoto, which will be the headquarters, and the Kyoto Hotel Okura, where the faculty dinner is scheduled. The subway is convenient from several hotels in Kyoto to the Congress venue. I recommend booking a hotel near a subway station. For example, there are the Hotel Granvia Kyoto, which is in the Kyoto Railway Station building; the New Miyako Hotel, which is located to the south of Kyoto Station; the ANA Crowne Plaza Hotel, which is located in front of Nijo-jo Castle; the Brighton Hotel which is located in front of the Kyoto Imperial Palace, among others.

As for registration fees, ISAPS Global Alliance society members can participate in the Congress with a discounted fee even if they are not ISAPS members.

Visiting Professor Program

Regarding our Visiting Professor Program (VPP) that was re-started in 2013, 16 missions have been successfully completed from its start to the present. Currently, programs have been approved for 2016 in Turkey, Ukraine, Argentina, Japan and the US. Several more are pending.

Many participants in this program have sent enthusiastic e-mails after their mission was complete. I am very pleased with them. Renato Saltz is in charge of this program. If you would like to request a VPP, please contact him.

Vegas and Miami meetings

Many people participated in both the Las Vegas meeting in June and the Miami meeting in October. I thank the many ISAPS members, including ISAPS board members, who participated in and supported these meetings as faculty.
HOW CADAVERS ARE CHANGING PLASTIC SURGERY OUTCOMES

Whitney Weimer
Manager, Client Relations, Science Care

Recently, there have been a number of articles surrounding plastic surgery achievements in the news. We’ve all read about the recent remarkable face transplant surgery performed at NYU by Dr. Eduardo Rodriguez and his team, which gave a Mississippi firefighter a new life. The firefighter received a new face, scalp, ears and ear canals, and selected portions of bone from the chin, cheeks, and entire nose. He also received new eyelids and the muscles that control blinking, as he was previously unable to close his eyes completely. It was the most extensive facial transplant ever done or attempted. Or, what about the story of the young boy who was the first child in the US to receive a bilateral hand transplant that was performed at The Children’s Hospital of Philadelphia? These advancements in plastic surgery are groundbreaking and require hours upon hours of research, training, and repeated practice. But how do these surgeons develop the precise skills necessary to ensure successful surgical outcomes? A major part of their success has to do with training on cadavers.

Many advances in plastic surgery are a direct result of using cadavers as a learning tool. Plastic surgery involves the movement of tissue and understanding the multi-dimensional relationship of structures. Understanding the different tissue characteristics of skin, muscle, tendon, fat, bone, and nerves allows the plastic surgeon to properly prepare for just about any procedure. Use of cadavers is critical to successful outcomes. According to Dr. Rodriguez in an article published in NY Magazine, he and his surgeons spent hours practicing removing faces from cadavers.

Where do plastic surgeons find fresh tissue for research and training? They work with organizations like Science Care, one of the world’s largest non-transplant tissue banks with five accredited locations spread across the U.S. capable of shipping custom procured tissue anywhere in the world. Science Care has assisted numerous plastic surgeons around the globe with procurement of cadaveric tissue for their specific training or research needs.

A donor, or their next of kin, will consent to have their tissue used by Science Care for medical research, education and training. Upon acceptance into the program and clearance of serology testing, the tissue is recovered by Science Care for a variety of medical research and education projects.

Researchers, surgeons or those in need of human tissue, will contact Science Care to request tissue for their specific training or research needs.

Tissue can be requested and supplied in multiple forms: whole bodies, extremities, internal organs, skin samples or FDA panels.

Science Care will align the shipment of the tissue to the requestor anywhere in the world using certified anatomical freight forwarders.

Tissue is shipped in secure packaging and includes all necessary paperwork including any documents needed for international custom requirements.

Once the tissue use is complete, the requestor may dispose of the tissue locally or may return it to Science Care for final disposition.

Advances in plastic and reconstructive surgery would not be what they are today without training on fresh tissue cadavers. Simulation models of plastic surgery procedures have been developed, but they are incomparable to the dissection of fresh tissue.

As plastic surgery continues to evolve, it’s very clear that the use of cadavers for training on complex surgeries will continue to play an integral role. Human tissue is complex, and there is no substitute for the real thing when training for complex procedures.

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A RETURN TO THE PAST?

Adriana Pozzi, MD – Italy
Giovanni Botti, MD – Italy
National Secretaries for Italy

The unnatural and “over operated” look resulting from early surgical procedures that involved undermining skin and repositioning it under tension is “dead meat” not only in Italy but all around the world. Now patients ask for the natural look; they want to appear young and natural.

What has really changed in these last years in aesthetic surgery is the concept of volume restoration. The work of Dr. Lambros and Dr. Pessa has shown that the lack of fat compartments and the skeleton absorption, are the main cause of altering the shape of the face during the aging process. Consequently, a complete restoration of the young face involves not only bringing the tissues to the original position of youth, but also increasing the volume of fat compartments and augmenting the skeletal support. Soft tissue augmentation with autologous fat has been demonstrated to be very effective by many contributors and has the approval of the scientific community.

Despite the promise of a natural look and despite these new and effective techniques, in these last years of economic crisis, less expensive and less aggressive procedures, with a short recovery period, have seemed to better meet patients’ needs. Therefore, people have begun asking for less aggressive procedures and although it seemed that the less invasive approach was not exactly the best way to obtain a younger face, the economic situation sparked a strong interest in non-invasive and less expensive procedures that produced visible results with a shorter recovery time.

Some time ago I was struck by an advertisement in a woman’s magazine about a “new weekend peel,” a fractional laser treatment which promised a fresh look in a couple of days.

In Italy, from the end of 2011 to the end of 2014, there was a sharp decrease in requests for plastic surgery consultations and procedures, whilst there was an increase in demand of aesthetic medicine (fillers, toxins, absorbable tension sutures, lasers and other procedures).

Cosmetic medicine in Italy can be performed by any doctor, specialist and not (even by dentists, who can inject hyaluronic acid into the lips and surrounding areas) and the manufacturers of fillers and Botox do not miss the opportunity of reaping gains. To overcome the economic downturn, we all became good injectors, but, although these non-invasive techniques can provide some alternative good improvement, we cannot say that they are satisfactory; less is not always more!

Fortunately, over the last eighteen months, there has been a scent of hope! It seems that patients, in recent times, perhaps due to a hint of economic recovery, are returning. More and more, patients are telling us: “I would like a more permanent result: something that can last longer.” A return to the past? I do not believe it is exactly so. I think rather that it is due to a greater awareness. Many of them had had treatments that were repeated at least two or three times a year (depending on the procedure) and many of them have finally realized that those repeated procedures were more expensive than one surgical one.

For facial rejuvenation, we know that with surgery we cannot only get more lasting results, but also a more natural look, because we do not need to over-inflate the faces of our patients. In fact, we can remove the excess skin and we can reposition the underlying tissues in their original position. In this way, fat grafting allows a proper restoration of the missing volume without overfilling and, consequently, without obtaining an unnatural appearance.

Some days ago, I examined a lady who came for a consultation, complaining of an over-reduced nose from a previous rhinoplasty. She was mainly concerned about the lack of projection of her tip and, secondarily, for a too low and unnatural nasal dorsum. At first, I proposed to fill her dorsum with a hyaluronic acid injection, and surgically treat only the tip of the nose. She said: “no doc, I really want a long lasting result; do a complete surgical procedure please!”

I truly believe that something is changing in Italy for plastic surgeons!
Australasian Society of Cosmetic Plastic Surgeons

President, Australasian Society of Aesthetic Plastic Surgery

Tim Papadopoulos, MD – Australia

I was delighted to be invited in this issue of ISAPS News to discuss the Australasian Society of Aesthetic Plastic Surgery – ASAPS (AU) – and its continued participation in the ISAPS Global Alliance.

After an absence of over 19 years on Australian shores, we hosted an ISAPS Symposium on fat grafting preceding our 38th Annual ASAPS Conference at the Hilton Hotel in Sydney, 22-25 October 2015. The program was ably put together by our ISAPS National Secretary, Morris Ritz, who organized a stellar cast which included Drs. Klaus Uebereiter from Germany, Ewa Siolo from South Africa, Raphael Simna from France, Nimrod Friedman from Israel, and by video link Kotaro Yoshimura from Japan. Peter Scott, ISAPS Chair of National Secretaries, did a sterling job as “conductor” of the faculty, making sure everyone gave their best and that things ran smoothly and on time. The faculty talked about the history of fat grafting, the harvesting of fat, the physiology, as well as its use in the face, breast and body. Breast augmentation and reconstruction by fat grafting was also discussed (including French guidelines) and fat grafting instrumentation was on display by industry. The entire experience highlighted not only the depth of expertise of the faculty members but also their passion and commitment in promoting state-of-the-art and safe aesthetic plastic surgery practices.

At our Annual ASAPS (AU) Conference, we discussed body contouring, breast and facial plastic surgery working with the strengths of our keynote speakers, Drs. James Grotting, Joseph Hunstad and Michael Edwards. This was supplemented with practice management sessions which involved time combined with the plenaries and separate sessions specifically designed for plastic surgeons’ staff. We also created a Professional Development Workshop for managers in areas such as leadership and sales as well as social media. A Clinical Photography Masterclass has been expanded and finessed to cover the techniques, technology and procedures of effective and reproducible practice photography. This workshop was not exclusively for surgeons. This year’s 39th Annual ASAPS Conference will be held at the Marriott Resort Gold Coast, Surfers Paradise, Queensland, 6-9 October and promises to be an outstanding event. ASAPS (AU) and the Cosmetic Physicians College of Australasia (CPCA) are again hosting what is undoubtedly the premier educational event for non-surgical aesthetics in Australasia – the 2016 Non-Surgical Symposium (NSS), 2-3 June at the Melbourne Convention and Exhibition Centre. The attendance at this meeting has grown by 20% each year and 2015 was a sell-out. Here we will be welcoming plastic surgeons, cosmetic doctors, dermatologists, ophthalmologists and the nurse aestheticians, dental therapists and practice staff who work with them. The success of this type of symposium is due to independent presentations by a long list of international and leading local presenters on state of the art concepts and practice in the non-surgical rejuvenation sector. It covers the entire spectrum on appearance medicine, from injectables, through to skin care, including laser/light devices and non-surgical body contouring tools.

On the day prior to the Symposium, Thursday June 2, ASAPS (AU) will run the Anatomical Dissection and Live Injecting Workshop at the Royal Australasian College of Surgeons (RACS). There will be a short lecture program on the anatomical changes of ageing and how this affects facial aesthetics and guides treatment selection. The workshop will have a combination of anatomical dissection and live injecting, and the program is modified each year according to feedback. Last year, we introduced an anatomical demonstration paralleling the live injecting and demonstrated this on-screen simultaneously in the injecting room. This will provide an opportunity for greater anatomical understanding and will enhance the learning experience. We will again use the keynote presenters from the Non-Surgical Symposium as guest faculty for the injecting workshop in both the anatomy and injecting areas alongside our local experts.

Whilst science is our focus in all of our events, let’s not forget the social programs which have reached legendary status all across the world. I can assure you that both our meetings in 2016 will be fresh, exciting and inspiring for you and we look forward to welcoming you to our sunny shores very soon!
ASSI® Gluteal Remodeling Instrumentation

The ASSI Gonzalez Detacher, is shaped like a duck’s bill with curved branches. It opens and closes as it moves forward, to suit the implant’s size and shape making detachment easier.

Spotlight on KSAPS, continued from page 9

and effective skills, international free paper presentations with exciting innovation and research, categorized facial rejuvenation sessions incorporating in-depth anatomical insight, and hospital management sessions will be featured. We have also invited China, Japan and the United Kingdom as our invited Guest Nations this year, with sessions dedicated to and presented by each Guest Nation. We also host the Asian-Pacific sessions presented by various nations from the region to further international alliance in the Asian-Pacific rim.

Our goal lies in achieving APS to be the premier educational event in aesthetic surgery in the region, and we are confident that our platform of teaching courses, scientific sessions and discussion tables will meet expectations. We look forward to welcoming members of ISAPS to Seoul in the most pleasant season of the year.

Spotlight on ASAPS, continued from page 9

“Experienced Insights in Breast and Body Contouring,” on October 6-8, 2016. They promise an interactive learning experience. More details will be available soon at surgery.org/breastandbody2016.

The fourth annual ASAPS Las Vegas Facial Symposium will be coming in January 2017. This outstanding program engages participants through its intimate learning environment and a cadaver lab that is so popular, it sells out every year. Top national and international faculty have branded this meeting as the very best concentrated face meeting available anywhere in the world. More information will be posted soon at www.surgery.org/lasvegas2017.

And finally, what could be better than learning with your friends and colleagues on The Aesthetic Cruise? This trip to Scotland and Norway will offer some of the best education you’ll find on the high seas. Book your cabin now for this exciting adventure that sets sail July 21-August 1, 2017, www.surgery.org/cruise2017.

The American Society for Aesthetic Plastic Surgery is very pleased to participate in the ISAPS Global Alliance and we look forward to building a worldwide force for the betterment of Aesthetic Plastic Surgery and our patients.

January – April 2016

ISAPS GLOBAL ALLIANCE
PARTICIPATING SOCIETIES

American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
Asociación Española de Cirugía Estética Plástica (AECEP)
Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
Association of Plastic and Reconstructive Surgeons of Southern Africa (APRESSA)
Australasian Society of Aesthetic Plastic Surgery (ASAPS)
Canadian Society for Aesthetic Plastic Surgery (CSAPS)
Danish Society for Plastic Reconstructive and Aesthetic Surgery (DSAPS)
Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
International Society of Aesthetic Plastic Surgery (ISAPS)
Indian Association of Aesthetic Plastic Surgeons (IAAPS)
Iranian Society of Plastic and Aesthetic Surgeons (ISAPS)
Japanese Society of Aesthetic Plastic Surgery (JSAPS)
Korean Society for Aesthetic Plastic Surgery (KSAPS)
Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
Roumanian Aesthetic Surgery Society (RASS)
Royal Belgian Society for Plastic Surgery (RBSPS)
Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SBSRAPS)
Société Española de Cirugía Plástica Estética y Reparadora (SECPRE)
Società Italiana di Chirurgia Plastica, Reconstructiva y Estética (SCCPRE)
Société de Chirurgie Plastique, Reconstructive et Esthétique (SOFCEP)
Société de Chirurgie Plastique, Reconstructive et Esthetic (SICPRE)
Société de Chirurgie Plastique, Esthétique et Reconstructive (SCEP)
Sociétés Plastiques et Reconstrutives (ECPSPR)
Societé Francaise des Chirurgiens Esthetiques Plasticiens (SFCEP)
Turkish Society of Plastic, Reconstructive, and Aesthetic Surgery (TSPRS)
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)

Did you know?

ISAPS Board members including the President pay the registration fee and their own travel and hotel costs to attend ISAPS Congresses.
ISAPS SURVEY SHOWS BIG DIFFERENCES IN TRAINING AND REGISTRATION OF PLASTIC SURGEONS

Ivar van Heijningen, MD – Belgium

Chair, ISAPS Membership Committee

The Membership Committee is confronted regularly with applications that do not precisely meet our criteria. In order to be consistent, we try to apply the By-laws equally for all, but this is not always easy. Especially since training varies a lot across the world. Therefore, we decided to survey our National Secretaries on plastic surgery training to try to document the variations.

We received 62 responses from 56 countries – 19 National Secretaries did not reply. Twenty-six countries of the 100 ISAPS member countries at the time of the survey did not have a National Secretary.

Does your country have an official plastic surgery program?
The majority of the respondents (95%) answered Yes. Then again if we add the 26 countries without NS and some non-responders this drops to 61%. Many smaller countries have not established independent plastic surgery training programs.

How many years total does the Plastic Surgery Training last?
This varied from three years to as much as eight years, but the majority (49 out of 56) were trained in five or six years.

How many years of General Surgery are included in the total Plastic Surgery training?
More than 70% had two or 3 years of general surgery training, but some reported none whatsoever, while others had to finish as General Surgeon before entering into Plastic Surgery training. Seven countries allowed other specialties as rotation or as separate training varying from one month to two years. Four countries had Plastic Surgery training only.

Is there some form of examination at the end of plastic surgery training?
Most countries have some form of examination (52/56) but the party responsible for this exam varies a lot:

- Government exam
- National exam by independent Board of Plastic Surgery
- National exam by National Society of Plastic Surgery
- Regional Board exam such as EBOPRAS
- Other [e.g., university, individual department]

Who determines that you are a plastic surgeon?
This was one of the more interesting questions, since we found that this varies a lot from country to country. In most countries (61%) the government reserves this right for themselves either by the Ministry of Health (17/56), the Ministry of Education (2/56) or a separate organization such as a Specialist Registration Committee (15/56). The remaining countries (39%) feel that this is the responsibility of a Medical Organization, generally a Board of Plastic Surgery (11/56), but also the Medical Chamber (6/56) and the National Society of Plastic Surgery (5/56).

Conclusion
The Good News is that most countries with plastic surgery training have a five or six year total training to become a plastic surgeon which includes two or three years of general surgery and three or four years of plastic surgery. Most countries provide some form of examination at the end of training.

The Bad News is that many countries have no training program at all. Then again, ISAPS is the international organization focused on training, so who is better placed then us to help out?

The Board of Directors has decided to organize a committee to focus on the specific needs of those countries without training programs.
VISITING PROFESSOR PROGRAM REPORT
Renato Saltz, MD – United States

This program was designed to bring Aesthetic Surgery Education to your country by the best educators in the world.
Renato Saltz, MD – Chair, Visiting Professor Program

The Visiting Professor Program (VPP) was established in 2013 with one goal: to bring aesthetic education to any of our 104 member countries.

The 2013-2014 cycle had a total of eleven Visiting Professors teaching colleagues in the US, Brazil, Romania, India, Dubai, Russia, Hong Kong and Argentina.

The 2015-2016 cycle promises to be our best ever with thirteen trips scheduled to the following countries: South Africa, India, Uruguay, Indonesia, Turkey, Ukraine, Russia, Brazil, US, Czech Republic and Thailand.

To apply for an ISAPS Professor to visit your country and/or your institution, please review the Visiting Professor Guidelines on our website, under the menu item Medical Professionals, or contact Catherine Foss in our Executive Office or me directly.

Elsewhere in this issue, you will find the latest report from Mario Pelle Ceravolo about his trip to Istanbul, Turkey in January as the ISAPS Visiting Professor.

One of our most important aims is to promote the scientific culture in our discipline with the aim of enhancing the quality of our results and patients’ satisfaction. This principle is valid in all the countries belonging to our Society.

The Visiting Professor Program (VPP) is a definite confirmation of this attitude. I think that promoting the diffusion and improving the quality and the scientific level of both young and older plastic surgeons in each country is a must for each of us.

I have devoted a large part of my professional life to teaching I happen to learn something new.

Did you know?
Our journal, Aesthetic Plastic Surgery (the Blue Journal) has a powerful App called ajax that all members can use to read the journal on their iPhone, iPad, Android or Desktop computer.
Instructions to download and use this superb member benefit are in the Member Area of our website.
User name and password are the same: isaps####. (#### is your member ID). ASAPS members may have a different username. Contact ISAPSMembership@conmex.net for help.

VISIT TO ISTANBUL
Mario Pelle Ceravolo, MD – Italy

President, Italian Society of Aesthetic Plastic Surgery

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The following day we had live surgery.
The surgical program involved:
♦ facelift with blepharoplasty, platysma bands, anterior fat accumulation and skin laxity treatment through a lateral approach and facial fat grafting;
♦ an augmentation mammoplasty through retro muscular implant positioning.

After the surgical session there was one more lecture session on different subjects proposed by the audience.

This event appeared to me as a great success and a large part of this was due to the organization offered by Nazim Cerkes who showed one more time to be a great ISAPS promoter, a valuable organizer and an excellent host.

The event was organized on January 7-8 by Dr. Nazim Cerkes and was held just before the National Meeting of the Turkish Society chaired by Dr. Mehmet Bayramici. In all, 123 plastic surgeons attended this two-day course, many of them highly-experienced professionals. During the first day, we had lectures on different subjects such as: Difficult and secondary blepharoplasties, Eye prominence and negative vector, Spacers in eyelid surgery, Periocular fat grafting, Evolution of facelift techniques, Breast augmentation: pros and cons of different techniques, Periareolar mastopexy with implants, Use of Polyurethane implants, and Avoiding dynamic breast deformity after submuscular breast augmentation.

The lectures were highly interactive with continuous participation by the audience which seemed to be extremely interested and involved in the discussion.

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MESSAGE FROM THE EDUCATION COUNCIL
Lina Triana, MD – Colombia
Chair, Education Council

Times when only plastic surgeons went that extra step of not only treating the pathology, but improving patients’ quality of life have changed. For example, an orthopedic surgeon today not only corrects the fracture, but also works towards improving the function and quality of life of his patient. In today’s world where having a harmonious figure is so important, doctors in general also want to enhance their patients’ lives by striving to achieve the best aesthetic result for their patients.

This world phenomenon on the importance of a beautiful and athletic body has put pressure on other specialties to achieve the best aesthetic result. Other specialties have been training themselves on this one-step-forward of not only treating the pathology but also improving the aesthetic result.

For many of us plastic surgeons, this concept is not easy to digest. We have been the exclusive specialty in charge of delivering aesthetic to the human body and today we see we are sharing this arena with others.

As plastic surgeons we cannot block this new development, we need to understand that we live in a changing world that has evolved, bringing the specialties closer to thinking in aesthetic terms. Today we see these others were born as a specialty that others did not want since they had to deal with unsatisfied patients, but today many who traditionally were focused on how to treat pathology now also want to go that extra step – focusing also on the aesthetic approach.

Never forgetting our mission of education worldwide, we deliver high quality educational activities always with the help of our National Secretaries, always open to have a presence wherever we are invited.

During this past period, we had successful courses and Symposia in many countries. In Belgium, we had our second cadaver dissecting course with very good attendance. This type of program is something we are planning to continue growing. Other successful courses were held in the Dominican Republic, India, Egypt, Qatar, South Africa and Italy. In Belgium, we had our second cadaver dissecting course with very good attendance. This type of program is something we are planning to continue growing. Other successful courses were held in the Dominican Republic, India, Egypt, Qatar, South Africa and Italy. In Belgium, we had our second cadaver dissecting course with very good attendance.

Those interested in bringing ISAPS courses to their countries should know that we offer scientific programs from basic to advanced. We are always open to helping any country plan the best scientific program for their scientific population.

Thinking how best to serve our members and colleagues during the Congress in Kyoto, we are planning a new, very interesting day-long session on marketing and non-invasive procedures. Our new Chief Marketing Officer, Julie Guest, and our President-Elect, Dr. Renato Saltz, are very involved and are helping them out where necessary. Every attendant had half of the face reserved for dissection.

Monday evening a complimentary dinner was organized where the attendees and faculty were surprised by two opera singers who sang beautifully. The relaxed atmosphere helped everyone get acquainted with each other and spend a nice evening together.

The participants rated the overall value 4.6 on a scale of 5, especially the cadaver lab. The facilities and the quality and usefulness of course communications, registration and website were well appreciated (4.7 out of 5). They appreciated the quality of the cadavers with ratings of 4 out of 5 and the conference logistics, food and refreshments with 4.5 out of 5.

The faculty were rated “very good” with an average score of 4.5 out of 5 with a narrow margin from 4.4 to 4.6, so all scored as was expected and wished for. From the faculty side, everyone spontaneously offered to come back because they had a good time and enjoyed contributing to this course.

To all the ISAPS faculty, and each one individually, the organizers wish to express their gratitude for the excellent performance: Vakis Kontoes, Gianluca Campiglio, Alex Verpaele, Serge de Fontaine, Jan Fabre, Bahram Dezfolian, Benoit Hendricks – thank you very much indeed.

We are looking forward to the next ISAPS Advanced Cadaver Course in 2017 with the most likely dates being planned as January 20-21.

World War I when medical technology had advanced enough to save lives of those injured in battle, there still was something missing: lives were saved but even though individuals survived, they did not have a good quality of life. They could not have normal interactions in their day-to-day social activities. Those patients were a question mark to our past colleagues, something we doctors do not like. Patients whose lives we had saved still were not happy, we had not yet achieved our goal, we could now save human lives but could not deliver happy patients.

It is funny that we plastic surgeons were born as a specialty that others did not want since they had to deal with unsatisfied patients, but today many who traditionally were focused on how to treat pathology now also want to go...
FIRST ISAPS COURSE IN THE DOMINICAN REPUBLIC

Ramon Morales Pumarol, MD
ISAPS National Secretary for the Dominican Republic

I am very pleased to inform you that our first ISAPS course was an incredible success. The five ISAPS professors were extraordinarily professional and well-liked by the 115 surgeons who attended.

As you may imagine, it was challenging organizing such an event in a small country where ISAPS is still not well known. I have diligently promoted the organization, and I strongly believe that this conference was of great help. I have high hopes that at least 5 to 10 more doctors will join given ISAPS' strong credibility.

We will have our National Congress in October where all 150 members of the Dominican Republic's plastic surgery society will be present, and where I will further promote membership.

MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

Peter Scott, MD – South Africa

Greetings to all our National Secretaries and welcome to the 15 new National Secretaries, six new Assistant National Secretaries and the 11 National Secretaries who have been re-elected for a second term.

To our new NSs, Membership Chair Ivar van Heijningen and I and our Membership Services Manager, Jordan Carney, would encourage you to invite suitable plastic surgeons in your respective countries to apply to join ISAPS. This may be in the category of Active Members but do not forget we have an Associate Member category for those who have qualified but are not yet in practice for three years, or members of their national society, and a Resident/Fellow Membership category young surgeons who are still in training.

We have already seen great enthusiasm from some of the new NSs where they are Fast Tracking members to join the society and giving us feedback about training programs within their countries.

Our Education Council Chair, Lina Triana, has put together excellent ISAPS Courses and Symposia over the last year with good support from the National Secretaries in those countries.

I will be attending the ISAPS Course in Agra, India as a Faculty Member and Board Member Lokesh Kumar has put together a very strong faculty for their plastic surgeons. Apart from the learning experience, these meetings allow our members to enjoy local hospitality, do some touring and see new and interesting countries.

The ISAPS Board relies on input from the National Secretaries as they are our ambassadors and eyes and ears on the ground in their countries. We will always defer to them for approval of new members and will always involve them in any Instructional Course or Symposium that will take place in their country. On this note, if you would like to apply for a one-day Symposium attached to your national meeting or an Instructional Course please approach the Education Council and we will put this together for you. Do not forget the Visiting Professor Program (VPP) that brings qualified specialists to your country as part of a wonderful ISAPS initiative to teach residents and qualified plastic surgeons basic and advanced techniques.

ISAPS Executive Director, Catherine Foss, has circulated an email inviting all the National Secretaries to a lunch meeting on Monday, 4 April at the Las Vegas ASAPS Meeting. This will be in the Explorers Boardroom. So far 11 National Secretaries and Assistant National Secretaries have accepted our invitation and I have invited certain Board Members to update you and answer questions in real time about the future of ISAPS, our education program, membership issues and any other questions that you may have.

I would urge all of you to make plans to join us for the 23rd Congress of ISAPS on October 23 to 27 in Kyoto, Japan. This is a wonderful opportunity to interact with your colleagues and listen to excellent talks on a wide range of aesthetic topics. We will also have a formal biennial National Secretaries Meeting with presentations from Board Members and an opportunity to vote for a new Chair and Assistant Chair of National Secretaries. I will stand for re-election to the Chair of National Secretaries position.

As always the position of NS is a very responsible one and we would encourage you to answer emails and respond promptly to requests from Catherine Foss and her staff and to requests from Jordan Carney to approve members’ applications to join our ISAPS family.

We welcome newly elected National Secretary for Pakistan Dr. Moazzam Tarar.
Are you very clear about the target market that your practice serves? If yes, great. Now for the harder question – is your website and your marketing collateral written to specifically to speak to this target audience? If it is – fantastic. You pass with flying colors. If it isn’t – this may be one of the reasons you’re not attracting enough new patients to your practice. Don’t try and be all things to all people. Leave that to your competition. Instead niche yourself. Remember that defining your target audience as “anyone who is interested in cosmetic treatments” is not a target audience. If you try to cater to everyone, your aesthetic practice will end up looking so generic that it will barely appeal to anyone – or if it does, it will likely be those at the bottom end of your market who are the price shoppers!

Is the name of your practice somehow linked to you personally? (In other words, it uses your personal name in some capacity). If it is – great. This makes you sound like a real person – not a nameless, faceless brand. Many physicians think they need to come up with a personal name in some capacity). If it is – congratulations – you are well ahead of the game. If not, it’s never too late to start.

Do you have a clean, modern logo that is distinctive — but most importantly, do you have a tagline that is unique and sets you apart from your competition? One great tagline that describes your practice can make a world of difference – Domino’s Pizza built a multi-billion dollar business on the strength of a 9-word tagline: “Fresh, hot pizza in 30 minutes or it’s free”

Do you have a clear vision for your practice, your growth objectives and what makes your practice better and different than your competitors? If you do – congratulations – you are well ahead of the game. If not, it’s never too late to start.

Do you have an aesthetically pleasing website that not only looks clean and modern (with easy, uncluttered navigation), but that contains powerful rapport-building copy that expertly positions you and your practice? The best content you can have on your website is what I call “story-driven” – it is about you, your practice and your patients; it is warmly written and it does much more than just “educate” – it expertly positions you as the premier cosmetic physician in your market. Your website should contain multiple “trust triggers” for prospective patients, including published patients’ guides (that can be ghost-authored for you), a published book (explaining your philosophy on aesthetics and all the things a prospective patient might need to know), and acknowledgment of the national or local press that you’ve been featured in (TV shows, etc).

Are ALL aspects of your marketing system working in synergy with each other? – Is there a consistent message being put out there by your marketing company, online and offline? (In other words, you’re not suffering from “Frankenstein Marketing,” where your practice is presented one way by one marketing agency who manages your website, and another way with a different agency that handles the other elements of your marketing.)

Is your patients’ experience of your practice from start to finish consistent with your values? – From the minute they have their call answered to the day they receive their follow-up marketing (to enlighten them about new products and service offerings).

Is your online reputation closely monitored and, where needed? Is damage control done in a graceful manner – namely, that all patients who report a less-than-satisfactory experience are responded to in a non-defensive, considerate manner?

Do you consider pricing to be your competitive advantage? If it is, then you have a very significant branding and positioning problem! Without realizing it, your practice is being branded as a medical commodity. Only a very few people will select cosmetic services based on price – and they’ll only do this when you don’t give them any other criteria to base their decision upon. The truth is: everyone finds the money to buy the things they want. The key is in helping educate them about how to make a better decision (e.g. choosing you!) – for example, offering a free paper on your website entitled: 10 simple things you need to know before you book your Botox injections (that no one else will tell you). This document would help educate prospective patients that all Botox injections are not created equal and those extremely cheap specials you see advertised should be avoided at all costs, why choosing a plastic surgeon based on price is a decision you should never make, etc.

In this cluttered world of advertising, having a distinctive brand for your practice that is eye-catching, different and builds trust makes all the difference...
OVER A BILLION PEOPLE USE FACEBOOK. WHY ARE YOU SO BAD AT IT?
Shawn Miele, CEO
Advice Media LLC

Facebook isn’t new and it’s not going away. Over 1.4 billion people use Facebook monthly, and there are 20,000 users every second! You can be certain that almost 100% of your patients use the social media platform. So why aren’t you generating business from Facebook?

First, make sure you understand what Facebook is so that you can use it most effectively. Facebook is a patient retention tool and perhaps one of the best ways to encourage your current patient base to continue visiting you instead of your competitors. It is a way to keep your current patients engaged with you and your staff, making them feel closer to you. Over time, that will create loyalty and keep them coming to you for all of their cosmetic needs.

Most plastic surgeons have a Facebook page but see little results from their efforts because 99.9% of plastic surgeons don’t use Facebook correctly. Facebook is easy to use and can help boost the visibility of your brand, but you may have to change the way you think about it.

People go to CNN, USA Today, ESPN, etc. for news. They go to Amazon or eBay to shop. They go to Facebook for updates on their friends and family. It’s about interaction and community. No one visits Facebook to be sold something. Nor do they go to Facebook to be taught anything. The key to Facebook is treating your Facebook fans as friends not customers.

Think of your practice as a person and post exactly as a person would. People want to know about people. Patients do not connect with your business, they connect with you and your staff. To engage patients on Facebook, you must connect with them on a personal level, which ultimately creates loyalty and patient retention.

We manage the Facebook presence for hundreds of medical professionals and have learned what works well and what doesn’t. According to many industry experts, average Facebook engagement ranges from 0.5% to 1% for brands, but we’ve successfully achieved 4-5% engagement rates for our clients by rethinking the kinds of content we publish. Here are some strategies you can implement to give your own Facebook page a boost:

- Pictures and native Facebook videos. Pictures generate 39% and videos generate 25% more engagement than standard text posts.
- Fun things that happen in the office. Examples include happy patients, birthday gifts, office parties, Halloween costume day, etc.
- Community or professional activities with which you are involved. Take pictures at conferences you attend with colleagues, friends, staff, etc. These show you are human, fun, down-to-earth, staying educated and cutting-edge.
- Community events. “Who is excited about the arts festival? Is anyone going to the cook-off? Anyone running the 5K this weekend?” As you know, community involvement is great PR for your practice. Showcasing your involvement on Facebook is a great way to get the word out to the community without having to hire a PR firm!
- Local sporting events are perfect as well. You can use pro, high school or college teams. “Go Tigers! Beat Springfield” These types of posts get great levels of engagement.
- Photos of you or your staff with happy patients are wonderful for engagement and they get people to feel great about you. They say without words that your patients are happy and love you!
- Giveaways are another great way to generate additional Facebook engagement. Many offices do them monthly. Get creative with this by using something like: A best photo, best joke, most embarrassing moment, etc.
- Cartoons and jokes: These are all over the web and you probably see some on your Facebook wall. If you see a great one that made you laugh, post it! Do not share someone else’s post; instead, save the image and then post it yourself.
- Levity is key. Don’t be afraid to make fun of yourself in your posts. You want your posts to make fans happy and think positively about your practice. Posts that do this get more engagement.
- None of these posts are very difficult to generate. Once you get the hang of it, you can spend 20 minutes a week and boost your presence. The key is consistency. Building an engaged Facebook community doesn’t happen overnight. It takes time, persistence and dedication, but incorporating a few of these tricks can help you have a powerful Facebook presence.

As far as the reliance on physician ratings, 65% of patients stated that physician-ratings scales have at least some impact in their decision to choose a specific physician. Consumers are spending a great deal of time searching for relevant and credible information on cosmetic procedures and providers. As a whole they are not satisfied with the online-based source of information, however are relying on this information to make decisions about their procedures. Consumers deserve better. There is an opportunity to provide consumers with fact-based, unbiased cosmetic procedure information to better inform their procedure decisions.

While the data represents the US cosmetic consumer market, additional research will be conducted in select global markets to account for market and cultural variations.

I would like to thank Cortney Donaldson of Focus Marketing for access to this survey.

Shawn Miele is the CEO of Advice Media, voted Best Practice Marketing Company for 2016 by The Aesthetic Guide. Shawn is a frequent speaker at industry meetings sponsored by national bodies such as the Multi-Specialty Foundation, Global Aesthetics, and The American Academy of Cosmetic Surgery.
THE ROAD TO KYOTO: SAKE (RICE WINE) OF FUSHIMI
Susumu Takayanagi, MD – Japan
ISAPS President

As you know, Kyoto is famous for places of historical interest and scenic beauty. Have you also heard that Kyoto is known for producing good rice wine?

Fushimi, the southern part of Kyoto City, has long benefitted from the natural blessings of high-quality subsoil flow (groundwater). The growth of the sake-brewing industry with the use of this abundant groundwater has made Fushimi one of the two renowned sake-brewing areas of Japan. The other is Nada in Hyogo Prefecture.

Sake is made mainly from rice, water and malted rice. One of the key elements that affects the taste of sake is the mineral content of the water. It is due to the difference in mineral content that sake of Fushimi and that of Nada taste different. Fushimi’s sake is mellow and suave, while Nada’s is quite dry and has a clean finish. That’s why Fushimi’s sake is called “Onna-zake” (womanly rice wine) and Nada’s is called “Otoko-zake” (manly rice wine).

There are a number of popular sake breweries in Fushimi, some of which allow us an opportunity for a brewery tour and tasting (like a winery tour). If you are interested in going to Fushimi for a sake-brewery tour, you are advised to visit a Taisha Shrine called Fushimi Inari Taisha (described below) as well. JTB Corp., a leading Japanese travel company, offers JTB Sunrise Tours for tourists coming to Japan from abroad. Among these tours, there is one called “Fushimi Inari Taisha and Sake Tasting Tour.” There should be other tour programs on the same theme, too. You can apply for any of JTB Sunrise Tour (after arriving in Japan) at the JTB tour desk in the conference venue, or perhaps at the front desks in your hotel.

In 2014, TripAdvisor, Inc. (headquartered in Massachusetts, USA / running the world’s largest word-of-mouth information website) presented a list of Japan’s tourist spots that were popular with people from other countries. The list was topped by Fushimi Inari Taisha. The Taisha Shrine is getting more and more popular in recent years, with its picturesque scenery of a huge number of bright red Torii (sacred arches as a kind of Taisha Shrine gate). When you go out to the Taisha Shrine, it would be better for you to put on your sneakers rather than leather shoes, so that you can comfortably walk through the numerous Torii built on an upslope starting from the foot of a mountain.

THE ROAD TO KYOTO: MORE TO SEE
Susumu Takayanagi, MD – Japan
ISAPS President

Castles
Many beautiful castles in Japan were occupied by leaders of Samurai (warriors) as recently as 150 years ago. One such castle in Kyoto named Nijo-jo is not a tall building, like many other castles, and is shaped differently from the others. As a castle with a common shape that is worthy of a day trip, I am glad to recommend Himeji-jo. It is a 50-minute train journey from Kyoto. Please make sure to take a super-express train (Shinkansen) making a stop at Himeji, because Nozomi super-express and some of Hikari super-express trains don’t stop at Himeji. For your convenience, there is a tour visiting Himeji-jo.

Universal Studios Japan
Taking a Shin-Kaisoku train from JR Kyoto station and changing trains at Osaka station, you will arrive at Universal Studios station in about 1 hour. Harry Potter is so popular now that your waiting time in a queue will be about 3 hours. If you purchase Universal Express Pass 7 online in advance, you do not need to wait in a long line. In this attraction, flying on a broomstick becomes a real physical thing. You will see a snake and a dragon in the air. There are many other popular attractions like ET Adventure, Jurassic Park, Spider-Man, Hollywood Dream Backdrop Roller-coaster, Jaws, Back to the Future and Terminator. I recommend that you stay in one of many hotels close to Universal Studios.

Kyoto City Budo Center
Japanese people like Budo (martial arts) like Judo, Kendo (fencing), Kyudo (archery) and Karate. A training center named Kyoto City Budo Center is a 2 or 3 minutes’ walk from the site of ISAPS Kyoto Congress. You can view training of Kendo, Iaido, Naginata, Aikido, Tai Chi and Kyudo. Training of Iaido, using real Japanese swords, can be viewed only from upstairs. You can also take photos. No flash.

Training schedule is listed in the accompanying table.
THE ROAD TO KYOTO
OMAMORI: PROTECT YOURSELF IN LITTLE WAYS

Edited by Catherine Foss
ISAPS Executive Director

If you’ve visited Japan before, you might have seen them tied to a child’s backpack or dangling from a car’s rear-view mirror. If you’ve been to a Shinto Shrine or Buddhist Temple you might have seen dozens of them, small bags in jewel colors lined up in rows, for sale. But what are these things? They are omamori, a Japanese folk tradition that is intertwined with Japan’s two major religions, and still very visible today.

It’s difficult to translate omamori (お守り) directly as they don’t have a clear equivalent in other languages. You can think of them as portable personal protection amulets or charms. Mamori (守り) means protect, and the O (お) is an honorable prefix. They are a little like the Japanese equivalent of a lucky rabbit’s foot or a four leaf clover. Unlike those things, omamori also come not only in general “lucky” versions, but with a concept of health, vitality, and immortality. Each has ceremonial links to objects used in Shinto practices. Some shrines have very famous omamori, such as the fox omamori at Inari shrines. Another common kind of morphic omamori are zodiac animals.

Types of Omamori

There are two main types of omamori. The first are the most popular, rectangular talismans. These gain their power from the name of the shrine, or a section from a sutra, or some other powerful words. The wood or paper is then sealed inside a cloth bag. An important note: never open the cloth to see what is inside it! It is disrespectful and the omamori will lose its power. Omamori draw some of their power from the concept of enclosed places. The covering of the omamori encloses the sacred words and so puts them in a separate realm where they can be effective, much as Shinto shrines are set within a separate space marked by torii gates.

The second type is the morphic omamori. This means they are made in the shape of something. The traditional forms are the bottle gourd, the bell, and the mallet. Of these, the bottle gourd may be the oldest, appearing in many ancient folk tales as a symbol of health, vitality, and immortality. Each has ceremonial links to objects used in Shinto practices. Some shrines have very famous omamori, such as the fox omamori at Inari shrines. Another common kind of morphic omamori are zodiac animals.

Modern Omamori

Though their origins lie far back in Japan’s folk traditions, omamori are very much a part of modern Japanese culture. There’s even an omamori vending machine at Zenkoji Temple, Nagano. You can also find many omamori with cute characters on them. Some of these aren’t sold at shrines or temples, but just in regular souvenir shops. Some Shinto and Buddhist organizations disapprove of this dilution of omamori. Others happily sell character omamori. Some local shrines sell Rilakkuma omamori alongside the more traditional ones. You could even see the popularity of phone straps in Japan as a non-religious extension of omamori culture. In the past, making omamori was a duty of the laywomen of the parish or Miko, the shrine maidens. These days most omamori are made in factories in Tokyo, Osaka or China, though they are still blessed by priests. However, some shrines continue to make their own omamori on site, such as Kogani Temple in Tokyo and the Grand Shrine at Ise.

How do I Choose an Omamori?

With such a wide variety of omamori available, selecting the right omamori can be tricky. While some of the bigger shrines and temples will have descriptions in English, this is rare outside the big tourist hot spots. Although both Shinto shrines and Buddhist temples have no problem with non-adherents buying their omamori, remember they are more than just a simple souvenir. Omamori should be treated with respect. Part of this respect is making sure you’re not just picking the one you think is cutest, but choosing the one you need. Buying a childbirth omamori for your boyfriend, or a recovery from alcoholism omamori for your tee-totaling great aunt is not very appropriate.

But worry not! This guide will help you sort your ancestors from your anzans. Different shrines have different styles of omamori and there may be some variation in the kanji. However, if you tell the attendants what you are looking for they will be able to help you.

Type of Omamori: Happiness

Japanese name: しあわせ (しあわせ)
Let’s start off with a very cheerful omamori. These are meant to help you achieve happiness in life.

Type of Omamori: Avoidance of Evil

Japanese name: やくよけ (やくよけ)
This is the more positive of the general good luck omamori and is probably the closest to a “lucky charm” of all the omamori. It draws luck to you. Again, it’s suitable for everyone. Who doesn’t like a little extra luck?

Type of Omamori: Good Fortune

Japanese name: かいうん (かいうん)
This is probably the closest thing to a general good luck omamori. This version wards off evil. Buying these for yourself and others is a good idea. Everyone likes avoiding evil!

Type of Omamori: Romance

Japanese name: えんむすび (えんむすび)
There are two kinds of romance omamori. The first is for people seeking love. Get this omamori if you are longing for a partner. The second kind is for people in relationships who wish to stay together strongly. The way to tell these apart is that the first kind is usually sold singly, while the second kind are sold in pairs. Some shrines sell only one enmusubi omamori and the difference is simply whether you are buying one or two. A pair makes a great gift for yourself and your significant other, or for newlyweds. Buying one is fine for yourself, but buying one as a gift for someone else could be a bit insulting, unless they asked you to pick one up for them.

Type of Omamori: Traffic Safety

Japanese name: こうつうあんぜん (こうつうあんぜん)
Originally to protect travelers, these are now the most popular type of omamori. They provide protection for drivers and vehicles. Recently traffic safety omamori stickers have become popular and are often sold in a set with a more traditional omamori. This makes a great gift for anyone who commutes a lot, or is a novice driver!

Omamori Buyer’s Guide

For more information on purchasing omamori, visit www.isaps.org. Omamori Buyer’s Guide continued on page 28.

ISAPS News Volume 10 • Number 1
January – April 2016

www.isaps.org
Unusual Omomori

Type of Omomori: Education
Japanese name: gakugyō-ō
学業成就 (がくぎょうしゅうじゅう)

These are very popular omomori for students. They are meant to help both in studying and in passing examinations. They are often seen tucked into student’s pencil cases, or being clutched just before a big exam. Parents often buy them for their children. If someone you know is studying hard in school or university, this would be a great thing to give them.

Type of Omomori: Digital Security
Japanese name: jōhō anzen kigan
情報安全祈願 (じょうほうあんぜんぎかん)

This omamori comes in the form of a blessed memory card. It helps you protect your digital information and keeps your technology working smoothly, proving that omamori are a living Japanese tradition, not just ancient superstition. It can be found at Denden-gu, a shrine to the spirit of telecommunications in Kyoto.

Type of Omomori: Safety from Bears
Japanese name: kumajo
熊除 (くまじょ)

If you like hiking and want a little divine protection from Japan’s bears to go along with your other precautions, then you could get an omamori to protect you from bears.

Pet Safety

Type of Omomori: Pet Safety
Japanese name: pet omamori
ペットお守り (べっとおさり)

Humans aren’t the only ones who need a little help now and then. You can pick up an omamori to protect your furry, fluffy, feathery and scaly friends too.

What to Do with an Omamori

So you’ve bought your omamori. Now, what to do with it? The important thing about omamori is that they are personal and portable. So for it to work best, you should attach it to something appropriate. For example, traffic safety omamori are often seen dangling from the rear view mirror, or attached to car keys. Form and function go together harmoniously in most omamori. Those intended to be attached to things have the appropriate attachment; for example, a traffic safety omamori might have a key ring attachment or a suction cup so you can stick it on your windscreen. Card type omamori are sized to be tucked into your wallet. They tend to be ones associated with wealth and business, so a wallet seems like a good place for them.

Another common sight is a safety omamori attached to a child’s backpack to protect them on the walk to school. A student might keep a study omamori in a pencil case, or hold it in their pocket during an exam.

Carry your omamori however feels right for you. As with many aspects of Shinto practice, many Japanese people do not consider too deeply why they believe in the power of omamori. “Omomori work because omomori work” is about as much explanation as you are likely to get. The elusive nature of Shinto makes it at once fascinating and frustrating to try to understand.

How to Dispose of an Omamori

You don’t have to feel shy about buying an omamori. The shrine or temple attendants will likely be happy that you are interested in them. They don’t carry a heavy weight of religious demand. By buying one, you aren’t declaring your allegiance to Shinto or Buddhism to the exclusion of any other religion. Unlike many religions, both modern Shinto and Buddhism in Japan are generally comfortable with other religious practitioners participating, just as they coexist alongside each other, often sharing the same grounds.

Omomori feed the human need to look beyond ourselves for solutions to our difficulties, while still encouraging us to do our best. They are more like a booster than a total solution. When things are tough, it feels good to hold an omamori in your hand and hope for things to get better.

As such, omomori make great souvenirs. Japanese people also usually buy omamori as gifts. An omamori is a beautiful piece of Japanese culture, but it also expresses your wishes for the wellbeing of the person you give it to. What better souvenir of your trip to Japan could there be?

Omomori as Souvenirs

January – April 2016

ISAPS News Volume 10 • Number 1

28

www.isaps.org

29
Hello to ISAPS members around the world.

The 2016 ISAPS Congress will be held in Kyoto which was chosen as the best city to visit for two years in a row by Travel and Leisure, a magazine based in the United States. A number of guide books for tourists have been published, but I, who have been living in the Nishinomiya District of Kyoto for 24 years, would like to introduce my favorite walking course and places to visit.

**Recommended Walking Tour**

On coming to Kyoto, you must surely visit the Golden Pavilion (Kinkaku-ji). I will leave the details of the temple up to the tourist guidebooks, and recommend that you walk east on Kuramaguchi Street from the main gate after your visit. The street gets crowded with people living in Kyoto who come by car from Nishinomiya Street and across the intersection at Senbon Street, and keep walking east, you will see a sento called ‘Funaoka Onsen’. Sento is a Japanese word for public bath, and it is an integral part of the bathing culture in Japan. Interior aspects, such as retro tiles covering the inside of a building with an historic atmosphere built in 1923, are popular. It gets crowded with people living in Kyoto who come by car from afar to bathe on the weekend, and recently, foreign visitors who come to sightsee can be seen.

If you look north from Funaoka Onsen, there is a small hill, called ‘Funaokayama’. From the top of it, you can see Kyoto Tower, Daimonji Mountain, and the streets of Kyoto. If you walk further east from Funaoka Onsen until you get to Chieko-in Street, you will find the Michelin Bib Gourmand soba (buckwheat noodle) restaurant ‘Kame’. What about having home-made soba for a light lunch? A long queue can be expected around meal times. To the east of it lies a café that was renovated from an old sento, called ‘Sarasu Nishinjii’, which is also recommended for lunch. If you go north from the intersection of Kuramaguchi and Chieko-in Streets, and cross Kitaogi Street, you will get to Daitokuji Temple. I would like to ask you to use the pedestrian crossing with traffic signals when you cross Kitaogi Street. Daitokuji Temple encompasses Koto-in Temple that Dr. Takayanagi introduced in ISAPS NEWS Volume 9 Number 2.

North of Koto-in lies a stone-paved path that runs east-west. If you walk along it, you will come across the approach to Imamiya Shrine. The red gate on your right side is for the shrine, built in 941 A.D. https://en.wikipedia.org/wiki/Imamiya_Shrine

There are two Aburi-mochi vendors to the east of the shrine. Aburi-mochi is grilled rice cake with sweet miso paste. That may be a good spot to have a break. If it’s crowded, you can buy it to-go. Google Maps, as well as Street View, have English street names for the walking course, and it may be interesting to check them out in advance.

**Kiryouan**

In Kyoto, not only historic buildings such as shrines and temples, but a number of traditional crafts are passed down from generation to generation. I would like to recommend ‘Kiryouan’, a gallery of Kyoto nui, traditional Kyoto embroidery. In Kiryuan, works of Toshiaki and Sumie Nagakusa, traditional craftsmen, are exhibited. The works of Toshiaki and Sumie Nagakusa are characterized by resplendent and dignified designs based on traditional techniques, and rated highly in Japan and overseas. Their activities as embroidery artists have spread internationally, including holding private exhibitions in Paris and contributing to the Paris collection. In Kiryuan, classes to learn Kyoto nui are held. I used to participate in those classes, and the picture of the silver embroidered obi (sash) is one of my works.

In Kiryuan, Kyoto nui products such as kimono, obi, and kimono accessories can also be purchased. A reservation must be made prior to visiting Kiryuan.

Price of admission: 1,000 yen (Macha and Japanese sweets are included in the price)

- Closed on Saturdays, Sundays, and national holidays
- Contact details for inquiries and reservations:

**Kiryuan**

- Weekdays: 10:00-17:00
- Tel.: (075) 200-4617; Fax: (075) 200-5258
- nuikoubou@zeus.eonet.ne.jp
- 603-8321 5 Torimae-cho, Hirano, Kita-ku, Kyoto City

This experiment investigates growth factor release from freeze-dried platelet-rich plasma (PRP) preparations and other prepared PRP samples, comparing the effects of processing PRP through activation and freeze drying. The results showed that PRP can be activated efficiently by calcium chloride and that the activated PRP contains substantial amounts of growth factors. Freeze-dried PRP, which can be used after complete rehydration without additional activation, remained rich in growth factors after storage for 4 weeks at room temperature, indicating its ease of use and wider possibilities for clinical application.

**3. Introducing the Body-QoL®.** A new patient reported outcome instrument for measuring body satisfaction related quality of life in aesthetic and post-bariatric body contouring patients,” by Stefan Danilla

This manuscript introduces a new patient reported outcome instrument to measure body satisfaction related quality of life that can be used to quantify the improvement in cosmetic and post bariatric patients and offer an evidence-based approach to a standard practice. The instrument uses four domains—satisfaction with the abdomen, sex life, self-esteem and social life, and physical symptoms.

**4. “Personality and Psychological Aspects of Cosmetic Surgery,” by Mostafa Alikhani**

This manuscript details the results of an observational study to determine personality traits and psychological profiles of patients seeking cosmetic surgery in Iran, in an attempt to reduce unnecessary procedures and enhance satisfaction with surgical results.

**5. “Quality of Life and Alleviation of Symptoms After Breast Reduction for Macromastia in Obese Patients: Is Surgery Worth It?” by Antonio Guemes**

This prospective study conducted in Spain, concerning quality of life and symptom relief after breast reduction surgery, determines that obese patients should be considered for reduction mammoplasty surgery in the same way as women of normal weight, as both groups showed similar improvement in both mental and physical health.

**6. “Extensive Metoidioplasty as a Technique Capable of Creating a Compatible Analogue to a Natural Penis in Transsexuals” by Shahryar Cohanzad**

A surgeon in Iran details a new operative technique for female transsexual surgery, resulting in a natural looking, fully sensate and functional penis for most patients.

Finally, on behalf of our reviewers, the editorial office staff and Springer, we look forward to personally interacting with you all in the upcoming academic year.
The ideal candidate for an Endoscopic Brow Lift has a straight forehead contour, with a low anterior hairline (eyebrow to hairline distance of 5 cm or less), thick hair cover and skin of good quality. A forehead skin ‘glide test’ of about 1 cm is desirable – this refers to the intrinsic mobility of the eyebrow to be manually moved upwards. Conversely patients that mainly have changes limited to the lateral brow.

In order to minimize medial brow elevation, which leaves a surprised unnatural appearance, we limit the midline sub-periosteal dissection and avoid any central fixation device. Mid-lateral fixation is secured most commonly by a removable 1.5x14 mm titanium screw inserted 5 mm into the outer skull cortex with skin tensioned appropriately using a skin staple anterior to the screw. We have found that a skin hook placed in the mid-lateral incision and pulled posteriorly allows an accurate simulation of new brow position. To further allow measurement of brow lift, we pre-drill a 1.2 mm hole for the screw at the most posterior part of the incision immediately on making the skin incision. As the brow is released, the drill hole will approximate the centre of the incision as the skin hook pulls the incision more posteriorly. This latter trick is especially useful if one is trying to correct an asymmetric brow. We occasionally will use a corticotomy or an Endotine®. Over years we have learnt that the best results are achieved by leaving the screws in situ for 2 weeks.

An Endoscopic Brow Lift allows improvement in the position of the brow but may not alter its shape – as seen in a review of one-hundred cases early in our series (with two-year follow up). We use a five portal approach with minimal posterior undermining to avoid hair loss and prefer the sub-periosteal plane of dissection medial to the temporal crests. A good release of perioseum and peri-orbital fascia is performed at the orbital rim lateral to the supraorbital notch; medial to the notch the peristeam is preserved and divided 1 cm higher. This maintains the attachments of the corrugator muscles (which can be approached in a supra-periosteal plane) and limits the risk of lateral migration of the medial eyebrow with its resultant increase in inter-brow distance and unnatural appearance. A limited avulsion of the corrugator muscles, with or without avulsion of the procerus muscle, is performed to modulate the brow as determined pre-operatively.

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My approach to Browplasty is one encompassing a long-term evolution. Having extensive experience with open coronal, pretrichial and various limited incision browplasties, I believe less is more. Very few of my patients will consent to extensive incisonal techniques whether coronal or pretrichial despite the reported good and/or poor results depending on the published studies and anecdotal reports.

My current approach and experience is that limited incision browplasties do work despite some reports which are largely based on polling. These studies lack control in patient population, techniques utilized and largely are in my opinion unreliable.

The choices then are to either utilize a limited incisional approach either with or without endoscopic assistance or combine a brow stabilization or lift through an upper lid trans-eyelid procedure as in a blepharoplasty. Parenthetically, this surgeon fails to see the necessity in using an endoscope in the trans-eyelid approach provided one has intimate knowledge of the anatomy and utilizes good surgical principles. Certainly most surgeons and patients would likely agree in this era of micromanipulation by way of a trans-eyelid approach is my choice of procedures.

In females with thinning hair, male pattern baldness, and given the current consensus for conservative and a “less operated look” by patients, dictates a trans-eyelid approach to the brow in some blepharoplasty cases.

Various fixation techniques may be employed and this author has no proprietary interest in any of them but still favors L-PGA polymer devices at least for the foreseeable future. The key to all brow procedures is adequate dissection, adequate release and some type of secure soft tissue fixation. Overall when it comes to browplasty, less is more and the simplest reliable pathology directed approach is generally best.

References:

Trans-scalp non-endoscopic limited incision Browplasty

Figure 1: Schematic of a planned lateral temporal lift: the dissection and mobilization of fibrin sealant is depicted in the background.

Figure 2: The operative sequence (from top left): skin ellipse has been excised, the flap is undermined, fibrin sealant is introduced; closure is complete and gentle pressure is applied to allow fibrin sealant to set.

Methods
The procedure has gone through several iterations. Initially, the operation entailed dissection in a subperistomal plane and then evolved into a biplanar approach before taking its current form as a subcutaneous lift. To mark the LTL, an ellipse is designed to have a width of 4-5cm and a height of 2.2-2.5cm. The ellipse is placed in or at the hairline depending on hairline position, density, and patient preference. The ellipse is centered 3.5 cm lateral to the midline. The skin ellipse is pre-excised, and the brow is widely undermined in the subcutaneous plane to achieve a dissection extending inferior to the eyebrow. Fibrin sealant is sprayed into the resulting pocket, and the wound is closed with barbed sutures. While the technique does not address the corrugator or procerus musculature, it can easily be combined with methods to do so. Continued on page 42
GLOBAL PERSPECTIVES: Browlifting and Forehead Rejuvenation

AFRICA: SOUTH AFRICA
Peter Scott, MD, Plastic and Reconstruction Surgeon
Philip Peirce, MD, Ophthalmic and Oculo-Plastic Surgeon

We have been assessing and treating patients wanting peri-orbital rejuvenation as a team for over 15 years and having tried the entire spectrum of procedures available. We have narrowed down our techniques to the ones presented. These are predictable, low complication rate high patient satisfaction procedures and do not require expensive equipment making them very suitable for the African context.

The assessment requires a thorough knowledge of the brow anatomy and the underlying pathology such as eyelid ptosis or asymmetry. Female brows should be slightly higher lateral than medial with the arch placed at the junction of the lateral third and medial two-thirds of the brow. Male patients should have the brow straight at the level of the orbital rim.

It is possible to do a brow lift and upper blepharoplasty simultaneously and we would always recommend doing the brow first to avoid over resection of upper eyelid. At the pre-operative consultation, we give the patient an analysis of brow first to avoid over resection of upper eyelid. At the pre-operative consultation, we give the patient an analysis of brow anatomy and the underlying pathology such as eyelid ptosis or asymmetry. Female brows should be slightly higher lateral than medial with the arch placed at the junction of the lateral third and medial two-thirds of the brow. Male patients should have the brow straight at the level of the orbital rim.

The appropriate technique takes into consideration the age of the patient, the thickness of the skin, the rhytides and whether the men have or will develop male pattern baldness.

The procedures that we use the most are direct brow lift and coronal forehead lift or pre-trichial forehead lift. Occasionally we may use a temporal brow lift.

This is a simple procedure that is possible to do under local anaesthetic and gives a very good lift. It does leave a visible scar but is a good procedure for males with a receding hairline. In males, rather excise more medial than lateral to avoid feminizing the result and females reverse this tendency to give more lateral elevation. A meticulous subcuticular technique is required with prolonged taping of the scar to get a good result.

This is our operation of choice in female patients and we either make the incision pretrichial or just behind the hairline. We use a tunescence technique and a sub-galeal dissection centrally and on top of the deep temporal fascia laterally. This incision is converted to sub-periosteal as we approach the orbital rim. The corrugator and procerus muscles are removed partially to avoid flattening of this area and our final pull is more lateral than central. The pretrichial incision has the disadvantage of a visible scar with the hair drawn back and as our pull is more lateral than vertical the post hairline scar is generally our recommended procedure. We use 3/0 Monocryl key sutures and staples to avoid damage to the hair follicles.


Summary
We present two procedures well geared to the African Continent which give consistent result and are not equipment dependent. These are good techniques to use in countries where aesthetic surgery is still in its infancy.

EUROPE: ITALY
Efficacy of combined open temporal brow lift procedure, upper and lower eyelid blepharoplasty
Pietro Lorenzetti, MD, Simone Napoli, MD, Leonardo Vescera, MD

In aesthetic surgery, the upper third of the face should be considered an extended aesthetic unit, and all patients who present for blepharoplasty should have their forehead, brow and eyelids evaluated. Eyebrow position is maintained by a delicate balance of muscles which elevate the brow, and those that depress the brow.

Eyebrow lifts can be achieved surgically with a variety of brow lifting procedures, or chemically (along with treatment of dynamic rhytids) with selective chemo-denervation. Assessment of upper lid position in the setting of brow ptosis should be performed. Frequently, brow ptosis may be present and independent of upper lid ptosis. We have tried to improve our results in patients with significant bilateral upper eyelids and brow ptosis with combined open brow lift procedures and upper eyelid blepharoplasty.

The goals of these treatments include restoring eyebrow position, symmetry, and stability. In general, most patients desire an upper lid appearance similar to that in their youth. Our technique includes lateral temporal brow lift through a limited extension of incision just posterior to the hairline, elevation in the subperiosteal plane and temporal and brow elevation with absorbable sutures. When an upper lid blepharoplasty is combined with a brow lift, the design of the upper lid skin excision is critical to avoid postoperative lagophthalmos. Sometimes In the lower lid, the presence of malar bags, fat herniation and tear troughs should be assessed. It may be necessary to reposition lower eyelid herniated orbital fat into the nasojugal fold with improvement in tear trough appearance, lower eyelid elevation.

To complete the treatment of the upper third of the face, chemo-denervation of the frontal, corrugator and procerus muscles with botulinum toxin injections provides temporary yet powerful treatment for dynamic rhytids.

A retrospective review of 50 patients in last year who underwent temporal brow lift in combination with upper and lower eyelid blepharoplasty was performed. Postoperative follow up was until two years after plastic surgery. A pre- and post-operative assessment of brow ptosis was made. In all patients, no evidence of asymmetry, lagophthalmos or lower eyelid malposition with evertropion was encountered.

Improvement in brow ptosis, creation of well-defined upper lid crease tear trough appearance, and lower eyelid elevation was noted in all patients.

Temporal open brow lifting remains a safe and effective technique for rejuvenation of the forehead and brow. Upper and lower blepharoplasty, through a variety of various techniques, can produce effective results for rejuvenation of the periorbital region. In particular, regarding lower blepharoplasty it should be noted that frequently, when lower eyelid herniated fat is removed, this may cause a hollow lid appearance, especially in patients with a tear trough deformity (nasojugal groove). Lower eyelid fat repositioning, may prevent the surgical, hollow lower eyelid appearance.
GLOBAL PERSPECTIVES: Browlifting and Forehead Rejuvenation

NORTH AMERICA: UNITED STATES
Renato Saltz, MD
ISAPS President-Elect

Indications:
Brow aesthetics cannot be generalized due to a changing of the ideal shape and position of the brow. Although the brow should be evaluated based on gender, ethnicity, orbital shape, and overall facial aging and proportions, the main factor to consider is the ratio of visible eyelid to the palpebral fold. The best candidates for forehead rejuvenation are patients with short, flat foreheads and non-receding hairlines. Usually they also have short, flat foreheads and non-receding hairlines.

Position / Markings:
In preparation for the procedure, the patient is marked from the medial, lateral and height of each brow, the ratio from brow to upper eyelid, glabella and forehead lines, forehead shape and height, and the hairline. To assess the strength of the muscle action, movement, and depth of soft tissue folds the patient should be asked to frown as well as raise the eyebrows. The eyebrows should also be assessed for the thickness, shape and position. In pre-operative consultation the doctor should advise as to the number of incisions and type of fixations. Based upon the patient assessment, the operation can be planned. Patient inclusion is important in that brow lifts are individualized.

Surgical Technique: Dissection:
The procedure may begin after 20 minutes from infiltration of normal saline. The patient should then be prepped and draped in standard sterile manner. If the sentinel vein cannot be found from an upright position, patients are asked to lie flat. Patients are then asked to clench their teeth; and with palpation, the temporalis muscle and temporal crest can be marked. Markings representing the incisions are made 1 to 2 centimeters beyond the temporal hairline, checking that the incisions will be over the temporal muscle. The lateral incision markings should be parallel to the brow while the paramedian incision will be radial along the midline of the face, forehead and skull. At this point the dissection continues from the paramedian incisions communicating both pockets (deep temporal fascia with subperiosteal plane). A 4mm 30 degree endoscope is once again calibrated with adequate focus, “white out,” irrigation system down and inserted in the surgical field. The room lights are dimmed down to improve visualization on the screen.

At the endoscope at the temporal incision the sentinel veins are found and preserved when possible while the surrounding adhesions are removed. Following the caudal aspect of the temporal crest the “fusion ligament” (junction of deep temporal fascia and periosteum) is identified and divided with the endoscopic scissors. The supraorbital rim periosteum is divided from lateral to medial identifying and preserving the supraorbital neurovascular bundle. The periosteum is then divided from each lateral orbital rim, which serves to allow more lateral brow elevation and provide access to the glabellar musculature. An island of periosteum is preserved at the midline to avoid elevation of the most medial brow. The corrugator muscles are identified and excised/avulsed using endoscopic graspers. The assistant “pushes” the external skin to help with the corrugators resection and to allow the surgeon to visualize the dermis and avoid overresection causing an external depression. In case a depression is identified during the dissection continues from the paramedian incisions communicating both pockets (deep temporal fascia with subperiosteal plane). A 4mm 30 degree endoscope is once again calibrated with adequate focus, “white out,” irrigation system down and inserted in the surgical field. The room lights are dimmed down to improve visualization on the screen.

The endoscopic technique is based upon the use of modern technology where the traditional eye-hand surgical coordination is done through a video-endoscopic system. Additional extensive training is necessary not only for the surgeon but all medical and nursing personnel involved in the surgical case (*note from author- the novice should take his/her first assistant to cadaver workshops/courses to learn together). The equipment, from endoscope, camera and monitors, are usually standard in centers where aesthetic surgeries are performed. It has become important to test each system, inspect each instrument and check for a backup system as a safeguard. The surgeon must have knowledge of the principles extending from training, mechanical equipment, and technical skills.

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A clinical result of a lateral browlift is shown in Figure 2.

**Other Surgical Approaches to Browlift**

A number of patients who seek forehead rejuvenation already have a receding hairline. For these patients we perform a pretrichial browlift, which can raise the brow and lower the hairline. Direct browlifts are occasionally performed on male patients with prominent forehead furrows.

**Minimally Invasive Procedures**

- **Ablative Laser Skin Resurfacing, Intense Pulsed Light (IPL) and Platelet Rich Plasma (PRP) Injections**

  Forehead rejuvenation and wrinkle reduction is approached with a combination of fractional CO₂ ablative resurfacing, intense pulsed light and platelet rich injections of the forehead.

  One pass of the IPL is performed followed by two passes of the fractional CO₂ laser. A very even, thorough, and complete laser skin resurfacing is performed. An appropriate amount of blood is drawn, and placed into vacuum tubes, which are centrifuged. The platelet rich portion of the plasma is then drawn up into syringes, and then injected diffusely into the forehead (Figure 3).

- **Chemical Brow Lift**

  Eyebrow ptosis and forehead rhytides can be improved with Botulinum Toxin products. The muscles targeted are the lateral orbicularis oculi (lateral depressor), the glabellar complex (medial depressors), and the frontalis (Figure 4). These procedures are noninvasive and safe, however the result is temporary and there is a need for repeated injections.

- **Ultheraphy**

  We have used Ultheraphy in select patients and have achieved mild lateral brow elevation. Ultheraphy utilizes targeted ultrasound energy and incorporates real time imaging.

In conclusion, there are many well-described surgical and nonsurgical approaches to address brow aesthetics. The ultimate goal is to create beauty and balance while minimizing evidence of intervention.

**Complications**

Temporary paraesthesia and irregularities of the frontalis muscle will occur occasionally. However, it usually improves within 3 weeks. Cosmetic problems such as uneven movement of the brows, surface deformities, and elevation of the arch of the brows can sometimes arise. The ‘surprised look’ can be avoided by keeping a bridge of periosteum at the midline and by avoiding over elevation of the middle third of the brow. Alopecia can be eliminated through the abandonment of percutaneous screw fixations. Early detection of postoperative brow asymmetry (24-48hrs) can be improved by repositioning the paramedian fixation through re-elevation and posterior displacement of galea/skin from the endotine. Delayed temporary brow asymmetry can be improved with botox. If the brow asymmetry persists and there is obvious recurrence of brow ptosis re-intervention is advised.

**References:**

*Endoscopic Plastic Surgery: Second Edition:* Edited by Foad Nahai, R. Saltz (Ch. 4,5)

*Endoscopic Brow Lift* (Ch. 10): Renato Saltz, M.A. Codner

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Our experience is based on a series of over 400 consecutive patients undergoing LTL. Follow-up ranges from 1-10 years.

Results
We were able to reliably achieve a significant improvement in brow ptosis with this procedure. In patients with very low medial brows, the lateral temporal subcutaneous brow lift is easily combined with a subgaleal medial brow lift that incorporates corrugator excision. The incision lines healed extremely well, with the resulting scars being nearly imperceptible. The patients were uniformly pleased with the results. The improvements achieved with this procedure have been long-lived, with only one patient requiring correction of relapse in this series. Two patients required scar revision. Approximately 3% of patients experienced late fluid collections containing serous fluid and old blood. These collections could generally be aspirated in the office setting without requiring a return to the operating room. Two patients experienced skin ischemia and necrosis.

Conclusions
The lateral temporal subcutaneous brow lift is a powerful method of brow elevation. The operation allows significant brow repositioning. Systematic landmark-based measurement permits markings that ensure individual patient anatomy is addressed to achieve optimal aesthetic outcomes. The procedure can be reliably performed, and patients are very satisfied with the results. Complications are uncommon, and the probability of relapse has proven remote in our decade-long experience with this technique.

Figure 3: 42-year-old woman before and after LTL and upper and lower blepharoplasty. Red lines in the preoperative photo indicate the location of the planned LTL.
ISAPS-LEAP CONTINUES IN JORDAN AND EXPANDS TO TURKEY

Ryan Snyder Thompson — United States

LEAP Global Missions, Director of International Disaster Relief, LEAP Foundation

Winter Missions Update

ISAPS-LEAP Surgical Relief Teams is pleased to report on another successful series of international plastic and reconstructive surgery missions to Syria-related countries during the winter quarter. Over the course of three week-long surgical missions to hospitals in Jordan and Turkey, our volunteer surgeons evaluated 75 patients, providing 50 patients with essential reconstructive surgical care for blast and burn injuries. Participating on these surgical missions were ISAPS members and LEAP volunteers from Brazil, Romania, Kuwait, Greece, Germany, United Kingdom, USA and Turkey. Altogether, 12 plastic surgeons volunteered to make lasting impacts in the lives of each of the patient beneficiaries they treated.

Upcoming Summer 2016 Surgical Missions to Turkey

Building on these recent successes, ISAPS-LEAP Surgical Relief Teams and ISAPS are currently planning the next two surgical missions to Emel Hospital in Reyhanli, Hatay, Turkey. These missions will represent the fifth and sixth missions organized by LEAP and will be represented by ISAPS members from Turkey, Greece and USA.

While volunteer space on these missions is currently filled, we do anticipate scheduling future missions to this location for the foreseeable future as the Syrian conflict continues to force civilians to seek medical care for both acute and chronic injuries in neighboring Turkey. Volunteers interested in participating and/or financially supporting these upcoming missions should contact Ryan Snyder Thompson (LEAP Global Missions, Director of International Disaster Relief) at ryan@leapmissions.org

Faculty Needed for International Flap Courses

In an effort to assist our friends at the Institute for Global Orthopedics and Traumatology at the University of California, San Francisco, we are currently recruiting additional faculty for their upcoming Surgical Management and Reconstructive Training (SMART) Course. As is the case in many under-resourced country contexts, the limited access to skilled plastic reconstructive surgical care requires that the few orthopedic surgeons perform not only the internal and external reduction of bone fractures, but also the soft-tissue coverage for defects involving exposed bone and tendons. Accordingly, orthopedic surgeons from developing countries are invited to the course to learn limb-salvage plastic reconstructive techniques and rotational flap procedures. Dissection simulation instructors are needed during the lab skills portion of the course. Additionally, volunteer faculty may be asked as needed to present during didactic instruction. Annual course offerings include Dar es Salaam, Tanzania (May) and San Francisco, California, USA (September). Interested volunteers should promptly contact Ryan Snyder Thompson at ryan@leapmissions.org

HUMANITARIAN MISSION: INDIA

Thomas S. Davis, MD — United States

ISAPS Parliamentarian

Carmel Ministries consists of a school covering kindergarten through tenth standard (grade), and a hostel for children who cannot be cared for at home. Fifteen years ago, an Indian couple was called to minister to the poor children in southern India. Carmel School began with 25 children in a small adobe brick, thatch roof building. Today the school has grown to educate almost 1,000 students.

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In summary, we have been able to provide a major role in college to pursue nursing, medical, agriculture, and engineering programs.

Every January for the past 10 years, I have traveled with my brother and other team members to southern India to work with the children in this school. This is not a medical mission. Our main purpose is for team members to meet and spend time with their sponsored children and to work with the children at school providing opportunities for cultural exchange to broaden their education. These experiences are shared through storytelling, songs, crafts, reading, and exchange of pen pal letters. It is imperative for these children in a poor, rural setting to develop a working knowledge of the English language in order to better themselves. Interaction with team members enhances this phase of their education.

In turn, we are exposed to their local culture through evening programs of music, dancing, and storytelling presented by the school teachers and the children.

An added benefit for team members is the opportunity for exposure to the magnificent resources and culture of India.

In summary, we have been able to provide a major role in the construction and the continuing development of this school in one of the poorest areas in southern India.
DID YOU KNOW?

- ISAPS Insurance is not medical malpractice but does cover costs towards corrective and remedial treatment following cosmetic surgery.
- The cover lasts for 2 years post procedure.
- All ISAPS member surgeons are entitled to use the scheme and registration is free.
- We create a personalized guarantee document that you can provide to your patients.
- You do not have to insure all of your patients.
- Over 80% of claims have been paid to date.

Further information may be seen at www.isapsinsurance.com or alternatively contact Stephanie@isapsinsurance.com.
THE BIRTH OF CEPHALOMETRY (PART I)

48 ISAPS News Volume 10 • Number 1
January – April 2016

Denys Montandon, MD • Geneva, Switzerland

It is common practice in plastic and maxillofacial surgery to analyze the morphology of the face according to various measurements of the craniofacial skeleton, used as guidelines to correct deformities or disproportions. Today, one could not conceive orthodontic treatments or jaw surgery without the use of cephalometry.

Before being used in medical practice, skull and facial analysis have a long history related to philosophy and art. Used initially to determine the beauty and the character related to particular facial features of a person, the analysis of the craniofacial skeleton progressively became a method for anatomists and physical anthropologists to describe human diversity.

Physiognomy

The analysis of human facial features in relation to beauty, intelligence and diseases has been a subject of debate since Antiquity, sometimes in the quest for ideal facial proportions leading to canons of beauty, the most famous being the Greek sculptor’s Polykleitos (c. 450 bc). One century later, Aristotle (384-322 bc) described in his Physiognomica the art of reading one’s character from one’s bodily features. He compared male and female bodies and faces to those of various animals: males look like brave lions because of their larger mouth, squared face, large eyebrows, while women are more like shy panthers. Since these early writings considering the face as a reflection of the qualities of the soul of its owner, numerous treatises have attempted to define and measure the various features of the human face, giving rise to the famous Gold Numbers or the Divine Proportions published in 1509 by Fra Luca Pacioli.

These studies had two applications that were sometimes combined: an initiation for painters or sculptors and recognition of an individual’s character and personality. Painters like Villard de Honnecourt (13th century) (Fig. 1), Pietro della Francesca (1412-1492), Leonardo Da Vinci (Grotesque heads) or the art to know the human beings according to their facial features. Like della Porta, he draws similitudes between the face of individuals and animals, establishing a gradation starting from the most perfect profile, represented by the classical Greek statues, to the ugliest frog-like faces. (Fig. 7) His objective was to create a true science of facial interpretation where beauty and ugliness are in exact relationship with moral beauty and depravity of men and women. As a man of faith, however, he refuted all links between animals and humans. Although criticized during his life for practicing a pseudoscience, he was also very admired by known philosophers and writers. Goethe, who was eight years younger, was particularly interested by this possibility to create a practical psychology and offered him several portraits with commentaries of his own. He also wrote the chapter on skulls in one of Lavater’s books. The friendship between the two men did not last because of their opposed religious beliefs.

The school of angles

During the 18th Century, the Swiss clergyman Jean-Gaspard Lavater (1741-1801) devoted a great part of his life and of his writings to what he called The Physiognomy or the art to know the human beings according to their facial features. Like della Porta, he draws similitudes between the face of individuals and animals, establishing a gradation starting from the most perfect profile, represented by the classical Greek statues, to the ugliest frog-like faces. (Fig. 7) His objective was to create a true science of facial interpretation where beauty and ugliness are in exact relationship with moral beauty and depravity of men and women. As a man of faith, however, he refuted all links between animals and humans. Although criticized during his life for practicing a pseudoscience, he was also very admired by known philosophers and writers. Goethe, who was eight years younger, was particularly interested by this possibility to create a practical psychology and offered him several portraits with commentaries of his own. He also wrote the chapter on skulls in one of Lavater’s books. The friendship between the two men did not last because of their opposed religious beliefs.

The school of angles

Since the middle of the 17th century, scientists, anatomists and physicians also became interested in measuring the body and the cranio-facial structures, one of the first being the German Johann Sigismund Elsholtz, who proposed a system whose purpose was to correlate bodily proportions and diseases. He invented a special ruler the Anthropometron for his calibrations. Anthropometria, sive de mutua membrorum corporis humani proportione et navorum harmonia libellus, was published in 1663. During the 18th century, the physician Louis Jean-Marie Daubenton (1716-1800), a collaborator of the French naturalist Buffon, studied the point of junction between the vertebral column and the cranium, which he called the occipital foramen, and noticed that it varies between the animal species, being more anterior or posterior, according to the tilting of the head and its relationship with bipedia or quadrupedia.

The real starting point of what has been called the “school of angles,” precursor of our modern cephalometry, should be attributed to the Dutch surgeon and anatomist Petrus Camper, following his lectures on this subject in 1770 to the Amsterdam Drawing Academy. According to his new traiture technique, an angle is formed by two lines, from the advancing part of the forehead. Camper claimed that antique Greco-Roman statues presented an angle of 100°- 95°, Europeans of 80°, Orientals of 70°,
The Celtic races have noble and proud figures, which can be measured by the facial angle. The more acute the angle, the face lengthens in a muzzle and shows an ignoble figure close to the beast, when the angle straightens, it takes a look of magnitude, nobility and sublimity. Ugliness indicates all the physical and moral dullness.

The norma verticalis

In 1795, Johann Friedrich Blumenbach, a German Professor of Medicine, often considered as the father of physical anthropology, came up with a new classification scheme. In his book, *On the Natural Variety of Mankind*, he divided humanity into five varieties. He associated each with a particular geographic area—Negro (African), Mongolian (Asian), Malay (Southeast Asia), American Indian (American), and Caucasian (European). Blumenbach introduced the word Caucasian to describe the variety of mankind—the Georgian—that had originated on the southern slopes of Mount Caucasus. This was for him the most beautiful race. The other races represented degeneration from the original type, up to the further apart, the heads of Mongols and Negroes. In his book *Decas Collectionis Sivae Craniorum Diversarum Gentium*, he illustrated 40 skulls from various origins. By the end of his life, Blumenbach owned the greatest contemporary collection of human skulls (what he terms his “Golgotha”): 245 whole skulls and fragments and two mummys. Unlike Camper, Blumenbach measured skulls along a particular line, the nose-maxilla angle, from the head to the face, and also Camper’s facial angle in profile. Blumenbach produced what he called the norma verticalis, that is the view of the skulls from above. A line is drawn at the maxillary level, allowing comparing the protrusion of the face in relation to the forehead in different skulls. (Fig. 9)

Phrenology and craniosity

The relationship between the osseous cranium and its content, the brain, lead a few anatomists to deduct that a small cranial capacity signifies automatically a small brain and small intelligence. Franz Joseph Gall (1758-1828), a renowned Viennese physician and anatomist has gone further in building a new theory according to which, intellectual, moral and emotional faculties are located in the brain in particular sites. The exterior aspect of the cranium will therefore reflect the development of this or that capacity.

He believed that the bumps and uneven geography of the human skull were caused by pressure exerted underneath from the brain. The brain was divided into sections that corresponded to certain behaviors and traits that he called fundamental faculties. (Fig. 10) There were 27 fundamental faculties, among them were: recollection of people, mechanical ability, talent for poetry, love of property, and even a murder instinct. Based on the surface of a person’s skull, Gall could make assumptions about the person’s fundamental faculties and therefore their character. Although mocked by many of his contemporaries, Gall’s methods, that he called craniology, had an enormous success particularly among writers and teachers trying to find out the positive or the negative bumps of their pupils.

The cephalic index

Another type of skull measurement was determined by Anders Retzius, a Swedish professor of anatomy, initially to classify ancient human remains found in Europe. He classified skulls in three main categories; “dolichocephalic” (from the Greek dolikhos, long and thin), “brachycephalic” (short and broad) and “mesocephalic” (intermediate length and width). The cephalic or cranial index is the ratio of the maximum breadth to the maximum length of the skull, multiplied by 100. In his book *Om Formen af Nordboernes Cranier* (1843), Retzius supposed that it was possible to establish the mental and moral capacities of a man thanks to these measurements. For him, the dolichocephalic people that are the Nordic Whites were superior to the brachycephalic Blacks. Today, the cephalic index remains an important parameter for ultra-sound biometry of the fetal head.

Facial forms

Sir Charles Bell (1774-1842), best known for having described the so-called Bell’s palsy, has written several essays on the anatomy and philosophy of facial forms and expressions where he criticized Lavater, Camper and Blumenbach, proposing a new method of analyzing the facial features for expressing beauty, underlying the importance of the relationship between the forms of the skull and the face as expressed by the various functions, such as the organs of mastication, speech and expression.

By this more accurate method of measuring the skull having been brought to observe distinctions not only in the cranium and bones of the face, but in the face itself, and in the cranium independently of the face, I wished in the next place to consider more at large the varieties in the form of the face, and the reason of the secret influence of certain forms on our judgment of beauty. From the examination of the heads both of men and brutes, and of the skulls of a variety of animals, I think there is reason to say, that the external character both of man and brutes consists more in the relative proportions of the parts of the face to each other, than has been admitted.

Initially, cephalometric analyzes were mainly concerned with the concept of beauty and ugliness comparing the facial features of mankind and animals. These measurements and angles served as tools of education for painters and sculptors, and also often for writers to describe the character of their heroes. Since the 19th century, doctors became more and more interested in these methods of craniofacial recognition to acknowledge the indices of mental disease, depravation and crime of an individual. We shall see in a next article a few incredible theories and misjudgments by some notorious scientists using these theories. **Figure 8** Pets Camper: The facial angles

Black people of 70° and the Orangutan of 42-58°. Without judgment on the intelligence of their owners, Camper claimed that, out of all human races, Africans were the most removed from the classical sense of ideal beauty. (Fig. 8)

**Figure 9**: Johann Friedrich Blumenbach: *Norma verticalis*

**Figure 10**: Franz Joseph Gall: Phrenology

Initially, cephalometric analyzes were mainly concerned with the concept of beauty and ugliness comparing the facial features of mankind and animals. These measurements and angles served as tools of education for painters and sculptors, and also often for writers to describe the character of their heroes. Since the 19th century, doctors became more and more interested in these methods of craniofacial recognition to acknowledge the indices of mental disease, depravation and crime of an individual. We shall see in a next article a few incredible theories and misjudgments by some notorious scientists using these theories.
IN MEMORIAM

NEWS FROM PARIS
Eric Auclair, MD – France
ISAPS Assistant Treasurer

A few days after the attacks of 13 November in Paris, the Annual Congress of the French Society of Plastic Reconstructive and Aesthetic Surgery (SoPCPRE, 1000 members) was held. This event has been the occasion of an extraordinary expression of solidarity and courage from our Brazilian friends. In fact, we decided to organize the first days of Franco-Brazilian Plastic Surgery on Saturday, November 21 in the closing of the annual conference. Despite the attacks, all our colleagues came to Paris with their wives: Luciano Chavez, the president; Osvaldo Saldanha, responsible for education; Nelson Piccolo; Joao Carlos Sampaio Goes; Fausto Viterbo; Raúl González.

We spent a morning of sensational professional and friendly exchanges. For sure, these events have built strong bonds between our two societies which will endure for many other occasions.

I would also like to share the impressions of a friend, Professor Laurent Lantieri who was directly involved in the care of the wounded during the night of bombings in his Plastic Surgery Unit at the Georges Pompidou Hospital:

« Friday night, midnight, I went to my hospital. All was calm. Surgeons, nurses, anesthesiologists were progressively coming in to prepare for the wounded. Then the wave came. In less than half an hour, the ICU was full of patients with multiple bullet injuries. You do your job as a surgeon mechanically. There is no time for crying, for compassion, just treat all these people. It could have been me, it could have been you. It was a Friday night in Paris.

This morning I take my bike to go back to work. It is a Monday morning in Paris like any Monday morning. I pass near the Eiffel Tower. I can see the cafés with people coming in and out. I see Parisians walking freely in the street. I can see the Seine River bank. France is a free country where you can do whatever you want if you respect others. I love Paris and the Parisians. I love free speech. I love to have a coffee in the morning seeing people in the street. I love to discuss politics in the evening with a bottle of Bordeaux. I love all these contradictions that make us what we are. I love music. I love fashion. I love art. I love food... »

Many Parisians and French, of which I am one, share feelings and thoughts expressed by our colleague Laurent.
| DATE: 02 - 04 JUNE 2016 |
| Location: Mykonos, GREECE |
| Contact: PCO Conviv S.A |
| Email: mykonosi@consv.com.gr |
| Tel: +30 210 683 3600 |
| Fax: +30 201 684 7700 |
| Website: www.mykonosi.isaps2016.org |

| DATE: 02 - 05 JUNE 2016 |
| Location: Sixth St. Petersburger International Educational Course on Aesthetic Plastic Surgery |
| Contact: Igor Bogoroditskiy |
| Email: bogoroditskiy@yandex.ru |
| Tel: +7 925-216-2542 |
| Website: http://www.ictps.ru/ |

| DATE: 10 - 12 JUNE 2016 |
| Location: Garonne Riviera, ITALY |
| Contact: MZ CONGRESSI srl |
| Email: alice.cazzaniga@mzcongressi.com |
| Tel: 39 02 66802323 |
| Website: www.villabelleeducation.com/ |

| DATE: 10 - 11 JUNE 2016 |
| Location: Bucharest, ROMANIA |
| Contact: Dr. Dana Jianu |
| Email: roxana.ilinca@businesstravel.ro |
| Tel: 40213126708 |
| Fax: 40213126709 |
| Website: www.worldplasticsurgeryconference.ro/ |

| DATE: 10 - 11 JUNE 2016 |
| Location: Birkenwerder bei Berlin, GERMANY |
| Contact: Michaela Voss |
| Email: m.voss@parklink-birkenwerder.de |
| Tel: 49 (0)3303-513 |
| Fax: 49 (0)3303-513 |
| Website: www.beauli.de/ |
### CALENDAR

#### August 2016

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<td>ISAPS Symposium — Colombia</td>
<td>Cali, COLOMBIA</td>
<td>Dr. Otto Ziegler</td>
<td><a href="mailto:drottoziegler@yahoo.com">drottoziegler@yahoo.com</a></td>
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<td>1st International Meeting of Rhinoplasty</td>
<td>Paris — Versailles, FRANCE</td>
<td>MCO Congrès</td>
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<td>ISAPS Course — Peru</td>
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<td>Dr. Otto Ziegler</td>
<td><a href="mailto:drottoziegler@yahoo.com">drottoziegler@yahoo.com</a></td>
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<td>Ho Chi Minh City, VIET NAM</td>
<td>Sanguan Kunaporn, MD</td>
<td><a href="mailto:sanguank@hotmail.com">sanguank@hotmail.com</a></td>
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<td>ISAPS Course — Lebanon</td>
<td>Beirut, LEBANON</td>
<td>Dr. Elie Abdelhak</td>
<td><a href="mailto:elie.abdelhak@gmail.com">elie.abdelhak@gmail.com</a></td>
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