The 21st Congress of ISAPS will have the largest faculty in our 42-year history, and activities surrounding this biennial event will span an entire week. Registration numbers already exceed our expectations with plastic surgeons coming from 76 countries – the largest delegation from Switzerland, as might be expected. Our hosts in Geneva have planned unique social events with a definite Swiss flavor, and day tours have been organized to show our guests the beautiful mountain villages, chocolate factories, and the surrounding area. Geneva is a truly international city, as befits our truly international organization.

continued on page 32
time passes fast and soon my two years as President of this noble society will be over. It’s been an interesting time that I wouldn’t have wanted to miss. It will end with an unforgettable biennial Congress in Geneva in September. I had a lot of work, but interesting such that I recommend to every young colleague to try to become involved in the management of our society either through a committee or as a National Secretary. The latter are the closest to their country and best informed about local ethnic and cultural specialties.

ISAPS has grown a lot these last years and our future is very promising. We are the leader in international education of aesthetic plastic surgery. Being part of ISAPS, you are one of the leading aesthetic plastic surgeons in the world or will become so with all the education we offer in our ISAPS courses and other meetings. But being a leader is not only a pleasure. You have to act as such.

As President, you mainly change your title during two years, but the work is done by a team including our Board of Directors, our Executive Director and her team, and last but not least our National Secretaries - all together a fantastic team always ready to serve our society. As a member, you'll find colleagues all over the world, by now in 93 countries, with open doors always ready to accept you as a visitor. We’re one big happy family together with other societies with the same goals and also concerned about our specialty and patients’ safety.

Our courses are improving every year and so is our biennial Congress. Therefore, the best is still to come! We have never had such a big international faculty before. The social program is superb and all is included in the registration fee. Don’t miss it!

I’ll see you in Geneva on September 4th until the 8th where you’ll experience a great educational and relaxing program and meet a lot of new friends.

We ask our Young Colleagues to be active in ISAPS and in their local societies.

As President, I have a lot of work to do and many responsibilities. I hope to see many of you in Geneva where we have a lot of beautiful sites to visit with the Conference as focal point.

We are launching a landmark public awareness and education campaign to help start a conversation between practitioners and patients about why quality matters. Ask your Allergan representative for more information.

At Allergan, we passionately believe in quality. Our 35 years of commitment to science and innovation in medical aesthetics means that practitioners and their patients can make decisions with confidence.

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MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States
ISAPS News Editor

Welcome to this issue of ISAPS News. I cannot wait for our ISAPS Congress in Geneva! We are all looking forward to this wonderful gathering of our colleagues from around the world at what is guaranteed to be an exceptional educational experience. It is also an excellent opportunity for camaraderie with our friends, both old and new. In this issue, we see an exciting preview of the events to come this September.

In addition to our regular columns, this issue features a global perspective on aesthetic breast surgery. It is so interesting to see the different approaches and philosophies our member surgeons employ in their practices. I am sure that you will enjoy this topic and the way that it is presented.

We also see in this issue a fantastic historical piece by our ISAPS News Historian, Riccardo Mazzola, on the history of injectables. I think that you will be surprised to see some of the origins of this technique!

I hope that you enjoy this issue of ISAPS News. I look forward to seeing you in Geneva!

Warm regards,

J. Peter Rubin
ISAPS News Editor

FIRST ISAPS STRATEGIC PLANNING MEETING

Renato Salz, MD – United States
2nd Vice-President and Chair of Strategic Planning

As Chair of the Ad Hoc Strategic Planning Committee, I am pleased to report to the membership on the outstanding achievements of the first meeting held on May 2nd in Vancouver, British Columbia, Canada preceding the ASAPS Annual Meeting.

The participants included Jan Poëll (President), Carlos Uebel (President-Elect), Susumu Takayanagi (1st Vice-President), Nazim Cerkes (Education Council Chair), Lina Triana (National Secretaries Chair), Dirk Richter (Assistant Treasurer), Tom Davis (Parliamentarian), Hank Spinelli (Aesthetic Plastic Surgery Editor), Joao Sampaio Goes (Past President), Eric Ausclair (member), Sami Saad (member), Grant Stevens (member), and Catherine Foss (Executive Director).

The main topics discussed during the meeting were selected by the participants and included: Marketing and Branding ISAPS; Increasing ISAPS Membership; Improving ISAPS’ Educational Mission; Relationships with Other Societies and specialties; a New Board Structure; and Searching for New Leaders.

After an exhausting five hours that followed an intense meeting, the group determined a substantial list of excellent recommendations that were predorminately approved by the Board of Directors during their board meeting two days later. Many of the changes will soon be implemented to benefit the membership, worldwide aesthetic plastic surgery, and ultimately, our patients.

Before coming to Vancouver, all the participants read The Servant – A Simple Story About the True Essence of Leadership by James Hunter, a very special book which has been a great inspiration to me for many years. I recommend it highly to all of you, Renato. This group was really very confident about the future of our Society, warmest regards.” –Joao Sampaio Goes, Brazil

“I was indeed a great and fruitful meeting. Thank you for invitation me.” –Sami Saad, Lebanon, ISAPS National Secretary

“Comments from some of the participants:
- “I want to take this opportunity to thank you for this perfectly prepared meeting. That it had big results is thanks to you. We must absolutely make this an institution.” –Jan Poëll, Switzerland
- “It was indeed a great and fruitful meeting.” –Carlos Uebel, Brazil
- “The meeting was very productive and I believe we can move ISAPS in a much better direction.” –Susumu Takayanagi, Japan
- “As always it’s a pleasure to work with you, Renato. This group was really very objective and productive. I am very confident about the future of our Society, warmest regards.” –Joao Sampaio Goes, Brazil
- “It was indeed a great and fruitful meeting. Thank you for inviting me.” –Sami Saad, Lebanon, ISAPS National Secretary
- “As a European surgeon, my observation was that this meeting was refreshing and encouraging. The group seemed focused on improving collaboration among national societies of plastic surgery in Europe and around the world. I am sure after this experience that ISAPS will help us in this approach.” –Eric Ausclair, France, ISAPS Member and President, SOFCEP

www.isaps.org
Ousted by the Association of Plastic Surgeons of India, the January ISAPS Course in Goa, India was held at the Grand Hyatt hotel. Dr. Lokesh Kumar, ISAPS National Secretary for India, was the organizing chairman and ISAPS Education Council Chair, Dr. Nazim Cerkes of Turkey and Dr. Vaikis Kontoes of Greece were the Course Directors. Goa is a beautiful city located in western India near Mumbai, famous for its beaches and churches, and very popular with international tourists. This is a warm, welcoming place with a rich colonial culture.

The course faculty included a good balance of international as well as local members who delivered lectures on different topics and covered the entire spectrum of aesthetic surgery. Faculty members who participated in the meeting included:

- Nazim Cerkes – Turkey
- Parasevaks Kontoes – Greece
- Akin Yucel – Turkey
- Nun Celik – Turkey
- Enrico Robotti – Italy
- Dirk F. Richter – Germany
- Daniel A. Knutti – Switzerland
- Kulwant S. Bhangoo – USA
- Gianluca Campiglio – Italy
- Patrick Tomas – Belgium
- Lina Triana – Colombia
- An Arumugam – USA
- Wolfles Wu – Singapore
- Tunc Tiryaki – Turkey
- Michael Stampos – Greece
- Chris Ladas – South Africa
- Suhan Ayhan – Turkey
- Andreas Foustanos – Greece
- L. D. Dhami – Mumbai
- V. D. Singh – Chandigarh
- Shahin Nooreyzan – Iran
- Kuldeep Singh – Delhi
- Rakesh Kaira – Dehradun
- Manoj Khamna – Kolkata
- Suresh C. Gupta – Delhi
- Dinesh Bhargava – Delhi
- Rajeev B. Ahuja – Delhi
- Ashok Gupta – Mumbai
- Lokesh Kumar – Delhi
- K. Ramachandran – Chennai
- Andrea Papotti – Italy

About 40 miles from the hotel where the proceedings were transmitted live, the operative session was also made available by webcast. Three cases were operated by international faculty members Dr. Cerkes and Dr. Enrico Robotti. In the evening, the faculty dinner in the hotel ballroom was very well attended as most of the faculty members had arrived.

The first day meeting commenced with an introduction and opening remarks by Program Chair, Dr. Cerkes followed by 24 lectures and video presentations on various topics covering peri orbital and facial rejuvenation including minimally invasive surgery and fat grafting.

The Chief Secretary of the Government of Goa attended and Dr. Jindal, Dean of Goa Medical College was the Guest of Honor. Dr. Lokesh Kumar made a power point presentation about ISAPS and its role in disseminating knowledge to various parts of the world. He also highlighted the importance of aesthetic surgeons joining ISAPS. The inauguration was followed by a Gala Dinner on the Lawns of the Grand Hyatt.

The second day’s scientific session included 31 lectures in sessions on laser, rhinoplasty and breast surgery. The evening was kept free and most people took this opportunity to visit Goa’s famous Saturday night bazaar.

The last day of the meeting was devoted to body contouring, hair transplant and miscellaneous sessions with a total of 16 lectures presented. The course was officially endorsed by the Medical Council of India providing CME credit hours.

The Association of Plastic Surgeons of India expresses their gratitude towards the ISAPS faculty who travelled long distances to be with us and contributed to the success of this meeting which benefited the plastic surgery community in India and has spread lots of awareness about ISAPS. Many plastic surgeons have enquired about membership and some have already completed applications.

The content of the scientific program was rated excellent by most of the delegates and there was overwhelming demand from participants to organize another ISAPS Course soon in India.

The first day of the meeting was dedicated to a pre-conference Rhinoplasty operative workshop which was held at Wockhardt Hospital Aesthetic Surgery Centre in South Goa.

ISAPS COURSE IN GOA, INDIA – JANUARY

ISAPS SYMPOSIUM: BORACAY ISLAND, THE PHILIPPINES

Susumu Takayanagi – Japan
ISAPS 1st Vice President

On March 12, 2012, the day before the 16th ASEAN Congress of Plastic Surgery chaired by Dr. Alexander G. De Leon, an ISAPS Symposium was held in Boracay Island, the Philippines. I served as a course director for this symposium held at Boracay Regency Beach Resort Hotel on a beautiful beach, attended by approximately 150 people. Most of the participants were from Asia, with some from Europe, the United States, Australia and South America.

The faculty included Drs. Florencio Lucero (Philippines), Akihiro Ichinose (Japan), Darryl Hodgkinson (Australia), David Daehwan Park (South Korea), Yu-Ray Chen (Chinese Taipei), Asko Salmi (Finland) and me, Susumu Takayanagi (Japan). I would like to express my heartfelt appreciation to all members of the faculty who came from around the world to give their excellent presentations.

We discussed various subjects including Facial Rejuvenation, Rhinoplasty, Breast and Eyelid. I sincerely thank Dr. Florencio Lucero who, despite very short notice, gave a perfect presentation replacing Dr. Bryan Mendelson who could not attend due to a sudden change in schedule.

A faculty dinner took place at another resort hotel on the island. Each member of the faculty enjoyed fine food and wine under palm trees, hearing the sound of waves, and looking up at the stars. It was a most memorable event.

The gala dinner of the ASEAN Congress which immediately following the ISAPS Symposium was hosted on the beach of the Regency Hotel. Participants of the congress, who were grouped by nationality, enjoyed karaoke, performances and dances. Being blessed with good weather and the beauty of natural surroundings, both the faculty and the participants had lots of fun until late into the night.

I am deeply grateful to Dr. Jose Joven Cruz who played a leading role as a local organizer in planning and preparing for the symposium. Thanks to his hard work, the entire Symposium went very smoothly.
TRAINING PLASTIC SURGEONS IN AESTHETIC SURGERY

Professor James D. Frame – United Kingdom
Jacques van der Meulen, MD – The Netherlands

In the UK, Holland and, we suspect, in most other ISAPS member countries, Cosmetic/Aesthetic Surgery (as opposed to Plastic/Aesthetic Surgery) is learned by attending lectures and meetings and by witnessing or possibly assisting at some surgeries. Seldom do residents get involved in the total care of aesthetic patients and review of outcomes. In the 21st century, and with an increasingly litigious population, this hardly seems the right way to train plastic surgeons.

For too long, we have accepted, although reluctantly, that other specialties have crept into this lucrative industry, mainly because we have failed internationally to accept that Cosmetic/Aesthetic Surgery should be recognized as a “Super-Specialty” that requires additional and acceptable qualifications of competency.

Until now, ISAPS has supported Aesthetic Surgery education by producing and endorsing a variety of conferences where knowledge is passed on in a classic, one-directional way. The board has been reluctant to support a more productive, two-directional concept of education by means of lectures and meetings and by witnessing or possibly assisting at some surgeries. Seldom do residents get involved in the total care of aesthetic patients and review of outcomes.

The award is US$6,000 for the best research paper by a younger plastic surgeon.

Research Prize: The award is US$6,000 for the best research paper by a younger plastic surgeon.

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

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

We hope these prizes will encourage younger surgeons embarking on their careers to add to our specialty’s body of knowledge of lipoplasty and body contouring through an increased interest in clinical and basic research.

THE LSN-BCRF-ISAPS AWARD

Gregory Hetter, MD – United States
BCRF Treasurer

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

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

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

Clinical Prize: The award is US$3,000 for the best clinical paper by a younger plastic surgeon.

ISAPS is collecting data for the Third Global Study of Aesthetic Plastic Surgery Procedures to establish global statistics for 2011.

This professionally designed and analyzed survey is completely anonymous.

The information we collect is important to all plastic surgeons, the media, industry and the public. We need your help.

If you have previously contributed data, we thank you.

If not, please answer the short questionnaire.

To include your procedures in this international study, please go to this website.

https://www.isisecure.com/ISAPS/survey.asp

Thank you for your participation.

Joao C. Sampaio Goes, MD, PhD
Chair, ISAPS Communications Committee

NOT REGISTERED FOR THE CONGRESS YET?

The last deadline for discounted fees is August 21. Avoid the on-site rate and register soon.

WWW.ISAPSCONGRESS2012.ORG

ISAPS News Volume 6 • Number 2

Managing Director, Sure Insurance

BREAST IMPLANTS AND PATIENT CONFIDENCE

Alison Thornberry – UK

ISAPS members not only state that they believe in patient safety, but are also supporting discussions on how to gain patient confidence following the PIP flap.

ISAPS insurance partners have been working with governments, implant manufacturers, surgeons and hospitals in putting together an insurance solution with a data collection programme.

A solution of this nature and scope must be available and supported on a global level if it is to gain consumer confidence.

The insurance cover would provide removal and replacement surgery should the implants be declared not fit for purpose. The cover would still be valid even if the implant manufacturer had been declared insolvent. There would be no additional costs to the patient for their removal and replacement surgery.

These new developments will be discussed during the Global Summit on Patient Safety on the opening day for the ISAPS Congress in Geneva in September.
We are all aware that the concept of beauty varies with time and environment, and with social and cultural patterns. St. Thomas Aquinas described beauty as “that which when beheld provokes pleasure,” and can be further defined as an emotion evoked by something aesthetic and essentially based on a symmetry and proportionality. In South America as in the world, what constitutes this symmetry and proportionality, or “beauty,” has been repeatedly revisited and redefined throughout the present with each social and cultural change and trend. Plastic surgery has mirrored, accompanied and even advanced these trends, integrating the changing views of the human form and the beautiful, innovating and adapting itself to this intrinsically linked duet of variables.

Although plastic surgery has been considered its own specialty for about 100 years, aesthetic plastic surgery only began to achieve significance in Brazil and the rest of Latin America with the creation of the Brazilian Society of Plastic Surgery (1949) and the Latin American Society of Plastic Surgery (1944). The arrival of the great Prof. Dr. Ivo Pitanguy on the scene in the 1950s was the next major boost for the specialty, and his own words perfectly reflect the relationship between plastic surgery, human self-image, and beauty: “The pursuit of plastic surgery is “the attempt to harmonize the body and spirit, emotion with reason, to establish a balance of larger and larger breasts become part of the Latin American adoption of North American standards for beauty relative to breasts, and North American adoption of Latin American standards for beauty relative to the buttocks. Up to and through the mid-1990s, Brazilian women in particular desired a body contour that featured a slim but curvaceous body, with relatively small breasts. In Brazil, this was accompanied by a strong focus on a high, rounded “bum-bum,” or buttocks, with the buttocks being culturally more essential to female appeal than breasts. Given this trend, the most common aesthetic breast procedures were reduction mammoplasty/mastopexy. Breast augmentation/implants were mostly used in cases of marked asymmetry, hypomastia, and disproportionately small breasts, with an average implant size of about 375cc. As the ’90s progressed, and with the explosion and ubiquity of world access to North American media and a “globalization” of beauty standards, breast implants became increasingly popular in Latin America, accompanied by the emergence of buttocks contouring and augmentation, but using relatively small breast implant volumes compared to North American aesthetic trends, which favored large breasts and boyishly slim hips. As the Brazilian “bum-bum,” also known as “the L-shaped shelf,” entered the American beauty scene, so did the idea of larger and larger breasts become part of the Latin American idea of beauty. By the early 2000s, it became common in Latin America to use implants 500cc and larger. In contrast to naturally rounded upper pole that was the mark of a lovely vis-a-vis breast surgery.

Brazil now ranks second in the world for the amount of aesthetic plastic surgery performed, with breast augmentation and liposuction being the most popular procedures. Breast surgery offers an excellent prism for observing, if you will, the plasticity of beauty concepts and trends over time. As an interesting side-note, recent beauty trends in Brazil itself and Latin America in general reveal two important cross-trends: the Latin American adoption of North American standards for beauty relative to breasts, and North American adoption of Latin American standards for beauty relative to the buttocks.

To sum up, as popularly stated by Phor-beach? Why not enhance your breasts for a fixed, negligible salary, no matter what he or she did. It could be just an old-fashioned Bienesberg pedicile with inverted T scar with a high rate of nipple slough. In augmentation, our predecessors attempted home-made, bizarre devices like solid rubber or two plastic hemispheres put separately inside the pocket and then joined, at first stage, and removed a month later filling the capsule with organic oil at the second stage. Academician Viktors Kainbergs (born in 1928 and still active) from Latvia used autologous fat chunks or even cadaver or large porcine pieces.

After the anticommunist revolution of 1991, rapid and chaotic spread of cosmetic surgery took place. Breast implants were bootlegged from abroad, mainly Mentor saline because of the silicone scandal of 1992 and because volume adjustment seemed an advantage for a novice. Then domestic manufacturers emerged with silicone implants of extremely poor quality, which remained on the market for about ten years due to their low price. Eventually, they were totally replaced by western companies. Mentor and Allergan dominate now, followed actually by all “CE” mark holders. It testifies to our market capacity though there is no sales data for exact estimation. Such a thing as a National Breast Implant Registry is unimaginable in Russia. Both distributors and surgeons would never report actual figures officially, for taxation reasons, or to the public where they advertise implants as “most demanded.” Of course, nobody ever reports complication rates. That is why the FDA Core Studies data are so important for us as, presumably, for the rest of the world.

Virtually all the breast augmentation controversies are present in Russia. Teardrop devices are popular among a large number of younger surgeons with limited experience. They take for granted the notorious slogans like “form stable,” “efficient texture,” “dual gel” (ironically always coming along with futile “dual plane”) at numerous educational meetings where sensible validations are never provided. Surgeons with substantial personal experience prefer round implants with low texture or smooth because they have learned that it is the implant volume/tissue quality ratio that matters most of the time.

Polyacrylamid gel (PAAG) injections fiercely competed with silicone implants in the mid to late nineties. One could see ads like: “Flying to the beach? Why not enhance your breasts right now, right here, painlessly and bloodlessly?” As popularity of Phor-macy and Interphall (originally meant for phallus enlargement) versions of PAAG grew, so did the visibility of complications, and eventually it was banned by professionals (not by medical authorities). We are dealing with dozens of unlucky patients each year, but again, having no statistics, we cannot grade the complication rate. As the injections were widespread for a decade, there may be dozens of thousands of women still happy. I personally cannot blame PAAG as indisputably as I did earlier because of dealing more and more with the silicone implant problems.

The second wave of injectables – Macrolane – rose and fell within just three or four recent years. The product appeared to be too expensive to compete with silicone implants and too quick to cause problems in Europe. I cannot help but refer to the recent issue of this Newsletter (vol. 6, #1), where Dirk Richter talking about the PIP scandal, has said: “One is tempted to believe that Europeans are being used as guinea pigs for Americans.” Well-known Russian sluggishness happened to make us closer to Americans.

The third wave, still rising currently, is, of course, breast lipolifting. Roger Khouri is a frequent speaker in our country and we had a national meeting on the subject this past April...
T he introduction of Lipo-filling in the breast by Delay\(^1\) in 2006 completely changed patients' vision of breast augmentation, as it created the opportunity to consider very natural results. The improvement in the quality of the implants with the introduction of cohesive gel and a multi-layer shell is the other important point to take into consideration when we try to put the future of breast augmentation into perspective.

Now surgeons had to adapt their mental approach and surgical techniques to these new elements with the development of:
- Pre-muscular approach to avoid bottoming out and animation;
- Use of shape implants in thin patients to obtain a more natural contour of the reconstructed breast;
- Auxiliary approach and endoscopic dissection and hemostasis to have better control over the limits of the pocket to avoid rotation of shaped implants and to lower the percentage of capsular contraction by controlling bleeding;
- Better control of the aspéis with the use of a funnel to introduce the implant for instance.

These different aspects can be summarized by the formula:

**NO BLEED / NO BLOOD / NO BACTERIA**

Future trends in Aesthetic Breast Augmentation will probably be a combination of the following:

- Lipomodelage advocated by Delay\(^1\), Khouri\(^2\) is the ideal solution, but bears numerous limitations such as the volume of disposable fat, the lack of projection, the insufficient recipient site even with Brava and the fact that it cannot be used in every case;
- Augmentation with implants remains the most popular procedure and allows one to obtain significant gains in the quality of the results, after the important work of Tébert\(^3\) to improve the coverage of the prosthesis, and the efforts of manufacturers and surgeons to diminish the rate of capsular contracture;
- Composite Breast Augmentation published in 2009 (Auclair\(^4\)) combines the advantages of both, the core volume of the implant and the natural aspect of fat injections, and represents a reliable alternative to lipomodelage and implants, particularly in thin patients.

**References**


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**NEW TRENDS IN AESTHETIC BREAST AUGMENTATION FROM FRANCE**

**Eric Auclair, MD — France**

**President, French Society of Aesthetic Plastic Surgeons (SOFCEP)**

B reast surgery, as one aspect of plastic surgery, incorporates a variety of surgical techniques including breast reconstruction, augmentation mammaplasty, reduction mammaplasty, and mastectomy.

In the past, there were not many breast cancer patients in Japan. However, over the last 10 years, the number of breast cancer cases has shown rapid increase, particularly in large cities. I am inclined to believe that this change is linked to a preference for calorie-rich foods, changes in eating habits, and an increase in the number of women who do not give birth, particularly in urban areas. Due to the rapid growth in the number of breast cancer cases, the number of breast reconstructions has been increasing according to worldwide tendencies.

With regard to surgical techniques for breast cancer, total mastectomy, partial mastectomy with radiation, and nipple sparing mastectomy are popularly practiced. For the time being, lumpectomy with radiation is not very popular in Japan.

There have been growing numbers of breast reconstruction cases after radiation treatment. These are more susceptible to complications because the skin has less extensibility and poorer blood flow than the skin of patients who have had no radiation treatment. Because partial mastectomy has a weak point in that breast deformation is highly visible and because there are many cases of complications in breast reconstructions resulting from the effect of radiation, I think that lumpectomy with radiation and/or total mastectomy will become more popular.

Breast reconstruction employs various techniques such as surgery using an implant, Latissimus Dorsi flap, TRAM flap, VRAM flap, and DIEP flap among others.

In the past, during reconstruction of one breast, augmentation mammaplasty, reduction mammaplasty, or mastectomy of another breast was popularly practiced. Nowadays, fewer patients wish to have such surgeries done on another breast, perhaps for economic reasons. Therefore, I am afraid that there is a considerable number of patients who keep their breasts unsymmetrical.

Reduction mammaplasty for cosmetic purposes has not been popular because firstly there are not many Japanese women who have very large breasts, and secondly long scars on breasts tend to be visible on Asians’ skin and sometimes they become hypertrophic scars. Reduction mammaplasty is not expected to be popular in future either.

Mastectomy to modify ptosis of breasts is popular. As Asians’ skin tends to scar more easily, techniques that leave the smallest possible scars, such as periareolar incision, are preferred. However, in cases with high degree of ptosis, there is no way out of long scars on breasts. Most patients are very sensitive about visible scars and if long scars cannot be avoided to make satisfactory modifications of ptosis, they often give up the idea of undergoing surgery.

Augmentation mammaplasty is the most popular type of breast surgery in Japan. Hyaluronic acid injection, fat injection and augmentation mammaplasty with implant are all practiced. In the past, augmentation mammaplasty with implant was very popular in Japan. Recently the number of cases has been significantly decreasing. The cause could be attributed to the slow economy in Japan and the increase in cases of fat injection and hyaluronic acid injection. The problem is that non-plastic surgeons consider fat injection and hyaluronic acid injection easier than augmentation mammaplasty with implant and they are flooding the market with advertisements for these procedures, in spite of many cases of complications caused by their injections. In either fat injection or hyaluronic acid injection, proper procedures are vital for a good result. I fear that because injection seems an easy technique to non-plastic surgeons, they are performing injections without proper consideration that are resulting in complications.
I was lucky enough to be trained in Brussels when it was the prominent center for practicing the vertical scar mammoplasty. In the early 1990s, I watched the technique, which is based on a superior pedicle evolve first through the dedication and efforts of Dr. Lejour and later by her followers at the Free University of Brussels.

During that time, I had been taught to perform vertical scar mammoplasty, or so called “Lejour’s Technique” as the “premier” and the “only” technique in breast reduction and mastopexy. As a trainee, I experienced both triumphs and defeats, successfully achieving large reductions, but then suffering through unexpected complications. With careful analysis of the technique, I found many surgical details that I used to perform without hesitation or questioning. I learned to manage the unexpected and seize every opportunity to optimize the outcome for the benefit of my patients. Modifications to already existing techniques or even developing different techniques were among my armamentarium in breast surgery during my years in practice.

Similar experiences happened to many of us and vertical scar mammoplasty has been a valuable technique of breast surgery during my years in practice. As a trainee, I experienced both triumphs and defeats, successfully achieving large reductions, but then suffering through unexpected complications. With careful analysis of the technique, I found many surgical details that I used to perform without hesitation or questioning. I learned to manage the unexpected and seize every opportunity to optimize the outcome for the benefit of my patients. Modifications to already existing techniques or even developing different techniques were among my armamentarium in breast surgery during my years in practice.

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those who have high risk of bad scaring. In addition, a vertical-directed pexy of the breast tissue adds more projection and consequently better breast shape. On the other hand, a breast reduction done using a vertical scar closure, but resulting in unsatisfactory aesthetic shape either due to inadequate gland resection, skin dog-ear or highly repositioned-nipple, might make revision procedures more difficult to perform. The outcome would be often considered as the result of vertical scar technique and a “curse” for the patient.

The vertical scar is often modified into small-inverted T, L or J shape scar to avoid secondary revision procedures and to better fit patients with large breasts. Once again, it is much better to use the term “Short-Scar Mammoplasty,” which amplifies the concept of reduced scar technique rather than use only “Vertical-Scar Mammoplasty.”

Plastic surgeons are well positioned to provide patients seeking breast reduction/pexy surgery the entire spectrum of options. Many techniques are available nowadays and the surgeon must use the technique that he/she masters the most but which also answers the patient criteria.

I always say: there is no bad technique, there is only a bad technician!

Perspective Japan, continued from page 13

In many cases of complications.

In France, augmentation mammoplasty with filler is prohibited. In Japan, hyaluronic acid distributors are not permitted to sell their products to be used in augmentation mammoplasty. Nevertheless, augmentation mammoplasty by hyaluronic acid injection is still popularly practiced. Hyaluronic acid is absorbable. Therefore it costs more to keep breasts enlarged by hyaluronic acid injection. With regard to fat injection with negative pressure provided to breasts, as Asians’ skin is firm and less extensible, the negative pressure doesn’t cause their skin to stretch much and there is no major change in the size of breasts in many cases. It is difficult for many Asians to get as satisfactory a result from a single fat injection as Caucasians do; therefore, multiple injections are often needed. Furthermore, as this technique often develops pigmentation in Asian patients, I find difficulty in adapting it to Asians. In addition, the device is not adapted to many Asians’ breast size. Therefore, a negative pressure device is seldom used in Japan. In spite of all these problems, for the time being I think this technique can become popular depending on future improvement. If augmentation mammoplasty with filler and fat injection remain without any substantial improvements, augmentation mammoplasty with implant might be preferred as a reliable method to have breasts enlarged and procedures will increase in numbers to become mainstream again.

Perspective Russia, continued from page 11

in St. Petersburg. It is not quite relevant to this report to discuss controversies of lipofilling, like rate of take, role of stem cells, or technical innovations. What is pertinent, to my mind, is the prediction that the more costly the proposed technique, the less likely it may be competitive with the syringe. Another prediction: look at the first and second waves.

Since the nineties, a lot of Russian surgeons now travel abroad. They have picked up as large a variety of techniques as the geography of their educational pilgrimages. In terms of breast reduction/pexy, M. Lejour’s vertical mammoplasty was initially most fashionable. As obedient apprentices, we strictly followed instructions and whole-heartedly trusted the surgeon who masters the technique that he/she masters the most but which also answers the patients criteria.

Fig. 1 – The paraffin heater (from: Köle F.S., 1911)

Fig. 2 – Injection of paraffin into the nose (from: Stein A, 1911)

The armamentarium was easy obtainable: the paraffin in pearls or in cubes, a pot for melting the wax (fig. 1), and a syringe (fig. 2).1,2

With the diffusion of the procedure and the immediate favorable results obtained, an order of charlatans climbed on the paraffin success bandwagon. They began to advertise in newspapers, yellow pages, and to give demonstrations in beauty salons and drugstores. Paraffin represented the panacea for a variety of cosmetic and functional applications.
without the need for the surgical knife. News of this apparently ideal substance began to spread through the medical community. The demand for removing the typical characteristic of saddle nose deformity was great and the immediate outcome particularly favourable (fig. 3).

Complications appeared soon. The new miracle began to fade. Formation of granulomas by foreign body reaction, specifically named “paraffinomas,” due to wax, oil and Vaseline penetrated within the tissues was the most common event almost impossible to solve (fig. 4). In fact, removing paraffin proved to be more difficult than to solve. It was completely disfigured, becoming a recurse for the rest of her life and saw only close friends, despite that she was a recluse for the rest of her life and saw only close friends, despite that she was a recluse for the rest of her life. She died in 1977 completely forgotten.

Charles C. Miller (1880-1950) from Chicago, one of the first cosmetic surgeons, called either “the father of modern cosmetic surgery” or “an unabashed quack,” published in 1926 “Cannula implants,” a book on fillers to modify featural imperfections. He proposed the use of cuta-percha, celluloid or rubber sponges ground in a mill and heated before injecting them to correct depressions, crows feet, naso-labial grooves and saddle noses. He asserted that these materials were inert, well tolerated and particularly effective. He used a special syringe with barrel to introduce the material subcutaneously.

James Franklin Hyde (1905-1999), an American chemist, is credited with the launch of the silicone industry in the 1950s. For this he was called the “Father of Silicons.” His work led to the formation in 1943 of Dow Corning Corporation created to pioneer the development of silicone products as a result from the alliance between Corning Glass Works and the Dow Chemical.

Because of their low toxicity, pure silicones presented a small risk of unfavorable biological reactions and had obtained widespread recognition and popularity in medical circles. In the ’60s, a new miraculous filler appeared on the market: liquid silicone, an amazing chemical product – manufacturers advertised – that could turn old faces into young, erase wrinkles and change hypoplastic breasts into a C-cup, with minimal problems. Its story curiously recalls the paraffin affair.

While augmentation surgery for breasts using foams or other materials evolved significantly between the ’50s and ’60s, the unofficial practice of silicone injections gained popularity. Considered an inert material that could be easily sterilized, the liquid was injected directly into women’s breasts particularly in Japan and the “procedure” spread so rapidly that silicone available for implantation was difficult to find.

However, after an initial honeymoon period, dramatic complications such as discoloration, infections, migration, granulomas formation, the so-called “siliconomas,” hardening of tissues, were soon being documented.

Liquid silicone has been used for soft tissue increase for over 30 years. Numerous authors have reported on facial treatments, particularly lips, breast, buttocks augmentation. Due to the adverse side effects, employing silicone for cosmetic purposes ceased in January 1992, when the US Food and Drug Administration (FDA) declared a moratorium on the use of this device.

CONCLUSIONS

In recent years, demand for rejuvenation using fillers has dramatically increased. Patients are seeking more and more quick recovery and minimally invasive non-surgical procedures. This is the reason why filler selection has considerably expanded ranging from collagen to poly-l-lactic acid, hyaluronic acid, hyaluronic acid (HA), among others.

Fillers represent one of the most popular cosmetic procedures. A huge business is behind them. Nowadays, fillers can achieve spectacular results, but may give rise to numerous dramatic complications (e.g. formacryl). Their story is fascinating and at the same time instructive.

The lesson drawn from their use, often uncontrolled, indicates that physicians must always carefully develop a clinical performance measure before injecting products not sufficiently tested or whose side effects are not clearly documented.
Silhouette Lift Seminar
Wednesday, September 5th
1:00 - 2:00 pm
Lower Level - Room 18

Dr. Javier de Benito will present his views on the significant change that has taken place in our specialty as a result of factors including the worldwide economic crisis, the elimination of aggressive techniques for facial rejuvenation and their replacement with less aggressive techniques – minimally invasive or non-invasive procedures. It will be an opportunity to share his experiences about Silhouette Lift Mid-face Suspension Sutures, as a mini invasive mid-face technique. The new cosmetic treatment, Silhouette Soft, will be introduced. This is a new biodegradable resorbable suture without incision for face rejuvenation complementary to cosmetic treatments such as fillers, fat injections, and botulinum toxin.

Baxter Seminar
Thursday, September 6th
1:00 - 2:00 pm
Lower Level - Room 18

The Benefits of Full Surface Adherence for Improving Plane Approximation
Dr. Ludwik Branski: ART ISSN in Burn Surgery, My Experience
Prof. Stefano Brusch: Tissue Adhesives in Face Lift and Body Contouring Surgery, Benefits to Post-Operative Care

Baxter's panelists will discuss the benefits of a slow setting fibrin sealant in real world applications. Dr. Branski will discuss his experience in treating pediatric and adult burns in the US and Germany. Professor Brusch will present his experience in facial plastic surgery and body contouring surgery. Please join us for this interactive panel.

Silimed Seminar
Wednesday, September 5th
1:00 - 2:00 pm
Level 2 - Room 14

Speaker: James D. Frame, MD
Why I Switched to Polyurethane Breast Implants

Silimed Breast Implants are used throughout the world and have just gained FDA approval for usage in the USA. Mentor and McGhan implant performance data is now available through the FDA 2011 report and there is room for significant improvement. Polyurethane covered Silicone Gel implants have been used in many countries for many years and data supports clear advantages over conventional Gel implants. They have only recently regained popularity with Plastic Surgeons in the UK. Professor James Frame, President of UKAAPS, will present 27 years of unbiased experience using a variety of breast implants and giving his reasons why Polyurethane Cone Shaped implants should be considered the implant of choice for most women having Primary and Secondary Breast Augmentation and Reconstructive Plastic Surgery of the Breast.

Cynosure Seminar
Thursday, September 6th
1:00 - 2:00 pm
Level 3 - Rooms 5 & 6

Cellulaze: A Revolutionary New Device in the Treatment of Cellulite: FDA Study Results and Clinical Experiences

Join Drs. Graves Stevens and Barry Diller-Rudorff as they discuss their most recent, clinically researched techniques with Cellulaze, a breakthrough in the treatment of cellulite. Cellulaze is a minimally invasive surgical laser procedure that attacks the very structure of cellulite for long lasting results after just one treatment. Learn how Cellulaze makes it feasible and practical for you to focus your surgical skill on the treatment of cellulite. Don't miss this ISAPS lunchtime seminar offered by Cynosure.

ZELTIQ Aesthetics Seminar
Friday, September 7th
1:00 - 2:00 pm
Level 2 - Rooms 7 & 8

CoolSculpting® by ZELTIQ: New Advances in Cryolipolysis and the Non-Invasive Treatment of Fat
CoolSculpting today's most popular and effective non-invasive treatment for the removal of stubborn fat. Based on groundbreaking Cryolipolysis technology, it is the only treatment that selectively targets and eliminates adipocytes, and has more than 300 CoolSculpting procedures worldwide and over 20 peer-reviewed publications and abstracts.

Join ZELTIQ for a presentation and live demo on CoolSculpting, the proven leader in non-invasive fat reduction.
• Gain insight into the latest clinical research
• Learn new techniques to optimize results
• Discover ways to maximize your CoolSculpting ROI
• Learn how to incorporate best practices to enhance results

ISAPS-LEAP Strike Force
Thursday, September 6th
1:00 - 2:00 pm
Level 2 - Rooms 7 & 8

Drs. Tunc Tiryaki and Craig Hobar will present the new joint disaster relief program — a combined effort between ISAPS members and the LEAP Foundation with the goal of providing reconstructive plastic surgical services in a rapid response fashion in any country affected by a disaster. Dr. Tiryaki will discuss his experience in multiple Turkish earthquake relief efforts and Dr. Hobar will recount the LEAP Foundations experience in the Haitian earthquake. Together they will describe the founding principles of this new joint strike force program.

Focal Cold Treatment — A new era in medical aesthetics
Representing an exciting advance in aesthetic medicine, myoscience introduces its innovative technology at ISAPS. Dr. Kai-Uwe Schlaudraff and Professor Daniel Cassuto discuss how myoscience has taken the well-established medical principles of cold into facial aesthetics. The myoscience advanced smart-tip technology delivers Focused Cold Therapy, precision controlled delivery of cold, targeting nerves to smooth the appearance of dynamic forehead lines. It provides immediate results whilst leaving nothing behind in the skin; meeting the needs of an entirely new patient group who seek non invasive free treatment.

SFR - Clinic Accreditation Seminar
Thursday, September 6th
1:00 - 2:00 pm
Level 2 - Room 14

An introduction to the AAAASF international accreditation process and the relationship between accreditation and patient safety will be presented by Dr. Ronald Iversen, SFR/AAAASF Chairman of the Board.

Ultherapy® Seminar
Friday, September 7th
1:00 - 2:00 pm
Lower Level - Room 18

Ultherapy®, the non-invasive “lunch time” procedure, has gained widespread attention throughout the world; including notice in Vogue Magazine, Harper’s Bazaar, and The New York Times. Experienced Ultherapy users will introduce the science and use of Ultherapy’s micro-focused ultrasound for lifting skin and demonstrate how it is unique from other energy-based devices. The discussion will show how Ultherapy is complementary to other cosmetic procedures and how this innovative technology fits into an aesthetic practice. The Ulthera® System is the first-ever energy-based device to receive a skin lifting indication from the FDA. Procedures can be performed in 60 minutes with no patient downtime and yield consistent results that last one year or more.

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“EVERYTHING ABOUT CIRCUS KNIE IS MAGICAL!”

So says Romero Britto, the Brazilian-born pop art phenomenon who designed the current season’s posters. Now a world-famous painter and sculptor, Romero was born in a poor district of Recife, won a scholarship to study art, and eventually designed the 1989 advertising campaign for Absolut Vodka. Now his work hangs in the Louvre in Paris.

Like the circus he has represented in his images this year, Romero is inspired by the gaiety and joie de vivre that is typical of the oldest family-owned circus in Europe. An evening with this award winning troupe – that happens to be in residence in Geneva during our Congress – is a magical and yet elegant and certainly memorable event you simply cannot miss.

ISAPS has bought the entire circus for our gala evening in September. A reception and dinner will be served in a special catering tent, and the performance will provide all our guests, young and old and in-between, with a very unique and entertaining evening. Don’t make other plans on Thursday, September 6th. You will want to be a part of this special event that everyone will be talking about the next day!
76 COUNTRIES REPRESENTED IN CONGRESS REGISTRATIONS

Algeria Argentina Australia Austria Azerbaijan Belarus Belgium Brazil Bulgaria Canada Chile China Chinese Taipei Colombia Costa Rica Cyprus Czech Republic Denmark Dominica Rep Ecuador Egypt Estonia Ethiopia Finland France Georgia Germany Greece Hungary Iceland Indonesia Iran Iraq Ireland Israel Italy Japan Jordan Kazakhstan Kuwait Kyrgyzstan Latvia Lebanon Lithuania Luxembourg Macedonia Mexico Morocco Netherlands New Zealand Norway Pakistan Philippines Poland Portugal Qatar Romania Russian Federation Saudi Arabia Serbia Singapore Slovakia Slovenia South Africa South Korea Spain Sweden Switzerland Thailand Tunisia Turkey Ukraine United Arab Emirates United Kingdom United States

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Supporters
Baxter Healthcare SA – 58
Canton de Genève
Mentor Worldwide LLC – 24
myocutaneous
Silhouette Lift, Inc. – 42
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Sound Surgical Technologies – 76
Sure Insurance – 79
Swiss Stem Cell Bank – 80
TEOXANE Laboratories – 1
Tulip Medical Products – 82

Assi® Breast Retractors are like Diamonds...

Created for Performance.
Crafted for Perfection.
Cut with Precision
...the way you do.
Thank you to all who believed in me and allowed me the honor of representing our National Secretaries and being part of this Board.

We National Secretaries are the quiet pillars of ISAPS and our hard work sometimes goes unnoticed. Our Board understands our position in this society; they know that we really are there for the organization; and they have seen that when our input is really needed, we are there for ISAPS.

We have shown how our actions have a positive result. For example, how with our encouraging communications we actively helped improve registration for our Geneva meeting. Thanks to all of you for this.

It is true that we are an expanding society, but we must continue to pursue quality members. Our patient safety strategy continues to serve not only our patients, but also has strengthened our commitment so that patients come first worldwide.

National Secretaries have promoted ISAPS educational courses, symposia and endorsement of national meetings in our countries. Thank you to all of our members who have worked hard on this task and have shared with their colleagues that our continuing educational efforts are so important.

Most National Secretaries have positions of leadership within their own countries’ plastic surgery societies and from that platform they promote ISAPS among their colleagues highlighting ISAPS goals and objectives. Many of us bring to ISAPS new ideas that are brewing in their countries so that we may all learn and incorporate these ideas into ISAPS’ strategies for the benefit of all members worldwide. Some of us actively participate in the development of ISAPS worldwide strategy which includes promoting patient safety and education for the general public.

We surely have grown as an important worldwide society. Efforts such as our ISAPS global statistics survey have served not only to concentrate data on aesthetic plastic surgery all over the world, but also to improve ISAPS visibility worldwide.

Today we know that medical intrusion (meaning non-core health professionals doing aesthetic plastic surgery procedures) is a common problem worldwide. We have seen in past newsletters how many countries are escalating their efforts to legally protect plastic surgery practice.

We strongly believe that we need to be well known to the public – to show that we are here for our patients. Along the way, we implemented the patient safety program, improved contributions to the global stats survey, and now we are focusing on having better internet exposure.

Our patients and their wellbeing are the reason we work so hard every day and they are also the reason ISAPS has to be strong and grow. ISAPS’ mission to promote education of aesthetic plastic surgeons means better safety standards and improved final results. ISAPS goals are being achieved thanks to the hard work of the National Secretaries. I thank you all for your hard work and for making sure aesthetic plastic surgery is respected worldwide.

Our ISAPS brand is growing worldwide in name and exposure every day. When we hear about aesthetic plastic surgery, we think about aesthetic plastic surgery. It is our responsibility to show the world what their best choice is when they offer aesthetic procedures to the public. It is our responsibility to legally protect plastic surgery practice.

I never get tired of saying that we National Secretaries are not only our patients, but also ISAPS. We have achieved what we once thought was impossible and we have made ISAPS a world-renowned society.

Thanks to all of you for this. We have shown how our actions have a positive result. For example, how with our encouraging communications we actively helped improve registration for our Geneva meeting. Thanks to all of you for this.
SFR/AAAASF INTERNATIONAL ACCREDITATION UPDATE

Jeff Pearcy

AAAASF Marketing/Executive Vice-President

Ronald Iverson, MD, Chairman of the Board and I, Jeff Pearcy, Executive Vice-President have been rigorously expanding the marketplace for the global accreditation of ambulatory surgery clinics. SFR has become synonymous with AAAASF International (AAAASF) which continues to make progress accrediting facilities in Latin America. Relationship building around the world has proven successful and eventually results in accredited facilities. There are 46 accredited clinics worldwide, with many in the process.

In January 2012 AAAASF was invited to meet a cluster of dental clinics in Medellin, Colombia. Oscar Molina (Latin America representative) and I went to Medellin and made a formal presentation to twelve clinic representatives. The afternoon was spent answering questions followed by tours of two dental clinics. The host on this visit was the former Minister of Health. The primary source of patients who travel to Colombia for medical/dental services come from either Spain or they are former residents of Colombia who return for services. Seven clinics have been accredited in Colombia so far with over twenty surgical and dental clinics in Costa Rica.

Recently, AAAASF had completed a successful inspection of a surgery clinic in Beirut, Lebanon. Accreditation was awarded to the Beirut Beauty Clinic which is directed by Nahai, MD, Lawrence S. Reed, MD, Ivar Van Heijningen, MD, Alan Gold, MD, Joao Carlos Sampaio Goes, MD, Foad E. Iverson, MD, James A. Yates, MD, Michael F. McGuire, MD, Alan Gold, MD, Joao Carlos Sampaio Goes, MD, Foad Nahai, MD, Lawrence S. Reed, MD, Ivar Van Heijningen, MD, Alberto Arguello, MD (to be seated in the fall 2012), and Harlan Pollock, MD.

The common denominator in accrediting clinics, regardless of size of facility, specialty, or location, is our goal of patient safety. We are especially pleased to be able to unequivocally assure facilities, regulatory agencies, and the general public that it is this goal which has guided the development of AAAASF and AAAASF accredited facilities.

AAAASF accreditation sets you and your clinic apart from competition, giving you a much stronger market advantage by providing resources to surgery centers worldwide to enhance patient safety and surgery facility efficiency.

In two large studies, representing 2,445,249 procedures, there was one only one death that occurred on the same day the surgery was performed, indicating safe patient routing through office based facilities. Surgery performed in AAAASF accredited facilities is associated with a low incidence of unanticipated sequelae.

AAAASF accreditation program is peer based. Inspections are performed by surgeons and dentists who also understand local customs and culture. There is a peer-based Global Standards Advisory Committee ready to review subtle nuances, along with vast differences in AAAASF Standards appropriate for each country.

A complete list of Globally accredited clinics can be found on our newly re-designed web site www.aaaasfi.org.

SFR Board members include: Robert Singer, MD, Ronald E. Iverson, MD, James A. Yates, MD, Michael F. McGuire, MD, Alan Gold, MD, Joao Carlos Sampaio Goes, MD, Foad Nahai, MD, Lawrence S. Reed, MD, Ivar Van Heijningen, MD, Alberto Arguello, MD (to be seated in the fall 2012), and Harlan Pollock, MD.

Expanding the marketplace for the global accreditation of ambulatory surgery clinics...
The most valued aspect of our Congress is our dedication to excellence in aesthetic plastic surgery education. The program committee had a wealth of talent from which to draw in our 94 member nations. The sharing of knowledge among the many cultures represented, among younger and older surgeons, and among established and emerging centers of aesthetic plastic surgery around the world is what makes this United Nations of Plastic Surgery such a unique and special event. Our Congresses tend to surpass those that came before, and the 21st Congress of ISAPS will be no exception.

This Congress will feature sixteen early morning Master Classes, general sessions in all aspects of aesthetic surgery employing our successful combination of video presentation, panels, and free papers, lunch-time seminars sponsored by our corporate colleagues, and electronic papers and procedural videos you can view as often as you like. From the social events to the exhibits; from the innovative scientific program development to the website design; from the food selection to the contents of the congress bags; from the invitation, confirmation, and coordination of more than 300 faculty and presenters to the publicity planning and implementation; from the hotel accommodations down to the name badges – nothing has been left to chance. It is impossible to include the list of all the details involved.

Your attendance at this Congress will make all our work worthwhile and you will not be disappointed. Old friends will be welcome, and new ones will be encouraged to join us. If you have visited Geneva in the past, you know what a beautiful and truly international place it is. If you have not, you will not regret your visit in September.

We look forward to welcoming you to Switzerland! RealSelf

No meeting of this magnitude happens without a small army of dedicated individuals who have been working on every detail for nearly three years. From the social events to the exhibits; from the innovative scientific program development to the website design; from the food selection to the contents of the congress bags; from the invitation, confirmation, and coordination of more than 300 faculty and presenters to the publicity planning and implementation; from the hotel accommodations down to the name badges – nothing has been left to chance. It is impossible to include the list of all the details involved.

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REALSELF HITS A MILESTONE: 2.5 MILLION AESTHETIC CONSUMERS

In May 2012, over 2.5 million consumers visited RealSelf.com (www.realself.com), an ISAPS partner. With this milestone, RealSelf claims to be the most visited website devoted to educating and informing global consumers about plastic surgery and cosmetic medicine.

“We’re excited to see consumer visits grow over 100 percent annually,” states Tom Seery, CEO and Founder of RealSelf. “A critical driver for our growth has been the continuous support of thousands of plastic surgeons, who have devoted significant hours away from their practice to answering questions posted by consumers, encouraging patients to share their experiences on RealSelf, and posting photos of their surgical before and after,” adds Seery.

For those not familiar, RealSelf is designed to support a consumer’s desire to learn from peers and medical experts on whether a cosmetic procedure is right for them. The center point of the robust conversation on RealSelf is doctor Questions and Answers (Q&A).

500,000 Posts by Doctors

Doctors — plastic surgeons and “core” aesthetic medical providers — respond to consumer questions about cosmetic procedures and post images of before and after where proper patient consents are in-place. RealSelf reports that doctors made a half-million posts to the site in the past three years.

Most doctors respond to a list of questions that are emailed each day or week to their personal address. A surgeon may choose to be sent questions that are only relevant to a topic like breast augmentation, such as “Can I get breast augmentation surgery before becoming pregnant?” The online answer to this question generates visibility for the responding doctor within the RealSelf community, and can be automatically posted to the doctor’s own social media profiles, as well as the doctor’s own website.

3 Key Benefits from Sharing Your Expertise

The idea behind Q&A is to make it easy to attract new patients with engaging content that reflects your voice and your expertise. RealSelf states that Q&A can:

1. Differentiate your practice: Advertising isn’t enough to get noticed. RealSelf helps you create a social presence based on your expert answers to questions about cosmetic surgery.
2. Update social media sites with one-click: Enjoy the efficiency of creating content that gets automatically sent to Twitter, Facebook, LinkedIn, and RealSelf.
3. Generate word-of-mouth: Consumers prefer to share “Like,” and link to doctor answers. This helps drive awareness beyond your own website and blog.

While RealSelf is an English-language-dominated site, traffic to the site comes from over 100 countries, and both London and Sydney are in the top 10 cities for location of site visitors. Dozens of ISAPS members have already set up accounts and post content in order to raise visibility and help consumers get properly informed.

ISAPS members are invited to join RealSelf, establish a free profile, and see for themselves whether Q&A and other RealSelf services are right for their online marketing strategy. Visit http://www.realself.com/doctor to learn more and to apply to join.
swissair

Did you know that SWISS is offering special airfares to Geneva?

Swiss International Air Lines is proud to be the Official Carrier for the 21st Congress of ISAPS in Geneva and is offering special congress fares to all participants. These fares offer reductions of up to 25% depending on the fare type, route and space availability.

Congress fares are valid on the entire SWISS route network for flights to Switzerland, including flights operated by partner airlines under an LX flight number. These fares can now be booked for the travel period beginning 14 days prior to until 14 days after the congress.

To take advantage of this offer, book easily and conveniently through the SWISS.COM Event Link. You will need to enter your email address and the special event code that is sent with registration confirmations.

SWISS looks forward to pampering you on board with typical Swiss hospitality.

Anteis SA is a Swiss company specializing in the development, manufacturing and distribution of innovative injectable medical devices based on biopolymer transformation. It provides revolutionary solutions to challenges in the fields of aesthetic dermatology, ophthalmology and orthopedics. With a broad range of products on the market, Anteis is successfully following its aim of making a difference in the patient’s health and beauty.

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Visit us at ISAPS Congress – Booth 18

National Secretaries continued from page 28

changes while we were sailing this boat, but today we can say that we have a good team. Many new challenges will be faced by our next National Secretaries Chair. Let us never forget that when we wear the ISAPS T-Shirt, there is nothing that will let us down.

I want to leave my ISAPS team members with these nice words:

The Carpenter and His Tools

There was once a meeting when the carpenter’s tools discussed their differences. The hammer wanted to be the chief, but the rest of the tools said he made too much noise. The hammer accepted this fault, but said the screwdriver must be expelled because he made too many turns to achieve anything. The screwdriver accepted the argument, but said the sandpaper had a rough manner with others. The sandpaper acknowledged this, but said the measuring tape always measured the others like he was the only perfect one. At this moment the carpenter arrived, put the tools together, and started his work using the hammer, the sandpaper, the measuring tape and the screwdriver. A plain piece of wood was converted into a beautiful piece of furniture. When the carpenter left, the tools continued their discussion. The hammer said: “It has been demonstrated that we all have defects, but the carpenter works with our qualities, highlighting our valuable points, and that is why instead of looking at our weaknesses we must concentrate on our strengths”. And they all understood that the hammer is strong, the screwdriver unites and gives strength, the sandpaper is special to iron out uneven parts and level all surfaces for good contact, and the measuring tape is precise and exact. They knew they were a team capable of producing quality furniture and a great joy surrounded them once they realized how lucky they were to work together. When we seek the strong points in each other, the best human tendencies come to the surface. It is easy to find defects. To find qualities is the province of the wise.

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**DATE: 20 JULY 2012 - 22 JULY 2012**  
**Meeting:** Aesthetic Plastic Surgery/ Anti-Aging Medicine: The NEXT Generation  
**Location:** New York, New York  
**Venue:** Conrad New York  
**Contact:** Barbara Williams  
Email: info@nextgenmtg.org  
Tel: 1-212-717-2855  
Fax: 1-800-477-3158  
Website: http://www.nextgenmtg.org/  

**DATE: 01 AUGUST 2012 - 04 AUGUST 2012**  
**Meeting:** 31st Jornada Caroica de Cirurgia Plastica  
**Location:** Rio de Janeiro  
**Venue:** Hotel Soltell  
**Contact:** Paulo Leal  
Email: pral@rrio.com.br  
Tel: 55 21-2286-7527  
Fax: 55 21-2286-7527  

**DATE: 23 AUGUST 2012 - 26 AUGUST 2012**  
**Meeting:** 44th European Plastic Surgery Research Council (EPSRC)  
**Location:** Hamburg Harbor, Germany  
**Venue:** Freighter MS Cap San Diego  
**Contact:** Kelli Gatewood  
Email: info@epsrc.eu; kelli.gatewood@conventus.de  
Tel: +49 5061 311 63 20  
Fax: +49 214 331 20 80  
Website: http://www.epsrc.eu  

**DATE: 04 SEPTEMBER 2012 - 08 SEPTEMBER 2012**  
**Meeting:** 21st Congress of ISAPS  
**Location:** Geneva, Switzerland  
**Venue:** Centre International de Conferences Genève  
**Contact:** Catherine Foss  
Email: isaps@conmex.net  
Tel: 1-603-643-3125  
Fax: 1-603-643-1444  
Website: http://www.isapscongress2012.org  

**DATE: 12 SEPTEMBER 2012 - 15 SEPTEMBER 2012**  
**Meeting:** Laser Innsbruck 2012: Advances and Controversies in Laser and Aesthetic Surgery  
**Location:** Innsbruck, Austria  
**Venue:** Faculty of Catholic Theology of the University of Innsbruck  
**Contact:** Katharina Russe-Willinghiser, MD  
Email: office@lasereinnsbruck.com  
Tel: 43 512-25-2012  
Fax: 43 512-25-2737  
Website: http://lasereinnsbruck.com  

**DATE: 25 SEPTEMBER 2012 - 28 SEPTEMBER 2012**  
**Meeting:** XVIII International Course on Plastic & Aesthetic Surgery  
**Location:** Barcelona, Spain  
**Venue:** Clinical Planas  
**Contact:** Course Secretariat  
Email: cursos@clinica-planas.com  
Tel: 34-93-203-2812  
Fax: 34-93-206-9989  

**DATE: 27 SEPTEMBER 2012 - 30 SEPTEMBER 2012**  
**Meeting:** ISAPS Course - Lima & Machu Picchu  
**Location:** Lima & Machu Picchu, Peru  
**Contact:** Julio Kirschbaum and Carlos Uebel  
Email: consultas@kirschbaumplasticurgery.com  
Tel: 51-711-0808  
Fax: 51-711-8549  
Website: http://www.sociadepediranademcirurgiaplastica.com.pe/  

**DATE: 29 SEPTEMBER 2012 - 29 SEPTEMBER 2012**  
**Meeting:** MACS-Lift Course: Minimal Access Cranial Suspension  
**Location:** Ghent, Belgium  
**Venue:** Ghent Marriott Hotel  
**Contact:** Ellen Van Loocke  
Email: info@coupurecentrum.be  
Tel: +32 9 269 94 94  
Fax: +32 9 269 94 95  
Website: http://www.coupureseminars.com  

**DATE: 05 OCTOBER 2012 - 07 OCTOBER 2012**  
**Meeting:** IFATS 10th Annual Meeting  
**Location:** Quebec City, Canada  
**Contact:** Jordan Carney  
Email: ifats@conmex.net  
Tel: 1-603-643-2325  
Fax: 1-603-643-1444  
Website: http://www.ifats.org  

**DATE: 05 OCTOBER 2012 - 07 OCTOBER 2012**  
**Meeting:** OSAPS 2012  
**Location:** Seoul, South Korea  
**Venue:** Asian Medical Center  
**Contact:** Ms. Jessy Lee  
Email: info@osaps2012.org  
Tel: 82-2-2192-3155  
Fax: 82-2-2192-3155  
Website: http://www.osaps2012.org/  

**DATE: 10 OCTOBER 2012 - 13 OCTOBER 2012**  
**Meeting:** 2nd World Congress of Plastic Surgeons of Lebanese Descent  
**Location:** Cancun, Mexico  
**Contact:** Jose Luis Haddad Tame  
Email: hatahame5@gmail.com  
Tel: +52-55-5615-3191  
Fax: +52-55-5615-3191  
Website: http://www.congressmexico.com/lepra2012  

**DATE: 12 OCTOBER 2012 - 14 OCTOBER 2012**  
**Meeting:** Third World Congress for Plastic Surgeons of Chinese Descent  
**Location:** Xian, China  
**Contact:** Dr. Wei Xua  
Email: drxuwii@gmail.com  
Tel: 86-29-84775312  
Fax: 86-29-84775301  
Website: http://www.2012wapscd.org  

**DATE: 26 OCTOBER 2012 - 26 OCTOBER 2012**  
**Meeting:** Plastic Surgery 2012  
**Location:** New Orleans, LA, USA  
**Venue:** New Orleans Convention Center  
**Contact:** American Society of Plastic Surgeons  
Email: registration@plasticsurgery.org  
Tel: +1-877-228-9000  
Fax: +1-877-228-9133  
Website: http://www.plasticsurgery.org  

**DATE: 01 NOVEMBER 2012 - 03 NOVEMBER 2012**  
**Meeting:** ISAPS Course - Athens  
**Location:** Athens, Greece  
**Contact:** Vakis Kontoes  
Email: myvakis@hotmail.com  
Tel: +30-210-6956666  
Fax: +30-210-6958731  
Website: http://www.isaps2012athens.com  

**DATE: 29 NOVEMBER 2012 - 01 DECEMBER 2012**  
**Meeting:** The Cutting Edge Aesthetic Surgery Symposium  
2012 Advanced Sculpting of the Nose  
**Location:** New York, NY  
**Venue:** Waldorf Astoria Hotel  
**Contact:** Bernadette McGillorck  
Email: bernadettemcgillorck@astombokersymposium.com  
Tel: +1-212-249-6000  
Fax: +1-212-249-6002  
Website: http://www.aestheticssurgeryny.com  

**DATE: 30 NOVEMBER 2012 - 01 DECEMBER 2012**  
**Meeting:** Facial Rejuvenation - Surgical & Non surgical Procedures  
**Location:** Munich, Germany  
**Venue:** Hilton Munich Park Hotel  
Email: congress@bb-mc.com  

**DATE: 15 FEBRUARY 2013 - 18 FEBRUARY 2013**  
**Meeting:** 5th American-Brazilian Aesthetic Meeting  
**Location:** Park City, UT  
**Venue:** Park City Marriott  
**Contact:** Susan Russell  
Email: srussel@gunnlivelive.com  
Tel: 1-800-274-9500  
Website: http://www.americanbrazilianaestheticmeeting.com  

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

**May 2013**

**DATE: 02 MAY 2013 - 04 MAY 2013**  
**Meeting:** 57th Annual Meeting of the Plastic Surgery Research Council  
**Location:** Santa Monica, California  
**Contact:** Catherine Foss  
Email: psrc@conmex.net  
Tel: 1-603-643-2125  
Fax: 1-603-643-1444  
Website: http://www.psrcrc.org  

**DATE: 29 MAY 2013 - 31 MAY 2013**  
**Meeting:** Beauty Through Science  
**Location:** Stockholm, Sweden  
**Venue:** Stockholm Waterfront Congress Centre  
**Contact:** Anna Eliasson  
Email: bts@ak.se  
Tel: +46 8 614 54 00  
Fax: +46 8 6145420  
Website: http://www.beautsthroughscience.se  

**September 2013**

**DATE: 10 SEPTEMBER 2013 - 14 SEPTEMBER 2013**  
**Meeting:** 57th International Society of Craniofacial Surgery Biennial Congress  
**Location:** Jackson Hole, Wyoming, USA  
**Venue:** Teton Village  
**Contact:** Catherine Foss  
Email: ISCS2013@conmex.net  
Tel: 1-603-643-2125  
Fax: 1-603-643-1444  
Website: http://www.iscs2013.org
Admitted in June 2012

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- ISO 10993 “Biological Evaluation of Medical Devices”
- ISO 14607 “Non-active surgical implants – Mammary Implants – Particular requirements”
- ISO 13485, “Medical devices – Quality management systems – Requirements for regulatory purposes”
- 93/42/EEC Medical Device Directive


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