Message from the ISAPS President

Dear friends and ISAPS members,

I, also on behalf of our Past President Dirk Richter, am delighted to introduce this newsletter with the fantastic news that Vienna is open for meetings! We are so looking forward, finally, to the first chance to be together again, and to welcome you at the ISAPS World Congress in Vienna, Austria on September 11-13. As always at ISAPS, safety comes first, and in line with the current COVID-19 guidance, places will be limited, so look out for our registration and don’t miss the chance to join us there.

Vienna’s hotels, restaurants and event locations have all reopened and entry regulations have been eased, so we hope many of you will be able to travel. But if you can’t, don’t worry – our new hybrid format will still allow everyone to join the sessions, wherever they are. Registration goes live in June and we will be in touch again soon.
As we head into summer, ISAPS has been as active as ever, bringing new events for our members and wider aesthetic community. I have been involved in some exceptional educational programs recently, including last Saturday’s successful Regenerative Medicine Virtual Symposium, covering the cutting edge of our specialty. As with all our ISAPS organized events, if you missed it you can still register for On Demand viewing. The same goes for our latest Master Class webinar on male body contouring and our recent residents-only webinar on non-invasive facial rejuvenation, all delivered since I last wrote to you.

We were also pleased to have news from our publisher that our ISAPS journal, Aesthetic Plastic Surgery, experienced both an increase in impact factor and a 48% growth in submissions last year. My congratulations to Bahman Guyuron and his editorial team and thank you to our authors who continue to support our journal by submitting their best research, which we encourage you all to do. According to current statistics, our authors enjoy an average of 15 days turnaround time for initial decisions. All our ISAPS members continue to have full access to all content published in Aesthetic Plastic Surgery. Login on the members site of ISAPS to gain access.

In may we hosted our quarterly National Secretaries meeting, which saw around 70 National Secretaries come together to discuss how to develop our membership initiatives, such as our residents’ and ISAPS Affiliate Programs, and our new Global Accreditation Initiative. It was a very positive meeting and we are looking forward to developing their ideas.

**2020 Global Survey**

ISAPS is the only organization to collect annual global statistics in aesthetics, which provide meaningful insight into both global and local trends and changes in the industry. This year, the Global Survey is especially important, as aesthetic procedures were greatly affected by COVID-19 in 2020, and we need your help to describe these trends and the impact of the pandemic effectively. Please look out for our survey link next week and take a few minutes to contribute to this global data. As a thank you, all participants will receive individualized reports to benchmark their data against the survey findings.

**Looking Ahead**

We are looking forward to a more positive future with travel and face-to-face meetings back in our lives. However, our virtual meetings are so popular now that they are certainly here to stay. We have two excellent webinars coming up! For our young trainees, our residents webinar series will continue on June 12 with a focus on the basics in Breast Reduction, Mastopexy, and Beyond by Drs. Paul Harris and Rieka Taghizadeh. This webinar is free for ISAPS residents, but you don’t have to be a member to participate. Click here to learn more and register.

On June 26, our next Master Class with Drs. Fausto Viterbo and Andre Auersvald will cover Surgical Nets in Facial Aesthetic Surgery. Dr. Auersvald originally published a paper on the use of hemostatic nets in 2013, and I am excited to hear from him regarding the latest developments in this area. To register, please click here.

And on June 17-19, I am pleased to personally welcome you to the Eurasian Aesthetic Plastic Surgery Course in Istanbul, which will be our first ISAPS-approved in-person course in over a year. To celebrate, we will have six live surgeries for delegates to watch, so please register here to join me in my home city. There are many more exciting events to come including our ISAPS symposia in the Balkans and in Georgia, also
this month, and indeed our forthcoming (postponed) ISAPS course in Athens on July 8-10. Please visit the events pages of our website for more information.

Many of our events are also open to ISAPS members’ practice staff, including office staff, nurses, and residents, who can attend as part of our new Affiliate Program. ISAPS members can sign up their staff members to be part of our ISAPS family for just $100 per year, which gives them free or discounted access to ISAPS events, including our extremely popular ISAPS Business school, our quarterly newsletter, and more. Click here to sign up your team for ISAPS Affiliate status today.

Finally, the next issue of ISAPS News will be released on June 15. You can read more about our newsletter process in our interview with Fabian Cortiñas below. As we head into longer, brighter days, I hope you feel as hopeful as I do about things slowly returning to normal. I am excited to welcome you all back in person in Vienna later this year.

With my best wishes,

Nazim Cerkes MD, PhD
ISAPS President
Q: Can you please give us a bit of background on the Newsletter Committee? How many people are on the Committee with you?

Cortiñas: Like ISAPS, the Newsletter Committee is multicultural, multilingual, and involves all continents. Our society provides a truly global view of beauty and aesthetics that includes all possible variables of it. ISAPS News is the tool ISAPS has to share what is going on with its members.

Q: What was the newsletter set out to do?

Cortiñas: When ISAPS was founded 50 years ago, the intention of our founders was to enrich and improve the techniques of beautification. They had the perception that aesthetic surgery would grow and progress along the years. That vision was correct, and so much so that the society has grown from a dozen founders to more than 4,700 members. ISAPS News is the tool we have to connect all members every three months. It is a thread that connects every one of our members and lets them share their news, important courses, the latest societal changes, and their personal stories.

Q: What is your vision for ISAPS News?

Cortiñas: The newsletter is the place where ISAPS members can express their ideas and freely write about their personal approach to a specific subject. It is also the space in which ISAPS leadership can explain what they have been doing.

However, I also believe that our particular worldwide composition is a valuable asset and we are planning to take advantage of that. What we find especially interesting is our members’ various, distinct backgrounds, applied not only to aesthetics but also to other parts of life. We are working on ways to open ISAPS News up to a vast group of members who can comment on their experiences not only in aesthetics but also in health, travel, and culture. This all fits into ISAPS’ approach of a worldwide view.

Q: As Chairman of the Newsletter Committee, what do you hope to achieve with ISAPS News?

Cortiñas: First, let me talk about what I define as the “ISAPS view.” The special circumstance of being a global organization gives us the unique advantage of having journalists all over the world.

I would like to see a visual magazine that allows us to share our passion for plastic surgery, but is also attractive to readers with member tips on various topics such as travel, meals, health, culture, patient safety and much more.

Q: How can members become involved with the newsletter?

Cortiñas: Members don’t need an invitation to write in the newsletter! This is their magazine, we just manage it. We hope all of our members find something to share and when they do, this is the place for publication. We have developed a new series of sections to make room for different types of articles alongside the existing sections. If you are interested in submitting an article to ISAPS News, please contact isapsnews@isaps.org.
Best Practices for Video Conferences

Video conferencing is a great tool to communicate with your staff when dealing with closures, working from different locations, or simply holding an after-hours meeting. Virtual meetings can be just as effective as in-person meetings, but your employees may be new to these methods of communication. Read on to find out how to make the most of your video team meeting.

Record the meeting
When working in a team, it’s inevitable that someone will not be able to make the call or will have to leave early. With remote meetings, you are able to record them for later use. This is a great tool not only for people who cannot make the meeting but also for participants who may want to come back to something that was said.

Share your screen to collaborate and discuss
Some video chat platforms, like Zoom, allow you to share your screen or a participant’s screen. By doing, everyone on the call will be able to see what you have open on your screen. This is a great tool when going over documents or images in a meeting.

Mute yourself when you’re not speaking
An often-overlooked function of video conference platforms is the ability to mute oneself. Don’t be afraid to use this tool! Especially when calling in from home or on-the-go, there is a good chance there will be frequent background noises. If you know your input is not needed for the next few minutes, put yourself on mute to avoid disrupting the team.

Know when a virtual call is necessary, and when it’s not
When working remotely, it can be great to schedule a call to catch up with colleagues face-to-face. Still, make sure you are streamlining your processes and using video calls when necessary, not instead of phone calls and emails for simple questions or comments. Collect feedback from your team - when do they find video calls helpful? Is it necessary to keep them limited to certain hours to fit with scheduling issues?

Interested in more practice management tips? Register now to view the entire ISAPS Business School On Demand!
In the latest issue of *Aesthetic Plastic Surgery*...

**Fig. 1** Illustration of profile view of dissection with subperiostal plane with transcutaneous access from the inferior eyelid

**Midface Lift Plus Lipofilling Preferential in Patients with Negative Lower Eyelid Vectors: A Randomized Controlled Trial**

The midface region has been variably defined but typically includes the lower eyelid subunit, beginning at the inferior border of tarsal plate and cheek and extending to nasolabial fold. To correct the midface, there are a number of accepted surgical techniques, including skin tightening by direct excision, skin-muscle flaps, fat repositioning, and subperiostal lifting.

Mauro Barone • Annalisa Cogliandro • Rosa Salzillo • Silvia Ciarrocchi • Alaa Abu Hanna • Vito Russo • Stefania Tenna • Paolo Persichetti
Silicone gel-filled breast implants have been commercially available for decades and are the most commonly used devices for aesthetic and reconstructive breast surgery. Recent challenges in the industry have plastic surgeons and patients demanding devices with long-term data.

A 10-year clinical study concluded that there was sufficient evidence to determine the long-term safety and performance of GCA® implants.

Key points of the study:
- A large 10-year post-marketing prospective clinical study that enrolled over 500 women
- 526 women were evaluated undergoing primary (423 patients) and revision surgery (103 patients)
- 17 centers were involved (France) - multicentric
- Almost 1000 implants were used: 995 textured mammary implants (Round Collection™ and The Matrix™), including round and anatomical medical grade silicone implants

Complications were recorded at 3 months and annually thereafter for 10 years. Well recognized Kaplan-Meier (KM) method was used to analyze key complications.

Results:
According to Kaplan-Meier 10-year cumulative risk estimates for primary augmentation cohort:
- Rupture - very low rate 4.9%
- Capsular contracture for Baker Grades III and IV - low rate 13.8%
- Re-intervention (including explanation/exchange): very low rate 13.3%

Interestingly, most of the implant removals and exchanges were for non-medical, cosmetic reasons (malposition, scar, volume change, wrinkling, and mastopexy). No cases were reported for re-intervention for conditions such as autoimmune diseases and BIA-ALCL in that study.

Other key findings of this study:
Regarding ruptures, it is also interesting to mention the rupture rate in this 10-year follow-up study remained significantly low 10 years post implantation with only a total of 16 ruptures in the total of patients from all the cohorts, giving a KM estimated cumulative risk of 3.8% per patient. It is important to mention that 25% of the ruptures were linked to non-spontaneous causes (i.e. mechanical trauma such as car accident). No rupture cases were observed in reconstruction cohorts.

Regarding wrinkling, re-intervention rates for wrinkling were low whereby just 1 patient (across all cohorts) was reoperated on to correct this complication.

Furthermore, very few patients in this study required re-intervention due to ptosis. The authors believe that this may have been due to patients being very happy with their final cosmetic outcome despite experiencing slight ptosis in some cases.

It is also worth to mention that local complication rates including infection and seroma were low or 0 across all cohorts, with KM risk rates of 0.6% and 0.2% by subject.

Conclusions:
This clinical study demonstrates the long-term safety and efficacy profile through 10 years for GCA® round and anatomical silicone gel breast implants analysed.

Prof Frank Duteille
PI of the study
Centre Hospitalier Universitaire, Nantes, France

Membership

ISAPS offers membership to accredited aesthetic plastic surgeons and residents worldwide. We have members in more than 110 countries and provide them with access to training, e-learning, and networking opportunities within our community of more than 4,700 fellow surgeons.

Membership costs from just $250 for qualified surgeons; residents can join for free for up to three years. Applications for membership are available online, through our website.

Apply today to become an ISAPS Member!

For any questions, please feel free to contact us at memberservices@isaps.org.