

# ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

## TO THE TWELVE FOUNDING MEMBERS OF ISAPS, WITH GRATITUDE FROM JAPAN

Kitaro Ohmori, MD – Japan

*Honorary Local Chair, ISAPS Kyoto 2016*



Founding members of ISAPS after the first Executive Committee Meeting, 1970.

**O**n my desk is a photo at right with a postscript by the late Dr. Seiichi Ohmori: “The photo was taken in the corridor just after the first Executive Committee Meeting of ISAPS.” Big smiles of the young founding members can indeed be recognized. Vol. 7, No. 3, 2013 of ISAPS News contained an obituary of Dr. Perseu Lemos (Brazil), who was the last survivor among the twelve founding members of ISAPS. I here would like to express my sincere condolences and my gratitude to all of the founding members. Highly regarded should be the foresight of the members who decided to establish

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**Members!  
Download  
the new  
Journal App  
today.**



**See back cover for instructions.**

ISAPS is currently collecting data for our 4th study of worldwide aesthetic plastic surgery procedures. The information generated from this data is important to all plastic surgeons, the international press, industry and the public.



**All submitted surveys will be eligible for a drawing to award 20 certificates of \$200 each that can be used toward any ISAPS Course or the 2014 ISAPS Congress in Rio de Janeiro, Brazil.**

To submit your data for this international study [click here](#).



ISAPS Visiting Professors in India – see story on page 8.

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# MESSAGE FROM THE EDITOR



Welcome to this issue of *ISAPS News*, packed full of reports of the global activities of our society's members, informative and educational articles, and viewpoints from ISAPS members worldwide.

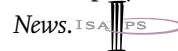
In our feature story, long-time ISAPS member Dr. Kitaro Ohmori pays homage to the ISAPS founders and the impact the society has had on the growth of aesthetic surgery in Japan. Dr. Ohmori connects us with the rich history of ISAPS, making us aware that the first ISAPS Congress was held in Rio de Janeiro, Brazil in 1972, and that the return of our premier biennial educational event to Rio in 2014 occurs just after the passing of the last remaining founding member. I know that all of the founders would be proud of the growth and accomplishments of ISAPS, and we salute them for the tremendous legacy they leave for global aesthetic surgery.

The educational mission of ISAPS is being realized in spades through numerous international

courses. In this issue, we learn about ISAPS courses and symposia in India, Guatemala, Dubai, and Argentina. Additionally, the ISAPS Visiting Professor Program continues to bring our educational leaders together with our colleagues in their own institutions. ISAPS 1st Vice President, Renato Saltz, and National Secretary for Turkey, Nuri Celik, tell us about their experience as ISAPS Visiting Professors at the very prestigious Department of Plastic Surgery at the Post Graduate Institute in Chandigarh, India that also included their participation as faculty at the very successful ISAPS Course in Jaipur.

Our very popular Global Perspectives series focuses this time on the topic of periorbital rejuvenation. ISAPS members from across the globe share their observations, pearls of wisdom, and approaches to this challenging area of practice. Also in this issue, we have a fascinating piece from noted psychologist David Sarwer on the rising popularity of global aesthetic surgery and the psychological implications inherent in patients' decisions to change their appearance. We look forward to this new regular column in our newsletter. The historical piece on renaissance surgeon, Pierre Franco (1504-1580), by Denys Montandon from Geneva, Switzerland, is another must-read!

I hope you enjoy this latest issue of *ISAPS News*.



Warmest regards,

J. Peter Rubin, MD, FACS  
*ISAPS News Editor*

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# PRESIDENTIAL EDITORIAL



Dear Colleagues,

## Rio Congress 2014

Our Congress in Rio is approaching and we already have more than 500 registrations from all over the world from an estimated 2,000 attendees. We are working to plan one of the most attractive and intensive ISAPS meetings we have had, featuring more than 400 speakers and moderators, 240 free papers, 16 workshops and 16 master classes. It's an outstanding scientific program organized under the leadership of Jorge Herrera and Nazim Cerkes – together with a group of 12 renowned surgeons on the Program Committee from around the world. A high-quality faculty that will bring the most recent advances to discuss what works and what doesn't in our specialty. Please pay attention to the following:

1. If you want to present a free paper, you must submit it by April 30th using our on-line submission program on the congress website [www.isapscongress.org](http://www.isapscongress.org)
2. Awards for the best body contouring or fat grafting papers will be provided by the Body Contouring Research Foundation Fund for presenters under age 45 in both Clinical and Research categories: US\$4,000 for first place and US\$2,000 for second place in both categories. You must indicate that you want your paper considered for these prizes when you submit your abstract.



Ride the cable car to the top of Sugarloaf in Rio. The view is magnificent.

3. If you have a unique or new concept, product or procedure that you want to present during the Ideas and Innovations Session at the Congress, please send it to our Executive Office at [isaps@conmx.net](mailto:isaps@conmx.net) giving your name, the title of the topic, and a 50-word description. We will select the 14 best topics for 4-minute podium presentations with awards for first and second place.
4. Don't forget to register early at the reduced price and don't forget to book your hotel, tours, and airport transfers through our website. Rio is a very busy city.

## ISAPS 3000 Members

We have almost 3,000 members due to an incredible task force of our National Secretaries team, together with our Executive Office and our Membership Committee headed by Ivar van Heijningen. They are responsible for enlisting members of high quality in their countries. It was always my dream to bring our Society to 3,000 members and we are almost there – but we can't do it alone. It's important that all of you help in this mission, asking your colleagues to be members of ISAPS. We are so proud that in each country where we are organizing official ISAPS Courses, more and more applications for membership result.

## ISAPS Survey

This is probably one of our most outstanding goals for this year. Through the Communications Committee headed by Sami Saad in Lebanon, we are collecting data for the largest aesthetic plastic surgery survey in the world. The resulting analysis will provide the international media a new profile in different countries about the most common procedures performed in aesthetic plastic surgery. This year we have introduced some new questions about aesthetic medicine and most the common breast implant sizes used. If you have not yet answered the survey questions, please go to our website [www.isaps.org](http://www.isaps.org). You can easily fill it out in 5 or 10 minutes.

We are offering \$200 certificates toward any ISAPS Course, or the Congress, for 20 people who complete the survey. In June you will be informed of the results that you can share with your local media who are eager for this information according to the number of calls received each week by our Executive Office.

*continued on page 6*

## Founding Members, *continued from cover*

ISAPS in 1970, which eventually opened the field of aesthetic plastic surgery. At that time, there was not even a clear definition of aesthetic plastic surgery, but it is now nurtured worldwide through our well-established society.

I would like to introduce here the excellent influence of ISAPS on aesthetic plastic surgery in Japan. Since the Meiji Restoration which took place some 150 years ago, the Japanese tried to amalgamate the authentic Japanese spirit with technologies learned from modern Europe. Just before World War II, however, there was a period when so called cosmetic surgery “flourished with aggressive advertisements.” Medical doctors who had been educated in Japan based on the German medical school were certainly not happy to see such activities. During the post-war chaos, such cosmetic surgery was reborn with breast augmentation using silicone oil injection. The technique, however, was associated with various complications, introducing public concerns. Dr. Isaharu Miki of the University of Tokyo considered that this seriously violated medical ethics, and thought that proper education in this type of surgery should be introduced. He established a research team on plastic surgery at the University of Tokyo in 1950. In 1955, he submitted a paper at the Congress of the First International Society of Plastic Surgery (IPS, now IPRAS) which was held in Uppsala, Sweden. Later he founded JSPS (which is now JSPRS, the Japanese chapter of IPRAS) together with Dr. Seiichi Ohmori and their colleagues.

This, however, is not the end of the story in Japan. Aesthetic plastic surgery is affected by past experiences, medical society structures, and policies of respective nations. Japan was adopting a medical insurance plan which did not include aesthetic plastic surgery. It was considered unimportant and had to be incorporated into one of the reconstructive surgeries at the major hospitals. In order to pursue progress in aesthetic plastic surgery in such an atmosphere, Dr. Seiichi Ohmori and core members of JSPRS established the Japan Society of Aesthetic Plastic Surgery (JSAPS) in 1977, the Japanese chapter of ISAPS. At that time, Dr. Seiichi Ohmori was fortunately one of the charter members of ISAPS. Later he and Dr. Kiyotaka Watanabe served as Presidents of ISAPS.


In 2013, we achieved a splendid modification. After a long period of 30 years, JSPRS and JSAPS finally decided to approve each other. Now both societies form a two-storied structure, with JSAPS sitting on JSPRS, in accordance with the upcoming medical specialists program. This change could never have happened without the assistance of ISAPS, thanks again to the twelve founding members.

The first ISAPS Congress was held in Rio de Janeiro, Brazil in February of 1972 after the hard work of the founding members. Just after the death of the last surviving founding member,

## ISAPS Founding Members

Salvador Castañares	USA
Guillermo Nieto Cano	Colombia
Mario González-Ulloa	Mexico
Ulrich T. Hinderer	Spain
Perseu Castro de Lemos	Brazil
John R. Lewis, Jr.	USA
Ernesto F. Malbec	Argentina
Hector Marino	Argentina
Rodolphe Meyer	Switzerland
John C. Mustarde	Great Britain
David Serson Neto	Brazil
Jose C. Vinas	Argentina

the next Congress will be held again in Rio – a nice coincidence.

ISAPS 2016 will take place in the historic and beautiful city of Kyoto, Japan, under the leadership of Dr. Susumu Takayanagi as President. Please join us in Kyoto and enjoy its glorious history with your colleagues in Japan. 

## Future Issues of *ISAPS News*:

May – August

**Post Weight Loss  
Body Contouring**

September – December

**Variations in Training Programs**

January – April (2015)

**Rhinoplasty**

If you are interested in contributing an article of 500-750 words, please contact the Editor at [isaps@commx.net](mailto:isaps@commx.net)

# AAAASFI REMAINS COMMITTED TO PATIENT SAFETY

Ronald E. Iverson, MD – United States

President AAAASFI



The AAAASFI remains committed to patient safety and providing accreditation services to ensure the quality and safety of facilities providing care all over the world. As part of its mission to improve patient safety, AAAASFI continues to pursue the development of the concept of accreditation throughout the world. While the number of physicians making the commitment to accreditation spans the globe, there has been significant development in Latin America and Europe.

Clusters in Costa Rica and Medellín, Colombia continue to constitute the largest concentrations of accredited facilities; however, the concept is catching on. In July 2013, the first facility in El Salvador became accredited. It has been quickly followed by several others. There are now six facilities accredited in El Salvador and several others are in the process. Another cluster of facilities has also emerged located in Bogota, Colombia and has been in contact with AAAASFI regarding accreditation.

The first major group adoption of accreditation in Europe took place in November 2013 as the Swiss Society of Aesthetic Surgery adopted accreditation as a mandatory condition of membership. AAAASFI has received the first cadre of five applications that will join Poëll Klinik as the vanguard for accreditation of facilities in Switzerland. Once complete, the accreditation of all of the members of the Swiss Society will make Switzerland the largest concentration of accredited facilities in Europe. The Swiss Society is the first specialty society outside of the United States to mandate accreditation. The vision and commitment of the founding members of the society to make patient safety a priority deserves recognition.

Facilities in 15 countries now participate in the AAAASFI program. Accredited facilities maintain 100% compliance with global standards to demonstrate that qualified physicians provide safe, high quality care to patients and do so only in an appropriately equipped and governed setting. Fulfilling these requirements ensures that physicians practice only within the scope of specialty for which they have received adequate training.

Clusters continue to develop in various locales and AAAASFI is prepared to meet the requirements and guidelines that are sure to be set by governmental bodies, local regulatory agencies, and international organizations to minimize potential risk, financial liability, and reputational damage. AAAASFI has engaged several governments to explore regimes that cre-



Oficial, Ronald Edward Iverson entrega al doctor Roman Zaldívar la acreditación de la AAAASFI.

“Recibir esta credencial es el mejor respaldo que podemos ofrecer. Es necesario, y hasta obligatorio, que los profesionales de la salud estemos a la vanguardia de los tratamientos”.

ROMAN ZALDÍVAR, presidente de Clínica Zaldívar.

## Clínica Zaldívar recibió acreditación internacional

Clínica Zaldívar se convirtió ayer en la segunda clínica de cirugía plástica certificada por una asociación internacional a escala centroamericana. La primera se ubica en Costa Rica.

LETICIA M. SERRANO  
Asociada @laprensaquecambia.com

La Clínica Zaldívar parece santuario, cada paciente que lo visita se siente a gusto, en paz. Ese ambiente mismo, tranquilo, similar al concepto de clínicas de primer mundo, la ha convertido en una clínica líder en el tiempo de la cirugía plástica y de belleza corporal en nuestro país; los pacientes pueden recibir una diversa gama de tratamientos mínimamente invasivos, reducción de peso y tratamientos de spa facial y corporal,

entre otros. Gracias a estos atributos, la clínica recibió ayer una acreditación de parte de la Asociación Americana para Acreditación de Instalaciones de Cirugía Ambulatorias Internacionales (AAAASFI, por sus siglas en inglés). El presidente de la asociación, Ronald Edward Iverson, se encargó de entregar oficialmente la acreditación a dicho centro médico, como también al Centro de Cirugía Ambulatoria (CECIAM).

“Nosotros lo que hacemos es estar seguros de que ellos están entrenados y capacitados para ofrecer sus ser-

vicios. Se tomó en cuenta las instalaciones, que las habitaciones son amplias, luminosas y la cobertura a los pacientes. Es el mismo criterio que se utilizan en más de 3,000 clínicas en Estados Unidos. Lo puede ocupar como turismo médico, y le da un nuevo estándar a nivel mundial”, aseguró Iverson.

El doctor Roman Zaldívar, presidente de dicha clínica, se mostró orgulloso y complacido de convertirse en el primer centro de cirugía plástica del país acreditado. En Centro América solo existen dos. El primero se encuentra en Costa Rica.

“Toda mi vida había querido tener una clínica que tuviera los mismos estándares de Estados Unidos. Aprender una clínica no solo significa tener una buena clínica, sino que también significa tener una infraestructura adecuada, tener seguridad para el paciente, esto no solo le da prestigio a la clínica, sino al país, con esto podemos empezar a operar a pacientes de otros países, esto le da credibilidad”, aseguró Zaldívar.

Con estas dos nuevas acreditaciones ya suman ocho las instituciones médicas que la AAAASFI certifica en nuestro país.

El Centro Internacional del Cáncer del Hospital de Diagnóstico, Hospital de Especialidades Nuestra Señora de La Paz, Hospital San Francisco y Hospital Paravida son algunos de los primeros centros médicos acreditados.



**Centro acreditado**  
Clínica Zaldívar recibió la acreditación. Este centro se especializa en el tratamiento de cirugías de baja complejidad, es un proyecto pionero en nuestro país y que aglutina en un mismo centro los servicios de endoscopia, ultrasonografía, quimio y laboratorio clínico, el servicio rugie y el servicio gineco.

ate practical requirements with a measurable impact on patient safety. AAAASFI is eager to collaborate with governments, stakeholder groups, and individual facilities to continue to advance patient safety in the ambulatory setting. ISA PS

## New Aesthetic Medicine Affiliations

During our last board meeting in Punta del Este, Uruguay, we approved an important issue – to create a task force to review and set policies regarding ISAPS affiliations with other specialties and multi-specialty meetings. The idea is to be more open to endorsing other educational programs in the aesthetic facial and body contouring fields. It's a big commercial and competitive target whereby ISAPS will offer new endorsements for multidisciplinary courses and new opportunities to invite non-plastic surgeons as faculty at our meetings. A task force formed by Renato Saltz, Grant Stevens, Nazim Cerkes, Lina Triana and Gianluca Campiglio will establish the guidelines for this new ISAPS initiative. I would appreciate if our membership could bring more input to this issue that I am sure will be one of our outstanding goals.

### Board Meeting and Official Course in Punta del Este

For the first time, we organized a Board meeting in South America, besides those held during the Biennial Congresses in São Paulo and Rio de Janeiro years ago. It was a success to join this meeting with an Official Course in the beautiful city of Punta del Este, Uruguay – a unique opportunity to bring outstanding faculty from around the world to discuss the most recent advances of our specialty to our South American colleagues. All Board members and attendees from Uruguay, Argentina, Chile, Paraguay and Brazil enjoyed this idea. *Aesthetic Education Worldwide*, our Presidential slogan, has been confirmed again as a wonderful opportunity to share new ideas and to develop new friendships. All future Official Courses and Symposia to be held around the world are listed in the Calendar of Events section of the website under Medical Professionals in the menu at the top of the homepage.

Kind regards from,



Carlos Oscar Uebel  
ISAPS President



ISAPS Board meets in Punta del Este

*Front row:* Carlos Uebel, Dan Knutti, Lina Triana, Catherine Foss.

*Back row:* Renato Saltz, Nazim Cerkes, Jorge Herrera, Dirk Richter, Susumu Takayanagi and Gianluca Campiglio.

# THE POPULARITY OF AESTHETIC SURGERY

David B. Sarwer, PhD – United States

*Professor of Psychology, Departments of Psychiatry and Surgery  
Consultant, The Edwin and Fannie Gray Hall Center for Human Appearance  
Perelman School of Medicine, University of Pennsylvania*



The last several decades have seen a dramatic increase in the number of individuals throughout the world who have turned to aesthetic surgery and related minimally-invasive treatments in an effort to improve their appearance. Individuals who work in the medical specialties who offer these procedures know that tens of millions of women and men undergo these treatments annually. Lay persons and professionals from other medical specialties often have little appreciation of the popularity of these procedures and are often staggered by the number of persons who now undergo aesthetic medical procedures.

Plastic surgeons who provide aesthetic treatments have long been interested in the psychological factors that motivate individuals to undergo these procedures as well as the psychological changes that they frequently observe postoperatively. The earliest reports in the peer review literature from decades ago, and often published by collaborations of medical and mental health professionals, typically characterized patients interested in these procedures as suffering from mood or anxiety disorders, schizophrenia, and personality disorders. These early reports, however, have not been confirmed by more recent studies nor have the clinical impressions of medical providers who offer these treatments on a regular basis. Regardless, there remains great interest in understanding patients' motivations and expectations for these procedures. At the same time, many providers are interested in identifying patients who may be suffering from mental health issues that may be associated with poor postoperative outcomes. In this regard, the mental health considerations in aesthetic medicine touch on issues of practice and risk management as well as more general bioethical issues in medicine.

My colleagues and I have suggested that there are a number of likely explanations for the rise in popularity of aesthetic surgery. The decreased risk, recovery time, and lower costs have likely fueled the massive growth of minimally-invasive treatments. At the same time, technological advances have made many of the more traditional surgical treatments safer while more general advances in medicine have decreased the length of most postoperative recovery periods. Aesthetic treatments

readily lend themselves to direct-to-consumer advertisements readily found in city and regional magazines – and increasingly on billboards and at bus stops. Without question, the mass media and entertainment industries have contributed to the growth. Aesthetic medicine has long been a very popular topic for women's (and men's) beauty magazines, which often tout the latest advances in the field. These are frequently covered on television talk shows and news broadcasts, while a number of celebrities are candid about their personal experiences with surgical and non-surgical treatments. All of this coverage plays against a backdrop of relentless images of physical perfection depicted in magazines, television programs, movies and on the internet. The end result is that we come to see that aesthetic medicine is an accepted part of the quest for physical beauty.

There are other potential explanations for the growth of aesthetic medical treatments as well. Evolutionary theories of physical attractiveness suggest that physical characteristics representing reproductive potential are the ones that are perceived and judged as being most physically attractive by others. These theories can be applied to aesthetic medicine. Many surgical and minimally invasive treatments performed on the face are undertaken to help an individual look more youthful and/or enhance facial symmetry. Both of these traits are well established markers of facial attractiveness. Similarly, liposuction, abdominoplasty, and related treatments can decrease an individual's waist-to-hip ratio, another marker of reproductive potential and, thus, attractiveness.

Social psychological research on the importance of physical appearance in daily life can also be used to understand the growth of aesthetic medicine. This well-developed body of research has taught us that individuals who are more physically attractive are believed to have a number of more positive personality traits. Another major finding from this research reveals that more attractive individuals receive preferential treatment in a great number of personal and professional situations across their lifespan. Boiling it down to its simplest form, whether we like to admit it or not, physical appearance matters.

*continued on page 12*

## PASSAGE TO INDIA

Nuri Celik, MD – Turkey

*National Secretary for Turkey*



**R**enato Saltz and I travelled to India in January as ISAPS Visiting Professors to spend time at the Department of Plastic Surgery at the Post Graduate Institute in Chandigarh, one of the most prestigious training centers in India – known as “The Harvard of India.”



It took us one hour to fly from New Delhi to Chandigarh, and the chief resident of the department, Dr. Abizer Kapadia, greeted us. The chair of the Department of Plastic Surgery, Dr. Ramesh Sharma stopped by to welcome us as we were having dinner that night.

Lokesh Kumar, National Secretary for India and local host for the ISAPS Course in Jaipur, had arranged an unforgettable historic tour for us, covering the area called the Golden Triangle – a region ruled by the Moghul dynasty that left a spectacular architectural heritage behind.

We landed in New Delhi in extreme fog, as our plane had to come to a sudden halt soon after landing. This was the start of the Indian surprises that were ahead of us. The drive to the hotel was blurred due to the intense fog. It was not before noon the next day that we were able to see what was surrounding us. We started our tour of Old Delhi at Jama Masjid, the largest mosque in India, that was built by the Moghuls. This was the first time the architectural wonders of the Moghuls started to haunt us. This dream would continue with our visits to the Humayun’s Tomb, Qutb Minar in New Delhi; Fatahpur Sikri and Agra Fort in Agra and the crown jewel of the Moghuls, the fabulous Taj Mahal, in the following days.

The next morning, we gathered in the conference room of

the plastic surgery facility and listened to the residents to analyze the surgery cases. They showed a very organized approach and a precise surgical plan. The surgeries were transmitted to the conference room for all the department staff. Renato performed a breast reduction surgery and I operated on a crooked nose with the assistance of the residents. After surgery, we spent the whole afternoon giving talks on many aesthetic surgery topics including abdominoplasty, breast surgery, facelift, blepharoplasty, and rhinoplasty. We both showed aesthetic surgical videos and covered patient safety topics.

The next morning we visited the surgical patients we had operated on the day before and gave more lectures on various aesthetic procedures. We were then transferred to the airport to catch our flight to New Delhi and continued to Jaipur for the ISAPS India 2014 Course. The airport was surprisingly deserted and we were told that all outgoing flights were cancelled due to the fog. The only option was to take a taxi to New Delhi to catch our next flight.



Drs. Ramesh Sharma, Renato Saltz, and Yogesh Chawla.

Our taxi drive was a safari on an Indian highway. There was frequent construction going on and a crowd of motorcycles, cows and street vendors. It was a parade of Indian daily life, both appealing and strenuous at the same time. The possibility of missing our connecting flight to Jaipur exhausted us, because we realized that we were not well equipped to deal with having to drive under similar conditions from New Delhi to Jaipur. We made our connecting flight. When we arrived in Jaipur, we went to see the patients selected for live surgery during the course the next day.



The surgeries took place in Fortis Hospital, a private facility in the Jaipur area. The long surgery day started with a body contouring case including abdominoplasty and liposuction performed by Renato. We learned that abdominoplasty is the most popular aesthetic procedure in India because the traditional clothing, sari, leaves the belly area exposed. This was followed by a male rhinoplasty that I performed. It was a nice surprise to have full attendance in the conference room even after 8 p.m. when the surgery finished. This continued for the whole meeting in Jaipur. The entire faculty was convinced that this was one of the most attentive crowds we have seen in years.



Renato Saltz during surgery in Chandigarh.

In our spare time, we visited the historic sites and museums of Jaipur, the Pink City, and its colorful bazaar. At night, we had a chance to taste the rather spicy and exotic Indian cuisine. The meeting ended around noon on January 19th and we took a late afternoon flight back to New Delhi. At the airport, we had to say good-bye to our host, Lokesh Kumar, and the outstanding faculty of the Jaipur Meeting. After six hours I was back in Istanbul. After 41 hours Renato was back in Salt Lake City.

Today, back in our practices and daily lives, it is impossible to forget the hospitality, the friendships, the architectural heritage and the wonderful colors of India.



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# THE CUTTING EDGE 2014

34<sup>TH</sup> AESTHETIC SURGERY SYMPOSIUM

THE WALDORF ASTORIA HOTEL GRAND BALLROOM  
NEW YORK, NEW YORK DECEMBER 4,5,6, 2014

COURSE CHAIRMEN: SHERRELL J. ASTON, MD DANIEL C. BAKER, MD

PORTUGUESE AND SPANISH TRANSLATION

# ISAPS COURSE 2014 – JAIPUR, INDIA

Lokesh Kumar, MD – India

*National Secretary for India*



The ISAPS Course 2014 in Jaipur, India was organized in January in the tourist town of Jaipur located about 250 miles from the capital city of Delhi. The course was sanctioned by the ISAPS Board of Directors by popular demand of Indian plastic surgeons following a very successful course at Goa in 2012.

As the National Secretary for India, I was the organizing Chairman of the course. Dr. Nazim Cerkes, Dr. Renato Saltz and Dr. Vakis Kontoes were the Course Directors. The city of Jaipur was chosen as the host city for its traditional values and lifestyle which truly represent rich Indian culture, and for its proximity to the capital, New Delhi, and to the city of Taj Mahal-Agra. Jaipur is a very popular tourist destination amongst international travelers with its forts and palaces and shopping for Indian jewelry and precious stones. The course venue, Hotel Lalit, a decent five star hotel, was the obvious choice for its hospitality and architecture which mirrors the ancient palace of Jaipur Kings.

The course faculty included well-known names from various countries as well as members from Indian plastic surgery community who covered the entire spectrum of aesthetic surgery in a very elaborate scientific program spread over two and a half days. The faculty included:

**International Faculty** – Drs. Nazim Cerkes, Turkey; Renato Saltz, USA; Vakis Kontoes, Greece; Kotaro Yoshimura, Japan; Susumu Takayanagi, Japan; Nuri Celik, Turkey; Daniel Knutti, Switzerland; Sanguan Kunaporn, Thailand; Enrico Robotti, Italy; Reha Yavuzer, Turkey; Kai Schlaudraff, Switzerland; Kulwant S. Bhangoo, USA; Sacit Karademir, Turkey; Ismail Kuran, Turkey; and Tunc Tiryaki, Turkey.

**Indian Faculty** – Drs. Suresh Gupta, L. D. Dhami, Lokesh Kumar, Rakesh Kalra, K. Ramachandran, Roy Kanjoor, Shahin Nooreydzan,

Sandip Jain, Kuldeep Singh, Suneet Soni, Manoj Khanna and Professor Ramesh Sharma.

There were two pre-course workshops. The hands-on workshop on hair transplantation was attended by 35 pre-registered participants. They had a good interactive session with the faculty members Drs. Sacit Kerademir, Daniel Knutti, Rajesh Rajput, Kapil Dua and Ramachandran and were able to practice on maquet head models and had cutting and planting experience on volunteer patients. This workshop was organized by local plastic surgeon Dr. Suneet Soni at his newly opened Hair Transplant Centre in Jaipur. Dr. Soni is the latest addition to our ISAPS membership in India.



Guest faculty, front row: Nuri Celik, Tunc Tiryaki, Renato Saltz. Back row: Kai Schlaudraff, Vakis Kontoes, Nazim Cerkes, Susumu Takayanagi, Lokesh Kumar (Local Organizing Chair), and Daniel Knutti.

The second workshop was organized by Dr. Sandeepan Mukul at Fortis Escort Hospital, in Jaipur. Drs. Renato Saltz and Nuri Celik were the faculty for this workshop. They performed an abdominoplasty and a rhinoplasty which were transmitted live to the delegates at Hotel Lalit. The two-way communication with faculty resulted in a very interesting learning experience for the delegates.

The rest of the faculty members enjoyed a Jaipur sightseeing tour to visit local forts and palaces, the Jaipur observatory, and other places of interest and explored bazaars for shopping at Old Jaipur City. In the evening, faculty members and spouses attended the faculty dinner at Hotel Lalit. The first day of the main course started with introductory remarks by Dr. Nazim Cerkes and covered various topics in facial rejuvenation, periorbital rejuvenation and rhinoplasty in 28 lectures.

Dr. Raja Babu Panwar, Vice Chancellor of Rajasthan Medical University, was invited as chief guest at the evening inaugural function. The gala dinner was organized at Amber Village in a traditional Indian theme. Guests enjoyed the village life of India

# ISAPS SYMPOSIUM

M. Cristina Picon, MD – Argentina

National Secretary for Argentina



A one-day ISAPS Symposium was held on October 26 following the XVIII Simposio Internacional Siglo XXI of the Buenos Aires Society of Plastic Surgery on October 25 in Buenos Aires, Argentina.

The Sheraton Hotel and Convention Center, with a spectacular view to the Rio de la Plata (Silver River), was the venue. The program featured sessions on Facial Rejuvenation, Body Contouring, Breast Augmentation, Minimally Invasive Facial Rejuvenation, Lip Surgery and Fillers.

The quality of the presentations was good enough to keep most of the attendees in the room Saturday afternoon. The guest faculty included Bernard Cornette de Saint-Cyr (France), Constantin Stan (Romania), Yitzchak Ramon (Israel), Yhelda Felicio (Brazil), Carlos Roxo (Brazil), and Antonio Graziosi (Brazil). Thank you to all of them.

We also thank the 694 attendees, and the 30 companies that supported this symposium, especially when we consider the



From left to right: Elias Hurtado Hoyos, President of Argentinean Medical Association; Juan Carlos Traverso, President of Argentinean Society of Plastic Surgery; M. Cristina Picon, ISAPS National Secretary; Ricardo Losardo, President of Simposio Siglo XXI; Omar Ventura, President, Buenos Aires Society of Plastic Surgery; Jorge Herrera, ISAPS Second Vice-President; Daniel Castrillon, Treasurer of Simposio Siglo XXI.

economic and political difficulties in our country. An exceptional spring impressed our guests, and we enjoyed the faculty dinner, the welcome cocktail, and the Tango Night.

Thank you to everyone who made this symposium a success, specially the

authorities of the Buenos Aires Society of Plastic Surgery; Nazim Cerkes, Chair of the ISAPS Education Council, Ricardo Losardo, President of Simposio Siglo XXI, and Carlos Uebel, President of ISAPS.



with traditional Indian dances and music along with a sumptuous dinner.

During the second day, 28 lectures featured various topics on breast augmentation/reduction, mastopexy, minimally invasive techniques, and a special session on emerging technologies. The evening was free for delegates to explore Jaipur City and taste local cuisine.

The last day of the meeting was devoted to sessions on body contouring and hair transplantation, and a miscellaneous session, all covered in 15 lectures. Dr. Saltz gave a very impressive lecture on cosmetic medicine strategies.

The richness of the course content was evident from the packed meeting hall throughout the event – until the last session. The content of the program was rated excellent by most of the del-

egates. To discourage delegates from recording the lectures, the organizing committee suggested posting edited course proceedings on the website for delegates to access for future reference. The clinical photographs from the presentations will be removed to prevent any misuse. Necessary permissions will be obtained from participating faculty before uploading this content to the website.

We are very grateful to our sponsors. It is because of their support that we were able to keep the registration fee very low for residents in order to assure large participation. We are also thankful for these societies for their endorsement: Association of Plastic Surgeons of India (APSI), Indian Association of Aesthetic Plastic Surgeons (IAAPS) and the Thai Society of Plastic Surgery.



# ISAPS COURSE – GUATEMALA

Lina Triana, MD – Colombia

*ISAPS Secretary and National Secretary for Colombia*



I wanted to share with you our ISAPS course that took place at the Hotel Camino Real in Guatemala City, Guatemala, Central America on February 6-9. We had 32 registered doctors and six new member applications. Surgeons from El Salvador, Nicaragua, Colombia and Guatemala participated.

We all enjoyed the wonderful hospitality provided by our local organizer Dr. Germán Vargas and the entire Board of Directors of the Guatemalan plastic surgery society. They did a

great job in organizing this event.

All of our registered plastic surgeons were very interested during the whole meeting and were grateful to ISAPS for bringing this scientific program to them.

I want to extend special thanks to all of our invited faculty for their high quality presentations. Without their generous participation, we would not be able to have this great scientific program and enhance our ISAPS organization in Central America.



**Popularity of Aesthetic Surgery, continued from page 7**

With these observations in mind, for many individuals, interest in aesthetic medicine can be seen as being psychologically adaptive, perhaps more similar to other health behaviors such as eating a healthy diet or exercising regularly. The question then becomes whether or not individuals experience psychosocial benefits from aesthetic medical treatments, an issue that will be discussed in a future article.

*David B. Sarwer, PhD is a recognized authority on the psychological aspects of physical appearance and their relationship to both cosmetic and reconstructive treatments. His work in this area over the*

*past two decades has been published in peer reviewed journals covering plastic surgery, dermatology and psychology. He has co-edited two books in this area: Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery (Lippincott, Williams & Wilkins, 2006) and Presurgical Psychological Screening (American Psychological Association, 2013). He also serves as an Associate Editor for Body Image and Health Psychology and serves on the Editorial Board for Aesthetic Surgery Journal and Plastic and Reconstructive Surgery. In a series of articles in the next few issues of ISAPS News, he will provide more in-depth information on the psychological aspects of aesthetic surgery.*



# COME SEE THE FUTURE – ISAPS COURSE DUBAI

Luiz Toledo, MD – UAE




The first ISAPS course to be held in the United Arab Emirates, *Come See the Future*, was held on January 24-25 in Dubai. ISAPS would be proud of us. The venue was the Emirates Towers hotel. The faculty came from Belgium, Brazil, Colombia, France, Greece, Italy, Saudi Arabia, Singapore, the UAE, USA and the UK. The audience represented 31 different countries. The organization was managed by the Cnidus Company in Istanbul and they were perfect in their timing and communica-

tion. I had the pleasure to serve as Course Director.

The scientific program covered most of the aesthetic surgery topics and the idea was that the attendees could “see the future” not only scientifically, but also the future of the world by looking at Dubai. The social program included a faculty cocktail at Medical Arts Clinic, faculty dinner at the Pierchic Restaurant of the Al Qsar Hotel and another at the Al Nafoorah Lebanese restaurant. Desert Safari and Dune Bashing with an oasis barbecue and

belly dancing was attended by most of the faculty.

Three members of the ISAPS Board attended, Dr. Nazim Cerkes, Gianluca Campiglio and Lina Triana. Three of the five members of the Board of the EPSS—Emirates Plastic Surgery Society—attended the course including the vice president, Dr. Venkat Ratnam, and the secretary, Dr. Jamal Jomah. We were also pleased to welcome Dr. João Prado Neto, the current president of the Brazilian Society of Plastic Surgery. 



At the Pierchic Faculty Dinner: Dr. and Mrs. Jamal Jomah from Saudi Arabia, Dr. Lina Triana from Colombia, Dr. and Mrs. João Prado Neto from Brazil, Dr. and Mrs. Luiz Toledo from Dubai, Dr. and Mrs. Yann Levet from France and Mr. Shailesh Vadodaria from London.





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## ISAPS WELCOMES OUR NEW PUBLIC RELATIONS TEAM

Catherine Foss – United States

*ISAPS Executive Director*



We are very pleased to welcome our new public relations team in New York City comprised of **Leigh Hope Fountain**, Director of Public Relations, and **Gloria Gasaatura**, Public Relations Assistant.



Leigh is a savvy public relations and marketing professional with more than 15 years of combined experience developing and implementing strategic marketing,

branding and public relations plans for clients within the health, wellness, beauty and luxury lifestyle industries. She has had significant experience working with a number of reputable cosmetic and plastic

surgeons, as well as with other medical societies including The American Society for Interventional Pain Physicians and the American Society for Metabolic and Bariatric Surgery, championing their patient safety and lobbying efforts, while garnering valuable media coverage.

She is a graduate of New York University, with a Bachelor of Arts degree in English, and continued her education at the University of California, Los Angeles in Crisis Communications.



Gloria brings five years of experience in healthcare public relations working with numerous healthcare and business-to-business clients. She

has focused extensively on patient safety, consumer awareness, education, and media relations. She is also a graduate of New York University, with a Masters in Public Relations and Corporate Communications.

Together, Leigh and Gloria are responsible for the development and direction of ISAPS public relations campaign strategies as well as the execution of tactical activities, including media relations, and support designed to advance the Society's mission by leveraging all communications resources and platforms to promote ISAPS and its targeted mission of patient safety and education.



To contact our PR office:  
Tel: 1-212-278-8115 or  
Email: Leigh@conmx.net


## ABSTRACT AND CONGRESS WEBSITE ENGINEER

Catherine Foss – United States

*ISAPS Executive Director*



**Daniel Twum** (aka **Kudjo**) is an accomplished software engineer, programmer and website development professional whose chief interest is internet security. He has managed the implementation of our congress websites since 2010, has helped develop our abstract submission system over many years, and maintains the cloud server hosting various ISAPS systems and sites.

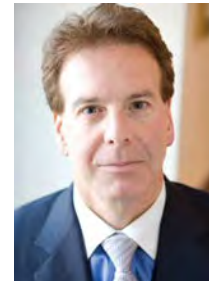
Born in Accra, Ghana, Kudjo attended Catholic boys schools in the Eastern Region of Ghana before coming to the United States to attend Dartmouth College where he majored in Engineering Sciences. He has worked in the computer industry in positions ranging from pediatric diagnostic services to developing internet applications for Fortune 500 companies. He enjoys churning out electronic dance music on his laptop. 



# APS: A BRIEF UPDATE

Henry M. Spinelli, MD – United States

Editor-In-Chief of Aesthetic Plastic Surgery (The Blue Journal)

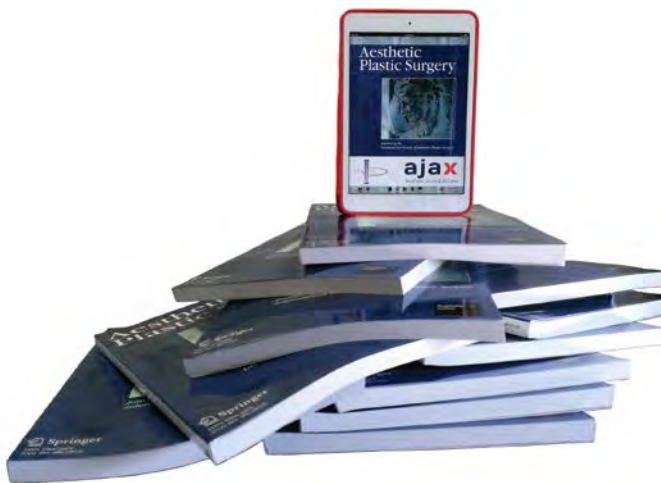


**T**wo thousand thirteen (2013) was a busy and successful year for *Aesthetic Plastic Surgery*, the official ISAPS journal. Submissions increased approximately 23% over 2012, with our acceptance rate decreasing to 29% from 43%. In addition, the time to first decision and the time to accept both decreased from last year. We received manuscripts from fifty countries (the majority coming from China, Italy, the United States, Turkey, Korea, and Brazil), and the readership responded enthusiastically to those published. I hope you enjoy the February 2014 issue in which we included many expert opinions in the form of Editor’s Invited Commentaries in order to call attention to areas of special interest as well as engendering discussion.

You may have noticed recent changes made to our Evidence-Based Medicine (EBM) guidelines. Until last November, our policy was to assign EBM levels to all articles. In keeping

with peer journals, we updated this policy so that Basic Science, Animal Study, Cadaver Study, and Experimental Study articles are no longer assigned EBM levels. (EBM rankings cannot be appropriately applied to these types of articles, regardless of study design.) I appreciate the authors and reviewers who contacted me with their concerns on this issue.

Lastly, I would like to thank the contributors, reviewers, ISAPS Board members, Springer staff, and everyone who helped make this past year such a success for APS. I would like to extend special thanks to our Section Editors, who play a critical role in the process. Due to the volume of manuscripts we receive, we continually rotate in new Section Editors. Recently, we have added experts in sections including Bioethics, Legal, and Craniofacial, Neurological, and Skull Base. I wish you the best in 2014. As always, I remain available to all of you.



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- Petrópolis





# ISAPS INSURANCE FOR CORRECTIONS AND COMPLICATIONS: MORE PROCEDURES ADDED

Alison Thornberry – United Kingdom

Managing Director, Sure Insurance




**I**SAPS Insurance has been available for the benefit of ISAPS surgeons for over three years and we are pleased to announce these additional procedures that are now covered.

Abdominoplasty	Blepharoplasty	Brachioplasty
Breast Augmentation	Buttock Implants	Calf Augmentation
Cheek Augmentation	Chin Augmentation	Facelift
Fat Grafting	Genioplasty	Gluteoplasty
Gynecomastia	Liposuction	Labioplasty
Mammoplasty	Male Pectoral Implants	Mastopexy
Mentoplasty	Octoplasty	Rhinoplasty
	Thigh Lift	

The insurance is purchased on a patient-by-patient basis by an ISAPS member surgeon. We are often asked if it is only patients who travel across borders who will benefit. This is defi-

nitely not the case. Any ISAPS member surgeon is entitled to insure any of their patients regardless of their patient's country of residence.

This unique policy was created to give patients peace of mind in regards to extra costs should they need corrective treatment or suffer a complication. It would be quite wrong to assume that medical tourists are the only patients who may need to return to their surgeon for corrective surgery or treatment of complications.

If you are an ISAPS member, then you are entitled to be included in the ISAPS Insurance program. Please contact Stephanie King who will be able to provide you with all the information at [Stephanie@isapsinsurance.com](mailto:Stephanie@isapsinsurance.com) or telephone 0044 (0) 208 374 4022. You may also visit [www.isapsinsurance.com](http://www.isapsinsurance.com) for more information. 

## Fellowship Opportunities: a new feature on our website

ISAPS encourages the exchange of information and learning in many ways: through our courses, symposia, the Biennial Congress, and the Visiting Professor Program. Some members also provide informal and more intimate Fellowships in their practices, clinics and academic settings.

If you are an ISAPS member and you are willing to accept ISAPS members and others in your practice for short periods of one-on-one training, please contact the Executive Office ([isaps@conmx.net](mailto:isaps@conmx.net)) for an application. We will post learning opportunities on our website – see Medical Professionals at the top of the homepage. The structure of the teaching program is entirely up to you. The Fellowship Committee must approve any program posted on our website. Applications are also available for ISAPS endorsement of fellowship programs.

We thank you for your contribution to the continuing education of our members and young surgeons.

# ASIA: CHINESE TAIPEI PERSPECTIVES ON HOLLOW EYES

Chang-Chien Yang, MD



**H**ollow eye is a very common aging change in the periorbital area. In fact, hollow eye was ever an iatrogenic aging change in many situations. In Asian countries, aging patients often complain about the sagging of the upper eyelid skin and also the baggy lower eyelid.

I witnessed some total blepharoplasty with mainly excision of tissues when I was younger. With experience, now I know such blepharoplasty seldom satisfies patients. They feel temporary improvement, but soon they sense they are going back to their original aging tract, or age even faster than they should, because of the depletion of volume in the periorbital area.

In an aging orbit, the seeming volume depletion is actually a dynamic change related with eye opening. The levator aponeurosis co-joins the orbital septum and inserts loosely into the skin at the level of the upper margin of the tarsal plate. As one ages the orbital fat retracts slightly, the septum migrates upward, and the aponeurosis disinserts in the supra-tarsal area, causing a dynamic hollowing when the eyes are open. We can see similar dynamic change in blepharoptotic eyes. In this young unilateral ptotic patient (Fig. 1), the closed-eye view shows normal symmetry and no volume depletion. But when the eyes are open, the ptotic side shows a dynamic depletion of volume.



**Figure 1:** a) In closed-eye view, this unilateral blepharoptotic patient looks symmetrical and normal without hollow eyes.

b) When the eyes are open, the ptotic side shows dynamic reduction of volume.

It's very common that surgeons treat hollow eyes by filling way too much volume into the orbit because they misunderstand the seeming loss of volume to be static. Unfortunately, many of those surgeons believe that they accomplished such filling so successfully without knowing they in fact they create an unnaturally puffy, protruding upper eyelid. Nowadays, many authors show us excellent photographs with beautiful correction of hollow eyes by filling the orbit with fat or fillers. But seldom do they show us a closed-eye view or downward-gaze view of pre- and post-operation. If closed-eye view photographs are provided, it is not difficult to reveal the over-filled orbit with an unnatural, puffy, protruding mass (Fig. 2).

It is fundamental to check the patient when closing his or her eyes in pre-operative evaluation. In this mid-fifty woman (Fig. 3) with blepharoptosis and severe hollow eyes, we can see why it is impossible to over emphasize the importance of showing a closed-eye view when presenting periorbital procedures especially eyelid surgery.




**Figure 2:** a) In this mild blepharoptotic patient with hollow eyes after two fat graft surgeries and blepharoplasty, the regular frontal view failed to show the unnatural upper lid with protruding mass.

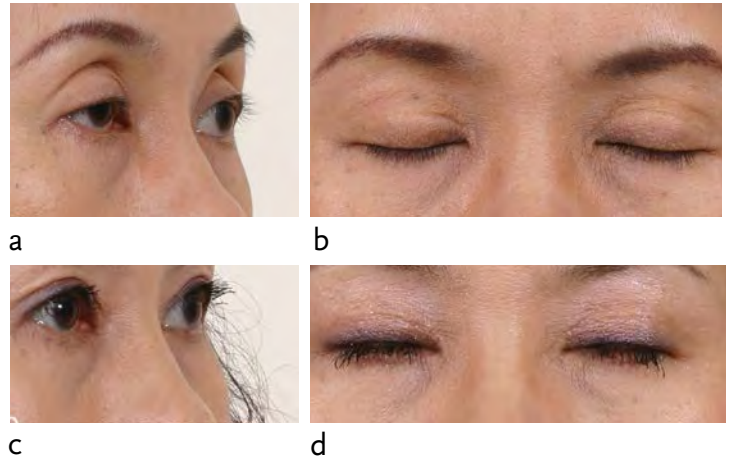
b) in oblique down-gaze view, it is easy to demonstrate the over grafted upper lid.

c) and d) seventy-two days after correction of blepharoptosis and some removal of most of the fat graft.

It is quite tempting to do fat grafting over the hollow supra-tarsal area if surgeons only check the patient with eyes opened. Indeed several excellent surgeons did suggest to the patient to fill up the orbit as the first choice of treatment. Surprisingly, if we look at the closed-eye view photograph, it is quite evident that there is no significant depletion of volume. In this very patient, the aponeurosis disinserted and retracted after an unsuccessful attempt to correct the blepharoptosis six years ago. After careful dissection and reinsertion of the aponeurosis, the blepharoptosis and hollowness are corrected without any volume augmentation. It is not difficult to imagine how puffy the upper eyelid would be if the dynamic hollowness were solely filled up with fat or fillers.

There is another common iatrogenic pathology of hollow eyes. Many surgeons choose to lift the forehead and brows for aging patients simply because the upper lid skin is sagging. If the brow is not ptotic, this kind of procedure will misplace the brow and further hollow the upper eyelid, and make show of the orbit wall because the precious volume is shifted along with the forehead and brow to a higher position.

In my practice, I have been salvaging many secondary cases of blepharoplasty. I sincerely hope this retrospection can help to improve the results of our practice on periorbital rejuvenation. 



**Figure 3:** a) this mid-fifty patient has blepharoptosis and probably iatrogenic reasons for worsening of the hollow eyes after unsuccessful surgery to correct the blepharoptosis.  
 b) in the closed-eye view there is no significant loss of volume in the orbit.  
 c) after reinsertion of the aponeurosis of levator to correct the blepharoptosis, this dynamic volume depletion of the orbit is improved significantly.  
 d) post-op closed-eye view. There is no volume change compared with the pre-op close-eye view.

## ASIA: SOUTH KOREA

David Daehwan Park, MD, PhD

*ISAPS National Secretary for South Korea*



**E**ven if the United State is No. 1 in number of total cosmetic surgery procedures, South Korea has the world's highest number of cosmetic surgery procedures per capita, according to ISAPS statistics.

In 2014, there are more than 2,000 plastic surgeons registered in Korea. They carry out a tremendous number of procedures per year. The population of Korea is only 45 million. Plastic surgery is rapidly increasing among all ages of women in South Korea. Around 20 per cent of women in South Korea have had some kind of cosmetic surgery done, estimates the International Society of Aesthetic

Plastic Surgery (ISAPS). The number of young men undergoing plastic surgery is also on the rise. What is happening in South Korea is the “me too” effect. Sports stars, pop stars, politicians, everyone does it, so they want it as well. Korea, especially Seoul, has built up a reputation as the Asian capital of plastic surgery.

In the Asian market, Korea is the best when it comes to technique. Korea has seen an increase in the number of patients from China and Japan. The next rush will be from South-East Asia, Central Asia, Russia, Vietnam, Indonesia, Thailand and the Philippines. More people will visit South Korea to have plastic surgery. One

cosmetic surgery hospital has more than 40 surgeons in eight departments taking care of a huge range of beauty concerns. Even if lipoplasty remains the most performed procedure in western countries, blepharoplasty is the most common surgical procedure in Asian and Korea. The blepharoplasty is one part of periorbital rejuvenation. That means periorbital rejuvenation is the most common procedure in Korea and Asia.

Botulinum Toxin Type A and fillers are the most common non-surgical procedures for periorbital rejuvenation. That is same in Asian and western countries.

*continued on page 20*

## ASIA: INDIA

Lokesh Kumar, MD

ISAPS National Secretary for India



India is an emerging market as far as beauty treatments are concerned. While many people are afraid to go for any kind of surgery, especially if it is for beauty enhancement, they do not mind paying huge amounts on non-surgical procedures. Even though perception about surgery is changing amongst the younger population, especially in metropolitan areas, the demand for surgery is far from adequate.

Large corporate entities have exploited this mind set and inherent fear of surgery. They have opened large chains of clinics offering non-surgical solutions. Quite often they employ part-time dermatologists to do the injectables, but many times the untrained aestheticians are made to do these semi-invasive procedures.

Most of the time, the treatments are offered for profitability rather than clinical need. They have huge footfalls for perior-

bital problems like hypermelanosis, under eye bulges and volume loss. They are the largest buyers of semi-permanent PMMC based fillers which are used in all the areas irrespective of indication. We see many such patients with complications like palpability and granulomas, but in absence of any government regulation there is very little we can do to resolve this problem.



## SOUTH AMERICA: ARGENTINA

M. Cristina Picon, MD

ISAPS National Secretary for Argentina



Because the superomedial and inferolateral appearance of the orbit have the tendency to reabsorb, this contributes to the stigma of periorbital aging, such as elevation of the medial brow. It usually goes against the aesthetic of facial attractiveness.

If we try to raise the lateral part of the eyebrow too high, we must consider that the height of the eyebrow in an attractive face is smaller on average compared to faces with respect to the same race.

When we do procedures with *botulinum* toxin, we need to analyze the patient's eyebrow based on attractive values. It must be personalized for each patient, using very small amounts to produce more natural results.

It is also useful in some patients to use *meso botulinum* toxin

for static wrinkles. Conventional blepharoplasty does not give an effective periorbital rejuvenation. That is why we prefer to add small procedures for better results.

For example, by doing a wide subcutaneous skin lift of the temporal forehead and eyelid areas with a skin incision on the temporal hairline, using 3/0 nylon sutures placed from the eyebrow deep tissue to the temporal aponeurosis, we avoid incisions on the eyebrow using a needle to pull thread. The skin is relocated and we usually do not need skin resection.

If necessary, we add canthopexy and suspend the malar fat pad through a blepharoplasty incision, crow's feet: section of the orbicularis oculi muscle. To immobilize the area, we treat with low doses of *botulinum* toxin. We fill also the tears through with fillers, lipofilling, lipofilling-PRP, and PPP as meso. ISAPS

South Korea, continued from page 19

The concepts of a youthful periocular area are different between Orientals and Caucasians in many respects. There are the basic difference between Asians and Caucasians with respect to ethnic and cultural backgrounds, anatomy of the face and upper eyelids,

and psychological and aesthetic needs of the patient. Asian periocular rejuvenation can be divided into non-surgical and surgical rejuvenation. Asian periocular rejuvenation includes the use of all non-surgical and surgical technologies.

## NORTH AMERICA: UNITED STATES

Henry M. Spinelli, MD

*Editor in Chief, Aesthetic Plastic Surgery*



Periocular rejuvenation has undergone an evolution in that nuances in the eyelids, lid/cheek junction, brow and canthi have now been appreciated by both the patient and practitioner of surgery. This has in effect set the bar considerably higher than in the days when a skin/muscle flap with fat resection alone was considered sufficient by both the patient and surgeon.

In addition, there are many more specialists of varying capabilities and levels of experience who have initially treated patients who have been left with unsatisfactory aesthetic and/or functional results.

These patients frequently seek correction and intervention by more well-versed and experienced practitioners many of whom are members of ISAPS or sister societies. All of our patients receive an assessment of visual acuity, lower lid elasticity and position, intercanthal distance and inclination as well as positional integrity of both the lower and upper eyelids. The cheek position and malar to lower lid height as well as the brow position is also assessed. All patients have tear fiber. The etiology of eyelid malposition is ascertained so that as matter of course all bleph-



Pre and Late Post-Op photographs (Top and Bottom) of typical cosmetic patient who presents having had three previous blepharoplasties complaining about both appearance and dry eye syndrome. Patient underwent canthoplasty, palatal spacer grafts, and revisional soft tissue surgery.

aroplasty procedures include addressing the underlying pathophysiology of the eyelid and/or canthal malposition.

In general, less is more. Upper eyelid blepharoplasty is a powerful tool that can be combined with trans-eyelid browplasty for the mobile ptotic eyebrow, lower eyelid transconjunctival approaches are favored and may be combined with skin trims, peels or laser resurfacing. Fat grafting to the nasojugal or other regions

in our hands tends to be less predictable and redraping procedures promise much more than they deliver.

Concerning tear trough and other sulcus depressions, we believe there is no real consensus based on hard data and this was continued by a relatively recent survey of treating physicians that we published: "Mini Survey on Aesthetic Improvement of Upper Lid and Orbit by Volume" (*ISAPS News* Volume 5, Number 3). A full presentation of this data and research is in progress to be presented in a peer review publication.

Finally, to all readers of the newsletter, as editor-in-chief of *APS* (The Blue Journal), I invite you to submit a manuscript concerning any new concepts or techniques in periocular rejuvenation in a scientific format to our journal – *Aesthetic Plastic Surgery*.



*Dr. Spinelli is Clinical Professor of Surgery (Plastic) and Neurological Surgery, Weill Medical College of Cornell University and Attending Surgeon, The New York Presbyterian Hospital/Weill Cornell Medical Center.*

South Korea, continued from page 20

Non-surgical periocular rejuvenation includes non-incisional suture upper blepharoplasty, non-incisional correction of ptosis, fat or dermo-fat graft or fillers, botox and laser, chemical or mechanical peeling for aging lids. The surgical techniques we use are upper and lower blepharoplasties, double-eyelid surgery, treatment of senile ptosis, epicanthoplasty, transconjunctival lower lid blepharoplasty, fat reposition, forehead lift, suprabrow or subbrow lift.

An anatomical classification is a powerful tool for the selec-

tion of proper non-operative and operative procedures. In young age groups with minimal puffiness, a non-incision method is performed, whereas in severe puffiness, removal of tissue as much as possible is performed.

Proper preoperative evaluations are essential in achieving consistent results and avoiding complications. Functional and anatomical concepts are important in creating a natural and graceful oriental eyelid, in harmony with the orbito-palpebral sulcus.



## EUROPE: GERMANY

Dirk Richter, MD, PhD

ISAPS Treasurer



**T**imes and perspectives have significantly changed in periocular rejuvenation during the last few years. Micro- and nano-fat grafting have taken a very important role and the development of available techniques and procedures is on the fast track.

During the global economic crisis, as many patients looked for minimally invasive treatments, fillers gained popularity especially treating the tear trough deformity and volume loss in the upper lid. Micro-fat grafting was also used as a solo treatment in the periocular region and mid-face. Not only financial aspects were featured, but also the simplicity of the procedure.

Nowadays, it has become a safe additional procedure to surgical approaches such as the sliding procedures in the lower lid blepharoplasties or mid-face lifts. Fast-moving blunt cannulas with small diameters are key to success and patient safety. Lumps have become rare complications, but we have to dampen the euphoria because the outcome of fat grafting is still dependent on the surgeon's skills and the individual patient. We know that the uptake of fat in smokers may be very variable and some surgeons refuse to operate on smokers at all.

I personally use the mid-face lift as the first place to treat severe lower lid deformities, especially when it comes to malar bags as you must use a significant amount of fat when using fat grafting

alone. Implants are very helpful to treat bony resorption during the aging process. In combination with the mid-face lift, it is still the most powerful tool in terms of stability and longevity. But the complication rate is higher even in experienced hands. Prolonged swelling as in subperiosteal mid-face lifts can also be seen in fat grafting procedures and if lumps occur they are hard to treat.

The most commonly used fillers in Europe are hyaluronic acids as they are fairly safe for the periocular area. We observed a lot of disasters with non-resolvable fillers due to the thin skin and delicate tissues which are sensitive to any manipulation.

Surgically, the safest approach seems to be transconjunctival and in easy cases this approach can be safely used also for distributing the fat over the orbital rim. If there is any additional skin excess, the pinch excision can be helpful as well as a laser or peeling.

Fat grafting has also become an important tool in reconstructive periorbital procedures and the treatment of bad outcomes. A touch-up can easily be performed under local anesthesia with low costs.

In conclusion, fillers are observed as a starter procedure in periocular rejuvenation mostly followed by fat grafting in easy cases. More severe deformities are still treated surgically with good and stable results. Fat grafting has gained popularity and it is no longer possible to imagine one without the other. ISAPS

## EUROPE: ROMANIA

Dana Jianu, MD, PhD

ISAPS National Secretary for Romania



**I**n my practice, I am the most pleased to rejuvenate and embellish the orbito malar area through regenerative surgery. This means fat (manual centrifuged, fine manipulation: 14 G needle harvest, microcannulas curved spatulated 1.2 mm Fischer for grafting) besides other zones of the face followed by CO<sub>2</sub> fractional laser resurfacing of the full face, followed by PRP injected in wrinkles and PPP sprinkled over the laserized face, optional stem cells (Ingeneron equipment) contained in nanolipograft injected in wrinkles (like crow's feet and others). All in one session, under general anesthesia, in a personal original protocol named "Adipo Laser Rejuvenation" (J from Jianu) published in Laser Therapy Journal (2012).

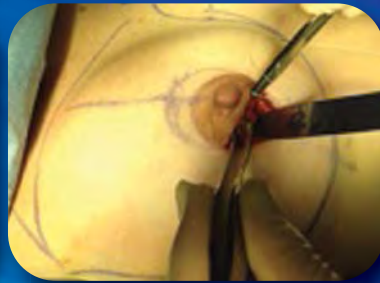
Regarding fillers, in the department that I head, we use HA low density for tear troughs only (very little amounts) and HA higher density for malar areas (Juvederm, Restylane). I have noticed that disasters can occur when too much HA is injected in the lower lids by inexperienced plastic surgeons, dermatologists, and others and it is difficult to remove. In the past, I have used Sculptra (poly lactic acid) especially in the malar area for several years, but now less and less. I also use as a "refresher" a combination HA (not reticulated) and aminoacids (Jalupro) injected with "magic needles" – microcannulas 25 G in the lower lid, crow's feet, and malar area. ISAPS

*The author has no financial interest in any company mentioned in this article.*

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## SURGICAL RELIEF TEAM PROGRAM

Ryan Snyder Thompson – United States



*LEAP Foundation, Director of International Disaster Relief*

**I**SAPS-LEAP *Surgical Relief Teams*® (SRT) officially began in Geneva, Switzerland at the ISAPS Congress in 2012. Since then, the team has conducted training programs, generated a list of over 100 volunteers, raised funds to aid the Philippines, and sent four missions to Jordan to help with the backlog of cases stemming from the Syrian refugee crisis.

The broad concept of SRT is that with nearly 3,000 ISAPS member plastic surgeons in 95 countries, we have a unique platform to help quickly in disaster situations. According to Co-Founder, Dr. Tunc Tiryaki (Turkey), “disaster relief studies have shown that lives that could have been saved are lost in the first few days because organized surgical relief doesn’t arrive for seven to ten days. Our goal is to be at a disaster site in 48 hours.”

SRT was formed to participate in non-war related disaster situations. However, vast numbers of Syrian refugees need help. The complexities of the Syrian crisis have made this difficult, but with the help of Jordanian ISAPS members, we have sent four volunteer teams to Amman. One recent team included ISAPS Member Dr. Gary Jacobs; Rosemary Jacobs, CST; Dr. Burt Faibisoff; and Dr. Firas Neshwati, a fourth-year Jordanian plastic surgery resident at a local Ministry of Health Hospital. These four teams have cared for approximately 150 Syrian refugees and performed more than 50 surgical procedures including surgical debridement, wound closure, skin graft and shrapnel extraction. In addition

to funding their own expenses and donating their time, these surgeons have hand-carried materials and supplies into the region.

ISAPS-LEAP Co-Founder, Dr. Craig Hobar (US) reports, “we are seeing both acute and chronic injuries including a severe blast injury in one young man.

the Syrian program. There were no road blocks to getting operative time or cooperation from staff. Because of supporting financial donations already received, we were able to provide a \$5,000 gift to the hospital to help with staffing and supply costs. We will continue to try to do that on a monthly basis through ISAPS-LEAP SRT.”

Plans are underway to continue sending multiple surgical teams each month for the foreseeable future. Dr. Kusai El Musa and other leaders of the Jordanian ISAPS membership were instrumental in helping our team members get temporary licensing to work in Amman. This is an example of the power of this network. Some people who are a part of the program may never participate in actual disaster relief, but sometimes they are the ones who make helping even one patient become possible. We already have many talented surgeons volunteering to participate and we will be the world trend-setters for how it should be done.

A vital component of SRT is education. Several training programs have already taken place and production has begun on a

video library for surgeons to access information about essential procedures they will use in a disaster situation. Surgeons from smaller countries who don’t have the means to attend a course will have access to this information and everyone will soon be able to download the video library on their mobile devices as a resource when they are deployed to a disaster relief situation.



Dr. Gary Jacobs instructs Dr. Firas Neshwati during a scar revision procedure. Also present are a physician from the Treating the Wounded Syrian Program; Rosemary Jacobs, CST and Dr. Ahmad Rakkad.

Photo by Ryan Snyder Thompson (LEAP Foundation)  
February 11, 2014 – Amman, Jordan

Our teams are becoming instrumental in a variety of hot and cold cases, ultimately giving chronically injured patients a fighting chance to regain functionality of both their limbs and their lifestyles.

We are pretty much operating the entire spectrum including flaps, grafts, hand and craniofacial. The local physicians report that the value and dedication of our teams is becoming very apparent to everyone in

*continued on page 34*



## A NEW NON-PROFIT ASSOCIATION OF AESTHETIC PLASTIC SURGEONS IS BORN IN ITALY

Claudio Bernardi, MD — Italy

*AICPE Founder and President of AICPEonlus*

Gianluca Campiglio, MD, PhD – Italy

*AICPE Founder and ISAPS National Secretary for Italy*



**I**n September 2011, the Italian Association of Aesthetic Plastic Surgery (AICPE) was founded in Milan. Two years later, AICPEonlus (*organizzazione non lucrativa di utilità sociale*), its branch dedicated to charity, was created with the aim to carry out charitable activities to help disadvantaged people with particular attention to countries in the developing

world. Such humanitarian activities have always been a part of the DNA of most of the members of AICPE, as they have been involved for many years in different projects personally or through other non-profit organizations. Why start a new non-profit association? The benefits are evident: all plastic surgeon members of AICPE are also members of AICPEonlus so profits generated by courses and conferences sponsored by AICPE are donated directly to AICPEonlus. By taking advantage of the tax benefits, we use one-hundred percent of all funds received to support our humanitarian projects such as the “Project of Humanitarian Plastic Surgery” at the Hospital Saint John of God of Afagnan, in Togo.

Another important project started and concluded within two months soon after the devastating typhoon that hit the Philippines: “Emergency for Philippines.” In January 2014, we donated ten-thousand euros to “No One In Need,” a very serious and reliable organization, already active locally for a long time, that will give us an accounting of how the money we provided will be used in the coming months.

Finally, AICPEonlus will promote new projects, both independently or in association with other organizations, by bringing our expertise directly where it can be helpful, demonstrating the strong link between plastic surgery and charity, without any mediation or any other interest, except for the right of all people to have access to good healthcare. This will also enhance the main aspect of our profession that always pursues the psychological and physical wellbeing of the patient.



AICPE and ISAPS members at the founding of AICPEonlus in Milan: Claudio Bernardi, Giovanni Botti and Marco Stabile



## PIERRE FRANCO (1504-1580): A FORGOTTEN PIONEER

Denys Montandon, MD – Geneva, Switzerland



Among surgeons of the Renaissance, Pierre Franco is often considered by medical historians as a secondary figure, as compared to Ambroise Paré, whose life has been recently very well summarized by Riccardo Mazzola.<sup>1</sup> This is due to the fact that we know very little of Franco's life. In the two books he published, he tells next to nothing about himself, whereas Paré excelled in describing his achievements. Moreover, since the 17th century, many books and articles describing the adventurous life and the innovations of Paré have been written, leading sometimes to a true hagiography, whereas Franco is rarely quoted.

Fortunately, a few historians and doctors have read Franco's books and acknowledged his important contributions in the field of surgery. Edouard Nicaise, who published in 1895 a new edition of Franco's work,<sup>2</sup> states in his introduction: "From a practical point of view, Franco should be considered as the first surgeon of the sixteenth century. Paré was an active man, observant, a man of genius, but he left aside what made the success of Franco, that is the operations of hernia, bladder stones, and cataracts. Franco spent his life in a completely different and modest setting compared to Paré, but he invents operations that should remain in the practice of surgery; there is no surgeon who has given more discoveries to surgery."

Frank McDowell, the eminent plastic surgeon and medical historian, has also compared Franco to Paré favorably:

As the light of the Renaissance melted the darkness of a thousand years, the figures of two great French surgeons emerged – Pierre Franco and Ambroise Paré. They were colleagues and rivals according to the preponderance of evidence, not student and teacher as some have suggested. In 1561, Franco published his *Grand Traité*, a book of about 560 pages. This book was to be a standard reference work for the next 200 years; it went through five editions. (The first book published by Paré was his *Dix livres de chirurgie* – a small book of ten chapters – in 1564. In it he more or less copied, without credit, the sections of Franco's book on lithotomy and cystostomy. However, Paré acknowledged this later in his 1575 *Œuvres de Chirurgie*) wherein he also acknowledged that he learned the operation of debridement from Franco.<sup>3</sup>

To write a biography of Pierre Franco, as I have attempted to do,<sup>4</sup> one should therefore not only read and interpret his texts correctly, but also should try to collect information that is scat-

tered in different archives of cities where he spent most of his life, that is mainly Lausanne and Geneva. The next step is to inscribe his life and writings in the political, religious, medical and sociological setup of his time.

Pierre Franco was born between 1500 and 1505 in Turriers, a small town in the lower Alps of Provence. Turriers still exists and the visitor will find a plate in honor of the great surgeon in front of the town hall (Fig.1). The family of Franco was probably aware of the movement named by the church inquisitors *Les Vaudois de Provence*, in reference to its founding father "Valdes"

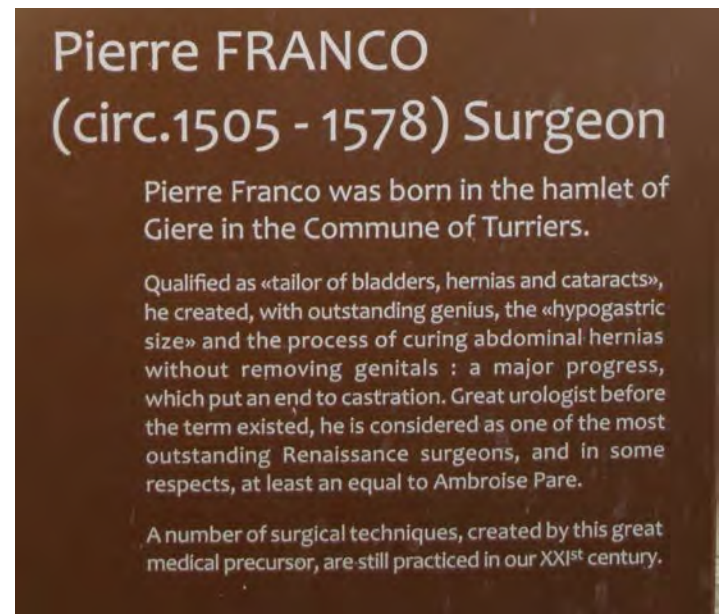


Fig. 1—Plate in the town of Turriers

from Lyon, precursor of the protestant reformers two centuries before the Lutheran and Calvinist Reformation. Also called *Les pauvres de Lyon* (the Poor of Lyon), they were severely condemned by the Catholic Church as they criticized the belief in the Pope's supremacy and in the saints, as well as the wealth of the bishops. Their predicants, named the *barbes*, were going from village to village, practicing small trades, often leading a life as barber-surgeons to attend the poor people. At the time of the Calvinist Reformation, most of them became Protestants and several migrated to the French area of Switzerland to avoid persecution.

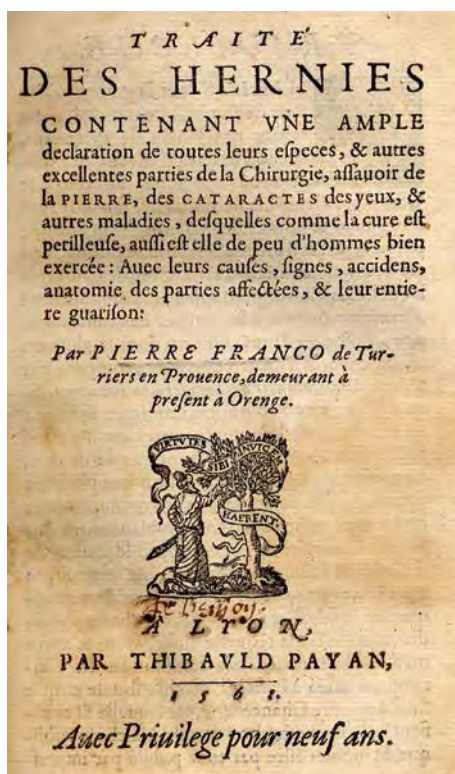


Fig. 2—First edition of Franco's book in 1561

Although we have no document concerning Franco's education, we know that he did not attend university. However, reading his writings where he quotes more than fifty ancient authors, sometimes in Latin and even in Greek, one can figure out that, before becoming a surgeon, he received a proper education.

He is supposed to have learned his profession by visiting the Masters in Surgery in the South of France. In 1545, we find him in the French part of Switzerland, mainly in Lausanne, a city which had adopted the Calvinist Reformation. His first book (*Petit Traité des Hernies*) was published in 1555 in Lyon and was signed "Pierre Franco, surgeon of Lausanne."<sup>2</sup> His master book (Fig.2) published in 1561 states that he was then in Orange, a small county located in Provence, but we know that soon after, he returned to Geneva and Lausanne, probably to avoid religious prosecution.

In those times, life for surgeons, barbers or "incisors" was not easy because of the difficulty of their new art, and the

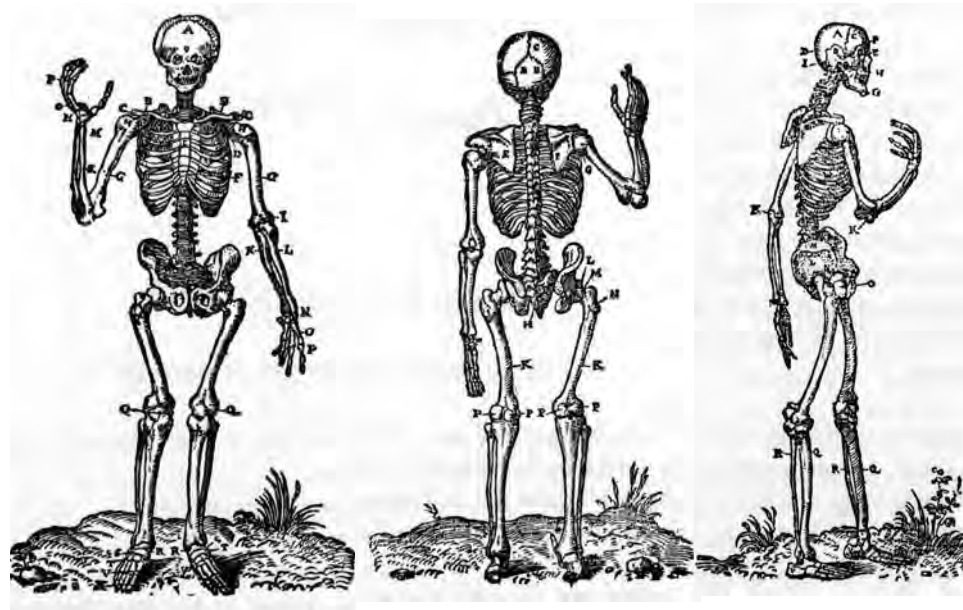


Fig. 3—"Skeletopy": Articulated skeletons invented by Franco

hatred and mistrust of physicians. There were occasions where surgeons actually had to escape in order to save their own lives. Although Franco belongs to the group of itinerant "incisors" for stones, hernias, couchers of cataracts and bone-setters, he indignantly set himself up against the charlatans who pretended to operate without experience:

Who are responsible for this part of surgery being so despised, who being ignorant and knowing it, nevertheless without any fear to treat all sorts of curable and incurable ailments, as long as they can attract the money of poor simple people; who seduce and enchant by their lies and good words, to the great harm of poor patients who often are brought to death by such swindlers.

What could be more outrageous for the Creator, than putting a hand on his most excellent creature with carelessness, without previous practice or having followed an expert Master, and for a long time? If it is necessary to employ a long time to learn carpentry, which is work on wood and dead things, how could we put our hands on a human without being instructed in our art?

According to a few official notices or quotations of people who have known him, he was a man of great talent, gentleness and humility. His character can also

be felt in his writings where, on the one hand, he shows a great modesty, but on the other he is very proud of his profession and his inventions. He only writes about operations that he knows well and with which he has had a great deal of experience. "Neither books nor men taught me this method . . . but experience, master of all things, showed it to me."

In each field, he starts by giving a thorough description of the anatomy. "Before all things, I propose the description and the anatomy of the parts on which one must operate, to give a clear knowledge of things to the surgeon."

He performed several cadaver dissections and prepared whole body skeletons for teaching purposes. Some of these skeletons with recreated articulations had been exposed to the public to show the movements of the various bones (Fig.3). For these, he was rewarded a price by the Swiss authorities. The writings of Franco are particularly innovative in five fields: hernias, bladder stones, cataracts, obstetrics and clefts.

**Hernias** – Franco presents several methods of operations and invents a way to preserve the testicle. The suture of the orifice is best achieved with a golden

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Franco, continued from page 27

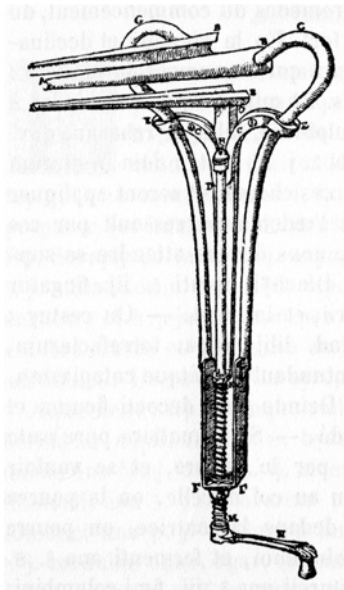


Fig. 4—Speculum matricis

thread. Franco is the first to operate on incarcerated hernias with success, and to describe intra-abdominal adhesions. He advises to resect and ligature the vessels of the omentum whenever it is included within the hernia content. In one case he was able to resect up to one pound of omentum.

**Bladder stones** – Probably because of poor protein diet, men and even children were often suffering from bladder stones. When a stone started to obstruct the urethra, it would cause immense suffering, which could lead to death. Bladder stone removal had


always been performed through a perineal incision. Franco was in favor of a two-step operation, which could be better tolerated by the patient. In a child, where he could not access the bladder by this approach, Franco realized the first supra-pubic incision to remove a large stone and save the child's life.

**Obstetrics** – When the fetus does not present itself in the proper position, Franco described the method of rotating it manually: the podalic version. He also invented a special speculum to access the uterus, considered a precursor of the modern forceps (Fig.4). A cesarean section is performed only to save the child when the mother is dying.

**Cataract** – The couching of cataract is the preferred operation of Franco. He describes the symptoms of the disease and exposes the differential diagnosis. He emphasizes the skill and

precision necessary for this delicate procedure. Incidentally, Franco gives us the first medical statistic, stating that eight over ten patients have been cured by his operation.

**Clefts** – Franco's discoveries and innovations in cleft surgery are overwhelming. He was the first to describe the congenital origin of cleft palate and gave very detailed descriptions for the cure of single and double clefts, emphasizing the need of mucosal flaps to recreate the inner lining and temporary splints to release the tension on the suture line. The most fascinating case report concerns a full thickness cheek defect of an egg size, probably following noma infection. The preoperative condition, the surgical method, the postoperative care and the follow up are given in detail and constitute a model of surgical report.<sup>6</sup>

Without any doubt, thanks to his operative innovations and inventions of new instruments, Pierre Franco should be considered as a major contributor and even the father of modern interventional surgery. 

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**THOMAS D. REES (1927-2013)**

Sherrell J. Aston, MD and Daniel C. Baker, MD



**Dr. Thomas D. Rees**, 86, our mentor, colleague and friend died on November 14, 2013 at his home in Santa Fe, New Mexico. His legacy will live on in the many residents and fellows he trained over three and a half decades. His legacy also lives on in the Flying Doctors of East Africa and the African Medical Research Foundation, which

he founded along with Sir Archibald McIndoe and Sir Michael Wood. The Flying Doctors of East Africa’s mission was to bring medical and surgical care to people living in East Africa’s most rural and remote communities. At that time elders and *sangomas*, or traditional healers, were administering most of their medical care. Today AMREF is one of the continent’s leading health development and research organizations.

We remember well Dr. Rees telling us of his first trip to Kenya in 1956, when he encountered a Maasai warrior holding his intestines in place with a dirty blanket, after being gored by a rhinoceros. Dr. Rees had few instruments, no drugs nor anesthesia, and no plane available until the next day to evacuate the warrior from the tiny clinic in the bush. He stuffed the man’s intestines back inside and closed his abdomen. The man lived. Dr. Rees told us that this event permanently altered his life’s direction.

*continued on page 31*

**FERDINAND ANDRIES LE GRANGE (1948-2013)**

Peter Scott, MD

*ISAPS National Secretary for South Africa*

**Ferdinand Andries** (“Ferdie”) **Le Grange**, South African Plastic Surgeon, passed away suddenly on 29 October 2013 at the age



of 65. Apart from being a very competent plastic surgeon, a member of his local society and a long-standing member of ISAPS, he was also regarded as South Africa’s greatest marathon runner of the post-war era. He trained at Stellenbosch University as a plastic surgeon and often used to do his running training after he left the hospital—at midnight. His 2:12:47

marathon record placed him number 48 on the all-time list and this was in 1973 before all the supplements and scientific training became common place.

He gave up on his running career to concentrate on his medical career although he still ran half marathons with his son.

He is survived by his wife and anaesthetist, Kathy, and children, Loné, Jean, Michelle, Ferdie, Jr. as well as three grandchildren.

Godspeed, Ferdie.



**NIKOLAY OLEGOVICH MILANOV (1950-2014)**



On February 17, the Russian community of plastic surgeons has suffered an irretrievable loss: **Professor Nikolay Olegovich Milanov** passed away unexpectedly. We, his colleagues, cannot fully express how much he meant to us.

He was a dedicated worker, always full of energy and new ideas. A distinguished Soviet scientist, he gained many honors and much recognition as a pioneer of microsurgery in the USSR and the father of modern plastic surgery in Russia.

He was the president and ideologist of The Russian Society of Plastic Reconstructive and Aesthetic Surgeons. Nikolay Olegovich worked tirelessly towards integrating Russian plastic surgeons into the international professional community. He was friends with the most distinguished plastic surgeons from around the World. Founder and editor-in-chief of the first professional journal, Professor Milanov was always innovative and progressive.

For us, he was more than a supervisor and mentor, he was a dear friend. Wise and inspiring, he will always be in our hearts.

—Prof. Nikolay Milanov’s Team



## March 2014

**DATE: MARCH 21 - 23, 2014**

ISAPS-OFFICIAL COURSE

**Meeting:** ISAPS Course – South Africa

**Location:** Cape Town, South Africa

**Contact:** Peter Scott, MD

**Email:** peters@cinet.co.za

**Tel:** 27-11-883-2135

**Fax:** 27-11-883-2336

**Website:** <http://www.isaps.co.za>

## April 2014

**DATE: APRIL 24 - 30, 2014**

**Meeting:** ASAPS/ASERF Annual Meeting & ISAPS Board Meeting

**Location:** San Francisco, California, United States

**Contact:** ASAPS

**Email:** asaps@surgery.org

**Tel:** 1-800-364-2147

**Fax:** 1-562-799-1098

## May 2014

**DATE: MAY 8 - 10, 2014**

ISAPS-ENDORSED PROGRAM

**Meeting:** XIV. Spring Academy of the Association of German Aesthetic-Plastic Surgeons (VDÄPC)

**Location:** Frankfurt, Germany

**Contact:** Dennis von Heimburg, MD, PhD

**Email:** dvheimburg@praxisklinik-kaiserplatz.de

**Tel:** 49-89-189046 28

**Fax:** 49-89-189046 16

**Website:** <http://www.vdaepc2014.de/>

**DATE: MAY 14 - 18, 2014**

ISAPS-OFFICIAL COURSE

**Meeting:** ISAPS Course - Russia

**Location:** Moscow, Russian Federation

**Contact:** Anastasiya Fedosova

**Email:** info@isapscoursemoscow2014.com

**Website:** <http://isapscoursemoscow2014.com/en/>

**DATE: MAY 22 - 24, 2014**

**Meeting:** XXVIIth SOFCEP Annual Meeting and ISAPS Symposium

ISAPS SYMPOSIUM

**Location:** Tours, France

**Contact:** Eventime

**Email:** sofcep@vous-et-nous.com

**Tel:** 33 (0) 5 34 31 01 34

**Website:** <http://www.congres-sofcep.org/>

**DATE: MAY 31 - JUNE 1, 2014**

ISAPS-OFFICIAL COURSE

**Meeting:** ISAPS Course – Azerbaijan

**Location:** Baku, Azerbaijan

**Contact:** Vagif Galandarov, MD

**Email:** vagifk@hotmail.com

## June 2014

**DATE: JUNE 19 - 22, 2014**

ISAPS-ENDORSED PROGRAM

**Meeting:** 6th International Eurasian Aesthetic Plastic Surgery Course

**Location:** Istanbul, Turkey

**Contact:** Nazim Cerkes, MD, PhD

**Email:** ncerkes@hotmail.com

**Tel:** 90-212-283-9181

**Fax:** 90-212-219-0588

**Website:** <http://www.eurasian2014.org>

**DATE: JUNE 20 - 22, 2014**

ISAPS-ENDORSED PROGRAM

**Meeting:** CATBBAS II – Controversies, Art and Technology in Breast and Body Contouring Aesthetic Surgery

**Location:** Brussels, Belgium

**Contact:** Sofie Saelens

**Email:** sofie.saelens@uzbrussel.be

**Tel:** 32-2-4749172

**Fax:** 32-2-4776250

**Website:** <http://www.brussels-seminars.com/>

## July 2014

**DATE: JULY 18 - 19, 2014**

ISAPS-OFFICIAL COURSE

**Meeting:** ISAPS Course – Mexico

**Location:** Los Cabos, Mexico

**Contact:** Arturo Ramirez Montanana, MD

**Email:** docarturo@gmail.com

**Website:** <http://www.isapsloscabos.com/>

## September 2014

**DATE: SEPTEMBER 12 - 14, 2014**

**Meeting:** VIII International Plastic Surgery Course

**Location:** Ekaterinburg, Russian Federation

**Contact:** Irina Vlokh

**Email:** irinav@plastic-surgery.ru

**Tel:** 7-343-3718802

**Fax:** 7-343-3718999

**Website:** <http://www.b-med.ru>

**DATE: SEPTEMBER 19 - 22, 2014**

**Meeting:** 22nd Congress of ISAPS

ISAPS OFFICIAL CONGRESS

**Location:** Rio de Janeiro, Brazil

**Contact:** Carolina Pepe

**Email:** mclp@relations.com.br

**Tel:** 55-11-5543-4142

**Fax:** 55-11-5092-5643

Dr. Rees, *continued from page 29*

When Dr. Rees started his practice in New York in 1957 there were few plastic surgeons in New York and most of the medical profession, as well as many in the general population, looked upon aesthetic procedures with disdain. Dr. Rees recognized the need for advancements in aesthetic surgery, and he was one of the first surgeons to open his operating room to teach the art and science of aesthetic surgery. His six textbooks, 143 scientific publications and hundreds of lectures had a profound impact on the specialty.

Dr. Rees was Professor of Plastic Surgery at New York University and an Attending Surgeon at the Institute of Reconstructive Plastic Surgery, New York University. He was President of the American Society of Aesthetic Plastic Surgery and a former Director and Vice Chairman of the American Board of Plastic Surgery.

From 1975 to 1992 Dr. Rees was the Chairman of the Department of Plastic Surgery at Manhattan Eye, Ear & Throat Hospital. Under his direction, the MEETH Plastic Surgery Department and Aesthetic Surgery Fellowship, which he began, became one of the leading aesthetic surgery services in the world. Dr. Rees was respected and loved by all, especially the residents and fellows he generously engaged.

In 1979, Dr. Rees started an aesthetic surgery symposium, which has continued as The Cutting Edge Aesthetic Surgery Symposium. He remained our co-chairman until he passed away just two weeks before our 33rd Symposium. We will miss him dearly as we organize symposia in the future.

Following his retirement Dr. Rees became an accomplished sculptor of the animals and people of East Africa. A collection of his works entitled "Visions of Africa" has been shown in galleries in Santa Fe. Dr. Rees and his wife Nan Bowes Rees were married for sixty-three years. Nan was a fashion model with the Ford Agency. She graced many magazine pages and covers. Dr. Rees is survived by his daughter Liz, his son Thomas Jr. and his brother, Richard. Nan Bowes Rees died in May 2012. Their son, David died in 1990.

We are fortunate to have the wonderful memories of time spent with Dr. Rees. We are sincerely appreciative of his generous sharing of his experience and knowledge with us. Our specialty has lost a true giant.



## October 2014

### DATE: OCTOBER 12 - 14, 2014

**Meeting:** ISAPS Course – Iran  
**Location:** Tehran, Iran  
**Contact:** Dr. Reza Farahvash  
**Email:** rfarahvash@gmail.com  
**Tel:** 98-21-8848-8096  
**Fax:** 98-21-8848-8099

ISAPS-OFFICIAL COURSE

### DATE: OCTOBER 18 - 19, 2014

**Meeting:** ISAPS Course – Indonesia  
**Location:** Bali, Indonesia  
**Contact:** Teddy O. H. Prasetyono, MD  
**Email:** teddyohp@yahoo.com

ISAPS-OFFICIAL COURSE

### DATE: 27 OCTOBER 2014

**Meeting:** ISAPS Symposium – Thailand  
**Location:** Pattaya, Thailand  
**Contact:** Sanguan Kunaporn, MD  
**Email:** sanguan@phuket.ksc.co.th  
**Tel:** 66-76-25-4764  
**Fax:** 66-76-25-4765

ISAPS SYMPOSIUM

### DATE: NOVEMBER 15 - 16, 2014

**Meeting:** ISAPS Course – Pakistan  
**Location:** Lahor, Pakistan  
**Contact:** Nazim Cerkes, MD, PhD  
**Email:** ncerkes@hotmail.com

ISAPS-OFFICIAL COURSE



## Admitted in January and February 2014

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COUNTRIES REPRESENTED ON NINE TEAMS HEADED TO JORDAN IN THE NEXT SIX MONTHS			
Saudi Arabia	United States	Colombia	Czech Republic
India	Sweden	Ireland	Spain
TEN NEW VOLUNTEERS WITHIN 24 HOURS OF LAST EMAIL REQUESTING SUPPORT ARE FROM			
Canada	United States	Brazil	Mexico
Romania	United Arab Emirates		
COUNTRIES REPRESENTED BY ALL VOLUNTEERS			
Colombia	Greece	United States	Iran
Brazil	Australia	Uruguay	India
Spain	Czech Republic	Mexico	Sweden
Jordan	Venezuela	Belgium	Italy
Guatemala	Egypt	Canada	Turkey
France	Argentina	Finland	Bahamas
Algeria	Slovenia	Pakistan	Georgia
Switzerland			

Marina Medical Surgical Instruments, Inc. has already donated instruments to SRT for which we are very grateful. They also helped connect us with ShelterBox <http://www.shelterbox-usa.org/> an international disaster relief charity that provides emergency shelter, means to purify water, and other lifesaving essentials to survivors of disasters around the world. We hope that other companies will donate instruments and vital supplies that can be warehoused in strategic locations around the world. Our relationship with Relief International has enabled us to establish strong working relationships with our Syrian colleagues. This collaboration continues to be fruitful as we further expand ISAPS-LEAP activities in new locations.

The LEAP Foundation is providing administrative and program building costs and staffing the SRT program. LEAP hired me as the full-time Director of International Disaster Relief. My team's tireless energy and dedicated passion have made a tremendous impact on the program in a relatively short period of time. We hope that as the program gains greater awareness and momentum, corporate sponsors and grant funding opportuni-

ties will emerge to help grow this program and the network of supporting organizations.

SRT was prepared to send surgical teams to help in the Philippines following the devastating effects of Typhoon Haiyan on November 8, 2013. While reconstructive surgical help was not needed, resources were critical. We worked closely with our Philippine ISAPS colleagues, led by Dr. Florencio Lucero, to identify where we could do the most good, and channeled financial donations through the Oriental Society of Aesthetic Plastic Surgery (OSAPS).

All interested volunteers are welcome. Financial donations, in-kind medical supplies and surgical equipment donations are needed to establish supply depots in disaster prone regions so we can be ready. Donations of frequent flyer miles are easy to do and very useful. Providing contacts will help us establish key relationships and support. Interest and momentum that is building for this most extraordinary program that represents the generous hearts of ISAPS members is very rewarding. 

# Guess Who!



**Dr. Bouraoui Kotti, National Secretary for Tunisia, sky dives over Dubai.**

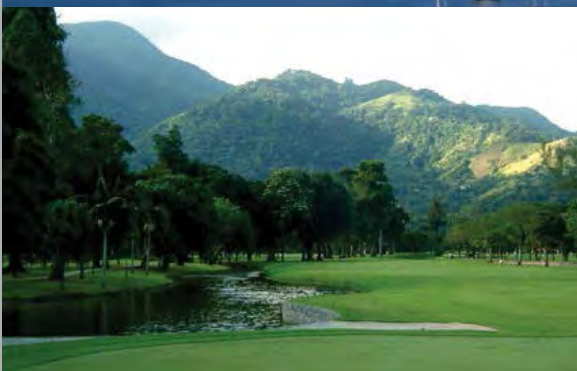


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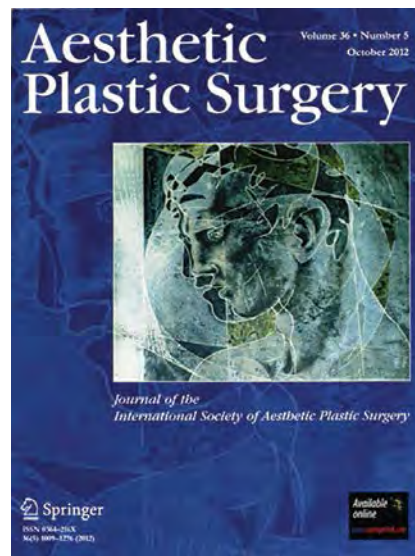
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This new member benefit has been in production for the past eleven months. Your Board of Directors and the Journal staff hope you will enjoy using it and look forward to your comments.

Henry M. Spinelli, MD  
*Editor-in-Chief*  
Aesthetic Plastic Surgery



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