

MONTHLY E-MAGAZINE

2020
June ISAPS



MESSAGE FROM THE ISAPS PRESIDENT



Dr. Dirk RICHTER, MD

Dear friends and ISAPS members,

The subject will probably accompany me until the end of my presidency in three months' time: Corona.

As never before in the history of plastic surgery, a virus has shaped and influenced our daily lives to such an extent.

We as a society have also had to learn to adapt to this new situation without congresses and with economic problems for almost all members. We have tried to make this difficult time a little easier for you with **extended dues and discounts, recommendations, guidelines, documents, and new virtual education offerings** and we are happy about the great feedback of gratitude. Thanks to all National Secretaries involved who helped with the translations.

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For those who have not yet used our recommendations, here is the [link](#) to our website and document center. Together with our Task Force COVID-19 we tried to find out more about the international situation through a survey last week and received a large number of responses. The results were very interesting from the 350 responses so far, I would like to share a few of them with you:

1. Most colleagues have resumed elective surgery with **55% stating they were back to surgery more than eight weeks after closing** the practice in times of pandemic.
2. When asked how the need for **cosmetic surgery** after resumption compared to before, 55% of respondents answered that it is **less than 55% of previous levels**.
3. The situation is similar for **non-surgical procedures** where 42% stated that they had experienced a **reduction of 50%** or more of in their usual procedures.

These significant changes affect us worldwide and connect us internationally. We were particularly pleased that the ISAPS recommendations for improved patient safety in the practice and in the operating theatre were so well received: **97% of respondents followed many of our recommendations and more than 50% put all recommendations into practice**. In particular, our questionnaires and protective measures for self-protection were welcomed.

In many countries, suitable protective masks such as N95 are still scarce, so that many colleagues only have access to a surgical mask and only 43% are able to use N95 masks for high exposure risk patients. We are particularly pleased that about 77% of those replying were able **to test all elective patients before surgery**. This is particularly important in the light of [the article in last week's Lancet](#), which shows us a high complication rate in patients with COVID-19 undergoing surgery. So very special selection and information for our highly elective patients is still essential.

We have also **summarized our recommendations in a short video** with tips and tricks, so that you can see in two minutes what we recommend to our members.



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But the pandemic has also taught us a lot positively and has shown us many protective measures, especially in the area of hygiene. For example, **almost 50% of our Members want to continue with some of the protective measures** that have now been introduced beyond the pandemic, which is a good sign.

I am especially pleased that the digital education offers from our Education Council and our e-learning platform **ISAPS MedOne are being used so intensively**. We had over 8,000 registrations to our April series, and 3,000 more for May. We continue to receive positive feedback on these live webinars. I am truly grateful for the contributions of our committed Education Council members and faculty at short notice to allow these new activities to continue weekly. We also take it as a personal compliment that our **membership numbers are increasing like never before**, despite the pandemic and I would like to take the opportunity to warmly welcome more than 200 new members since I last wrote to you. This makes it clear to us that many colleagues recognize the advantage of ISAPS membership and that we have adequately implemented the support during the crisis by acting quickly.

We have also paid special attention to the next generation of our young professionals.

A new Social Media series for Residents and Fellows has been launched, especially with practical tips from everyday life: application procedures, preparation for operations, basic things we try to make the young colleagues familiar with in their language and social media environment and support them in such a way that they will receive a good education, especially in aesthetic surgery. Remember that residents can join ISAPS for free, so please let your colleagues who can benefit from this opportunity know.



Sad news reached us all last week: **Dr. Mark Codner, a pioneer in oculoplastic surgery**, died suddenly at the young age of 58. Like all of us, I am deeply saddened, having lost a role model and good friend far too early. Please read the obituary by Foad Nahai, who played a major role in his career, in the next ISAPS News, which we will send out in the next few days. This time only as a digital version, as countless magazines will not be delivered during the pandemic period.

Finally, I would like to invite you to **ISAPS' first ever virtual congress!** Although we have had to postpone our face-to-face Congress in Vienna until next year, we wanted to mark our 50th birthday in a fitting way in our new more digital times. Our state-of-the-art virtual conference technology will showcase our usual high quality scientific program, a ceremonial handover of office to my successor as president, Dr. Nazim Cerkes, and our general meeting, as well as a full virtual exhibition and the chance to see new products, and meet our industry partners (perhaps for some of you for the first time since lockdown!)

So please, **save the date and plan to join us: Saturday, September 5th**, the same day we would otherwise have celebrated with you live and with a glass of champagne in Vienna. But we'll make up for that - I promise!

Have fun reading and stay healthy
Sincerely,

A handwritten signature in blue ink that reads "Dirk Richter". The signature is fluid and cursive.

Dirk Richter, MD,
ISAPS President



Interview with the **Dr. Claudio Thomas** (SCCPRE)

Q: When and how did SCCPRE begin?

Thomas: The Chilean Plastic Surgery Society (SCCPRE) was founded in Santiago, Chile on November 10, 1941. Sir Harold Gillies was present and signed the Foundation Act together with six Chilean surgeons Drs. Rafael Urzúa, Emilio Aldunate, Jerónimo Marín, Alfredo Alcaíno, Raúl Covarrubias y Rafael Ruiz. Drs. Rafael Urzua and Emilio Aldunate also participated in the creation of the Latin American Society of Plastic Surgery in 1940. The III Congress of the Latin America Society of Plastic Surgery was in Chile in 1944. This society would later give rise to the Ibero-Latin American Society of Plastic Surgery (FILACP) in 1974 of which the Chilean society is a founding partner. At the time of this interview, SCCPRE had 153 members.

Q: What are the goals of SCCPRE?

Thomas: The goals for SCCPRE are the continuous medical education of our members, support the training of plastic surgery residents in our country and provide information on safe and quality plastic surgery to the population of Chile.

Our goals for 2020 are to successfully complete our annual scientific program, to have active participation in the world congress of ISAPS, and to get the bill to regulate cosmetic plastic surgery in Chile.

Q: What initiatives are you hoping to work on with ISAPS as a Global Alliance partner?

Thomas: We are a small society, in terms of the number of active members. We hoping to work initiatives to get more Chilean plastic surgeons incorporated into ISAPS and in this way to achieve a more active presence in the different ISAPS committees.

Q: What upcoming events does SCCPRE have scheduled?

Thomas: The future events scheduled are the ISAPS Santiago Symposium next August and the Chilean Plastic Surgery conference next November.

PRACTICE MANAGEMENT



Management Service Organizations (MSOs)

In any medical practice, there is a lot to manage, from payroll to scheduling to coding compliance. For some practices, practice management software is helpful for streamlining these processes. For bigger practices, management service organizations (MSOs), may be the best solution.

MSOs are outside entities that help you with the nonmedical, administrative work that goes along with running a practice. Using an MSO allows you to concentrate on the clinical aspects of your practice, while they handle the rest.

For a lot of medical practices, MSOs help them maintain their independence while still giving them the back-end support that they need.

What services do MSOs provide?

Management service organizations can take on a variety of roles, depending on their contract with your business. MSOs may take charge of your IT

and coding services, they may handle your accounting and billing, or they may lease office and medical equipment, among other services.

While some bigger practices may use various MSOs that handle different aspects of the business, one MSO can also take care of all projects. Management service organizations are beneficial for both the patient and the doctor. Efficiency and cost savings are the key benefits they provide. Since MSOs offer discounted services, clients receive cheaper services, while avoiding the need to hire full-time employees for IT or other departments saves the business money.

When considering working with an MSO, it's important you do your homework beforehand to appropriately manage the expectations of both parties. Make sure the MSO you hire has the appropriate tools, explore reviews, and structure your agreements appropriately.

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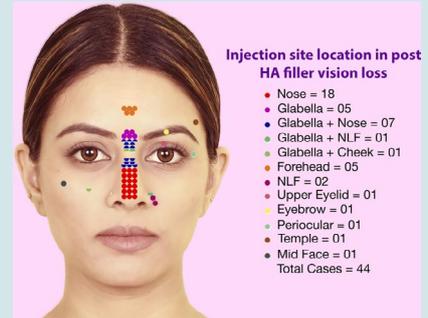


In the latest issue of ***Aesthetic Plastic Surgery...***

Vision Loss Associated with Hyaluronic Acid Fillers: A Systematic Review of Literature:

Vision loss after HA fillers is extremely rare but can result in a disastrous outcome. Early diagnosis, recognition of the type of arterial blockage, and treatment are crucial for better prognosis. A very small amount of HA fillers can cause vision loss, supporting the concept of the embolic nature of the arterial blockage.

Krishan Mohan Kapoor, Puneet Kapoor, Izolda Heydenrych & Dario Bertossi



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