Welcome to this issue of ISAPS News. We are pleased to feature the new ISAPS logo on the cover. This new design, spearheaded by Julie Guest, ISAPS Chief Marking Officer and her team, is the culmination of the Board’s rebranding campaign and was selected by the Branding Task Force from over 250 choices. The circle symbolizes ISAPS commitment to patient safety around the globe, worldwide aesthetic education, and inclusiveness of our members. You will also notice the new branding, including formatting and style, throughout the newsletter.

The robust educational mission of our society is evident throughout this issue of ISAPS News. We have messages from the Education Council Chairs, Vakis Kontoes, MD, PhD (Greece) and Ozan Sazier, MD (United States). We include reports on the ISAPS Course in Romania, the ISAPS Symposium preceding the annual SOFCEP meeting in Marseilles, and the ISAPS Course in Ecuador, plus a report of Ruth Graf’s (Brazil) trip to Los Angeles, California as an ISAPS Visiting Professor. Our Global Perspectives Series, a very popular feature for our members, focuses on blepharoplasty and includes technical pearls, observations on practice trends, and other useful perspectives by ISAPS expert surgeon-scientists. This issue highlights a wonderful broad range of perspectives on blepharoplasty from around the world.

In this issue, we also have an update from Nina Naidu, MD, FACS, ISAPS National Secretary for the US and Committee Chair for ISAPS Women Plastic Surgeons. Julie Guest brings us a very interesting article on how to market to millennials, which will be highly useful to our practice building. There is an interesting article on how to market to millennials, which will be highly useful to our practice building.

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WHERE IN THE WORLD?

See page 21 for the answer.

ASSI Deane Body Contouring Forceps

Features:
- Space at hinge so tissue flaps won’t be crimped
- Easily approximate amount of excess tissue to be removed
- Sharp end allows instrument to be used under tension
- Long enough to be useful for a variety of body contouring procedures
- Can be used by both right and left-handed surgeons

Designed By:
Leland Deane MD FACS, Garden City, NY

See page 21 for the answer.
In 1962, pioneers of plastic surgery in Egypt who were trained in the UK, France, and the United States felt the need to create a society that would help initiate the new specialty of aesthetic, reconstructive and burn surgery in Egypt. This was the beginning of ESPRS which now has 550 active members and about 1,200 associates. An active member should hold a doctorate degree in plastic surgery or in general surgery with complete training in plastic surgery in a known plastic surgery center. The ESPRS holds two main meetings, one in the winter in Cairo and another during the summer in Alexandria and many courses and meetings throughout the year which now total about 16-18.

ESPRS has always been cooperating and hosting activities with international societies including the French society that held one of its annual meetings in Sharm El Sheikh in 2009. The Italian society also joined many of our meetings from 2005 until now.

The first ISAPS Course in Cairo was in 1989 followed by the second in Sharm El Sheikh in 2009 while the third course was in Cairo in March 2016. This year, in May, a three-day Course at the Ritz Carlton Cairo attracted more than 600 attendees from Egypt, Sudan, Saudi Arabia, Libya, Morocco, Kenya, Kuwait, Bahrain, UAE and England.

The value of the ESPRS and ISAPS cooperation through the Global Alliance represents a very valuable benefit for our members and 51 ISAPS active members are now also ESPRS members. ESPRS welcomes all the international and national contributions and affiliations which maintain and strengthen human interactions and scientific exchange to maintain a highly respected level of knowledge and training for its members.

The Society has its foundation, its Society has gained a solid national and international prestige due to the active participation of our members in scientific and academic activities and publications in diverse fields of plastic surgery. In the 80s, the SCCP initiated the Plastic Surgery Residents Training Program which was maintained for almost a decade. After this period, the Universitade de Chile (University of Chile) and later on the Universidad Catolica de Chile (Catholic University of Chile) began directing their own programs, nonetheless preserving the influence of the Society in this Programs. Currently, there is active participation by different members of the Society in both.

Since its foundation, the Society has held our Plastic Surgery Meeting every two years with the regular participation of international invited faculty. On 31 August through 2 September 2017, we will hold our XV Chilean and International Plastic Surgery Congress, an interdisciplinary Plastic Reconstructive and Aesthetic Congress with twenty international faculty invited and the presence of national faculty in plastic surgery, otolaryngology, dermatology, pediatric plastic surgery and kinesiology. In 1996, the Society held for the first time an ISAPS Symposium at the ski center Valle Nevado with approximately 400 attendees. Since 2015, we are part of the ISAPS Global Alliance. In October 2015, immediately preceding the Chilean Plastic Surgery Meeting at the Marcelba Resort located on the Central Coast of Chile, we held the Second ISAPS Symposium with recognized plastic surgeons from Turkey, Brazil, Colombia and Mexico. Following this event, in March 2017 we held the Third ISAPS Symposium in Santiago with outstanding invited faculty that included Dr. Dirk Richter, Dr. Lina Tran, Dr. Ricardo Ribeiro and Dr. Fabio Cortizas with a great number of attendees. The day before the Symposium, Dr. Richter held the first ISAPS Visiting Professor Program in Chile for all the Residents of Plastic Surgery. Both were assessed as a magnificently scientific and social meeting.

Since July 2017, we are proudly affiliated with the ISAPS Journal, Aesthetic Plastic Surgery. The ISAPS Global Alliance has given us the opportunity to improve our knowledge in aesthetic plastic surgery, to share experiences with world renowned faculty and also to contribute with scientific publications by our members.
Dear ISAPS members,

The EC is really working hard in organizing educational events around the globe and we are sure that you have been following the developments from the event reports published in our ISAPS News Editions. For upcoming events, you can find detailed information in our calendar of events which you can find in our web site. However, we are more than happy to share with you the recent updates per region in view of promoting our main ISAPS mission: Aesthetic Education Worldwide.

North America: A half-day ISAPS Symposium on Butttock Contouring the day before the Annual ASAPS meeting in San Diego in April, 2017, was organized and presented with great success and great attendance. The Aesthetic Cruise this year was for the first time an ASAPS/ISAPS collaboration. It took place from 21 July to 1st August 2017 and included a dynamic education program. The cruise included visits in Scotland and Norway and was an excellent event both from a social and scientific perspectives. The wonderful nature and scenery of the places we visited filled our mind with rich memories from this very successful cruise.

Europe: The now annual ISAPS Symposium preceding the SOFCEP meeting was held in Marseille, France in June with great success. On 23-25th June 2017, the ISAPS Course in Romania was organized in collaboration with the Romanian Association of Aesthetic Surgery with excellent attendance and a great scientific program. Later this year, an ISAPS Symposium is scheduled in Lisbon on 28-29 September preceding the Portuguese Plastic Surgery Society meeting. For the first time, we will have a Symposium in the UK in collaboration with BAAPS on the 7th of October 2017.

On March 9-10, 2018, an ISAPS Course on Patient Safety and complications in Aesthetic Surgery is organized in Barcelona, Spain in collaboration with AECESP and SECPRE the Two Global Alliance Member Societies in Spain.

South America: ISAPS Courses in Santiago, Chile; La Plata, Argentina; and Guayaquil, Ecuador; took place with great success.

Middle East: On 4-6 May 2017 a very successful ISAPS Course was organized in Cairo, Egypt in collaboration with the Egyptian Plastic Surgery Society with a very large attendance and great scientific and social program. Two ISAPS courses will be held in September and October in Beruit, Lebanon and Amman, Jordan.

Africa: The well-established South African, Cape Town ISAPS Course will take place next year in March 25-27, 2018. The faculty has been finalized and the scientific program will soon be announced.

We are very happy to announce that we have an increased demand for educational events from our members worldwide and we are convinced that the 2016-2017 EC efforts will result in even greater achievements in the coming year.

After communication with Dr. Eric Bensoin, the President of the Canadian Society of Aesthetic Plastic Surgery (CSAPS), we are very excited to organize the first ISAPS Symposium in Canada in collaboration with CSAPS on October 12, 2017, the day before the CSAPS Annual Meeting. The Symposium will include a half-day on rhinoplasty and a half day on facial aesthetics and fillers.

South America: ISAPS Courses in Santiago, Chile; La Plata, Argentina; and Guayaquil, Ecuador, took place with great success.

Argentinean National Secretary and EC Regional Representative for South America, Fabian Cortissoz, is working with us and has finalized the oculoplastic and periorbital aesthetic rejuvenation course in Patagonia, Argentina at the end of the year with the dates confirmed for 4-5 December 2017.

Asia-Pacific: We are excited to have finalized the first ISAPS Course in China in collaboration with the Chinese Society of Plastic Surgery on September 14-15, 2017. Dr. Lee Pu, EC Regional Representative for Asia, has been instrumental and very helpful in working with us to organize this important event in China. A Symposium will be held in conjunction with the Korean Society of Aesthetic Plastic Surgery (KSAPS) annual meeting on 7th April 2018.

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All the presentations were a great success, including the Master Classes: Dr. Giovanni Botti - My face lifting approach after 30 years of experience; Drs. Paraskevastos Kontoes and Apostolos Mandreka - Lasers vs peels; Dr. Foad Nahai - Facial Aesthetics; Dr. Ruth Graf – How I treat complications; Dr. Carlos Basso – Psol Baranioic Aesthetic Plastic Surgery; Dr. Bryan Toth - Modern Facelift – High SMAS Facelift with simultaneous lipofilling.

The hosts were delighted to welcome the participants to the Course dinner in “Forest” restaurant in the Alpin Hotel including many memorable moments: official thanks, very emotional for all our ISAPS Faculty who received awards, roses and diplomas for RASS honorary members. We had everything: classical and modern music, good food, dance, summer rain storm, cordiality and joy.

The Faculty Dinner was also appreciated as it was held in a pleasant, relaxed atmosphere at “Belvedere” restaurant with a breathtaking view over Brasov City.

An important moment was the ISAPS Course Opening Ceremony with the special messages of ISAPS representatives: President Dr. Beneto Salis (video), National Secretary for Romania Dr. Dana Jianu, Course Director Dr. Apostolos Mandreka, Education Council Chair Dr. Paraskevastos Kontoes, National Secretary for Belgium, Dr. Ivar van Heijningen and Secretary Dr. Gianluca Campiglio, highlighting the importance and benefits of membership in ISAPS, the greatest international society in the field, and offering an invitation to our next congress in Miami Beach in 2018. Romanian ISAPS activity was also presented.

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The Organizing Committee hope that the guests enjoyed the venue, Poiana Brasov, very close to Brasov - one of the most beautiful cities in Romania, being a picturesque resort as well as an appreciated meeting venue in the heart of the legendary Carpathian Mountains with pure air and beautiful traditions. The Hotel Alpin tried its best to provide all necessary conditions. Hopefully our guests spent some nice summer days in this beautiful mountain area with interesting tourist sites: Peles Castle, Dracula’s Castle, the old town with the Black Church of Brasov or some more days in Bucharest.

Special thanks go to our industry partners: Novogold, Liposales, H&M Ltd, Romger Medical, Solarium, Medical Point Distribution, Threepharm/Polytech, BMW, Mesoestetic, Orthoindent, Fabre, Italtrade, Vector Aesthetic, Allergan, Bystiere Medicale, Rhia Medical, Medical Otrovit, Global Aesthetic, Raiffeisen Bank and the painter Lisandru Neamtu who displayed beautiful creations inspired by feminine beauty.

The vast majority of participants at this event considered this meeting a memorable success. “We enjoyed the Course and noticed the great interest shown by our entire community of plastic surgeons and other specialties, more than two hundred and we were very excited to attend this exceptional event,” a participant said.

Finally, this Course was an important RASS-ISAPS partnership achievement and we thank once again all participants for contributing to its success.

We invite you to download pictures from this medical event by clicking on: http://www.isapscourse.ro/galerie.

The first session was dedicated to rhinoplasty, directed by Yves Jallut. The tip of the nose was debated among speakers including Enrico Robotti, Gilbert Asch, Sebastian Haack, Yann Levet, Yves Jallut and Antoine Lavie.

The rejuvenation session, directed by Alain Fogli, was preceded by a lecture by Sam Hamra who presented during twenty minutes his life experience concerning his technique for facelift.

This session focused on the importance of preoperative evaluation. The numerous parameters such as the shape and position of the eyebrow, the definition of the upper palpebral fold, the lateral canthus, and the palpebral-jugal junction. The superior and inferior blepharoplasty is often coupled with temporal lifting and lipofilling and is more and more indicated for the treatment of the orbito-palpebral ring and sulcus. Composition of static or dynamic canthopexies in some cases can achieve a harmonious and lasting result. Mario Pelle-Ceravolo, Giovanni Botti, Susumu Takayanagi, Alexandre Verpaele, Stéphane de Mortillet, Catherine Bergeret-Galley and Thierry Malet succeeded one another on the stage.

The afternoon was inaugurated by breast surgery, directed by Raphaël Sinna. He had the amusing idea to oppose the opinions of a team of women (Chiara Botti, Nathalie Bricout and Catherine Bruant Rodier) against those of a team of men (Dominique Casanova, Mustapha Hamdi, Raphaël Sinna) on the difficult subject of mammary implants associated with mastopexy. Implications of silicone on capsular contracture were discussed by Bianca Knoll and the ALCL-BIA issue was updated by Jonathan Fernandez.

The next session, dedicated to post-bariatric surgery directed by Jean-François Pascal, is the “trend” topic in the evolution of current plastic surgery. Dr. Pascal was surrounded by guests such as Raphaël Sinna, Bahram Dezfolian, Marwan Abboud, Philippe Levan and Julien Niddam to enlighten us with reliable and reproductive techniques.

The last and not least session was about regenerative medicine directed by both Guy Magalon and Ali Mojallal. All indications of skin rejuvenation will use our autologous cells to allow us to heal and rejuvenate. Angela Trivisonno and Norbert Pallua discussed the microinjection of fat, platelet-rich plasma studied by Jérémy Magalon, Régis Roche and Ali Mojallal, Stromal Vascular Fraction by Benoît Chapou, and finally, Nicolas Chami explained the legislation regarding these products. The conclusion reached by Guy Magalon was on the combination of these techniques and especially the need to have a collaboration between clinicians, scientists and industrialists to realize multi-centric protocols in order to validate these new therapeutics.
The third official Ecuadorian ISAPS Course was held in Guayaquil, Ecuador on 14 and 15 July. It was planned and produced by Dr. Ozan Sozer, the Education Council Vice Chair, and me as ISAPS National Secretary for Ecuador in collaboration with the organizing committee that included Dr. Pilar Estrella, Dr. Priscilla Alcocer and Dr. Carlos Márquez.

Ten local speakers participated in the course and six foreign speakers including Dr. Ozan Sozer (US), Dr. Carlos Roxo (Brazil), Dr. Antonio Graziosi (Brazil), Dr. Abel de la Peña (Mexico), Dr. Giovanni Betti Kraemer (Mexico) and Dr. Germán Vergas (Guatemala).

The main topics were: Aesthetic Plastic Surgery in Post Bariatric Patients, Mammaplasty, Facial and Periorbital Surgery, Rhinoplasty, Body Contouring, Surgical Treatment of Migraine, Non-Surgical Rejuvenation Treatment, and Complications in Plastic Surgery.

The organizing committee worked very well and didn’t have trouble during any presentation. All attendees and speakers received a certificate from the organizing committee. Dr. Vakis Kontoes (EC Chair), Dr. Ozan Sozer and I signed the certificates.

The Course was in the Wyndham Hotel located in Ciudad del Río in Puerto Santa Ana, one of the privileged and most prestigious areas of Guayaquil, located on the boardwalk of our city along the Guayas River, close to “Barrio Las Peñas”, the oldest historical and traditional site of our city.

The accommodations, meals, hospitality, Professors’ dinner and a post course tour to Guayaquil were also very well organized.

As the Course Co-Director, I would like to express that this course was very successful because the local and foreign speakers gave excellent lectures, and all the attendees were very happy and impressed with all the topics and organization of the 3rd ISAPS International Course.

It was a great honor for me to be invited by Dr. Grant Stevens to be an ISAPS Visiting Professor at the University of Southern California (USC).

We shared two full days with a concentrated scientific program organized by the USC Residents starting with a conference on breast augmentation including primary and secondary procedures. The meeting was held at USC where Dr. Mark Urata, the Chief of the Division of Plastic and Reconstructive Surgery, was present.

The next day, I visited Marina Del Rey Plastic Surgery Clinic where I joined Dr. Stevens and his Fellows in the OR with a high level of discussion about the procedures performed.

That afternoon, the Residents took me to the Fresh Tissue Dissection Lab at the Old General Hospital where the USC Keck School of Medicine has been since 1885 in Los Angeles County together with USC Medical Center, one of the largest academic medical centers in the country. The structure and facilities of the hospital are amazing; they have preserved part of the nice old style with pictures from the 19th century.

The cadaver dissection included forehead endoscopy and breast anatomy showing the Residents the pectoralis fascia. Before the dissection, I presented a lecture about Endobrow and the anatomical structures they would expect to find in the cadaver.

At the end of the day, we joined Dr. Stevens on his boat to enjoy a bay view and finished the day with a wonderful dinner at the Marinas Restaurant.

I would like to congratulate Dr. Renato Saltz for the perfect format for the ISAPS Visiting Professor Program where, not only the residents learn, but also we learn a lot.
**10-step plan to get your ambulatory surgical center closer to accreditation**

**JAMES FERNAU, MD**
United States, Member, ISAPS Patient Safety Committee

How safe are your surgical facility and your routine procedures? Patients are learning to ask if their surgery will be performed in a safe environment. Whether or not the surgical suite you use has been officially designated as "accredited" by an official entity, here are ten ways to make sure that your surgical surroundings and process are safer for your patients.

1. In the preoperative area, document if there has been any out-of-country travel, especially associated with any illnesses or fevers.
2. Check the identity of your patient with an assistant against their chart and wrist band and mark the surgical site(s) clearly. Make sure these markings and your surgical plan are consistent with the consent form.
3. Follow through in the operating room with the appropriate patient time-out. *
4. Make sure your staff makes daily recordings of the room temperature, humidity and air exchange to show ongoing monitoring.
5. Your biohazard container must be clearly indicated as: Biohazardous Regulated Medical Waste.
6. Transportation of surgical instruments should utilize a closed stainless-steel container, preferably on wheels, specifically, transportation from the operating room to the sterilizing area.
7. All tape residue must be removed from structures in the operating room. For example, tape residue is commonly found on IV poles. Additionally, everything must be free of rust. Wheels on stainless-steel carts are frequently cited as being out of compliance as this is a frequently forgotten detail.
8. No alcohol is allowed in the operating room; however, hand cleaning dispensers must be free of rust. Wheels on stainless-steel carts are frequently cited as being out of compliance as this is a frequently forgotten detail.
9. Corrugated cardboard is not allowed in the operating room. Supplies that do not have expiration dates on their packaging must be kept in the box with the expiration date and should be located outside of the operating room.
10. When transferring a sedated patient from the operating room table to a gurney, it is necessary to lock both the operating room table and the gurney wheels and to have four people present for the transfer.

* During a patient timeout, the circulating nurse states the name of the patient and the name of the procedure verifying the site(s) of surgery. The nurse anesthetist confirms the name of the patient and the birth date of the patient and everyone on the operating room team must agree.

General recommendations for ambulatory surgical facilities include ownership by a surgeon who is the equivalent of board-certified in the procedure they perform. The surgeon should have admitting privileges at a nearby hospital including transfer privileges. Generally, the accreditation program addresses the facility layout; patient and personal records; quality assessment and quality improvement plans; and operating room personnel, equipment, operations, management and sanitation. Infection control protocols and surveys are highly recommended.

Once an inspection is complete, the accrediting agency issues accreditation, provisional accreditation or denial of accreditation.

The process can operate on a multi-year cycle. In the intervening time, facility directors should complete a self-evulation. Failure to do so may void the accreditation.

Each state or country will have their own specific rules and regulations which must be followed. Contacting a builder and or architect familiar with these surgical centers is an essential step in the right direction to becoming accredited.

The process of accreditation can take from three to twelve months depending upon the state or country.

**MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES**

**PETER SCOTT, MD**
South Africa

Dear Colleagues,

Much has happened since our last communication. Under the guidance of our President, Renato Salz, the dynamic Board and Julie Guest, a great deal has been done to market ISAPS internationally. In mid-June, we had a very successful conference call where approximately 30 National Secretaries logged in to hear Renato Salz and Julie Guest present the new branding for our society. By now, all of you would have received the marketing materials and new logo and I encourage you to use this at every opportunity to promote ISAPS. Julie’s team have very thoughtfully provided the artwork for each country. If you have any queries, please contact either Julie or Catherine Foss for clarification.

The 2016 Global Survey results were released at the same time and it is gratifying to see the excellent response from our member countries and the user-friendly way that the team has presented the results. Please take advantage of this data to circulate amongst your colleagues and your local news media. In this way, we can strengthen the footprint of ISAPS around the world.

Recently, we had another exciting initiative where ISAPS was asked to join ASAPS on their cruise to Norway. On the three days while the ship was at sea, we heard many lectures by a number of our ISAPS members across the spectrum of aesthetic procedures.

Once again, I would like to encourage our National Secretaries to attend the 24th Congress of ISAPS, 31 October – 4 November 2018 in Miami Beach, Florida USA. Registration is already open. We had a very successful meeting in Kyoto, Japan and it would be wonderful if we could get as many National Secretaries to attend the 2018 Congress as we did in Kyoto. We will also be electing a new National Secretaries Chair and Assistant Chair and those of you interested should put your names up for nomination by contacting Catherine Foss in our Executive Office.

We welcome our new National Secretaries and thank their predecessors for their service to our society.

An exciting new initiative is the ISAPS Women Plastic Surgeons group. Women National Secretaries comprise 15% of our special family – about the same ratio as women members in ISAPS. The committee members include Nina Naidu, USA (Chair), Lina Trina, Colombia, Ewa Anna Sole, South Africa, Silveta Skorobaras Asanin, Serbia; Fatema Al Subhi, Saudi Arabia; and Maria Wiedner, Germany.

We look forward to this group going from strength to strength in our Society.
JOURNAL UPDATE: MESSAGE FROM THE EDITOR OF AESTHETIC PLASTIC SURGERY

BAHMAN GUYRON, MD
United States
Editor-in-Chief

The journal continues to go through transition and I am very pleased with the progress that we have made. The submission numbers have increased, and more importantly, the submissions are more pertinent. We are receiving more articles that are not purely reconstructive in nature. Although the content has improved a great deal, you have my promise that it will continue to improve further. You will notice inclusion of more invited discussions that provide independent, impartial assessments of the articles from experts in the field.

Processing time for articles has also improved tremendously. I have reduced the average time from first decision to 32 to 15 days. This is the time from submission of a new article to completion of the first review and initial decision regarding whether the article is going to be rejected or sent for revision by the author. I have also reduced the average time to acceptance from 90 to 35 days. This is the time from submission to final decision for revised manuscripts. Furthermore, I have reduced the rejection rate by working with the authors to revise those articles that are meritorious, but may not meet the criteria for acceptance for reasons other than scientific value.

If you are interested in reviewing articles for the journal, please let me know your level of experience and area of expertise and what type of article you would like to review, referring to the categories in the journal.

Most importantly, I look forward to receiving your articles. When they are published, they will be read by over 3300 members and will have over 12,000 exposures, according to our most recent statistics.

Furthermore, I have reduced the rejection rate by working with the authors to revise those articles that are meritorious, but may not meet the criteria for acceptance for reasons other than scientific value. Together we are on the way to make this journal the greatest source of aesthetic plastic surgery knowledge.

BAHMAN GUYRON, MD
United States
Editor-in-Chief

HOW TO MARKET TO MILLENNIALS

JULIE GUEST
United States,
ISAPS Chief Marketing Officer

JULY - SEPTEMBER 2017 | WWW.ISAPS.ORG | 17

About three months ago I was looking at my news feed on Facebook when suddenly a post popped up that took me greatly by surprise. It was an article that had been written by a newspaper in Southern California about the growing trend for Millennials to ditch convention buying a house and instead are plowing their money and energy into purchasing retired school buses and transforming them into tiny living spaces on wheels. Sure enough, smiling broadly in one of the articles was the younger sister of a friend of mine whose newly transformed bus-home was the focus of the article. Being a graduate of a very prestigious university and coming from a wealthy family, her choice to live in a cute, converted bus isn’t exactly what I would have predicted for her. “It makes me feel good that my carbon footprint is so much smaller,” she exclaimed in the article, “plus this way I get to work and live on the road in comfort.”

This tiny home movement, that is taking off all across the globe, is just one example of how Millennials are reevaluating the rule book. Actually, they’re not reevaluating it, they’re throwing it out altogether and have over 12,000 exposures, according to our most recent statistics.

I am grateful to those of you who support the journal by submitting your aesthetic articles. Together we are on the way to make this journal the greatest source of aesthetic plastic surgery knowledge.

The reality is that most Millennials are no longer on Facebook - they’re on Instagram, Snapchat and Periscope. And they can see right through those social media posts that your marketing agency creates for you. That won’t work for them. They want to establish a genuine connection with you by getting to know who you are and what’s important to you. Upload short vacation clips, videos of ISAPS-LEAP mission trips or pre-bono work that you’re doing. Show them your practice has heart and cares about others and the community, and don’t be afraid to show glimpses of your own humanity. Some of the most successful, most shared postings on social media that we’ve seen are of a physician hugging a mom of a little girl who just had cleft palate surgery; or a welcome embrace by a 100 pound golden retriever when its owner (a prominent plastic surgeon) came home. Decide what you’re comfortable sharing, and then share it.

So just how exactly can you reach Millennials, win their trust and make your practice their go-to place of choice for their cosmetic enhancement needs? By following these five simple marketing rules. Break these rules at your peril because when you get marketing to millennials wrong - they tell all their friends online and your reputation will suffer for months, even years.

1. ROCK YOUR MOBILE MARKETING.

Your mobile website needs to be sleek, modern, fast loading and very easy to navigate. If they have to click more than twice to call your office or send you an instant message, you’ve already lost them to a competitor. Do not tolerate sloppy graphics that don’t fit neatly into the frame of the smartphone.

If your mobile website doesn’t look enticing and function easily – nothing else matters you’ve lost them. If your mobile website is just visually appealing but doesn’t function, you’ve lost them.

2. SHARE AUTHENTIC CONTENT ON SOCIAL MEDIA THAT WILL GET THEM TALKING.

So far this all sounds very promising for aesthetic plastic surgeons. But here’s the challenge – Millennials are the most diverse, the most demanding, the least forgiving and the most savvy consumer generation on the road in comfort.

3. PROVIDE EXCEPTIONAL SERVICE.

This goes without saying. Millennials are the most demanding of any consumer group and whether you get it right, or wrong, everyone will know about it. Consider adding little touches that will surprise and delight like small free gifts or a bonus treatment. A little touch will go a long way!

4. USE PHOTOS OF MILLENNIALS IN YOUR MARKETING THAT ARE TRENDING AND WILL HELP GRAB ATTENTION.

Use photos of Millennials in your marketing that are trending and will help grab attention. For example, right now unicorn hair is very popular. Images of multi-colored hair in pastels with blue, pink, purple and yellow are flooding Instagram. Other Millennial beauty trends on social media are mismatched manicures (manicures with multiple colors), glitter eyebrows (defined and shaped eyebrows are highlighted with a range of glitter colors and shapes), and “Ombre lips.” Inspired by the Ombre hair trend, Ombre lips are now a hot beauty trend.

5. OFFER REAL SAVINGS AND INCENTIVES, NOT DISCOUNTS ON OVERPRICED SERVICES AND PACKAGES.

The good news is that Millennials aren’t necessarily price sensitive - in fact quite the opposite. They are the biggest spenders so far of any generation, but they’re also the least trusting which means it is harder to win their business. Be creative with your special offers, be transparent but most of all be genuine.
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It’s Biocompatibility that Matters!

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For Enhanced Biocompatibility:  
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*Through 6 years of a 10-year prospective study  

GLOBAL PERSPECTIVES: BLEPHAROPLASTY

ISAPS News Global Perspectives series features new innovations, practice trends, and observations about a specific area of aesthetic surgery. We are pleased to share these insightful articles about blepharoplasty in this issue.
BLEPHAROPLASTY WITH RF IN FINLAND

ASKO SALMI, MD
Finland

Blepharoplasty is the most common plastic surgery procedure in Finland due to the fact that the upper eyelid fold is most often located very low, usually only 5-6 mm from the cilia. It is interesting that a low fold seems to be a dominant gene in Finland. Although there are no studies on this subject, just a look around in my home country seems to confirm this observation. My wife has a high fold, my fold is a low Finish type, and all our three children have a low fold like me. Figure 1: Typical young Finish anatomy: beautiful upper lid fold creating a beautiful and youthful double arc with the hairline (= parallel lines). Brow is quite low and full. Typically upper eyelid fold is only 5-6 mm from the hairline.

Blepharoplasty must be a precise, fast, easy and safe procedure because of its commonness. It is also essential that the operation is as painless as possible, and has minimal complications. We have used a radiofrequency (RF) knife (or rather needle) for the last 15 years having done over 6,000 blepharoplasties. The operation is always done under local anesthesia, without pre-medication, and patients are discharged 30-60 minutes after surgery.

Patients are scheduled in the OR every 60 minutes. First we apply EMLA® cream on the upper eyelids for 10 minutes; thereafter, the OR nurse scrubs the eyelids with EMLA® and it seems to work nicely. Pre-medication can be used safely (1). We use relaxing music during the last 10 minutes. EMLA® can be used safely (1). We use relaxing music during the last 10 minutes.

RF is not only fast, but also a very accurate instrument. RF is not only fast, but also a very accurate instrument. RF is not only fast, but also a very accurate instrument. EMLA® and RF is useful in painful feedback. EMLA® can be used safely (1). RF is not only fast, but also a very accurate instrument. RF is not only fast, but also a very accurate instrument.

After surgery, patients use cold gel packs for 15 minutes every two hours for 2-3 days. Stitches are removed after 7 days.


The lesson? The Finns are “eyelid refugees” and there are a few million eyelids to operate on. Surgery is for themselves not for others to see. It’s important to support your hand on the patient’s head. Otherwise unwanted, sudden movements can be disastrous. The lack of resistance makes a big difference.

Micropore® tape. The procedure takes 10-12 minutes per eyelid. Using RF is very, very convenient. It is like drawing on paper. For dark forest, lakes and saunas...

Figure 2 & 3: Even young people can suffer from a sad, depressive look. Before and three months after blepharoplasty.

Figure 4 & 5: Mean age for blepharoplasty in Finland is 55-60 years. However, nowadays even older people have plastic surgery, a major change in the behaviour of people over 65 years during the last 10 years. Before and three months after surgery.

WHERE IN THE WORLD? ANSWER:
The Standing Stones of Stenness, part of the Heart of Neolithic Orkney World Heritage Site, Orkney Islands (north of Scotland), during the ASAPS Cruise to Norway, July 2017.

Peter Scott (Chair of NS and NS for South Africa), Renato Saltz (ISAPS President), Ozan Sozer (Vice Chair, Education Council), Yakis Kontoes (Chair, Education Council), Arturo Ramirez-Montanana (ISAPS Parliamentarian and Chair, Communications Committee).

T o contribute an article of 500-750 words, please forward it to ISAPS@isaps.org with the subject line: ISAPS NL Series. This should be a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic. What do you do in your practice? What unique approaches do you use? What do you see your colleagues doing in your country or region? Photos are welcome, but must be high resolution JPG files attached, not embedded in your article. Photo captions are always helpful.

GLOBAL PERSPECTIVES: FUTURE THEMES

December 2017: Rhiinoplasty
Deadline: October 15

March 2018: Hair Restoration
Deadline: January 15

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WHERE IN THE WORLD? ANSWER:
At the Standing Stones of Stenness, part of the Heart of Neolithic Orkney World Heritage Site, Orkney Islands (north of Scotland), during the ASAPS Cruise to Norway. July, 2017.

Peter Scott (Chair of NS and NS for South Africa), Renato Saltz (ISAPS President), Ozan Sozer (Vice Chair, Education Council), Yakis Kontoes (Chair, Education Council), Arturo Ramirez-Montanana (ISAPS Parliamentarian and Chair, Communications Committee).

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The combination of loss of fat volume and tissue descent due to gravity results in the appearance of facial aging. Aging of the lower eyelid and mid-face are intrinsically interrelated. Isolated treatment of one of these areas produces unsatisfactory results. Therefore, rejuvenation treatment of both areas is essential.

The orbicularis retaining ligament and zygomaticocutaneous ligament not only divides the orbicularis oculi muscle into temporal, pre- and orbital parts, but also creates a protecting mechanism of eye closure from gravitational force and movement of the cheek. As long as it is intact, the lower eyelid is protected. However, surgical procedures, which blend the lid-cheek junction, often disrupt these ligaments. Therefore, in order to avoid potential malposition of the lower eyelid with release of the ligaments, protective independent suspension of the lid and cheek should be done. This is especially important for patients with negative-vector orbits and if the weight of the cheek is being increased by fat grafting.

There are many surgical options for mid-face rejuvenation. However, complex surgical procedures such as subperiosteal midface lift carries a high rate of surgical complications.

**METHOD**

A retrospective cohort study was performed on 247 patients who underwent transcutaneous upper + lower blepharoplasty from 2012 to 2016 performed by the senior author (V.N. Z.).

In 170 cases, lower blepharoplasty consisted of subciliary incision, preseptal dissection of the skin-muscle flap with sparing temporal part of the orbicularis oculi muscle, the inferior rectus muscle insertion, orbicularis retaining ligament release, fat transfer from the orbit to the midface area, and lateral canthal anchoring. After that, we create a laterally based orbicularis oculi flap, which is redraped over the area below the temporal part of the orbicularis, passed under the superficial head of the lateral canthus and fixed to the lateral wall of orbit. This flap suspends the preseptal part of the orbicularis muscle and acts as a spacer. We do not disrupt the lateral part of the zygomaticocutaneous ligament through the lower lid incision as we do it routinely as a part of the high SMAS face-lift procedure.

In 30 of our cases, we also did fat grafting in the midface area and in 21 cases simultaneously with blepharoplasty and fat grafting supported the cheek area with thread lift (Silhouette-Soft).

**RESULTS AND DISCUSSION**

Open lid blepharoplasty was a safe procedure for our patients and all of them were satisfied with the aesthetic results. Only five of them had a hematoma which was resolved after conservative treatment. Combining blepharoplasty with fat grafting and thread lift did not add any complications and recovery time after the procedure was the same, but aesthetic results were much better. It was especially clear in cases when patients had prominent eyes and negative-vector orbits with defect of tissue in the midface.

Tread lift and fat grafting for face rejuvenation are very popular due to their simplicity and low complication rate. We are not in favor of utilizing those procedures as a single procedure for face rejuvenation. Significantly, better results could be achieved when both procedures are used together as a part of complex surgical procedure, which consists of suspension blepharoplasty, limited pre-facial midface mobilization, fat grafting and midface thread lift.

We have been using this surgical strategy since 2012 and are very satisfied with the results.

Fat grafting helps to create a better contour of a face and we consider that the results could be achieved when both procedures are used together as a part of complex surgical procedure, which consists of suspension blepharoplasty, limited pre-facial midface mobilization, fat grafting and midface thread lift.

The authors have no financial interest in any product or company named in this article.

**AS A SPACER. WE DO NOT DISRUPT THE LATERAL PART OF THE ZYGOMATICOCUTANEOUS LIGAMENT**

**GLOBAL PERSPECTIVES: BLEPHAROPLASTY**

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**N.V. ZELENIN**

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ISAPS Assistant National Secretary for the US

**KLAN MATARASSO, MD**

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THE EVOLUTION OF BLEPHAROPLASTY

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In the Treccani Italian dictionary, blepharoplasty is defined as a surgical operation that aims to cover with skin edges the loss of tissue that occurs on the eyelids following the onset of scarring, tumors, or other causes. Therefore, the original meaning is reconstructive. One of the first surgeons who described blepharoplasty as a reconstructive operation, in the early 19th century, was Doctor Yan Grawei. Today, the term blepharoplasty means removal of excess skin or fat from the eyelids, both for functional and aesthetic reasons. This is undoubtedly one of the most requested procedures by aesthetic surgery patients as it allows us to reduce fat and skin from the eyelids with long-lasting results. It is also a common belief that blepharoplasty is a simple intervention, but it is not. Good knowledge of the anatomy and physiology of the eyelids orbito-palpebral region is required for this operation, and precision of the surgical maneuvers is of utmost importance. When our patient comes to a first consultation for a simple upper blepharoplasty, it is often necessary to consider the aesthetic problems of the anatomical region: eyebrow position, corrugator muscles, ptosis of the lacrimal gland, and canthal malposition for example. Often, we have to explain to our patients that, even though we completely understand their request, in order to obtain an optimal outcome, blepharoplasty should be associated with some other correction, like a corrugator excision through the same bleph flap, a temporal lift or direct brow lift, when dermatochalasis is caused by brow ptosis. Very often, patients do not realize that they suffer from a monolateral lid ptosis and we surgeons must point out this problem and solve it during blepharoplasty.

Due to greater awareness of potential complications and more accurate pre-operative evaluation of patients, blepharoplasty has evolved over the last 30 years to become a sophisticated procedure that offers very natural results. Thanks to the work of Pepe and Rohrich who have carried out more than 1000 cadaver dissections, we have extraordinary scientific material for a better understanding of the anatomic landmarks of the face and also important information which enables us to safely perform surgical maneuvers and soft tissue augmentation using fat and fillers in the eyelids and peri-orbital unit.

We have to realize that we can no longer consider blepharoplasty as a simple removal of skin and fat from the eyelids. Nowadays, we have a more complete view and methods to control the aging process. Thanks to new and sophisticated surgical techniques, that involve the periorbital region and dramatically reduce the complication rate, and thanks to advances in laser delivery systems, stem cell research and injectables, we have the resources to offer our patients the most natural results.

In 2014, in Italy, blepharoplasty and rejuvenation of the periorbital region was the third most requested aesthetic procedure. 32,315 operations; +12% compared to 2013.

In the early 1990s, we were spectators of an awakening of blepharoplasty surgery when retro orbital fat compartments resection was described by many authors. In Mexico City, Orta Monasterio taught us his ‘youthful blepharoplasty’ indicated for young patients with heavy eyelids without excess skin. At the same time, Flowers, Jelks and McCord made an important contribution to the evolution of canthoplasty and canthopexy techniques to prevent ectropion and canthal malposition during lower blepharoplasty.

The study of the aging process in the orbital mal region led many surgeons to discover solutions to mid facial descent and volume deflation around the eyes. Great contributions were made by American colleagues like McCord, Coté, Hester and others who described a cheek lift through a subauricular approach. In Europe, Lelouarn and Botti - inspired by Faivre - described their periumbilical and very effective techniques, customized to each patient. Tonnard and Verpaele contrived a further plication to lift the malar area in their MACS lift.

More recently Val Lambros, with his photos of different aged patients, has demonstrated that changes due to aging of the face are related more to the volume of the support structures than to the skin. Thanks the work of Pepe and Rohrich who have carried out more than 1000 cadaver dissections, we have extraordinary scientific material for a better understanding of the anatomic landmarks of the face and also important information which enables us to safely perform surgical maneuvers and soft tissue augmentation using fat and fillers in the eyelids and peri-orbital unit.

With all this knowledge at our disposal, we can no longer consider blepharoplasty as a simple removal of skin and fat from the eyelids. Nowadays, we have a more complete view and methods to control the aging process. Thanks to new and sophisticated surgical techniques, that involve the periorbital region and dramatically reduce the complication rate, and thanks to advances in laser delivery systems, stem cell research and injectables, we have the resources to offer our patients the most natural results.

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LOWER LID BLEPHAROPLASTY: THE USE OF LOCKWOOD’S LIGAMENT FOR ORBICULARIS OCULI SUSPENSION AND ORBITAL FAT PRESERVATION

MICHAEL STAMPOS, MD
Greece

A pioneer technique of lower lid blepharoplasty is presented. The technique consists of suspending the skin-muscle flap of the lower lid on the Suspensory Lockwood’s Ligament (SLL) in all the orbit length, with preservation of the orbicularis fat flap of the lower lid.

In the all the surgical techniques till now, after the maneuvers for the correction of the different problems, such as palpebral bags, tear trough and skin-muscle laxity, there is only one fixation point at the lateral orbital rim where we can suspend the skin-muscle flap of the lower lid.

The question is how the rest of this flap is going to be suspended when it is simply sutured subcutaneously, without any tension, in order to avoid “round eyes,” scleral show or ectropion? For this reason, with the rest of the existed techniques, we have insufficient correction of the skin-muscle laxity and relatively short recurrence of the palpebral bags.

Moreover, we can’t restore the natural anatomy which is destroyed not retain the orbicularis fat in its normal position. With our described method, we can suspend and stabilize the skin-muscle flap of the lower lid in the SLL in all its length, from the medial to the lateral and preserve the orbicularis fat in into the created anatomic layer.

TECHNIQUE

The technique involves replacement of the fat inside the orbit and suspension of the relaxed orbital part of the orbicularis oculi muscle by suturing it on the SLL. It can be applied either through a subciliary incision in cases of skin and muscle excess or through a transconjunctival approach in cases without skin and muscle laxity.

1. Incision and dissection of the skin
2. Longitudinal opening of the orbicularis muscle leaving intact a muscle strip on the tarsal plates to 5-6 mm wide
3. En bloc dissections of the skin - muscle flap to the inferior border of the orbit
4. Ares marginis release and dissection of the mal region
5. Opening of the septum and mobilization of the fat pads, with the proper amount of fat removed only in cases of excess fat
6. The remainder of the orbicularis fat is placed back and retained by suturing it to the inner surface of the orbicularis muscle to the anterior expansion of the SLL with five or six Vicryl 6-0 sutures.
Recent Advances in Asian Blepharoplasty

David Dae Hwan Park, MD, PhD, FACS

South Korea, ISAPS National Secretary for South Korea

In Asia, double eyelid surgery has been the most common cosmetic surgery because most Asian eyes are single-fold with a fatty upper eyelid. But recently, because of increasing interest in cosmetic surgery in young Asians and an increase in the elderly population, many changes have been made with the development of a variety of cosmetic and rejuvenation surgeries tailored to Asian faces.

Augmentation Blepharoplasty

As the demand for cosmetic surgery for elderly people increases, many procedures for correction of sunken eyelid, including fat graft, have been performed. Orbital fat transposition has been one method in recent years. This surgery involves suturing the orbital fat to the supratarsal rim and its effect can be maximized by levator aponeurosis surgery at the same time. (Figure 1)

Superficial Midface Lift in Lower Blepharoplasty

In the elderly, bulging of lower eyelids develops nasojugal grooves and palpebromalar grooves are formed at the same time and SOOF and malar fat pads fall down. In order to compensate for this, superficial midface lift is performed with lower blepharoplasty with septal resetting and SOOF lifting, which contains the suturing orbital septum and SOOF to the arcus marginalis, corrects the palpebromalar groove and has a rejuvenation effect of the midface. (Figure 4)

Combined Non-Surgical Rejuvenation and Total Face Rejuvenation

Recently, non-surgical procedures such as botulinus, fillers, fat graft and laser are performed simultaneously with various cosmetic surgeries such as blepharoplasty, rhinoplasty, facell and mandible surgery or other facial contouring surgery to maximize the effect of surgery.

Four Directional Enlargement of Eye Fissure

In recent years, four directional enlargement is very popular to enlarge the upper, lower and medial and lateral parts of the eyes. The upper part contains a double fold formation or ptosis correction. The medial side contains epicanthoplasty, inferior enlargement contains lowering of lower lid or other facial contouring surgery to maximize the effect of surgery.

Dr. Ricardo Hoogstra to explain his personal technique.

According to a recent survey by the Buenos Aires Plastic Surgery Society, plastic surgeons have a clear tendency to remove fat during blepharoplasty procedures. Despite the plethora of arguments in favor of fat preservation, almost 80% of Argentina’s plastic surgeons prefer to remove fat bags at the time of a lower blepharoplasty.

CONCLUSIONS

The periorbital region plays a central role in the expression of emotion, health, and aging. Ambroise Paré (1678) described the excision of excess upper eyelid skin and emphasized the importance of avoiding over resection. Mackenzie and Dupuytren described resecting only the excess skin of the eyelid. Bourget was the first to note the alterations of the dermal collagen that lead to thinning, folding, and wrinkling of the eyelid skin.

My personal opinion is that no skin resection is necessary in aesthetic blepharoplasty. The modern technologies let us stimulate the collagen and rejuvenate the entire eyelid area without removing skin. I started to perform CO2 laser-assisted aesthetic blepharoplasty in 1995. Laser-assisted eyelid rejuvenation is a procedure that takes approximately 20 to 30 minutes which I performed with local anesthesia and sedation.

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BLEPHAROPLASTY IN ASIA

MARTIN HUANG, MD
Singapore, ISAPS National Secretary for Singapore

Blepharoplasty refers to any cosmetic surgery operation of the upper eyelid (upper blepharoplasty) and the lower eyelid (lower blepharoplasty). Upper blepharoplasty is the commonest type of blepharoplasty performed on Oriental (East Asian) patients and it is very different from upper blepharoplasty on Caucasian patients. This is due to major anatomical differences between Oriental and Caucasian upper eyelids. The Oriental eyelid typically lacks the skin crease which is responsible for the so-called "double eyelid". Upper blepharoplasty is therefore most commonly performed to create the double eyelid.

In young patients who do not have excess skin or fat in the upper eyelid, the double eyelid can be created using a relatively simple stitching technique without any incisions or surgical scars. This is known as the suture upper blepharoplasty (Figure 1).

On the other hand, when the upper eyelids have excess skin or are puffy due to excess fat, these excess tissues need to be surgically excised via an incision made along the line of the planned double eyelid skin crease. Internal sutures are then placed to create the double eyelid skin crease before the surgical wound is closed. This technique is known as the open upper blepharoplasty (Figure 2).

Many Oriental patients who seek an upper blepharoplasty also have a condition known as ptosis of the upper eyelids. In this condition, the upper eyelids are droopy and the eyes do not open properly. Lower blepharoplasty is commonly performed to address aging of the lower eyelid in Asian patients, in common with their Caucasian counterparts. This usually manifests as eyebags caused by bulging fat pads in the under-eye area, and a depressed groove under the eyelid. One common surgical approach is to remove the fat via an internal lower eyelid incision. This simple procedure corrects the eyebag but not the groove, which often becomes more pronounced after fat removal. To address this, fat grafting to fill the groove can be performed at the time of eyebag removal, or filler injections can be carried out several months after the eyebag removal when the postoperative swelling has subsided.

A more complete surgical solution is provided by an advanced technique known as fat redistribution of the lower eyelid. An incision is made just below and parallel to the lower eyelash margin, and the fat in the eyebag is spread downwards to fill the groove. Excess skin is trimmed off, and the lower eyelid muscle is suspended upwards to support the lower eyelid and tighten it in an upward direction. This technique corrects the eyebag, fills the groove below, and makes the lower eyelid look smooth and taut (Figure 3).

In summary, blepharoplasty, and upper blepharoplasty in particular, is probably the most important cosmetic surgery procedure in Asia. Many advancements in blepharoplasty techniques have been developed in East Asia to address the many unique and challenging issues that plastic surgeons face in the management of the Oriental eyelid.

This enables the eyes to open bigger than before. It is usually performed together with an open upper blepharoplasty in order to achieve optimal functional and aesthetic results for the patient, i.e. eyes that open fully, well-formed, and natural looking double eyelid creases, and no skin laxity or puffiness (Figure 2).

Another popular aesthetic eyelid procedure that is unique to the Oriental eyelid is the medial epicanthoplasty. This technique addresses the unwanted fold of skin - the epicanthic fold - that is commonly present in the inner corner of the eye and which causes that part of the eye to look foreshortened and rounded in shape. Removing the epicanthic fold exposes more of the inner corner of the eye and changes its shape from the original rounded shape to sharper horizontal V shape. It also has the effect of enlarging and elongating the inner corner of the eye, making the whole eye look longer in the horizontal dimension (Figure 2).

Lower blepharoplasty is commonly performed to address aging of the lower eyelid in Asian patients, in common with their Caucasian counterparts. This usually manifests as eyebags caused by bulging fat pads in the under-eye area, and a depressed groove under the eyelid. One common surgical approach is to remove the fat via an internal lower eyelid incision. This simple procedure corrects the eyebag but not the groove, which often becomes more pronounced after fat removal. To address this, fat grafting to fill the groove can be performed at the time of eyebag removal, or filler injections can be carried out several months after the eyebag removal when the postoperative swelling has subsided.

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LASER BLEPHAROPLASTY WITH 980Nm DIODE

MAGDA TERESA ZAMBRANA ROJAS, MD
Bolivia, ISAPS National Secretary for Bolivia

The author applied the laser technique in double eyelid and transconjunctival blepharoplasty operations. A 980nm diode laser at an average power of 10 W in the pulse mode that gives a peak power of 125 W which is equivalent to 12 mJ of laser was used as a cutting tool and also as a hemostatic tool during procedures.

Our interest stemmed from the fact that our patient population was becoming younger and many patients require a decrease in postoperative dry eye symptoms, and that the eyelids retarded a very natural appearance. Thus, we began to extend the operation to patients who not only had excess orbital fat, but also to patients with few wrinkles, skin excess, and orbicularis muscle relaxation or redundancy.

Eight cases of laser double eyelid operations were compared with the conventional method. The results were analyzed during the operation, immediately post operation, and 4, 7, 10 days and 1 months after the operation. The laser technique showed advantages such as shortening of the operation time and minimal bleeding. The operation was safe and efficient, and the healing process was fast as with the conventional scalpel method. Protective eye shields were utilized. Their application is preceded by ophthalmologic anesthetic solution and antibiotic ophthalmologic ointment. The shields are removed immediately after the procedure is completed to prevent corneal edema. Skin, muscle, and fat may all be resected with the laser without having to cross-clamp or crush these structures. Blood loss of 0.3 cc is frequently reported for all four lids. The laser is able to produce an incision with excellent hemostasis and skin retraction.

The patients in this series demonstrated markedly diminished blood loss during surgery and reduced bruising, swelling, pain, and discomfort postoperatively and it never caused hypertrophic scars as seen in the follow-up of patients. Contraindications were procedures were done with conventional surgery. The incision margins were healed after 4 days. There were no hypertrophic scars or delayed wound healing with an adequate power setting and continuous movement of the hand piece; the laser injury along the incision is not possible in the incision line.

As Baker described, laser blepharoplasty incision is easier to perform, especially in the aged patient. But, according to my experience, younger persons can also be good candidates for eyelid surgery. Mele et al. reported in their study that there were no complications from the use of the laser, and no new complications were found as a result of using the laser during eyelid surgery.

In conclusion, the laser in eyelid operations shortened the operation time and reduced complications. It reduced bleeding intra- and post-operatively, thus reducing post-operative swelling, pain, and ecchymosis, and demonstrated greater benefit on the laser side as shown in pictures.

Fig. 1. Pre-operative blepharochalasia in a 54-year-old female. Result 14 days postoperatively with laser right eye (lower-lids transconjunctival) left eye done conventionally. Nice marked bruising and swelling and on the right only minor residual swelling. Laser side virtually totally healed. Thin laser side still demonstrates moderate ecchymosis and swelling.

Fig. 2. Pre-operative appearance of an 87-year-old male prior to eyelid surgery. Result 14 days after upper-lid blepharoplasty and transconjunctival lower-lid blepharoplasty with laser left eye (lower-lids transconjunctival) right eye done conventionally. Only minor bruising and swelling is evident.

Fig. 3. Fat redistribution of the lower eyelid.

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UPDATE FROM THE RESIDENTS & FELLOWS COMMITTEE

We are happy to present our new program in Aesthetic Education Worldwide: ISAPS Mentoring.

All of us admire our idols, who revealed the secrets of aesthetic plastic surgery and helped us to survive during training and the following years in practice. ISAPS now helps residents, fellows and associate members to find support from experienced colleagues and invites all members who are more than five years in practice to support highly motivated young talents as an ISAPS mentor.

There are many situations during one’s career where we can benefit from a mentor’s wisdom. Many residents are looking for possible rotations during their training to improve their skills in different fields of plastic and aesthetic surgery that might not be offered in only one single clinic. The mentor helps to connect between already established colleagues and young and highly motivated trainees.

Another task is to give advice in choosing suitable meetings and courses for each level of training. Today a huge variety of aesthetic courses is offered and most young colleagues don’t know what they can expect from them. In addition to the ISAPS endorsements, a personal mentor can help the mentee to select the right meetings to get the most out of them step by step.

After finishing training, new challenges are waiting for an aesthetic plastic surgeon. Either as a board certified plastic surgeon in a clinic or in a private office, new responsibilities demand one’s skills and strength. Especially in this period ISAPS Mentoring bolsters the young members with help in difficult plastic surgical cases regarding indications, best techniques and, if necessary, salvage procedures. Mentor and mentee can connect via email or WhatsApp and have quick exchanges.

ISAPS Mentoring encourages all long-serving members to become an official ISAPS mentor and the young members to have a share of this treasure of experience. We will soon offer an official program on our website. Stay tuned!

Our new Visit an ISAPS Expert program is shaping up well. After only three months, the Residents and Fellows Committee already has twenty-one experts in eleven countries on five continents who are willing to provide informal education in aesthetic plastic surgery in their clinics to young aesthetic plastic surgeons. The various programs, lasting from one week to six months, are described on our website at www.isaps.org/medical-professionals/residents-fellows. By clicking on the name of the expert, you can easily find their contact details and a description of the short-term visitor program they offer.

We are very grateful for this splendid commitment to education of the younger members of our ISAPS family and we encourage you to promote this program to your young colleagues. Visit an ISAPS Expert is open to any Resident, Fellow or Associate member of ISAPS. There is no cost to the participant beyond their travel and housing expenses.

If you are interested in hosting an ISAPS Expert program, participating in the ISAPS Mentor program, or if you have any questions, please don’t hesitate to contact me.

You are welcome to send me an email at residentsandfellows@isaps.org to request an application for either program.

TEAM MEMBERS - RESIDENTS & FELLOWS COMMITTEE

Maria Wiedner, Germany - Chair
Vakis Kontoes, Greece
Bianca Ohana, Brazil
Bertha Torres Gomez, Mexico
Georgios Kolios, Germany
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JULY - SEPTEMBER 2017 | WWW.ISAPS.ORG | 31
For some time now, ISAPS members and LEAP Global Missions have courageously sought to treat a patient population that required the highly specialized services our teams were capable of delivering. October 2013 marked the first ISAPS-LEAP Surgical Relief Teams© mission. It began as a short-term commitment to bring hope and healing to those with severe injuries due to the Syrian conflict. Together, over the nearly four years since, we've deployed 25 reconstructive surgical mission teams to Jordan, Lebanon, and Turkey. All along, the dedication and skill of each and every ISAPS volunteer was abundantly clear from recruitment to deployment.

While we have reached an inflection point in the region and must step back from these efforts, we do so with gratitude for all that we've accomplished through this partnership. We celebrate the lives transformed and the shared dedication to humanitarian service between our organizations. In total, we provided medical care to 907 people and surgical care to 438 people, most of whom were children. From the bottom of our hearts, thank you all for the incredible work you've done to show kindness through care to those who have experienced such pain and destruction.

RYAN SNYDER THOMPSON
United States, Director of International Disaster Relief
LEAP Global Missions

The ISAPS Women Plastic Surgeons Committee continues to be very active, with the addition of 56 new women plastic surgeon members so far this year. We have continued to post profiles of our women surgeons on our Facebook page and there has been active discussion within our closed group. To participate, please visit: https://www.facebook.com/isapswomenplasticsurgeons/ If you wish to join this closed group, please request permission from the Facebook page (the link is in the left panel) and allow several days for one of us to grant access. At this time, only members of ISAPS will be admitted to this group.

We have prepared a survey about the practices and experiences of women plastic surgeons which will be sent to all women ISAPS members in early September, and we need your participation. This survey was designed by Ewa Sołtys, MD and Dana Janu, MD, PhD, and will be the first international survey of women plastic surgeons. Our goal is to gather enough data for statistical analysis of the results and presentation at our next Congress in 2018.

Our inaugural Women Plastic Surgeons Symposium will be held from 12-5 pm on October 31, 2018, in Miami, Florida as part of the next ISAPS Congress. Both men and women surgeons are invited to join us for an informative, frank, and relaxed session during which we will learn from our colleagues.

The schedule for the day is as follows:

12-1 pm: Honoring and Learning from our Leaders
- Ruth Graf, MD
- Laurie Casas, MD
- Haideh Hirmand, MD
- Open discussion

12-2 pm: Challenges of being a Woman Plastic Surgeon
- Ewa Sołtys, MD – survey results of women plastic surgeons from around the world
- Dana Janu, MD, PhD – gender discrimination
- Lina Triana, MD – work/life balance: children, family, and more
- Panel discussion: Lina Triana, MD (moderator); Gabriel Liscano, MD; Violeta Skorobabac, MD, Dana Janu, MD, PhD; Ewa Sołtys, MD

2-3 pm: Ethically Leveraging our Unique Position as Women Plastic Surgeons
- Nina Naidu, MD, FACS – aesthetic breast surgery
- Maria Wiedner, MD – body contouring
- Lina Triana, MD – vaginal rejuvenation
- Panel discussion: Patricia Gutierrez-Ontavilla, MD (moderator); Manzana Sorroca, MD; Nina Naidu, MD; Lina Triana, MD; Maria Wiedner, MD

3-4 pm: Working with our Men Plastic Surgeon Colleagues – Round Table Discussion
- Fatema Al-Subhi, MD (moderator)
- Renato Saltz, MD, FACS
- Heather Furnas, MD, FACS
- Paco Canales, MD
- Brianda Hurtado de Mendoz Garcia, MD

4-5: Women Plastic Surgeons’ Reception

We greatly appreciate all of the support that we have received for this initiative and we appreciate very much the time that people have volunteered for this event. Please do not hesitate to reach out to me or one of our committee members if you have any ideas, thoughts, or suggestions for our group and/or the symposium as we move forward.

NINA S. NAIDU, MD, FACS
United States,
ISAPS National Secretary for the US
Committee Chair, ISAPS Women Plastic Surgeons

RYAN SNYDER THOMPSON
United States, Director of International Disaster Relief
LEAP Global Missions

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HUMANITARIAN WORK IN BURKINA FASO

JAN POELL, MD
Switzerland, ISAPS President, 2010-2012

Burkina Faso is one of the poorest countries in Africa and the need for help and the gratitude of the people is enormous.

Here in the eastern part of Switzerland, we have a group called CHEIRA, which in ancient Greek means ‘hand’, whose aim is to do plastic reconstructive surgery mainly on children and young adults in underdeveloped countries. All who are involved work honourably and we have no administrative costs. We are dependent on sponsors and materials such as antibiotics that are generously donated by pharmaceutical companies. Everything we receive from our donors is used so that we don’t have any loss of money. So far, we have been concentrating on Africa and have visited Burkina Faso several times.

We use the facilities of a pediatric clinic, PERIS, started by a local pediatrician and the gratitude of the people is enormous. They are so grateful because they cannot get any treatment from their local doctors. The people are so grateful because they cannot get any treatment from their local doctors.

The most frequent operations are sequelae of burns as everyone lives with the body like the boy with a contract as it is there for all to see. Others are congenital malformations like cleft lips or hernias. We see quite a few infections without knowing where they come from and many patients with Noma, an infection due to bad hygiene and malnutrition (30:3). This destroys the cheek and nose and the reconstruction can be quite demanding.

The people are so grateful because they cannot get any treatment from their own medical system. The need is great and we cannot help all of them, but we try to do our best and helping a little is always better than not to help at all. The reward is the glint in their eyes and their smile.

For information about CHEIRA missions, please contact me at: jpoell@bluewin.ch

BERENGARDO DA CARPI (1460-1530):
ANATOMIST AND SURGEON

RICARDO MAZZOLA, MD
Italy, Associate Editor for the History of Medicine

LIFE

Jacopo Barozzii, better known as Jacopo Berengario, was born in Carpi, a beautiful, medieval city close to Mantua (Northern Italy), about 1460 (1). He was brought up at the court of Lionello Pio, noble of that city, having important teachers and philosophers for his humanistic tuition. His father was a barber surgeon who sent him to Bologna University to study Medicine. In 1489, he graduated in Philosophy and Medicine.

Upon his return to Carpi, he was involved in a lawsuit for injuries against the Duke of Ferrara, Ercole I. He was condemned to pay a fine of 100 ducats or to have his nose cut off. His father paid the fine, the nose was saved, but the young Jacopo had to leave Carpi.

He established himself in Bologna, where he became a pupil of Angelo Zerbì, a well known anatomist. In 1502, he was appointed a lecturer in Anatomy and Surgery at Bologna Stadum (nowadays University), an important position rarely granted to foreigners, that he kept for 25 years until 1527. His interest in anatomy was great and he used to say that he dissected several hundred cadavers. His unique capability in teaching and his knowledge of surgery brought him considerable fame. Soon he was known beyond the territory of Bologna and on several occasions was invited to various Italian cities to treat distinguished patients including Lorenzo de’ Medici, Duke of Urbino, Cardinal Pompeo Colonna in Rome, Alessandro Soderini, a relative of a Cardinal and many others.

In the sixteenth century, syphilis represented a real problem as an epidemic disease spreading through Europe, particularly among the troops. The Italians blamed it on the French. The French blamed it on the Italians. Guaiacum and mercury were the miracle drugs of the period.

Berengario decided to write a book on this topic and to settle the guidelines for treating these cases. In 1526, he was in Rome at the papal court, where he successfully cured Cardinal Pompeo Colonna affected by facial cancer. In the meantime, he treated numerous syphilitic patients. While in Rome he had the opportunity to meet the famous goldsmith and sculptor Benvenuto Cellini (1500-1571) who reported in his autobiography, posthumously published, about Berengario’s (2).

“In 1526, arrived in Rome a great surgeon whose name was Maestro Jacopo da Carpi. This talented man, among others, treated some desperate cases of French disease… He was learned and could talk in a terrific way about medicine. The Pope wanted him to remain in his service, but the man said that he did not want to remain in the service of anyone in the world and that whoever wanted him could follow him. He was indeed a very smart person and it was good for him to quit Rome, because a few months later all those who were treated were doing so bad that they were humbled times worse than before.” Had he stopped, he would have been mercilessly punished.

Upon his return from Rome his position as a lecturer in anatomy and surgery at Bologna University was cancelled. Berengario left Bologna and in 1529 he was appointed court surgeon to the Duke of Ferrara, Alfonso d’Este, husband of Lucrezia Borgia. He bequeathed his fortune to Alfonso and his nephews and died in Ferrara in 1530.

SOME ANECDOTES ABOUT BERENGARIO’S LIFE

Berengario made a considerable fortune and being a passionate art collector, he invested his money in a variety of artworks, including a Roman statue, a pair of silver vases by Cellini, and eventually a painting attributed to Raphael. He assembled a personal medical library in Bologna, where he bought a house large enough to contain his collections. The story of Raphael’s painting is particularly challenging. While in Rome, he successfully convinced Cardinal Pompeo Colonna for a facial cancer, as we said. To compensate him, Cardinal Colonna asked Berengario to take what he wanted from his house. He chose the painting of St. John the Baptist in the Desert, an oil on canvas by Raphael. The story is reported by Giorgio Vasari, a sixteenth century painter and art historian. At Berengario’s death, the painting was acquired by a noble Bolognese family, through a descent it reached the Uffizi National Gallery in Florence, where it is kept now.

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Berengario decided to use the so-called French disease with mercury, charging people 5 ducats for this advancement. In 1526, he was in Rome at the papal court, where he successfully cured Cardinal Pompeo Colonna affected by facial cancer. In the meantime, he treated numerous syphilitic patients. While in Rome he had the opportunity to meet the famous goldsmith and sculptor Benvenuto Cellini (1500-1571) who reported in his autobiography, posthumously published, about Berengario’s (2).

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WORKS BY BERENGARIO

Berengario wrote important scientific works, which brought him considerable fame. All of them are of unusual rarity:

Tractatus de Fractura Calvae, sive Cranii (Treatise on Fracture of the Calvaria or Cranium).
Bologna: H. de Benedictis, 1518

Commentaria cum amplissimis additionibus supra Anatomiam Mundini (Commentary with many additions on the Anatomy of Mundinus).
Bologna: H. de Benedictis, 1521

Nagge breves percutidos ac uberiores in Anatomia Humanitatis Corporis (Short Introduction on the Anatomy of the Human Body).
Bologna: H. de Benedictis, 1522.

DE FRACTURA CALVAE (1518)

This is the first treatise on skull fractures ever printed (1,3) (Fig. 1). The idea of this work came to Berengario when he was called on consultation with other physicians to handle an occult skull fracture, from an arquebus, experienced by Lorenzo de’ Medici, Duke of Urbino, during the battle of Monfalt (1507). The discussion with other physicians was about the best way to manage this comminuted, infected fracture. Berengario contradicted the treatment plan of removing the pieces of the occipital bone and also the armamentarium, that he judged to be obsolete. Despite this, the fracture healed perfectly and the patient resumed a normal life within a month. Upon his return to Bologna, Berengario decided to write a book on this topic and to settle the guidelines for treatment. He wanted to demonstrate his expertise on head and brain anatomy to other physicians. The book was dedicated to Lorenzo de’ Medici, who suffered the injury.
Berengario described the different types of skull fractures, correlating the site of the trauma with the neurological symptoms. He also described prognosis and complications. Should surgery be taken into consideration, he favored craniotomy and suggested the temporal bone as the ideal site for starting the procedure. For the first time in a printed book, he showed an entire surgical kit for performing cranial operations (corpus instrumentorum), with different types of burrs, an oscillating saw (Fig. 2) and a bone perforator provided with two wings, to avoid damage to the dura (Fig. 3). The kit closely resembles what we use nowadays. De Fractura went through numerous editions.

Isagoge brevis... in Anatomia Corporis Hominis (1522) - Berengario published the Isagoge, an introduction to the study of anatomy (isagoge means introduction) for the use of students at Bologna University Medical School. It is an abridged version (introduction) for the use of students at Bologna University Medical School. It is an abridged version

The name of the artist is unknown. The woodcut illustrations of the abdominal musculature are remarkable. The standing figure exhibits women's torso, holding the skin flaps on each side a curtain high above her head in the middle, whereas the rectus abdominis is hanged downwards.

**Conclusions**

Berengario holds a key position in the history of medicine. He wrote the first treatise on skull fractures (De Fractura Calvae) and also published the first anatomical textbook with illustrations (Commentaria), 22 years before Vesalius. Berengario’s dual personality seems incredible. From one side the man with a humanistic education, of great repute as a teacher, surgeon and anatomist; from the other side a man with a violent character, described as rapacious, avid and involved in a number of brawls and burglaries. From the other side a man with a violent character, described as rapacious, avid and involved in a number of brawls and burglaries.

**References**

Putti V. Berengario da Carpi. Bologna: Cappelli, 1937

Cellini B. Vita . da lui medesima scritta. Colonia: Frateelli Martelli, 1728. p. 32


**Figure 1.** Title page of the first edition of De Fractura Calvae (1528). The illustration shows the cerebral ventricles.

**Figure 2.** The different types of burrs and oscillating saw designed by Berengario for performing craniotomy.

**Figure 3.** Cranial bone perforator, with two wings to prevent damages to the dura and lack in details, they are anatomically the best that had been published up to this date. They influenced the artistic technique of later sixteenth century publications of Vesalius, Estienne and Eustachi.
### MEETINGS CALENDAR

**ISAPS WELCOMES NEW MEMBERS**  
**JUNE THROUGH AUGUST 2017**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MEMBERS</th>
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Gustavo FLORES, MD  
Fatmuno MELGAREJO, MD**  
Veronica Vanessa OJEDA, MD**  
Cristian Federico SCHAUVINHOLD, MD  
Juan Ignacio SEILER, MD |
| **AUSTRALIA** | Georg HUEMER, MD, MSc, MBA  
Barbara ZINK, MD, PhD, FEBOPRAS |
| **BANGLADESH** | Taslima SULTANA, MBBS, MS* |
| **BELGIUM** | Pascal CASTUS, MD |
| **BOLIVIA** | Giovanna LAND, MD |
| **BRASIL** | Gibran CHEDID, MD*  
Luciana EL HALAL SCHUCH, MD*  
André S. B. HAZAN, MD  
Rodrigo NASCIMENTO, MD*  
Carlos Eduardo TAGLIARI, MD* |
| **COLOMBIA** | Catherine BARON, MD |
| **CZECH REPUBLIC** | Lucie KALINOVÁ, MD, PhD |
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Vajarakorn TONGSUK, MD |
| **TURKEY** | Nurullah NOYAN, MD |
| **UNITED ARAB EMIRATES** | Omar ALAMEERI, MD |
| **UNITED KINGDOM** | Angelica KAVOUNI, MD, PhD, FRCs, EBOPRAS |
| **UNITED STATES** | Aditya AGGARWAL, MS, MCh, DNB (Plastic Surgery)  
Narendra KAUSHIK, MBBS, MS, MCh, DNB  
Sahebgowda SHETTY, MBBS, MS, MCh |
| **IRAQ** | Mohamed ALANBARI, MD*  
Jabar HAMEED, MBChB, FICMS |
| **JAPAN** | Nobuhiko SATO, MD, PhD |
| **MAURITIUS** | Devarajen PILLAY CARRANEN, MD, MMed |
| **MEXICO** | Gustavo GONZALEZ ZALDIVAR, MD  
Karen LETONA, MD**  
Alejandro NAJAR MENDEZ, MD  
Santiago PETERSEN, MD*  
Vicente RAMIREZ TORRES, MD** |
| **ISAPS Symposium – Portugal, Aesthetic Breast Surgery and Body Contouring**  
**Date:** 28 September 2017 - 29 September 2017  
**Location:** Lisbon, PORTUGAL  
**Contact:** Margarida Ferreira  
**Email:** isaps-spcpre2017@isagroup.eu  
**Website:** [http://www.isaps-spcpre2017.com](http://www.isaps-spcpre2017.com) |
| **ISAPS Symposium – UK, in collaboration with CCR Expo 2017 and BAAPS**  
**Date:** 07 October 2017  
**Location:** London, UNITED KINGDOM  
**Contact:** Alison Wills  
**Email:** alison.wills@beautyfares.com  
**Tel:** +44 (0)20 596 4300  
**Fax:** +44 (0)20 8892 1929 |
| **ISAPS Symposium – Canada, Immediately preceding the 44th Annual Meeting of the Canadian Society for Aesthetic Plastic Surgery**  
**Date:** 12 October 2017  
**Location:** Toronto, CANADA  
**Contact:** Tara Hewitt  
**Email:** csapsoffice@gmail.com  
**Tel:** 1-(905) 655-9889  
**Fax:** 1-(905) 655-7319  
**Website:** [http://www.isaps.ca](http://www.isaps.ca) |
| **ISAPS Symposium – Romania, Immediately preceding the EASAPS Congress**  
**Date:** 05 October 2017  
**Location:** Bucharest, ROMANIA  
**Contact:** Roxana ILINCA  
**Email:** Roxana.ilinca@businesstravel.ro  
**Tel:** +40 231 56 19  
**Fax:** +40 232 56 22  
**Website:** [http://www.isaps.ro/](http://www.isaps.ro/) |
| **ISAPS Course – Jordan**  
**Date:** 11 October 2017 - 13 October 2017  
**Location:** Amman, JORDAN  
**Contact:** Dr. Kusai Elmusa  
**Email:** elmusa.inbox@gmail.com  
**Website:** [http://www.isapscoursejordan.com](http://www.isapscoursejordan.com) |
| **16th Dominican Plastic Surgery Congress**  
**Date:** 12 October 2017 - 14 October 2017  
**Location:** Punta Cana, DOMINICAN REPUBLIC  
**Contact:** SODOCRIPRE  
**Email:** info@sodocripre.net  
**Tel:** 809-682-5808 |
| **ISAPS Symposium – Canada, in collaboration with CCR Expo 2017 and BAAPS**  
**Date:** 12 October 2017  
**Location:** Toronto, CANADA  
**Contact:** Tara Hewitt  
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**Tel:** 1-(905) 655-9889  
**Fax:** 1-(905) 655-9889  
**Website:** [http://www.isaps.ca](http://www.isaps.ca) |
| **Canadian Society for Aesthetic Plastic Surgery**  
**Date:** 13 October 2017 - 14 October 2017  
**Location:** Toronto, Ontario, CANADA  
**Contact:** Tara Hewitt  
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**Date:** 12 October 2017 - 14 October 2017  
**Location:** Punta Cana, DOMINICAN REPUBLIC  
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founded in 1908, dedicated to developing innovative treatment solutions in the fields of aesthetics, dermatology and neuroscience in the US and Canada. Merz North America. For over 100 years, Merz has been at the forefront of developing new therapeutic options to improve patients’ lives all over the world. Globally, the companies that make up Merz Pharma Group have assumed a leading role in the field of Alzheimer’s disease research, while also developing medications to treat other neurological and psychiatric illnesses.

Gold Sponsor
Zeltiq/CoolSculpting
Our first Gold sponsor is famous for its proprietary controlled-cooling technology platform. The company is called Zeltiq, and you are sure to know their product, CoolSculpting, the only fat-reducing procedure to utilize Cryolipolysis®, the scientific principle that fat cells are more sensitive to cold energy than other tissue. With the CoolSculpting applicator, cosmetic surgeons can selectively reduce stubborn fat and sculpt the body in a completely non-invasive way. The company is constantly working to develop their technology and, in 2015, was recognized for the second consecutive year on Deloitte’s Technology Fast 500, a ranking of the 500 fastest-growing technology, media, telecommunication, life sciences and clean technologies companies, both public and private, in North America.

Gold Sponsor
Motiva
Our second Gold sponsor has over 30 years of experience in developing the next generation of breast implants. Motiva is truly a worldwide enterprise, with regulatory offices in the US, a distribution center in Belgium, and a state-of-the-art manufacturing facility in Costa Rica. Aiming to create the most advanced levels of safety for women worldwide, Motiva’s ethical charter states: “Our entire commitment is to providing customers with only the finest quality implantable devices, coupled with the highest safety profile.”

Bronze Sponsor
NeoGraft
Our Bronze sponsor is on a mission to offer both men and women a highly desirable, minimally invasive hair transplant option. The NeoGraft system is the first and only Class I FDA listed automated medical device for hair restoration. Their aim is to offer a hair restoration procedure with little to no discomfort, a shorter recovery time and no stitches or staples, and that transplants twice as many hair grafts as manual FUE. They are committed to partnering with the most qualified physicians in the world (ISAPS plastic surgeons) and to meeting their client’s hair restoration goals.

The International Society of Aesthetic Plastic Surgery is absolutely delighted to be working with all of our fantastic sponsors, covering many aspects of the cosmetic surgery industry. We are sure that the 2018 ISAPS Congress will be one to remember for years to come. Our ISAPS group rate for accommodations at the Lowes Miami Beach Hotel is now in place, so you can book your room and register for the Congress today. All the Congress, you will have an opportunity to connect with other ISAPS plastic surgeons and our many exhibiting companies, expand your aesthetic education, build contacts, and just have a fantastic time. We hope we will see you in South Beach come next year!
Most banks are open Monday through Friday from 9am to 5pm. There are even some that are open on Saturdays, but with limited hours (e.g., 9am – 1pm). Be sure to check the bank’s website for specific times. Automated Teller Machines (ATMs) are readily available and usually charge you the lowest rate.

Car rentals are available at the Miami International Airport. We recommend reserving a car early. Hotel parking (self and/or valet) is usually available, for a daily parking cost that varies with each hotel. Another option is to use Lyft or Uber to get around town. You can use Lyft Fare Estimate or Uber Fare Estimate to estimate the cost of your fares before you ride.

The US monetary unit is the dollar. The rate of exchange varies every day. We recommend using a currency converter in your mobile phone to help determine how your national currency compares to the US dollar at any time. Personal checks drawn on foreign banks are not accepted. You can change currency at Miami International Airport or any ATM machine which will offer a better rate. Most places accept credit cards such as MasterCard, Visa, American Express and Discover. If credit cards are not accepted, the establishment will usually inform you with a sign at the door or near the register, or your waiter will tell you before you order your meal.

US electricity is 110 volts, AC. Outlets have a 3-pin plug. We advise you to purchase a plug adapter and transformer beforehand.

For your peace of mind, we strongly recommend that you obtain travel and international health insurance prior to your travels to the US.

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

The official language of ISAPS is English, but we will have translation headsets available in Spanish and Portuguese.

Most hotels provide a safe in every room. Instructions are usually provided to allow you to create a personal code to access the safe. Be sure to read the disclaimer card provided, upon locking your belongings. In most cases, hotels are limited in their liability for your personal belongings. Additionally, many hotels provide safe deposit boxes. Inquire at the front desk about availability.

The cost of phone calls from the hotel, especially international calls, is expensive. We advise that you use your cell phone with international calling capabilities instead.

In the US, it is customary to provide a tip for service in hotels, taxis, and restaurants. Tips can range between 15%−20% of your total bill, at your discretion, although some restaurants automatically include a tip for parties of five people or more. In such instances, the tip will appear on your bill, and no additional tip is necessary (though it is welcomed).

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

Most travelers will be admitted into the United States with a valid passport. However, not all countries are exempt from a visa requirement. Please check well in advance to determine whether you will need a visa, and begin your application process at least three months before the Congress.
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MESMO sensitive
Micro-textured surface

POLYtxt®
Standard textured surface

Microthane®
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