Volume 7 • Number 1

ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

ISAPS ENDOWMENT DONATIONS ARE WORKING FOR AESTHETIC SURGERY

Renato Saltz, MD – United States

ISAPS First Vice-President

It gives me great personal satisfaction to share with all ISAPS members what your generous contributions to the ISAPS Education Foundation Endowment have done for world aesthetic surgery.

The Endowment was established during my tenure as chair of the ISAPS Education Council in 2008-2010. It is therefore especially rewarding for me to inform our members that the endowment has grown significantly in the past few years so that it now allows us to use a portion of the income generated by these funds to support educational activities in countries that would otherwise not be able to afford such activities.

The endowment has allowed us to produce many ISAPS Courses and Symposia—more than twenty are planned over the next two years – under the successful leadership of our current Education Council Chair, Nazim Cerkes from Turkey, and his dedicated committee members. Never in the history of Aesthetic Surgery have so many educational programs reached so many colleagues in so many countries in the world.

Your endowment contributions, together with profits resulting from some of our courses and the biennial Congress, have also allowed us to re-establish the ISAPS Visiting Professor Program which will bring the best educators in aesthetic surgery to remote regions around the globe that may otherwise never be exposed to modern surgical and non-surgical aesthetic surgery training. The ISAPS Education Council will work with national societies of plastic surgery, universities and other plastic surgery teaching facilities worldwide to foster this rapidly expanding program. With this funding, ISAPS will be able to send the top names in aesthetic surgery and the host country's national society and major teaching university will be able to take advantage of this volunteer education program. The intention is to provide intensive

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ISAPS VISITING PROFESSORS

ISAPS launches the Visiting Professor Program *taking aesthetic education to your communities, training centers and countries*

Al Aly, US
Giovanni Botti, Italy
Jay Calvert, US
Nuri Celik, Turkey
Nazim Cerkes, Turkey
Philip Chen, Chinese Taipei
Alain Fogli, France
Olivier Gerbault, France
Raul Gonzalez, Brazil
Ruth Graf, Brazil
Moustapha Hamdi, Belgium
Joseph Hunstad, US
Daniel Knutti, Switzerland
Vakis Kontoes, Greece
Alan Landecker, Brazil
Bryan Mendelson, Australia
Foad Nahai, US
Fabio Nahas, Brazil
Mario Pelle-Ceravolo, Italy
Jason Pozner, US
Oscar Ramirez, US
Dirk Richter, Germany
Enrico Robotti, Italy
J. Peter Rubin, US
Osvaldo Saldanha, Brazil
Renato Saltz, US
Cemal Senyuva, Turkey
Henry Spinelli, US
W. Grant Stevens, US
Susumu Takayanagi, Japan
Lina Triana, Colombia
Carlos Uebel, Brazil
Alexis Verpaele, Belgium
Woffles Wu, Singapore

MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States

ISAPS News Editor

Welcome to this issue of *ISAPS News*. We are pleased to bring you reports of wonderful activities by your society in support of the ISAPS mission. In our cover story, Dr. Renato Saltz, ISAPS First Vice President, provides an overview of the incredible value that you, the members of our society, are reaping from your donations to our endowment. The ISAPS Education Endowment Fund was established during Dr. Saltz's tenure as Chair of the ISAPS Education Council and as it continues to grow, has been put to great use in the production of world-class courses and symposia.

CONTENTS

Your society, in addition to producing courses around the globe, rolls out a new Visiting Professor Program that brings the education directly to you! In this program, leaders in aesthetic surgery have been hand-picked by the society leadership to serve as traveling educators. The ISAPS Visiting Professors will travel to universities and organized meetings to bring their knowledge and experience directly to the surgeons who invite them. I am very proud to be among this group of ISAPS Visiting Professors myself.

Our Global Perspectives series continues in full force, with members of our society sharing their thoughts and views on trends in BREAST IMPLANT practice in their regions. Check out this feature to see what your colleagues are experiencing.

As in every issue of *ISAPS News*, you will find this current edition jam-packed with wonderful information about education programs produced by ISAPS leaders, humanitarian work by our members, and our new endorsed fellowship program. Dr. Riccardo Mazzola brings us another fascinating feature on the history of plastic surgery, and those of us who are also members of the Plastic Surgery Research Council will recognize the Baronio sheep featured in his story as it is the logo of that society.

Thank you for your continued support of our wonderful international society. I hope you enjoy this issue of *ISAPS News*.

Warmest Regards,

J. Peter Rubin, MD
ISAPS News Editor

PRESIDENTIAL EDITORIAL

Carlos Oscar Uebel, MD, PhD – Brazil

ISAPS President

Dear Colleagues,

It's time to give a report to all our members about what we have done in these five months since we have assumed our presidential term, and what we are planning for the future. An intensive program has been planned and executed by our Board of Directors and Committee members according to our strategic plan established last September in Geneva.

Executive Office – We have renewed the contract with Catherine Foss for two years. She has expanded her administrative office and invested in new qualified staff to bring more efficiency to our education program and membership sector.

Education Program – Under our slogan, *Aesthetic Education Worldwide*, more than 24 official Courses and Symposia are planned for 2013 and 2014. Nazim Cerkes, Chair of the Education Council, is doing a great job and mobilizing renowned, high level faculty members around the world for an outstanding scientific program never seen before. If you want to be part of this project, please contact him at ncerkes@hotmail.com

Membership – This is our second most important issue. We want to bring more highly qualified members into our society from around the world and it's very simple to join us. If you have a colleague in your country who desires to be in our society and has the ISAPS pre-requisites, please access www.isaps.org and go to the membership area were you will find application information. The applicant must be a full active member of the plastic surgery society in his or her country and have been in practice, after all training, for at least three years. He or she must designate at least two sponsors, provide their CV and pay the fee. This can all be done from the home page of our website. Ivar van Heijningen, from Belgium, is the Chair of the Membership Committee and has developed a very nice plan to increase our membership.

Traveling Professor Task Force – We are revisiting this project originally started so many years ago. A group of outstanding faculty has been invited to travel around the world to give lectures and surgical demonstrations. Renato Saltz from the US is organizing this program to send two renowned surgeons to different countries and universities for four to seven days. If your local plastic surgery society wants to host our colleagues, please contact Renato at rsaltz@saltzplasticsurgery.com

2013 Global Survey – You will receive in a few weeks a new questionnaire to complete. We need your input for this survey and I beg you to understand how important it is for ISAPS to have your statistical data. I know that surveys bother us tremendously, but we cannot report accurate information about international plastic surgery procedures if we don't have your participation. Sami Saad, from Lebanon, as Chair of the Communications Committee, is preparing a very suitable survey to be sent to you. If you want to include your questions, please let him know at samsadmd@gmail.com

Board and Strategic Planning Committee Meetings – Both of these important meetings will be held in New York City in April during the 2013 ASAPS Meeting. If you should have any suggestions or concerns to be discussed, please send an email to our Executive Office isaps@conmx.net with a copy to me carlos@uebel.com.br so we can include your issue on the agenda. This will help us to bring new ideas and strategic plans to our society.

ISAPS Congress: Rio 2014 – Our next Congress will be in Rio de Janeiro on September 18-23 in a huge place – Windsor Hotel & Convention Center at Barra da Tijuca. All scientific and social activities will be in this beautiful area with hotels, restaurants, golf clubs and what's important – on the best beach in Rio. Plan in advance your trip to come to Brazil and I am sure you will enjoy it. The scientific program is being prepared by a select team from around the world with Jorge Herrera as Program Chair jorge.herrera2971@gmail.com and Nazim Cerkes as Education Council Chair. The local arrangements are being planned by Ruy Vieira, Eduardo Sucupira and Luiz Heredia. Soon you will receive more information.

The Night Club Fire – I would like to thank again all colleagues who responded with emails and sympathy to this tragedy that occurred in my state in Brazil. We will never forget the prompt action of so many plastic surgeons and foreign physician task forces from around the world that brought help and support for those victims.

Carlos Oscar Uebel, MD, PhD
ISAPS President

DELAY IN EUROPEAN STANDARDS

Ivar van Heijningen, MD – Belgium

ISAPS National Secretary for Belgium
Chair, Membership Committee

In earlier articles, I explained the need for regulation of aesthetic procedures, facilities and practitioners. A European Standard was the goal of our initiative, but proves hard to accomplish.

Enquiry

Since my last article in 2011, we had a nine-month enquiry period during which all member states were allowed to come up with comments on the pre-standard. Of course there were a lot of discussions, but some of them were unexpected. We understand the fear of medical practitioners to restrict procedures to a limited group of specialties, and we could expect the nurses to be unhappy with the fact that these standards are for medical procedures that are the responsibility of a physician; the same goes for dentists who are excluded in the text. Some specialties such as dermatologists found that the requirements of the facilities to do certain procedures were too heavy, as did some other specialties. However, we got opposition from unexpected direction as well. Some very unpleasant mail was exchanged accusing this initiative of treason by some plastic surgeons towards our specialty. And even more surprisingly, we got opposition from the UEMS.

European Union of Medical Specialists (UEMS)

The UEMS which has been represented in the CEN group right from the beginning sent a letter to the secretariat stating that CEN had no right to draft a standard like this since this was not within their competency and asked that all referral to UEMS be removed from the text. It turned out that they wrongfully had the impression that this European Standard was an initiative to legitimize aesthetic medical doctors and an attempt to create a new specialty of aesthetic medicine. In August 2012, I met with the CEO of UEMS and he explained that they had felt that there was no need for such a standard. First of all, why create a standard if existing laws are not implemented; secondly, they felt that healthcare is the responsibility of the EU member states and a European initiative is unlawful; and lastly, they felt that CEN is an institution committed to product standards and that they have no business creating medical standards. I tried to convince them that there is an urgent need for any form of standardization since patient safety is at stake and pointed out that we try to accomplish exactly what is in their by-laws and that we were surprised that they did not support us in our initiative. Lastly, I explained that any standard from a neutral organization would carry much more weight than a standard from an organization solely representing medical specialists. We hope to get a chance to talk to their president at some point to clarify our point of view.

Delft, the Netherlands – August 2012

The first meeting after the enquiry confronted us with the fact that we need a clear majority to pass the text as a standard. With the current opposition of big countries such as France, Germany and Turkey, it is highly unlikely that we can pass a formal vote so we had to bite the bullet and readdress the issue of excluding non-surgical aesthetic procedures from the standard or change the title according to the present text. After extensive discussion and a vote, it was decided to change the title to: European Standard for Aesthetic Surgery and Aesthetic Non-Surgical Medical Services. Another important decision was the removal of the term "minimally invasive" from the entire document to avoid misinterpretation of this term. Since there were so many comments, and the above mentioned discussion took a lot of time, the rest of the comments were discussed in the next meeting.

Vienna, Austria – December 2012

The weeks and months after the Delft meeting discussions with respect to the decisions taken there led to a lot of so-called "a-deviations." (A-deviations are decisions where member states decide that certain lines of the document do not apply to their country since they have conflicting existing legislation. It is the goal of any standard to keep these to an absolute minimum and rather try to find an acceptable compromise.)

The letters and meeting with UEMS were discussed and it was concluded that the draft standard only refers to factual information of UEMS which is freely available and that there is no legal reason to withdraw all references to UEMS.

After resolving all the comments, the future of the draft was discussed, the options being:

1. to submit a corrected version of prEN 16372 to Formal Vote; or
2. to launch a second Enquiry on prEN 16372 (2, 3 or 4 months); or
3. to prepare a CEN/TS (CEN Technical Specification); or
4. to prepare a CEN/TR (CEN Technical Report); or
5. to stop the work.

FROM THE CHAIR OF NATIONAL SECRETARIES

Gianluca Campiglio, MD, PhD – Italy

ISAPS National Secretary for Italy

The first six months of my two year mandate have elapsed and I want to thank my National Secretary colleagues for their tremendous efforts in helping us to maintain ISAPS as the leading society in the world for aesthetic plastic surgery.

As a member of the Educational Council, I have had the opportunity to visit many in our group - at least one meeting per month since my election - and I can see the great work so many of our National Secretaries are doing in their countries to encourage their colleagues to Experience ISAPS!

All the ISAPS Courses I have attended were well organized and the educational role of our society was very well promoted. Many non-member participants at these courses have applied for ISAPS membership either while they were attending the course or soon after (mean value 10% of the total number of registrations), thus proving that this is the best way to grow as a society.

But I know that this not enough as competition with other old or new scientific societies is becoming harder and harder, especially for aesthetic surgery.

I am in close contact with Catherine Foss and Jordan Carney in our Executive Office and am constantly updated about our National Secretaries' exceptional daily work for our Society. I know it is not easy to do all of this in the limited time which remains after having visited, operated and cared for our patients.

We will have our next National Secretaries meeting in New York in April and I think it will be a great occasion to exchange opinions and suggestions on how to manage our activities in our own countries, possibly identifying common strategies for the future. I look forward to welcoming the largest number of National Secretaries to ever attend a meeting outside the Biennial Congress.

European Standards, *continued from page 4*

Option 1 was rejected since there would be little chance to pass it. Options 3, 4 and 5 were not acceptable to the majority after all the work we have put in. So Option 2 was the only valid next step.

During the discussion, it was suggested to split the draft in two and try to pass a standard for Aesthetic Surgery Services first and continue the debate for a Standard for Aesthetic Non-Surgical Services afterwards. However, this could not be decided since this option was not brought up beforehand and could not be discussed in the mirror committees. So it was decided to clarify the current draft by rearranging the content and separating the specific clauses relating to surgical and non-surgical to avoid future discussions.

Since we will not be able to finish the draft within the three-year framework, an extension will be requested and the draft is presented for a second Enquiry. Hopefully, we will be able to come to a final document in August that can be presented for formal vote at the end of 2013.

Conclusion

It proves to be extremely difficult to join forces with a diverse group of specialties, countries, and organizations although all acknowledge the importance of ensuring patient safety. This last meeting makes me question whether some people are not more preoccupied with politics than with the issue at hand. I sincerely hope that we will reach consensus in the end, but it will be a hard-fought battle.

Next Issues of *ISAPS News:*

May-August Theme is **Laser Procedures**

September-December Theme is **Body Contouring**

If you are interested in contributing an article of 500-750 words, please contact the Editor at isaps@conmx.net

FIRST CONGRESS OF THE ITALIAN ASSOCIATION OF AESTHETIC PLASTIC SURGERY (AICPE)

Gianluca Campiglio, MD, PhD – Italy

ISAPS National Secretary for Italy
Chair of ISAPS National Secretaries
Consultant to the Italian Health Minister

In the wonderful location of the grand hotel Baglioni in Florence the first congress of the Italian Association of Aesthetic Plastic Surgery (AICPE) was held on 2-3 March 2013.

More than 200 aesthetic plastic surgeons, most of them ISAPS members, met for the first time after the birth of this new association almost 18 months ago.

The main topic of this event was to take stock of the situation of aesthetic surgery in Italy. Face lift, eyelid surgery, periorbital rejuvenation, breast surgery, fat grafts and non-invasive treatments were the six sessions in the program. As it was the first time to meet for the members of the new society and there were a lot of local strategic items to be discussed (such as the rumors about taxation of aesthetic surgery, the increasing competition from non-plastic surgeons, the lacking of insurances available in Italy for plastic surgeons, etc.) any foreign guest speaker was invited for this edition.

The meeting was truly original from many points of view. First of all registration was complimentary for the members thanks to the sponsorship of a selected group of companies. Revenue was also obtained and given to the AICPE Onlus, a non-profit organization linked to AICPE and involved in humanitarian missions in Africa. Also the formula of the meeting was innovative because, differently from all the other medical congresses, each presentation was grouped in a series of two to three talks and lasted no more than three minutes (five to six slides maximum). Each group was followed by an exhaustive comment of a "provocateur" (a member of the faculty designed to promote in each session an open discussion between all the participants). The result was a very interesting open debate with a lot of "pearls" and tricks. The atmosphere was very friendly and many surgeons reported complicated cases or even bad results without fear to be criticized.

On Saturday night an informal dinner was held in the charming terrace of the hotel which dominates the skyline of Florence. An amazing show of three international drag queens animated the evening.

Forthcoming ISAPS educational activities have also been also deeply illustrated and membership to our society promoted among all the potential candidates. Finally a proposal of guidelines for the 12 most important aesthetic surgical procedures was approved by the assembly. This document recently became very important in Italy as a new law stated that if a surgeon demonstrates to have followed guidelines cannot be criminally sentenced if has caused involuntarily a physical damage to his patient.

THE THIRD WORLD CONGRESS FOR PLASTIC SURGEONS OF CHINESE DESCENT

Lee L. Q. Pu, MD, PhD – United States and Miodrag Colic, MD, PhD – Serbia

The Third World Congress for Plastic Surgeons of Chinese Descent was held on October 12-14, 2012 in the ancient city of Xi'an, the seat of thirteen Chinese dynasties. Once again, this country appeared not only as an economic giant, but also a scientific one—in plastic surgery. Plastic surgeons of Chinese descent from mainland China and from around the world joined in discovering the latest technologies and surgical procedures in this field. The congress attracted a lot of publicity within professional circles with about 600 participants, 200 guest speakers, 37 panels, and 150 abstract presentations. (**Figure 1**)

Figure 1. Third World Congress for Plastic Surgeons of Chinese Decent in Xi'an, China.

Figure 2. Invited speakers and their family members at the Huangdi Mausoleum temple.

Figure 3. Terra Cotta Warriors Museum in Xi'an, China.

The Conference Chairman was Professor Shuzhong Guo from the Fourth Military Medical University in Xi'an, while Co-Chairmen were Professor Yu-Ray Chen (Chinese Taipei) and Professor Zuoliang Qi, current President of the Chinese Society of Plastic Surgeons (CSPS). The Honorary Chairmen were Professor Yilin Cao, Immediate Past President of CSPS, Professor David T. W. Chiu (New York City), and Professor Fu-Chan Wei (Chinese Taipei). The scientific program was organized by Professor Lee L. Q. Pu from Sacramento, California who served as the Scientific Program Chairman, with the help of the Scientific Program Co-Chairman, Dr. Wei Xia from Xi'an. The Congress itself consisted of a three day scientific program, which was preceded by a one day, pre-Congress social program for all invited speakers from overseas.

The social program was organized by our local host and almost all invited speakers from overseas, along with their family members, took this day tour to Huangdi Mausoleum. After a long bus ride, we arrived at the memorial of legendary Huangdi, the most important ancient grave site in China, a key point of interest for historic Chinese culture. It is also the symbol of Chinese civilization and the roots of the Chinese nation. This time, a special ceremony was arranged by our local host. The entire group was gathered together in front of Huangdi Mausoleum and the formal memorial ceremony was led by Professor Lee L. Q. Pu and Professors Yilin Cao, David T. W. Chiu, and Fu-Chan Wei. The ceremony showed our greatest respect for the ancestors represented by the Yellow Emperor and the ongoing efforts to advance the science and art of plastic surgery by plastic surgeons of Chinese descent. (**Figure 2**) After the ceremony, we returned to Xi'an and visited the Terra Cotta Warriors Museum. The astonishing display of Terra Cotta Warriors, built more than 2,000 years ago, is indeed a true world heritage site in China. (**Figure 3**)

The Congress itself was held in the new Xi'an International Convention Center. After the welcome remarks by the conference Chairman, Professor Shuzhong Guo, and the Scientific Program Chairman, Professor Lee L. Q. Pu, several keynote and special lectures were delivered by a number of distinguished guests and prominent plastic surgeons of Chinese descent. These remarkable presentations brought the proper spirit to start this three day world congress in Xi'an.

The scientific program was quite comprehensive. The total of 37 panels represented the entire spectrum of plastic surgery. Each panel was composed of two overseas invited speakers and two invited speakers from mainland China facilitating discussion and scientific exchange in each panel. Our local host provided simultaneous translations from English to Chinese. The advanced knowledge of plastic surgery, presented in each panel, demonstrated that this was a true international conference in our specialty. It is worthwhile to mention that the topics on aesthetic plastic surgery were well represented. There were two panels on fat grafting, three panels on facial rejuvenations, and four panels on cosmetic and reconstructive breast surgery. There were also panels on Botox and fillers, laser resurfacing, body contouring, genital cosmetic surgery, rhinoplasty, upper blepharoplasty, lower blepharoplasty, and cosmetic surgery trouble shooting. Many advanced techniques presented by the invited panel speakers showed the level of expertise and innovation of plastic surgeons of Chinese descent. It is also worthwhile to mention that nearly every ISAPS Active Member in China was there for the congress as an invited speaker along with many other ISAPS Active Members who are plastic surgeons of Chinese descent from Chinese Taipei, Hong Kong, Singapore, and the United States. During the congress, Professor Miodrag Colic, the current ISAPS second vice president, gave a presentation to introduce ISAPS to the meeting's participants and to emphasize the importance of becoming a member of this wonderful international organization in aesthetic surgery.

The official welcome banquet was held in one of the performing arts theaters in the city on the first night of the congress. All congress participants and their family members were treated to delicious local Chinese cuisine while watching the Tang Dynasty performance.

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FIFTH AMERICAN-BRAZILIAN AESTHETIC MEETING

Renato Saltz, MD – United States

ISAPS First Vice President and Chair of ABAM

The Fifth annual American-Brazilian Aesthetic Meeting (ABAM) was held on February 15-18th, 2013 in Park City, Utah and attended by over 250 plastic surgeons from 13 countries including North and South America, Europe, Asia and the Middle East. The faculty included world renowned experts in the fields of Dermatology and Plastic, Oculoplastic and Facial Surgery.

The intense four-day program was only interrupted during the day for the attendees to ski "the best snow on earth" and included sessions on facial surgery, breast and body contouring surgery and cosmetic medicine. The final session on Monday morning, focused on practice management, was outstanding and very well attended. Presentations on how to improve your aesthetic consultation, using social media, staff and office innovations, and changes in the marketplace were very well received by an energetic and attentive audience.

ABAM Co-Chairs Drs. Joca Goes, Carlos Casagrande, Foad Nahai, Mark Jewell, Renato Saltz, Ricardo Ribeiro, and Osvaldo Saldanha honor Dr. Farid Hakme (center) during the faculty dinner.

As always, ABAM had outstanding social events. The Welcome Reception theme, Utah Cowboys, brought everyone together in a full ballroom to the sound of a great Utah country band. The participants learned how to line dance and tasted real "country food." During the faculty dinner, the co-chairs honored two of the greatest leaders and contributors in the specialty: Drs. Farid Hakme from Brazil and Robert Singer from the United States. The final event was the already traditional "Snowmobile Adventure" where over 100 colleagues enjoyed a beautiful afternoon snowmobile ride to the top of the Uinta Mountains.

Once again, the meeting was endorsed by ISAPS, ASAPS and SBCP.

The evaluations of the meeting were outstanding. I share with you one of the participant's comments: "the best meeting I attend every year—where education, fun and friendships come together under the beautiful and majestic Utah mountains."

Plan to attend next year's ABAM in Rio de Janeiro in February. We are going where no other international meeting has gone before—"from the greatest snow on earth to the biggest spectacle on earth"—Carnival in Rio!

Visit our website at www.americanbrazilianaestheticmeeting.com for more information.

Chinese Congress, *continued from page 8*

NEW ISAPS ENDORSED FELLOWSHIP PROGRAM

Eric Auclair, MD – France

Chair, Ad Hoc Fellowship Program Committee

Our president, Carlos Uebel, has made education an important focus of ISAPS during his term in the coming two years. Our society, as the largest in the world to be dedicated to aesthetic plastic surgery, has a natural position to assume a leadership role in international aesthetic plastic surgery education. The Fellowship Program Committee has created guidelines to evaluate and endorse selected fellowship training programs after a strict evaluation of the quality of the proposed education program, faculty, and teaching sites.

The main points of consideration include:

- Qualification of the instructors;
- Selection of the Fellows as either board-certified plastic surgeons or trainees currently enrolled in an official plastic surgery training program;
- Certification of the surgical centers confirmed by the ISAPS National Secretary;
- Quality of the education program with hands-on training and fellows' participation in clinical activities;
- Reliability of the evaluation process; and
- Evaluation of the program funding and fee structure.

These criteria will allow ISAPS to review and endorse high-quality programs in order to create a new Standard of Excellence in aesthetic surgery education.

ISAPS has endorsed the Masters in Plastic Aesthetic Surgery Practice Fellowship offered by the Post Graduate Medical Institute at Anglia Ruskin University in Chelmsford, Essex, UK. Coordinator, Professor James Frame.

For information: caroline.morgan@anglia.ac.uk

A MASTERS DEGREE IN AESTHETIC PLASTIC SURGERY

Professor James D. Frame, FRCS, FRCS (Plast) – UK

Anglia Ruskin University, Chelmsford Campus, UK

Increasingly, the public, medical malpractice insurance companies and regulatory authorities are concerned about the qualifications and experience required of people practising aesthetic/cosmetic surgery. This is not simply about "weeding out" the non-trained practitioners, who are increasingly being identified as causing morbidity and mortality during routine aesthetic procedures, but also concerns the fully trained, specialty registered surgeons who feel that they are fully trained and accredited to practise when, clearly, they are not.

The problem is that aesthetic/cosmetic surgery is not internationally recognised as a specialty and anyone on a specialist register can, therefore, call themselves Cosmetic or Aesthetic Surgeons. How does the public identify a fully trained and accredited Aesthetic Surgeon – they can't! Even the non-plastic surgeons have recognised this and are now offering "Board Certification in Cosmetic Surgery" setting their standards and, potentially, the yardstick by which we, as ISAPS Members, should be measured. Clearly this is disgraceful and it is beholden to us, within ISAPS, to lead internationally with approving and accrediting training programmes in Aesthetic Surgery.

The MCh in Aesthetic Plastic Surgery at the Anglia Ruskin University is now available as a tool to protect the public and prevent untrained "professionals" misleading patients. http://www.anglia.ac.uk/ruskin/en/home/prospectus/pg/aesplast.html

How do patients seek a surgeon? Well, evidence is that the majority of informed patients use the internet and Google search. Those "groups" that pay fortunes for the privilege of being on the first page of Google pick up 80% of the cosmetic surgery in the UK and abroad. These "groups" offer cheaper surgery, but with low-cost surgeons who are prepared to accept massed operating lists at cheaper rates of pay with little in the way of progressive training, education or insurance. Previous experience in cosmetic surgery may be flimsy or non-existent and often the surgeons are "imported" from overseas. The majority of cosmetic surgery patients, therefore, are at risk.

ISAPS SYMPOSIUM IN ROME DURING THE FOURTH INTERNATIONAL CONFERENCE ON REGENERATIVE SURGERY

Gianluca Campiglio, MD – Italy

Chair, ISAPS National Secretaries

For three days, December 13-15, 2012, the Eternal City, Rome, was the international center for the newest frontier of plastic surgery, the emerging field of "Regenerative Surgery and Medicine."

The world's leading professionals in the field gathered to discuss this new and evolving scientific field. Regenerative therapies promise to revolutionize medicine and surgery in the next ten years with therapeutic treatments employing one's own stem cells, growth factors, stromal vascular fractions (SVF) and adipose tissue.

Figure 1

The Conference, organized by Valerio Cervelli and Sydney Coleman (Figure 1), with the scientific support of Domenico DeFazio (all are active ISAPS members),

Figure 2

offered the opportunity to get involved in recreating a dynamic, friendly, and international environment of the past three editions with more than 230 participants from around the world.

During the opening ceremony, Lina Triana, ISAPS Secretary and National Secretary for Colombia, presented ISAPS activities (Figure 2) and goals to all attendees while Vakis Kontoes, Assistant Chair of the ISAPS Education Council, showed the many ISAPS Courses and other new ISAPS educational activities that are being organized for the next two years.

An ISAPS Symposium entitled "NOT ONLY THE KNIFE: Combining the scalpel with fat graft, prp, svf, laser, etc" with 21 presentations from the world's leading aesthetic plastic surgeons was held on December 13 in conjunction with the Conference.

Figure 3

On 14 December, an exclusive guided tour of the Colonna Gallery was organized, a true jewel of the Roman Baroque period, followed by the gala dinner at the magnificent Coffee House Colonna (Figure 3).

The fifth edition of the International Conference on Regenerative Surgery will be held in 2013 in Rome and will again include again an ISAPS Symposium.

Masters Degree, *continued from page 10*

How then can a patient know that a surgeon is qualified to perform cosmetic surgery – they can't! Even a state sponsored training in plastic surgery gives trainees very little in the way of formal training in cosmetic procedures. ISAPS has recognised this and has now endorsed the MCh degree training structure at the Anglia Ruskin University. This qualification provides a practical training programme that is only successfully completed by endorsed candidates who pass a rigorous examination in fourteen competencies, or procedures associated with Aesthetic Surgery. The qualification enables the plastic surgeon to market him/herself at the forefront of plastic surgery and is easily identifiable by the public. An ISAPS Certificate of successful completion of the course is immensely valuable and should encourage the right plastic surgeons to join ISAPS.

The course is new. ISAPS is yet again taking a leading step to ensure patient safety. My view is that this qualification, or similar recognised international qualifications, will be essential for practising surgeons within the next ten years. I liken the Aesthetic Surgery training programme to a "Finishing School" for plastic surgeons. It is the Cinderella of our specialty and we must set the standards.

SECOND WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT

Bishara Atiyeh, MD, FACS – Lebanon

Dr. Jose Luis Haddad, president of the APSLD, has volunteered without hesitation at the first World Congress of Plastic Surgeons of Lebanese Descent organized in Beirut in October 2010 to host the second congress in Mexico. This second congress was held on October 10-13, 2012, at the Cancun Convention Center, Cancun, Mexico, and was attended by a large group of colleagues from the Americas, Europe, and naturally from Lebanon. It was organized by the Association of Plastic Surgeons of Lebanese Descent (APSLD), in coordination with the Mexican Association of Plastic, Reconstructive, and Aesthetic Surgery (AMCPER), and with the collaboration of the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS).

From right: N. Hokayem (LSPRAS President), B. Atiyeh (LPRAS Past-President, APSLD General Secretary), R. Baroudi (APSLD President), R. Borge Angulo (Governor Representative), J. L. Haddad (AMCIPER President, Congress President), C. Bergeret-Galley (Vice-President of Illouz Foundation), S. Saad (LSPRAS Secretary)

The great success of the first and second congresses proved that, what at first seemed to be an utopic illusion, is a great initiative to bring together colleagues and friends from all horizons and backgrounds and is certainly vibrant proof to the advanced international level the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery has reached. This event will be organized biennially each time in a different country where plastic surgeons of Lebanese descent are present and could assist in the organization. For 2014 it is planned to gather again in Beirut, Lebanon, and in 2016 it will most probably be in Brazil. As this event is gaining in momentum, all plastic surgeons, not only of Lebanese background, are welcomed to participate.

The congress in Cancun, as expected, was a great success. Many international and world famous plastic surgeons have contributed by presenting their great experience as well as their innovative techniques in both Aesthetic and General Plastic and Reconstructive Surgery. Dr. Ricardo Baroudi, the international master in plastic surgery, is currently the president of the association. He gave a series of very valuable presentations on different aspects of aesthetic surgery. Dr. Tom Biggs excelled in his speech on how to give a presentation, and he was as eloquent and informative as usual. We were honored as well by the presence of Dr. Jose Guerrero Santos who addressed the audience and presented some of his wide experience in plastic and reconstructive surgery.

The Professor Illouz Foundation was active in supporting and participating through multiple presentations on liposuction and fat transfer. Two special awards for innovation and excellence were given by the Illouz Foundation to presenters on the topic of liposuction and fat transfer. The winners were Roger Khouri and Gino Riggoti. Dr. Catherine Bergeret-Galley (vice-president of the Illouz Foundation) has already confirmed the participation of the Foundation at the third congress in 2014 in Beirut.

The participants enjoyed not only a great scientific meeting, but also a fantastic social program that Dr. Jose Luis Haddad and his colleagues arranged. In addition to elegant dinners, great gatherings, and stimulating Cancun parties, tours of the great Mayan archeological sites were also organized. The whole group of Lebanese as well as non-Lebanese were like a big family bound together, as well noted by Tom Biggs, by sincerity.

The legendary Lebanese hospitality was not left aside in Mexico though with a nice Mexican twist. Carlos Slim honored all the participants by a personal gesture and distributed to them a well-illustrated book about Museo Soumaya in Mexico City. Ms. Aline Younis, chargé d'affaires of the Lebanese embassy in Mexico, came specifically to Cancun for this event and surprised the participants with a tequila tasting reception at the exclusive and elegant Le Blanc Hotel in Cancun. The reception was the occasion to meet with prominent and influential figures of the Mexican-Lebanese community in Merida in the Yucatan peninsula.

Preparations for the third congress are already underway. The preliminary announcement will be distributed in early 2013. Let us all meet in Beirut in 2014.

THE 13TH CONGRESS OF OSAPS

David Daehwan Park, MD – South Korea

ISAPS National Secretary for Korea

The 13th Congress of the Oriental Society Of Aesthetic Plastic Surgery (OSAPS) was held in Seoul, Korea on October 5-7, 2012. OSAPS was founded in 1988 by the late Dr. Seiichi Ohmori, along with thirty-one of the most renowned plastic surgeons in Asia. From the beginning, OSAPS has held an International Congress biennially. The president of the 13th OSAPS Congress was Prof. Taik Jong Lee, president of the Korean Society of Plastic and Reconstructive Surgery. The vice president was Dr. Doo Byung Yang, who is a well-known, excellent plastic surgeon in Korea.

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The Traditional Korean dancing photograph was taken during the Gala dinner in Mugunghwa Hall at the Sheraton Grande Walkerhill, Seoul, Korea.

VALUE OF MISSION TRIPS FOR PLASTIC SURGERY RESIDENCY TRAINING

Kriya Gishen, Brian Simmons, Raj Dalsania, Seth R. Thaller, MD, DMD, FACS – United States

University of Miami, Miller School of Medicine

For some time, plastic surgeons have accomplished surgical mission trips in countries where medical care is deemed inadequate. These trips may simultaneously provide residents with a unique training experience, which would otherwise be difficult if not impossible to replicate at their home institutions. Currently, information regarding whether such participation translates into actual improvement of technical skills, increased professionalism and more efficacious use of medical resources by residents is not available.

In an effort to standardize and enhance the educational value derived from such trips, the Accreditation Council for Graduate Medical Education (ACGME) provided a set of guidelines for overseas rotations. ACGME guidelines mandate that overseas programs have local authority approval, adequate supportive units such as anesthetic, radiologic, labs and critical care infrastructure, proper follow up care for patients and certified staff on-site. Residents are required to be involved in the continuity of care. They are to be made aware of individual patient outcomes. Based on these guidelines, the Division of Aesthetic, Plastic and Reconstructive surgery at the University of Miami's Miller School of Medicine, is conducting a survey to elucidate the perceived value of medical missions by both the participating attending physicians and the residents.

Using a brief ten-question survey, we hope to gauge whether these mission trips actually demonstrate perceived improved competencies. Early survey trends seem to strongly support the educational and clinical benefits of this experience. The information acquired from our survey will help refine mission trips as an educational tool to maximize accruement of knowledge and skill.

To participate in the survey please select the appropriate link below.

For Attending Surgeons: http://www.surveymonkey.com/s/HQSG38K

For Residents: http://www.surveymonkey.com/s/HWVNXXK

VENEZUELA

BREAST IMPLANTS IN TEENAGERS: WHAT DO THEY KNOW?

Douglas Narvaez Riera, MD – Venezuela

Our recently concluded study was intended to determine the level of knowledge and motivation among 14- to 17-year-old teenagers regarding breast augmentation surgery with breast implants. Data was authorized by the principals of several private and public high schools of Merida and Lara States of the *Republica Bolivariana de Venezuela*. The study was done through a transversal, descriptive study of 894 female teenagers in an anonymous and voluntary survey containing specific questions including:

1. Do you know what a breast implant is?
2. Do you feel prepared for breast implant surgery?
3. Would you suggest breast implant surgery to a friend of your age?
4. What would be your parents' opinion of this surgery?

The teenagers who responded to this survey showed poor knowledge regarding breast implant surgery. Information is generally obtained through radio, TV, home, newspaper articles, the internet and school. We determined that the teenagers surveyed have no scientific knowledge on this subject and therefore it seems that information on aesthetic breast implant surgery comes mostly from deceptive advertisements, publicity and erroneous information, not from plastic surgeons. They show no knowledge at all regarding the anatomical and emotional risks involved in this aesthetic surgery.

Of those surveyed:

- 32.2% understand little about the risks and benefits of this type of surgery.
- 72.4% said they would have breast augmentation surgery with breast implants.
- Lara's State teenagers have less knowledge on this type of aesthetic surgery in comparison to Merida's State teenagers, probably due to a better technological and college environment in Merida State.
- 48.8% understand anatomical and physiological development in the female.
- 54.5% consider themselves physiologically prepared to have a good outcome from breast implant surgery.
- 32.4% would have or would request their parents or legal guardians' support to have this surgery.
- 49.1% would know how to handle future complications during the post-operative period
- 29.3% maintained that there should be restrictions on this type of surgery for patients of their age.

Results reflect the need to inform and render proper service to teenagers and their parents or legal guardians about: adequate surgical timing, correct age group, adequate anatomical development of their bodies, and emotional underdevelopment and hormonal activity which is undergoing major changes in this age group. Therefore, it is mandatory to have proper knowledge of the clinical aspects of the patient in order to succeed in this type of aesthetic surgery.

We determined that almost 99% of those in the study appear to have knowledge about breast implants in the two states under investigation. The main source of information is the media, with television being the predominant source.

Poor knowledge about breast implants is shown in the school survey based mainly on commercial advertisements instead of scientific and medical information on this type of surgery. There's no formal information provided regarding the ideal patient for this surgery, the risks to the patient, complications, or existing regulations in other countries regarding this surgery, and therefore there is very superficial knowledge on the procedure.

We noticed a tendency for younger girls to have better information than older ones. This may be due to the fashion atmosphere in our country and the models who are very popular that may confuse patients and makes them not totally clear about what would really be the purpose of this procedure and its benefits.

Of the 894 girls studied, there's a high percentage (72.9%) who would recommend this surgery to others, but only 32.2% of them indicate that they have clear information on risks and benefits of breast implant surgery. Only 48.8% of the survey respondents appear to have reached total body physiological and anatomical development.

In conclusion, younger teenagers have better information regarding breast implant surgery than older ones. The main source of information is TV. Knowledge level on this type of surgery is only fair. It is mandatory to teach young teenage girls about this topic through conferences at school, forums, radio and TV programs specifically designed for this group of patients. Parents and legal guardians should be aware of the risks

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GERMANY

THE PIP SCANDAL: WHERE ARE WE TODAY?

Dirk F. Richter, MD, PhD – Germany

Chair, Patient Safety Committee
ISAPS Treasurer

In the beginning of the PIP scandal, almost no data or evidence was available to assess the risks for our patients with PIP implants. Based on our first mission of patient safety at ISAPS, we had only one option: to advocate the removal of the implants, which was right! We were attacked by many authorities and societies, but only for creating financial or political problems. In most cases, we were strongly supported by our members and patients. Many societies followed our advice and the ISAPS statement was quoted thousands of times in the media. On June 18, 2012, the British National Health Service (NHS) published the final report of its expert group on PIP breast implants. They have carefully reviewed the available evidence on breast implants from Poly Implant Prothèse (PIP), including the results of additional studies commissioned since their interim report in January, and found that PIP implants are clearly of inferior quality and are below the usual standards. Evidence of a substantial risk to health, or a significantly increased risk of clinical problems without the presence of a rupture of the implant, could not be proved by the literature, however.

Furthermore, the report states that PIP implants have a two-to six-fold increased risk for rupture and that this statistical difference increases significantly after five years. At time of explantation, they showed a higher probability of clinical problems such as local reactions and enlarged lymph nodes. Local reactions in PIP implants are therefore three to five times more prevalent than in other products.

The German authorities received a total of 1,015 messages of explantation of PIP implants filled with silicone. The rupture rate of all reported explantations performed in Germany is about 30% and in the upper range established by the NHS for a period of 10 years. Against this background and based on the data from the UK, it continues to be assumed that the risk of silicone leakage from the implant shell with PIP products over high-quality implants is increased by several times, and rises with time.

In summary, from the perspective of ISAPS, medium- and long-term health risks still associated with PIP silicone gel breast implants cannot be excluded. The recommendation made on January 6, 2012 to perform explantation as a precaution therefore is still valid. As with any medical intervention, it is nevertheless always an individual decision. The physician and patient in their own risk assessment must take into account all aspects in a particular case.

We learned that even highly recognized regulatory institutions like the German TÜV Rheinland cannot completely protect both surgeons and patients from criminal activity.

After the PIP scandal, ISAPS set up the following demands:

- Obligatory central register of medical devices
- Stricter eligibility criteria for medical devices in Class III
- Unannounced inspections of manufacturers

In September of 2012, the European Commission published what it thinks the new legislation on medical devices should look like. The member states of the European Union and the European Parliament will now negotiate and agree on the final legislation. We hope that this will emphasize the need for authorities to be more effective in their control functions so that doctors can rely on certified products.

The scandal is not over yet, although many patients have been checked or operated on by now. The general feeling among our members is that communication with their patients and providing them with the right information and advice helped to minimize harm to the doctors.

The proof of this might be that the number of breast augmentations is still rising all over the world.

Patients who understand that their own safety should come first rather than financial considerations will always be on your side. Loyalty to your patients is always a good tool for crisis management.

Venezuela, *continued from page 14*

and benefits of waiting for the proper time to undergo this aesthetic surgery on unprepared patients.

Plastic Surgery Associations should promote proper education on this subject through information campaigns nationally and internationally.

SERBIA

IMPLANTS: DO WE HAVE A CHOICE?

Violeta Skorobac Asanin, MD – Serbia

ISAPS National Secretary for Serbia

Six years ago, I had breast implants.

Which clinic did you go to? ***The best one.***

Do you know which implants you had? ***I don't know, I was told these were the best! For the last five years my breasts are as hard as a rock. I can't sleep because of the pain. Please, take them out! But, I don't know how I am supposed to live without breasts?***

We shall replace them with new ones! ***Are you sure I won't be having any more problems?***

This was one of the conversations I had with a woman who is having problems with implants. What are we going to do to provide our patients with the maximum safety after placing implants into their breasts?

First and foremost, we need to reestablish their trust. What guarantees us, as surgeons, that we can stand behind the implants we use and the companies that produce them?

In the era of silicone, the companies are racing with one another to produce perfect breast implants. Even though the industry has made significant progress in the last 50 years in the production of breast implants, out of every 100 enlargement or breast correction surgeries, every third woman could say a few words against this surgery. The list of objections incudes: colder breasts; the edges of implants can be felt to the touch; breasts are too close or too far apart; when inclined, rippling appears; the feeling in the breasts is not the same as prior to surgery; nipples cannot be felt or are too sensitive; and many other subjective experiences that could be linked directly to personal view.

What happens when these are no longer just subjective or a personal view, but the patient has complications manifesting in aesthetic mutilation or unbearable pain caused by the quality of implants and not by bad surgery? In the battle for the market, numerous manufacturers are talking about supremacy of one manufacturer over the others and each of them states the low percentage of complications after placement such as: implant ruptures, contractions, double capsules, intensive forming of seroma or even migration of silicon into regional lymphatic glands. Do we know what long-term presence of silicon in the lymphatic glands causes? The companies' race to conquer the market requires gaining the highest possible number of doctors and hospitals that should use their products. A lack of criticism of the products results in a large number of complaints, patients' objections and re-surgeries that are not pleasant at all. What will happen to aesthetic surgery if another problem like "PIP prosthetic" appears? Can we do something to prevent it? Or should we wait until overall mistrust of implants takes precedence?

What determines the quality of a prosthetic is its shell filled with silicon of different cohesiveness. Cohesive gel filling the prosthetic is almost the same for all the companies since they buy the silicone gels from the same supplier. The difference among them is in the quality of the membrane which determines the quality of the product. Aside from silicon, the market offers polyurethane implants, saline and hydro gel prosthetics.

As a long-term user of anatomic implants, I will base my findings solely on silicon anatomic implants. Membranes (shells) with fine balanced texture have problems with touchable edges and rippling. Placing this type of prosthetic below the muscle provides good results in the long-term. Membranes with rough irregular structure or texture with salt crystals have problems with ingrowths into surrounding tissue and forming double capsules. Ingrowths of the tissue into the prosthetic placed below the muscle, due to muscle contractions, can lift up the implants higher than originally placed so it is necessary to reposition them down and place the implants again. When the implant is placed above the muscle, the possibility of moving is lessened since the gland has smaller fibrosis potential than the muscle. The implants cannot be touched and visibility of rippling is less prevalent. When an implant has too harsh a structure, the capsule receives multiple thickening so the body sees it as a foreign body and reforms an added capsule around it. Certain manufacturers have serious problems with this manifestation, and our patients do as well.

I am an exclusive user of anatomic prosthetics that provide long-term natural breast appearance. But the results with different manufacturers vary. Fine textured Mentor shells give consistency of implants in a well-projected pocket. Upon multiple pregnancies and breast feeding, they proved high stability. Lacking is the possible touch of the edges and visible rippling in very thin patients. Allergan's anatomic implants with rough superficial structure placed above the muscle are suitable for ptotic breasts when women do not want mastopexy. Strong capsular contractions and expressed seroma are often present with anatomical Eurosilicon implants.

How can we provide patients with safe, long-term, good

GLOBAL PERSPECTIVES: BREAST IMPLANTS

ARGENTINA

Maria Cristina Picon, MD – Argentina

ISAPS National Secretary for Argentina

In our country, breast implantation, together with liposuction, are the two most frequent operations. This is good news, especially because it went from being an operation for the elite to become available to all women, mostly young or middle-aged.

These operations began with very few cases in the '70s to '80s decades with very small breast implant volumes, and increased during the '90s as well as in the year 2000, but in any case we are very far from the size used in other countries considering the average height of our patients.

Generally, implants used are filled with silicone gel, very little saline implants and fortunately the use of PIP implants was greatly reduced and the majority of them are being resolved.

After the silicone scandal at the end of the '80s, a committee was organized regulating the use of implants and these must be reported to said committee by means of a form registering the patient's data, the surgeon's data, and the details of the operation must be specified.

In the highest percentage of cases, the implants are placed subpectoral plane, but during the last few years the use of the subfascial plane and the dual plane has increased and the subglandular plane is also used.

There are various profiles and we have at our disposal a great variety of implants that must be authorized by the ANMAT (National Administration of Drug, Food and Technologies). The use of transfer of fat tissue to increase the breasts must follow a protocol which as yet has not been completely legislated. The use of hyaluronic acid is practically null. Our patients are extremely reticent to having very visible scars.

Unfortunately, we also have bad news which is that we are not shielded from the intrusion of other specialties such as gynecology and breast surgeons, and what is worse, often this operation serves as a springboard for said colleague to consider himself a plastic surgeon, and to slowly become one, without the training required for this, with a view to entering the plastic surgery societies as a member. This implies two aggravating circumstances: first, once he enters he is already a plastic surgeon and second, he is covered before the law.

Another problem is that of the new surgeons with limited experience transform this operation into something quite simple through the press, with very attractive tabloids.

It rests with our society to draw up a complete legislation with regard to these topics, and to insure that the society includes the actual members only. An ambiguous zone remains made up of those surgeons who do not belong to our society.

Serbia, *continued from page 16*

results, safe pregnancies, and living with the product with no health issues? What would I want for myself, my sister or mother; what is the implant I'd be safe and satisfied with for many years to come? Our surgical task is to demand high standards of the manufacturers and to eliminate from the market implants that cause high percentages of complications or at least to notify the public about durability of implants and possible side-effects. Well-informed patients can make choices about their implants.

The author has no financial interest in any company or product named in this article.

THAILAND

Sanguan Kunaporn, MD – Thailand

ISAPS National Secretary for Thailand

During the planning of the educational course for the annual meeting of The Society of Plastic Reconstructive and Aesthetic Surgeons of Thailand, breast surgery including implants is still the most requested topic proposed by the members. The booming medical tourism trend in this region has caused and under supply of certain sizes of implants from the major suppliers from time to time. Very few surgeons still use saline implants.

UNITED STATES

NEW SHAPED BREAST IMPLANTS APPROVED

Mark Jewell, MD – United States

ISAPS National Secretary for the United States

With the recent USFDA approval of Allergan's Style 410, form-stable, highly-cohesive, anatomically-shaped breast implant, a new chapter in the 50-year history of the silicone gel breast implant is about to begin. The Allergan 410 has been involved in USFDA-approved clinical studies for almost 12 years. Published scientific articles on clinical outcomes with the Allergan 410 and the competing Mentor CPG show improved clinical outcomes as compared to the conventional round, smooth-shell breast implant that is used by most American plastic surgeons.

Currently, there are two USFDA-approved anatomically-shaped breast implants in the US marketplace. In 2012, Sientra achieved approval of its shaped implants which have the same gel configuration of its round implants. The Allergan 410 was approved on February 20, 2013. The status of the Mentor CPG's USFDA approval is unknown at this time.

Anatomically-shaped breast implants offer patients a new dimension in breast augmentation, with an outcome that appears to resemble a normal breast shape versus the round upper breast look. The shaped devices appear to function as an internal breast form that shapes the breast versus filling the envelope. For the most part, 95% of patients undergoing breast augmentation with the Allergan 410 report satisfaction with their outcomes. Risk of capsular contracture with the shaped breast implants are reported to be lower than published incidence with the round, smooth implants. To date, the experience with shaped implants in the United States has been restricted to a handful of approved investigators.

American plastic surgeons will need to develop an understanding of device texture, utilize more sophisticated tissue-based planning, and employ precise surgical technique compared to their current knowledge of round, smooth devices. The other important factor is improving our management of patient expectations that drive reoperation rates for size change. There is much to be learned from the experience of individuals who have been using these devices outside of the US for many years. Proficiency with anatomically shaped devices takes some time and requires attention to detail in all parts of the process so as to produce great long-term outcomes, lower rate of adverse events, and higher patient satisfaction. Shaped breast implants are not for every patient, yet for individuals whose tissue characteristics permit their use, excellent long-term outcomes have been reported.

The author is an approved clinical investigator for Mentor and Allergan and a consultant to Allergan.

Chinese Congress *continued from page 9*

Prior to the formal performance and dinner, the inauguration of the *World Association for Plastic Surgeons of Chinese Descent* (WAPSCD) was officially announced by Professor Lee L. Q. Pu and Professor David T. W. Chiu. During this formal ceremony, all of the appointed officers, founding board members, and committee chairs were on stage and expressed their gratitude to serve in this wonderful international plastic surgery society. The newly appointed three Presidents, Professor Yilin Cao, Professor Fu-Chan Wei, and Professor Lee L. Q. Pu, and Chairman of the Board, Professor David T. W. Chiu, each gave a brief speech to congratulate the inauguration of this official international society. The establishment of such an organization is a true landmark for all plastic surgeons of Chinese descent worldwide. This new organization will definitely play a role in advancing the art and science of plastic surgery on a global scale in the years to come.

This Congress was a great opportunity for all the best plastic surgeons of Chinese descent from Mainland China, Chinese Taipei, Hong Kong, Singapore, Australia, Europe, Canada, and the United States to gather in one place, to conduct a scientific exchange, and to promote friendship. The inauguration of WAPSCD was another highlight that will have ensured future continued success of this new international organization in plastic surgery. Within the framework of ***Aesthetic Education Worldwide***, ISAPS has put a lot of effort into organizing aesthetic surgery teaching courses in China and will continue to do so. The next ISAPS teaching course in China is planned for October of 2013 in Shanghai. The *Fourth World Congress for Plastic Surgeons of Chinese Descent* will be held in November of 2014 in Hong Kong. The local organizing committee has already started working to ensure another great success.

TURKEY

OPINION: PIP PROSTHESIS

Nuri Celik, MD – Turkey

ISAPS National Secretary for Turkey

As the problems of the lack of governmental control of the PIP prosthesis production in France surfaced, the media in Turkey used it as a sensational clue against the safety of breast implants. Some of the prominent plastic surgeons in Istanbul were invited to make public announcements and some of the unlucky explanations served to increase public panic. The PIP implants did not have significant cost effectiveness in Turkey compared to the European countries. Some of the expert opinions claimed so and the surgeons who used the implants were then faced with unnecessary public questioning about their patient safety practices. The patients cancelled their implant surgeries and all the patients who had had breast implants either immediately called their physicians or rushed to their offices to find an answer to their questions.

The private sector was mainly affected. Within the first three months of the crisis, most of the patients who had had the questionable implants had implant replacement surgery. In my opinion, the PIP prosthesis crisis was excellently handled by the Turkish plastic surgeons. There were no lawsuits or malpractice claims. The Turkish plastic surgeons did not charge surgical fees to their patients for replacement surgery and most of the patients willingly paid for the prosthesis and the hospital fees.

The Turkish government did not take any immediate action. According to the customs agreement between Turkey and the European Union, it was sufficient for any product with a CE stamp on it to be imported freely into the country. As the PIP implants had the EU safety stamp on them, they were freely distributed in Turkey with automatic approval by the Turkish Health Ministry.

My personal experience started with the pre-filled saline implants of the PIP company. The publications on saline implant problems associated the volume loss with the valve mechanism of the implants. Since I only used saline implants in my practice at that time, I was very happy to start using these implants as soon as they were marketed in Turkey. I did not encounter any problems with pre-filled saline implants until May 1997. That month, the first three of my patients experienced very early volume loss within the first couple of months following insertion and I sent the first implant I removed to the Turkish representative of PIP implants and the specimen was then sent to a French laboratory. Their analysis revealed that there were micro holes on the surface of these very new saline implants. I communicated with the company immediately and asked for replacements because of this apparent production defect. The company claimed that I was responsible for the damage to the implants and raised the possibility of inadvertent puncture of the implants at the time of surgical closure. I responded with a letter explaining that it was impossible for a surgeon to produce micro holes on any type of implant. As they did not accept the charges, I decided to stop using their implants thereafter. Until today, I have not encountered any report on the safety of the surface silicone of PIP implants. I strongly suspect the quality of the outer silicone layer, also.

The PIP implant issue raised a lot of questions in Turkey about the safety of using products with an EU stamp on them. As plastic surgeons in Turkey, we strongly suspect that a similar safety issue would take much longer to settle if these implants were to be produced in Turkey compared to an EU country such as France. The Turkish government would have a lot of international issues to resolve in such a case.

In summary, the problem with the PIP prosthesis in the world taught plastic surgeons many lessons. If there is an issue with any implant safety, we are held responsible for something that is advertised and marketed as safe. We are guilty of adopting the newest technology without enough experience in our race. We should always remain skeptical.[1]

1. Hall-Findlay EJ (2012) Discussion: late seromas and breast implants: theory and practice. *Plast Reconstr Surg* 130(2):436-8.

ITALY

THE PIP BREAST IMPLANT SITUATION

Gianluca Campiglio, MD, PhD – Italy

ISAPS National Secretary for Italy
Chair of ISAPS National Secretaries
Consultant to the Italian Health Minister

The Italian Health Minister has taken various actions since the eruption of the PIP breast implant case. On April 1, 2010 all the PIP prostheses still available in the Italian market were withdrawn and their commercialization forbidden.

Subsequently an ad hoc committee of plastic surgeons and other specialists including epidemiologists, oncologists, and others was constituted in Rome. On December 22, 2011 this committee pronounced the safety of these implants stating that there is no scientific evidence of an increased risk of cancer in women in which PIP prostheses have been implanted. However, the available data showed a higher possibility of spontaneous rupture of the shell with leakage of a silicone gel which is more of an irritant than the one normally used in other prostheses. For this reason, all surgeons who have used PIP prostheses were invited to contact their patients and to suggest sonography in order to exclude subclinical ruptures.

On December 29, 2011 the Italian Health Minister ordered an online census of all public and private outpatient and inpatient health facilities in order to determine how many PIP implants have been used in the 10-year period 2000-2010 (the period during which the unauthorized silicone was used by the French manufacturer). This action was due to the fact that a national register for breast implants was constituted in Italy only in 2012 so there was a lack of information regarding the actual impact of the "PIP crisis" on Italian patients. At this time, 2,540 health facilities have replied to the survey (875 clinics and hospitals and 1,665 outpatient centers). A total of 121 clinics and hospitals and 48 outpatients have declared to have implanted PIP breast prostheses in the examined period of time. The total number of PIP implants is 3,911 of which 3,135 were implanted in clinics and hospitals and 776 in outpatient facilities.

In March of 2012, a new decree was released by the Health Minister which regulates clinical and organizational guidelines for the management of patients with PIP prostheses. According to this document, patients with PIP implants can be treated by the national health system. More recently, the Health Minister has started monitoring the clinical assistance provided to PIP patients by the public and private health facilities.

Endowment Donations *continued from page 1*

on-site training for residents and fellows and lectures to larger audiences while our teaching faculty is visiting.

With all these membership benefits, we also want to add to the number of members in our society. Members, please encourage your colleagues who have not joined us yet to do it now and take advantage of so many of our educational opportunities fostering worldwide education in aesthetic surgery. Non-members, **experience ISAPS for a year** to see how rewarding membership in ISAPS will be for you.

Donations to the ISAPS Endowment Fund, a US non-profit organization, are tax deductible. We recommend that you consult with your tax advisor to determine if such a donation is deductible outside the US. Thank you to all our members who have generously contributed to help us to continue providing the best Aesthetic Education Worldwide.

JAPAN

BREAST IMPLANT: THE CURRENT SITUATION

Susumu Takayanagi, MD – Japan

ISAPS President-Elect

In Japan, there will be a major development in the field of breast implants before the end of this year.

Breast implants have never been officially approved for breast reconstruction after breast cancer treatment. Therefore doctors privately import breast implants to use them in their patients.

As the first step, the Ministry of Health, Labor and Welfare is going to approve tissue expander and round type cohesive silicone gel implants. Anatomical implants are not included, but are expected to be approved next year. Japan has a health-insurance system that covers all of its citizens. A patient's burden is 30% of medical treatment expenses and the rest is borne by the national government. However, breast reconstruction using an implant is not covered by the national insurance. It seems that there were not a few cases in which breast reconstruction using an implant could not be done for financial reasons alone. Accordingly, once it is covered by the insurance, it is estimated that breast reconstruction using an implant will increase rapidly. The problem is that there are many plastic surgeons who have no experience in using an implant for breast reconstruction. In hospitals that have no plastic surgeon, general surgeons might perform breast reconstruction surgery using a tissue expander and an implant. We need to provide training in a technique for breast reconstruction using a tissue expander and an implant to these doctors as soon as possible. Programs for this purpose are being planned in many teaching courses and academic conferences.

Another problem is that breast implants which will be approved this year are round implants only. Because in breast cancer treatment in Japan, subcutaneous fat tissue is almost removed, an implant easily makes an uneven surface on the upper part of the breast. In many cases, we can make the breast look more natural by using an anatomical implant. This has been suggested in academic conferences and papers in Japan for many years. In view of this, while implants that can be used for breast reconstruction are limited to round implants, we are afraid that such problems as difficulties in making a symmetrical appearance will occur in great numbers. We hope anatomical implants will also be approved soon.

For several years, in the field of augmentation mammaplasty, filler and fat injection have replaced implants and have been very popular. But infection caused by hyaluronic acid injections, problems on the occasion of breast cancer screening, cysts, and capsular contracture resulting from large-quantity injections into the same site became known through the internet. In reference to augmentation mammaplasty with fat injections, such negative information as frequent occurrence of cysts and disappointing results in size spread widely. Therefore, cases using implants seem to be increasing again. In augmentation mammaplasty with fat injections, we have devised a means of injecting as much fat as possible by using Brava and so on. However, Asian patients are likely to have skin pigmentation and due to its unfitness for Japanese poorly-distensible skin, it is still difficult to get a satisfactory augmentation effect.

Many Japanese are small in stature and have small breasts. When we use a large implant, it often makes an uneven surface on the upper part or external side of the breast. Therefore, an average of 200-250 cc round textured silicone gel implant seems to be popular. Because Japanese breasts are often wide like their feet and heads, a slightly wide implant is easy to apply to their breast. A slightly flat implant with low projection can give a natural look in many cases. In cases where a patient wants to have a breast implant to wear clothes leaving her upper breast exposed, we consciously use a round implant. When a voluminous upper part of the breast makes the whole body off-balance in such cases as middle-aged women, patients seem to prefer anatomical implants.

The information that breast implants will be approved by the national government will be widely shared by citizens and will strengthen their trust in the safety of breast implants. As a result, cases using breast implants are expected to increase not only in breast reconstruction but also in augmentation mammaplasty.

THE DAY AFTER

Violeta Skorobac Asanin, MD – Serbia

ISAPS National Secretary for Serbia

When we consider the beauty of a woman, we cannot ignore the first sign of femininity: breasts and their beauty.

What happens when a woman loses her feminine attribute? To what extent are we ready to show the will to return to her that important jewel? Loss of a breast to cancer is a huge handicap for every woman, as well as for her husband, family and her whole personal society. Reconstruction of the lost breast should be natural and a compulsory part of medical treatment of this disease. That is of extraordinary importance so the woman can return to everyday life, through re-building her self-esteem and erasing the unfortunate event from her memory.

October is the month when we battle against breast cancer in the whole world. I wanted to raise awareness for the importance of breast reconstruction in Serbia; hence, I sent a questionnaire to all ISAPS National Secretaries (73 of them). These members were asked to provide me with the answer to this question: "Is the procedure for breast reconstruction after mastectomy regulated in their countries, and if it is what exactly the procedure consists of?"

The most interesting questions for me were the following:

After mastectomy, is breast reconstruction an obligatory procedure?

Is the reconstruction financially "covered" by the National Health Service?

Who performs mastectomy? Is that a job of general or other surgeons?

Who performs reconstruction? Is that a job of plastic or some other surgeons?

Is private practice part of the National Health Service?

Does insurance cover mastectomy and breast reconstruction fully or partially when the operation is performed in a private practice?

Does insurance cover secondary breast reconstructions?

Twenty-seven national secretaries answered this questionnaire and by doing so, they proved to be true doctors/international ambassadors, who are very familiar with their profession and the organization of health systems in their countries. Most of the answers were direct, and some of the colleagues even included their opinions, thus making their answers even more interesting.

The National Secretary of Uruguay, Dr. Gonzalo Bosch, sent his answers and the story about the importance of his country in solving this problem. Quote:

> Uruguay, my country, was one of the pioneers in breast reconstruction. Dr. Miguel Orticochea, Uruguayan plastic surgeon, currently in Bogotá, Colombia, published the first work on musculocutaneos flaps on the *British Journal* in 1971, it was described for General Plastic Reconstructive Surgery. Dr. J. Michael Drever, Uruguayan plastic surgeon published, (1977 PRS journal), the first musculocutaneous abdominal flap for breast reconstruction. Dr. Gandolfo of Buenos Aires, Argentina, was the 2nd and I was the 3rd to develop the transverse abdominal musculocutaneous flap. Later Dr. Carl Hartramph from Birmingham, Alabama, USA published (1980 PRS journal) the same procedure called TRAM.

What was the goal of this research? First, I wanted to compare Serbia with the rest of the world, so I could gain the force to fight for something that has already been implemented in other countries for a long time.

However, after receiving responses, I made the conclusion that it is rare to find a country that pays significant attention to secondary reconstructions which are highly significant in many ways. Many women would choose to do them, but National Health Service and private insurance companies hardly ever provide funds for this kind of operation.

When a woman faces breast cancer, she only thinks about ways to fight this vicious disease; usually she does not consider the beauty of her bust. That is why only a small number of women decide to do primary reconstruction, although it is usually advisable, but not obligatory in any of the countries in the world. Some of the countries, like the United States, have the Women's Health Rights and Cancer Act from 1998. It mandates insurance coverage for breast reconstruction after mastectomy and surgery on the contra-lateral breast for balancing (reduction, mastopexy or augmentation).

In most of the countries National Health Service and private insurance companies cover mastectomy and primary reconstructions. Economically developed countries have NHS agreements in place with private hospitals with prefixed fee basis to some amount for primary surgeries.

When we speak about secondary reconstruction, the situation is more difficult since aesthetic reasons are NOT the issue; concern is purely on health issues.

continued on page 27

Country	Does BR after M	Country Support	Who performs mastectomy	Who performs reconstruction	Is private practice involved in IS	Full or partial insurance cover in private practice	Insurance cover for secondary BR
ARGENTINA	NO	Mandatory NHI	General, Gynecologist- Oncologist	Plastic surgeon	YES if agreement in place with private hospital	YES if agreement in place with Private hospital	YES for purely health reasons NO aesthetic
NETHERLANDS	NO	Mandatory NHI	General/Plastic surgeon	Plastic surgeon	NO	NONE	YES for purely health reasons NO aesthetic
SWITZERLAND		YES			YES	YES	YES
SWEDEN	NO but offered		Breast surgeon/plastic	Plastic surgeon			
IRELAND	NO	YES	General breast surgeon	Plastic surgeon/ general breast surgeon	YES	YES	YES
LEBANON	NO regulation	NO	General surgeon	Plastic surgeon	NO	NONE	NO
ROMANIA	NO	YES	General surgeon	Plastic surgeon	YES if agreement in place with private hospital	Partially covered 200-400 Euro	Partially covered 200-400 Euro
URUGUAY	NO	YES	Mastologists/ gynecologist/ general surgeon	Plastic surgeon			
COLOMBIA	NO	YES	General surgeon/mastology/ oncology	Plastic surgeon	YES	YES	NO
TUNISIA	NO	YES	Carcinologists	Plastic surgeon	YES	YES	YES
SPAIN	NO	YES	Gynecologist	Plastic surgeon	YES prefixed fee basis 500-1300 Euro	YES	YES for purely health reasons NO aesthetic
SOUTH AFRICA	NO	YES	General surgeon	Plastic surgeon	YES prefixed fee basis	YES	YES for purely health reasons NO aesthetic
INDIA	NO		Oncology surgeon	Plastic surgeon	YES	YES	YES
GERMANY	NO	YES	Gynecologist	Plastic surgeon	YES prefixed fee basis	YES	YES for purely health reasons NO aesthetic
USA	NO	YES			YES	YES	YES
DENMARK	NO	YES	Breast surgeon	Plastic surgeon	YES	YES	YES
JORDAN	NO	YES	Oncological general surgeon	Plastic surgeon	NO	NONE	NO
CYPRUS	NO	YES	General surgeon	Plastic surgeon	YES	YES	YES
BELGIUM	NO	YES	General surgeon	Plastic surgeon	NO	NONE	YES
PORTUGAL	NO	YES	Gynecologist/ general surgeon	Plastic surgeon	YES prefixed fee basis	YES	YES for purely health reasons NO aesthetic
GREECE	NO	YES	General surgeon/gynecologist	Plastic surgeon	YES	YES	YES
POLND	NO	YES	Oncological surgeon	Plastic surgeon	YES if agreement in place with private hospital	YES	NO
ISRAEL	NO	YES	General surgeon	Plastic surgeon	YES	YES	YES
ITALY	NO	YES	General surgeon	Plastic surgeon	YES	YES prefixed fee basis (1500-2000 E)	YES
AUSTRIA	NO	YES	General surgeon/gynecologist	Plastic surgeon	YES	YES	YES for purely health reasons NO esthetic
AUSTRALIA	NO	YES	General surgeon	Plastic surgeon	YES if agreement in place with private hospital	YES	YES

PRESIDENTIAL EDITORIAL

Carlos Oscar Uebel, MD, PhD – Brazil

ISAPS President

Dear Colleagues,

In late January, Brazil suffered one of the worst accidents in its history when 248 young people died in a night club fire in Santa Maria, a university city located in southern Brazil, 300 km from my city, Porto Alegre. 1,500 boys and girls were in the private club to commemorate their graduation when suddenly a pyrotechnic show started the fire that burned all the walls and the ceiling material. Very toxic smoke spread over the people who could not exit quickly enough through the front door. Many of them were trampled and crushed on the floor. Only 10% suffered serious burns with about 16 patients being treated in ICU burn centers in Santa Maria and Porto Alegre; however, many more out patients required treatment.

Our southern Brazil chapter of plastic surgery, coordinated by the president, Paulo Amaral, promptly engaged more than 50 plastic surgeons from the area to help in this uncommon accident. We received emails expressing sympathy from all around the world. Eduardo Leão in Belo Horizonte opened his burn center to the victims. Our colleagues in Buenos Aires sent a message offering artificial skin. Einstein Hospital in São Paulo sent us a Task Force on Lung Bioquimic Diseases. So many other centers from all around South America demonstrated their charity.

Our "gaucho" families are suffering the second largest burn catastrophe in our country after the circus fire that occurred in Rio in 1961, and the third one to occur in worldwide night clubs. From this horrific tragedy, we have learned again that pyrotechnics inside a night club cannot be allowed; that building materials should be atoxic; that emergency exits are mandatory; and that occupancy laws must be obeyed.

Our plastic surgeon colleagues from South Brazil thank those who have sent so many messages of support and condolence from around the world in this time of intense sorrow.


PLEASE CLICK HERE
TO READ LETTER

Australian Society of Plastic Surgeons

31 January 2013

Professor Carlos Uebel, MD, PhD
ISAPS President
ISAPS Executive Office
45 Lyme Road Suite 304
Hanover NH 03755
USA

Dear Carlos,

I write to express our deepest sympathy for the victims and families affected by the tragedy that occurred in Santa Maria on 27 January. Our thoughts are with the ~500 students affected by this horrific accident. As we mourn the lives that were lost, we wish a speedy recovery for those patients currently undergoing treatment.

In the face of tragedy and intense suffering, we are often humbled by the charity and kindness of others. In this spirit, we commend the efforts of our colleagues in Brazil and South America and wish them every success during this time of adversity.

This time of intense sorrow also provides the opportunity for reflection. The saddest way of all we should serve as a catalyst for reform to ensure that more stringent regulations on the use of pyrotechnics in confined spaces are put in place and that proper emergency evacuation procedures are observed. We hope that our colleagues in Brazil are successful in their advocacy for reform to prevent future tragedies from occurring.

With our deepest sympathy,

Rod Cowter, MBBS (Adel), FRACS
President, Australian Society of Plastic Surgeons

INSURANCE FOR COSMETIC SURGERY

Alison Thornberry – UK

Managing Director, Sure Insurance

Professional indemnity insurance in the medical profession is called *medical malpractice insurance* and is intended to respond when treatment provided falls below the accepted standard of practice and causes injury or death to the patient. In most cases, this is due to a medical error or negligence. The rules and regulations governing medical malpractice insurance vary by country.

ISAPS Insurance, on the other hand, is no-blame cover for aesthetic surgeons and will pay for claims up to an agreed level of indemnity in the event of a diagnosed condition. Most complications in aesthetic surgery are not the result of medical error or negligence. However, should a complication be ignored following surgery, this can result in a patient complaining about the care they have received which in turn may become a claim against the surgeon's or hospital's medical malpractice insurance.

It is common knowledge that cosmetic surgery procedures are increasing and patients are encouraged to do their homework. It is important to choose a surgeon who is a member of their own country's aesthetic plastic surgery organization, has the correct qualifications, and can provide examples of their work for the patient's chosen procedure. Patients sometimes put themselves at risk by not adhering to the recommendations of rest and care after their surgery. For example, a patient who has travelled overseas for their procedure is ill advised to travel home early against the recommendation of their surgeon.

ISAPS insurance cover is purchased by a surgeon for the benefit of their patient. A patient who feels that they have a complication can contact their ISAPS surgeon and the surgeon will decide on the best course of remedial treatment with the confidence that the cost will be reimbursed by the ISAPS insurance cover.

Every ISAPS surgeon who provides complication cover is supporting patient safety and is also taking responsibility for their patient's aftercare. If a patient has made the decision to travel to another country for their procedure, then it is not and should not be the responsibility of their home country's local or national healthcare system to provide free post-surgery care. The cost of treating patients who have post operative complications following cosmetic surgery is putting more and more pressure on healthcare systems that are intended to treat sick patients and emergency medical conditions.

We must continue to make every effort to educate patients to help them understand the risks should they choose to travel for cosmetic surgery. Clearly, the medical tourism industry is not in decline. Surely it is a moral duty of everyone in the medical profession to ensure that patients are provided with correct information and protected against avoidable risks.

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INCREASING COSTS FOR TREATMENT OF COMPLICATIONS FOLLOWING MEDICAL PROCEDURES ABROAD

Igor Niechajev, MD, PhD – Sweden

Chair, Government Relations Committee

Dr. Morris Ritz, National Secretary for Australia, describes increasing problems following complications that Australian citizens acquire following medical treatments received abroad. Such treatments frequently take place in countries with lower costs, but also with varying standards of medical care and more lax supervision routines of the surgical facilities. When problems arise, such patients turn to the public health care system at home which under current legislation is obliged to provide free treatment of complications.

The case triggering Dr. Ritz's comments was an Australian woman returning from Phuket, Thailand where she had bilateral mastopexy-augmentation surgery and developed serious complications loosing both nipples and parts of both breasts. It is particularly disturbing that, according to correspondence from the hospital manager, the surgery was performed by an ISAPS member, a holder of an official position within the national organization. Yet the patient came home without any documentation of her treatment and "very little information about what implants were used."

Details about the patient are not known, but such a tragic outcome of mastopexy-augmentation performed by an experienced plastic surgeon is highly unlikely had not the patient been "a medical tourist." The surgery itself is the same, whether the patient is living in the vicinity of the surgical facility or comes from far away, but the pre-operative workup, the post-operative care and psychological support are not. In our domestic environment, we can ask the patient to quit smoking and discontinue the intake of estrogen or other drugs at least one month before the surgery and we can take measures to improve compromised blood circulation. Patients coming from abroad should not be seen simply as a source of easy income. They are a source of potential trouble. Changes to the ISAPS Code of Ethics are currently under discussion among our National Secretaries who will examine content dealing with the particular situation of patients who travel long-distance for their surgery —and their follow up.

The actual costs to public health budgets in most countries are dispersed among many hospitals and clinics. These costs are therefore difficult to grasp and are therefore probably underestimated. In the recent precise study by Miyagi *et al*,[1] the treatment costs were analysed for eleven "medical tourists" who received NHS treatment in the Cambridge University Hospital in the UK at the cost of £120,841. The mean cost was £6,360 (range £114-£57,968), rising to £10,878 for those admitted to the hospital for secondary procedures.

The problem described by Dr. Ritz wherein Australian patients travel to Thailand, Malaysia or China for plastic surgery, is seen in many other parts of the world. The constellations USA-Mexico, Sweden-Poland, Estonia and Germany-Czech Republic, Austria-Hungary and others all work in a similar way and are well known.[3,4] Of course, all recipient countries also have highly skilled plastic surgeons, but they are usually too busy to have a need to split their fee with an agent.

There are good and bad surgeons in all countries. Also our colleagues from the so-called developing countries have witnessed many disastrous outcomes as a result of medical tourism the other way around: when patients from the countries with generally lower standards travel to European or American facilities, prestige spots for aesthetic surgery, and return home with serious complications. Medical tourism could be dangerous in both directions and therefore we should educate the public about the advantages of having surgery done at home, by local surgeons.

Unfortunately, naïveté and greed are widespread attributes of the human race. People will leave harbour on a small boat despite storm warnings, and people will drive on icy roads on smooth tires. Society will stand up, help, and rescue with an ambulance or a life-saving boat. However, there is an increasing trend to find the negligent, irresponsible person and to charge at least some of the expense for the rescue.

We cannot prevent the spread of website advertisements offering low-cost medical services overseas that encourage the public to go abroad for a cheap "quick fix." ISAPS, as the global organization of skilful performers of aesthetic surgery, has taken seriously its responsibility and shown concern by conducting two Global Summits on Patient Safety at the congresses in San Francisco 2010 and Geneva 2012.[2] An important part of the proceedings concentrated on medical procedures carried out abroad and what impact these will have on patient safety for those patients who choose to have their surgery done in a foreign country.

Health authorities in most countries have budgets for informational campaigns directed toward the public aiming at the

Complications, *continued from page 26*

prevention of diseases, or promoting healthier life styles. Billboards, posters, television, press and movie theatres are used as the media. The most famous such campaign in Sweden was in 1976 when the Swedish Ministry of Health recommended that we eat 6-8 slices of bread per day. These days, health authorities in all countries are being increasingly obliged to tighten their budgets. However, knowing that treatment of complications is costly,[1] we can propose that the authorities launch new campaigns advising the public about increased risks associated with medical tourism and that surgery overseas practically means that they are giving up their patient rights. The authorities can impose rules making patients at least in part financially responsible for the treatment of complications they bring back with them from surgeries performed in foreign countries. No preventive measure is as effective as hitting somebody's purse.

As ISAPS surgeons, we must also be sincere with ourselves and recognize the moral dilemma when we operate on foreigners, or even on patients from our own country who live in distant rural areas. During my training in Miami in the eighties, I often heard: "Our best patients are from Central and South America. They come, they pay, they have their surgery, and we never hear from them again". Such policies in the medical profession of today are unacceptable. Almost all countries have at present well educated surgeons who can be found in the ISAPS membership directory. The contact for follow up should be established and the patient must be given: a copy of their chart including a detailed description of the procedure, information about any implants, and clear instructions, if possible in a language they clearly understand, for post-operative care. Patients frequently think that having surgery is like having a hair-cut. As surgeons, we know better and we should rather decline to perform surgeries requiring close post-operative monitoring if we are not sure that this can be provided.

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The Day After, *continued from page 22*

The question that logically follows is: what is reconstruction of the missing breast if not a health issue? Why is it regarded as a matter of aesthetics in most of the countries, and not the substantial health issue of every woman? A woman without a breast is considerably susceptible to illnesses and medically vulnerable. The missing breast affects her state of sickness, which is then permanent, her dissatisfaction is then reflected on her family, and on society in general. There are a considerable number of women who were left by their husbands for this particular reason. By destroying the stability of her family, the quality of life and her working abilities are also destroyed. Many studies have shown that women with reconstructed breasts had higher survival rates than women who did not have breast reconstruction, and were in the same stage of the disease.

We all have to participate in the battle against breast cancer from the process of treatment to the stage of fully enabling these women to go back to their everyday lives. One of the most important tasks is re-building of self-esteem with these women. Our task for the future shall be implementation of the secondary reconstruction into the standard treatment procedures.

OSAPS, *continued from page 13*

The Scientific Program was extremely well organized by the Scientific Committee headed by Dr. Woo Seob Kim. The congress consisted of keynote lectures, panels, live surgery and free papers, all presented in English, the official language of OSAPS Congresses. The variety of presentations by the faculty, many of them ISAPS members, provided outstanding lectures of uniformly high standard and were very well received by the 400 attendees from Asia and beyond.

The Congress venue at the Asan Medical Centre was excellent and live surgery was performed by the extraordinarily experienced surgeons from Korea at the medical center. The program and abstract book was most comprehensive and of the highest standard. All aspects of aesthetic plastic surgery were covered, commencing with the Seiichi Ohmori Memorial Lecture by Dr. Thomas M. Biggs (USA) on "A Fifty-Four Year Love Affair with Plastic Surgery" and invited lectures by Drs. Bryan Mendelson (Australia), Jose Luis Martin del Yerro (Spain), and Charles Randquist (Sweden).

The 14th OSAPS Congress will be held in Pattaya in Thailand in October, 2014.

GIUSEPPE BARONIO AND THE ORIGINS OF FREE SKIN GRAFTING

Riccardo F. Mazzola, MD – Italy

ISAPS Historian

The publication of "*Degli Innesti Animali*" (On grafting in Animals) by Giuseppe Baronio (1759-1811) in 1804, the first account of experimental autologous skin transplantation in a ram, marks the beginning of a new era for plastic surgery—the demonstration that skin transfer in the same individual is possible and successful.

Giuseppe Baronio— His life and contributions

Giuseppe Baronio was born in Milan (Northern Italy) in 1759. He studied Medicine at Pavia University, a historical city 20 miles south of Milan, as Milan had no University at that time. One of his teachers was Lazzaro Spallanzani (1729-99), Professor of Natural History, well known for his studies on regeneration and reproduction of animal parts. In 1780, Baronio graduated in Medicine and Philosophy with a thesis on regeneration of limbs in warm and cold-blooded animals and this may have had an influence on his future researches. The following year he became an intern physician at Ospedale Maggiore of Milan. Due to his lack of interest in politics and particularly for the French government, which was dominating Milan in that period, he did not advance in his career. Although he tried numerous times to obtain a better position, he never succeeded. His applications were constantly rejected. The only duty he could obtain was an appointment as Physician of the Prisons.

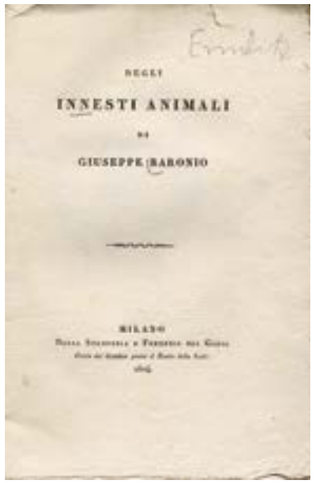
DEGLI
INNESTI ANIMALI
DI
GIUSEPPE BARONIO
MILANO

Fig. 1–Title page of Baronio's book

Fig. 2–The Villa of the Anguissola family at Albignano, near Milan, as it appears today

Fig. 3–The stable of Anguissola's farm, as it appears today

In 1807, he was affected by gout and his physical conditions deteriorated slowly. The following year he could have had the opportunity to apply for a professorship in physics at Bologna University, but he was advised by some of his friends and colleagues against submitting the application, due to his poor health. Three years later, in 1811, Baronio died aged 52, completely forgotten. He never married.

Baronio had numerous scientific interests and published his observations extensively. His works were recognized for their scientific value, so it was possible for him to become a member of various scientific societies. He wrote on the treatment of rabid dog bites, on the regeneration of bone and brain in fowl, on the regeneration of the Achilles tendon in the human being, on the superiority of the San Pellegrino spring waters, on electricity. He was a close friend of Alessandro Volta (1745-1827), Professor of Natural Philosophy at Pavia University, with whom he conducted some experiments on electrical phenomena. He described a new galvanic pile composed of vegetable materials only, capable of producing contractions in a frog.

Degli Innesti Animali

Degli Innesti Animali, the most important work of Baronio, is a 78-page book, printed on thick paper, issued in 1804 in Milan by *Tipografia del Genio* (fig.1). The book is rare and seldom appears on the market. It is divided into seven parts and includes three engraved illustrations. The first one shows the portrait of the Count Carlo Anguissola, to whom the work is dedicated, who sponsored the publication, although this is not mentioned, and provided animals and stables for making Baronio's experiments possible.

In parts one and two, Baronio traces the origin of nasal reconstruction by quoting the Brancas of Sicily, Tagliacozzi, and the Maratha surgeons from India. The Tagliacozzi's arm flap technique is extensively described, whereas the Indian forehead flap procedure is also illustrated by an engraved plate. Part three is devoted to transplantation of teeth in human beings, a procedure first reported by John Hunter; whereas part four explains the grafting of spur and "other animal parts into the cock's comb." In part five, Baronio reports the method of healing severed skin parts by using certain balms, as proposed by some charlatans. Part six, the most important section of the book, deals with the original Baronio studies on skin graft in a ram. He carried out three types of experiments on the farm of the estate of the Count Anguissola at Albignano, in the surroundings of Milan (fig. 2, 3). In doing this, Baronio was supported by two Milanese surgeons G.B. Monteggia (1762-1815) and G.B. Palletta (1748-1832).

In the first experiment, he excised a piece of skin from the dorsum of a ram and grafted it immediately on the opposite side without suturing it, but attaching it with an adhesive. After eight days the graft took perfectly. In the second experiment, on the same ram, the time lapse was 18 minutes. Baronio noticed that the graft had some difficulties in taking (*Author's note*: probably superficial necrosis at it occurs in full thickness skin grafts). In the third experiment, always on the same ram, the time lapse was longer and the graft did not take. He concluded that the shorter the time for transplantation the better in terms of survival rate. A beautiful engraved illustration of a ram with skin grafts positioned along its dorsum accompanies the text (fig. 4). Regrettably, Baronio was not aware that the thickness of the skin was the most important factor for skin graft survival. Very possibly in the third experiment he harvested the skin with the underlying adipose tissue, thus jeopardizing the graft take.

Fig. 4–Illustration of the Baronio experiments of free skin grafts in the ram

In the last part of the book, part seven, he created wounds on different animals (goat, dog, sheep) and covered them with aluminum paste to isolate wounds from the air to avoid potential contamination. He noticed that this method facilitated wound healing.

How did Baronio come to this great idea? In explaining the rationale for his investigations, he affirms "I want to verify tissue regeneration and healing process in wounds." Certainly a legacy of the period he spent at Pavia University with his teacher Lazzaro Spallanzani, who dedicated an entire life to studying regeneration and reproduction of animal parts.

Degli Innesti Animali was translated into German in 1819, but despite this it had little impact on followers. The work was almost completely ignored and seldom quoted. We have to be grateful to Robert Goldwyn who translated it into English, making the text available to the plastic surgery scientific community.[2] Other surgeons like Johann Friedrich Dieffenbach (1794-1847), Alfred Armand Velpeau (1795-1867) and the French physiologist Paul Bert (1833-1886) tried to reproduce the skin grafting technique. Paul Bert in particular repeated some of Baronio's experiments 59 years later and described them in his doctoral thesis, published in 1863.[3]

However, most of these authors reported a high rate of failure. Transfer of a full-thickness piece of skin, more difficult to be revascularized, instead of a split thickness piece of skin was probably the explanation. Another negative factor in skin grafts taking was infection.

In 1869, sixty-five years after the publication of *Degli Innesti Animali*, for the first time in the history of surgery, the Swiss-born surgeon Jacques Louis Reverdin (1842-1929) obtained healing of large open wound in man by transplanting thin and small portions of autologous skin from a healthy area of the same individual. The operation was performed at Hôpital Necker in Paris.[4] Other pioneer surgeons like Pollock, Lawson, Ollier, Thiersch and Wolfe used the skin grafting technique and improved it, so that it became the solution of choice for covering chronic and granulating defects.

Conclusions

Degli Innesti Animali, has to be considered an epoch-marking work for several reasons. It is the only treatise on plastic surgery written two centuries after Tagliacozzi's *De Curtorum Chirurgia* (1597). It is the first experimental account on a successful autologous skin graft in an animal with a detailed report. It is the first example of purely scientific research in the history of plastic surgery. For this reason, the founding members of the Plastic Surgery Research Council established the image of the Baronio ram with skin graft over its dorsum as the emblem of the organization.

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March 2013

DATE: 15 MARCH 2013 - 16 MARCH 2013
Meeting: ISAPS Course - Israel
ISAPS-OFFICIAL COURSE
Location: Eilat, Israel
Venue: Royal Beach Eilat Hotel
Contact: Dr. Marcos Harel
Email: marcosclinic@gmail.com
Tel: 972-53-802-506
Fax: 972-3-643-8098
Website: http://www.redseaplastics2013.com

DATE: 15 MARCH 2013 - 17 MARCH 2013
Meeting: XIV Simposio Internacional de Cirurgia Plástica
Location: São Paulo, Brazil
ISAPS-ENDORSED PROGRAM
Venue: Sheraton WTC Hotel
Contact: Medical Relations
Email: contato@simposiointernacional.com.br
Tel: 55-11-5543-4142
Website: http://www.simposiointernacional.com.br

DATE: 22 MARCH 2013 - 24 MARCH 2013
Meeting: Indian Association of Aesthetic Plastic Surgeons Annual Conference 2013
ISAPS SYMPOSIUM
Location: Chennai, South India
Contact: Dr. R. Murugesan
Email: drmurugesan@yahoo.com
Tel: 91-944-402-4839
Fax: 91-44-2829-4429
Website: http://www.iaaps.net/index.htm

April 2013

DATE: 11 APRIL 2013 - 16 APRIL 2013
Meeting: The Aesthetic Meeting 2013
Location: New York, New York, USA
Venue: Javits Convention Center
Contact: ASAPS
Email: asaps@surgery.org
Tel: 1-562-799-2356

May 2013

DATE: 03 MAY 2013 - 05 MAY 2013
Meeting: ISAPS Course - Jordan
ISAPS-OFFICIAL COURSE
Location: Amman, Jordan
Contact: Dr. Mutaz Alkarmi
Email: drmutaz@orange.jo
Tel: 962-06-566-0317
Fax: 962-06-566-2507

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.beautythroughscience.com

June 2013

DATE: 07 JUNE 2013 - 09 JUNE 2013
Meeting: CATFAS IV
ISAPS-ENDORSED PROGRAM
Location: Gent, Belgium
Venue: Handelsbeurs
Contact: Elien Van Loocke
Email: elien@coupurecentrum.be
Tel: 32-9-269-9494
Fax: 32-9-269-9495
Website: http://www.coupureseminars.com/p_159.htm

DATE: 07 JUNE 2013 - 09 JUNE 2013
Meeting: ISAPS Course - Russia
ISAPS-OFFICIAL COURSE
Location: St. Petersburg, Russia
Contact: Dr. Irina Khrustaleva
Email: doctor@irinakhrustaleva.com
Tel: 7-812-335-0909
Fax: 7-812-335-0909

DATE: 13 JUNE 2013 - 15 JUNE 2013
Meeting: ISAPS/FILACP Course - Venezuela
ISAPS-OFFICIAL COURSE
Location: Isla Margarita, Venezuela
Contact: Dr. Betty Parraga de Zoghbi
Email: betty_zoghbi@hotmail.com
Tel: 58-2-261-3768
Fax: 58-2-978-2327

DATE: 14 JUNE 2013 - 15 JUNE 2013
Meeting: Partial and Total Breast Reconstruction, 10th International Fresh Cadaver Dissection Course
Location: Utrecht, the Netherlands
Venue: Anatomy Department, University Medical Centre Utrecht
Email: j.vandermeer@congresscare.com
Tel: +31-73-6901415
Website: http://www.drtulp.nl

DATE: 19 JUNE 2013 - 21 JUNE 2013
Meeting: ISAPS Course - 5th Eurasian International Aesthetic Surgery Course
ISAPS-OFFICIAL COURSE
Location: Istanbul, Turkey
Contact: Dr. Nazim Cerkes
Email: ncerkes@hotmail.com
Tel: 90-212-283-9181
Fax: 90-212-283-2445
Website: http://www.eurasian2013.org

August 2013

DATE: 16 AUGUST 2013 - 17 AUGUST 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Brazil
Location: Fortaleza, Brazil
Contact: Dr. Joao Erfon A. Ramos
Email: erfon@artclinic.com.br
Tel: 55-85-3216-3333
Fax: 55-85-3216-3333

September 2013

DATE: 10 SEPTEMBER 2013 - 14 SEPTEMBER 2013
Meeting: 15th International Society of Craniofacial Surgery Biennial Congress
Location: Jackson Hole, Wyoming, USA
Venue: Teton Village
Contact: Catherine Foss
Email: ISCFS2013@conmx.net
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: http://www.iscfs2013.org

DATE: 13 SEPTEMBER 2013 - 15 SEPTEMBER 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Bolivia
Location: Cochabamba, Bolivia
Contact: Dr. Ma Teresa Zambrana Rojas
Email: tezamr@hotmail.com
Tel: 591-4-458-0616
Fax: 591-4-422-5873

DATE: 21 SEPTEMBER 2013 - 22 SEPTEMBER 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Poland
Location: Kazimierz Dolny, Poland
Contact: Dr. Maciej Kuczynski
Email: kuczynski@tlen.pl
Tel: 48-81-718-4479
Fax: 48-81-718-4535

October 2013

DATE: 11 OCTOBER 2013 - 13 OCTOBER 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Tunisia
Location: Tunis, Tunisia
Contact: Dr. Bouraoui Kotti
Email: contact@drkotti.com
Tel: 21-69-854-9858
Fax: 21-67-486-0942

DATE: 17 OCTOBER 2013 - 18 OCTOBER 2013
Meeting: ISAPS Course - Ecuador
Location: Quito, Ecuador
Contact: Dr. Aldo Murriagui
Email: draldo56@gmail.com
Tel: 593-3-980-196
Fax: 593-3-980-196

DATE: 19 OCTOBER 2013 - 19 OCTOBER 2013
ISAPS SYMPOSIUM
Meeting: ISAPS Symposium - Japan
Location: Tokyo, Japan
Contact: Dr. Susumu Takayanagi
Email: info@mega-clinic.com
Tel: 81-6-6370-0112
Fax: 81-6-6327-0584

DATE: 24 OCTOBER 2013 - 25 OCTOBER 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Argentina
Location: Buenos Aires, Argentina
Contact: Dr. Maria Cristina Picon
Email: mariacristinapicon@hotmail.com
Tel: 54-11-4803-2823
Fax: 54-11-4807-4883

November 2013

DATE: 07 NOVEMBER 2013 - 09 NOVEMBER 2013
Meeting: ISAPS Course - Cyprus
Location: Limassol, Cyprus
Contact: Dr. Christos Merezas
Email: merezas@spidernet.com.cy
Tel: 357-25-73-8500
Fax: 357-25-33-6964

December 2013

DATE: 05 DECEMBER 2013 - 07 DECEMBER 2013
ISAPS-ENDORSED PROGRAM
Meeting: The Cutting Edge 2013 - Debating the Choices in Facial Rejuvenation
Location: New York, New York, USA
Venue: The Waldorf Astoria Hotel
Contact: Bernadette McGoldrick
Email: bernadettemcgoldrick@astonbakersymposium.com
Tel: 1-212-249-6000
Fax: 1-212-249-6002
Website: http://www.nypsf.org

DATE: 13 DECEMBER 2013 - 14 DECEMBER 2013
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - Uruguay
Location: Punta del Este, Uruguay
Contact: Dr. Gonzalo Bosch
Email: gbosch@netgate.com.uy
Tel: 598-2-711-7308
Fax: 598-2-711-7133

January 2014

DATE: 17 JANUARY 2014 - 19 JANUARY 2014
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - India
Location: Jaipur, India
Venue: Venue Hotel Lalit Jaipur
Contact: Dr. Lokesh Kumar
Email: drlokesh@airtelmail.in
Tel: 91-112-922-8349
Fax: 91-114-054-8919

DATE: 24 JANUARY 2014 - 25 JANUARY 2014
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - United Arab Emirates
Location: Dubai, United Arab Emirates
Contact: Dr. Luiz Toledo
Email: ToledoDubai@gmail.com
Tel: 971-50-702-2780

March 2014

DATE: 21 MARCH 2014 - 23 MARCH 2014
ISAPS-OFFICIAL COURSE
Meeting: ISAPS Course - South Africa
Location: Cape Town, South Africa
Contact: Dr. Peter Scott
Email: peters@cinet.co.za
Tel: 27-11-883-2135
Fax: 27-11-883-2336

June 2014

DATE: 05 JUNE 2014 - 07 JUNE 2014
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.beautythroughscience.com

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Correction

Please inform the authors of Dr. Ortiz-Monasterio's obituary in *ISAPS News,* December 2012 that Dr. Ortiz-Monasterio trained under Dr. Truman Blocker of UTMB in Galveston, TX, not Austin, TX. Of that fact I am positive, having some training under both of the above surgeons. I am also a graduate of UTMB Galveston. If memory serves me correctly, Dr. Ortiz-Monasterio was one of Dr. Blocker's first plastic surgery residents.

Terry Tubb, MD – Midland, TX
Plastic and reconstructive surgeon, Class of '68 UTMB, Galveston, TX

DR. ALI AL-NUMAIRY – UAE
1956-2013

On behalf of his family, friends and colleagues, with deep regret and sadness, we inform you of the sudden death on 7 March in a road side accident of our beloved Dr. Ali Al-Numairy.

A famous and multi-awarded doctor involved in international and local societies, he was a president in PSS – EMA for a long period of time and a former ISAPS National Secretary. He handled the organization with immense passion and contributed his knowledge and skills to all members of his society. A great author, he made a proposal for the Arab Board of Plastic Surgery and in MEBO / MEBT in burn management and other journals that correlate to wound management, surgery, dermatology and plastic surgery. We proudly mention that our Dr. Al-Numairy was a great man, a true leader who left a remarkable legacy. Now that we are in moments of mourning, we would like to request that you please pray for the peace of his soul.

Sincerely,
Hazel D. Ibias
Secretary to Dr. Ali Al-Numairy
Gulf Specialty Hospital – Dubai

DR. CARLOS HOYER
Venezuela
1948-2012

DR. LUIS DE LA CRUZ FERRER – Spain
1961-2012

Dr. Luis de la Cruz passed away last June, shortly after his 51st birthday. It is a sad loss for all who knew him. He was an intelligent and caring surgeon. Trained in plastic surgery in Valencia, Spain, he soon developed a special interest in aesthetic surgery. He was a visiting fellow with Dr. Luhan in California and thereafter he started working with Dr. de la Plaza in Madrid, first as assistant, later as associate and he finally took over his practice when Dr. de la Plaza retired. Together they developed and published numerous techniques, particularly on eyelids and facial rejuvenation. They were invited lecturers at many meetings and organized many national and international courses, including EURAPS in Madrid 1999. Dr. de la Cruz was a fine plastic surgeon, a superb golfer and a very good man. He leaves wife (Nuria) and two children (Jaime and Candela).

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Australian Society of Plastic Surgeons

31 January 2013

Professor Carlos Uebel, MD, PhD
ISAPS President
ISAPS Executive Office
45 Lyme Road, Suite 304
Hanover, NH, 03755
USA

Dear Carlos,

I write to express our deepest sympathy for the victims and families affected by the tragedy that occurred in Santa Maria on 27 January. Our thoughts are with the 1500 students affected by this horrific accident. As we mourn the lives that were lost, we wish a speedy recovery for those patients currently undergoing treatment.

In the face of tragedy and intense suffering, we are often humbled by the charity and kindness of others. In this spirit, we commend the efforts of our colleagues in Brazil and South America, and wish them every success during this time of adversity.

This time of intense sorrow also provides the opportunity for reflection. The senseless loss of lives should serve as a catalyst for reform to ensure that more stringent regulations on the use of pyrotechnics in confined spaces are put in place and that proper emergency evacuation procedures are observed. We hope that our colleagues in Brazil are successful in their advocacy for reform to prevent future tragedies from occurring.

With our deepest sympathy,

RJ Cooter

Rod Cooter, MBBS (Adel), FRACS
President, Australian Society of Plastic Surgeon

Australian Society of Plastic Surgeons Inc
Suite 403, Level 4, 66 Christie Street
St Leonards NSW 2065
Telephone: 61 2 9437 9260 Fax: 61 2 9437 9219