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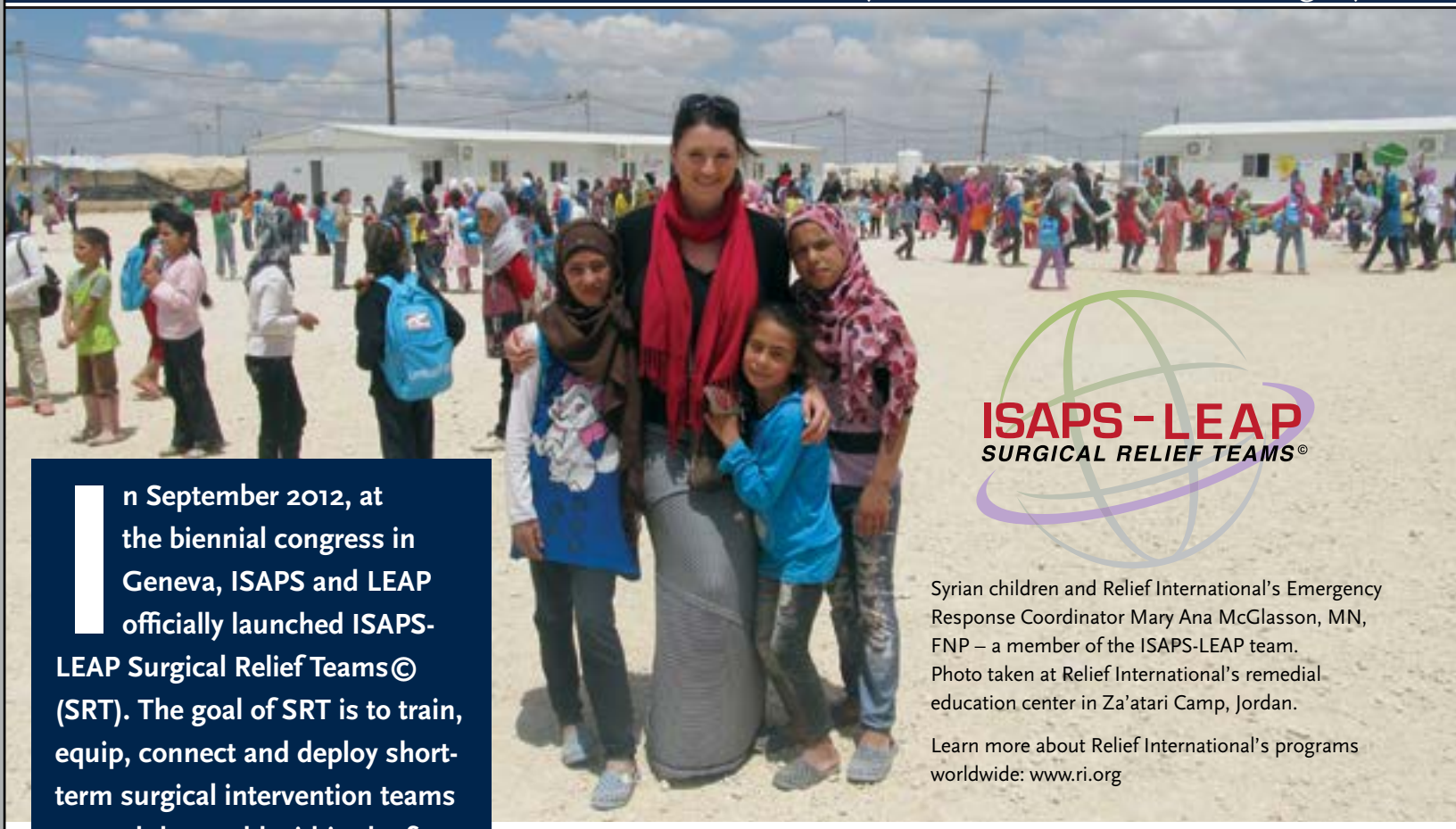
ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery



ISAPS - LEAP
SURGICAL RELIEF TEAMS©

Syrian children and Relief International's Emergency Response Coordinator Mary Ana McGlasson, MN, FNP – a member of the ISAPS-LEAP team. Photo taken at Relief International's remedial education center in Za'atari Camp, Jordan.

Learn more about Relief International's programs worldwide: www.ri.org

In September 2012, at the biennial congress in Geneva, ISAPS and LEAP officially launched ISAPS-LEAP Surgical Relief Teams© (SRT). The goal of SRT is to train, equip, connect and deploy short-term surgical intervention teams around the world within the first few days following a disaster. In spite of a persistent gap in early stage disaster response, there is a growing awareness of the need to incorporate emergency plastic and reconstructive surgical interventions into rapid response plans in mass casualty incidents. SRT provides an opportunity for those ISAPS members who wish to use their skills and years of training to meet one of the greatest needs in rapid disaster response.

In order to enhance and unify the SRT vision, we are collaborating with several organizations that will provide material and logistical support. To provide training resources for surgeons to work in potentially austere disaster settings, we partnered with Relief International to help organize our Global Disaster Preparedness courses. The first introductory course took place in New York during the April 2013 Aesthetic Meeting. The second course in early June featured an expanded two-day format of lectures and a cadaver lab, offering CME credit for those in attendance. We will soon debut an on-line resource to access the various instruction modules. In addition to future Global Disaster Preparedness courses, we envision that this on-line resource will become invaluable to those surgeons dedicated to preparing themselves for SRT service, but who could not otherwise attend a course in person.

We are also working with Marina Medical to properly equip our teams with Surgical Go-Bags that will contain a minimalist, yet comprehensive assortment of instruments. Our goal is to strategically preposition these Surgical Go-Bags and other material resources in key regions around the world in order to better meet that crucial 72-hour emergency window. Furthermore, we are formalizing a working relationship with ShelterBox USA www.shelterboxusa.org to provide large tents that will function as both temporary dwellings for our teams while on

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MESSAGE FROM THE EDITOR

Welcome to this issue of *ISAPS News*. We are pleased to bring you this report of the widespread activities of our great international society. First and foremost, the cover story emphasizes the commitment that our society and its members have to our humanitarian mission. This spirit of helping others in need is exemplified by the ongoing work of the ISAPS-LEAP Surgical Relief Teams© (SRT) program. The goal of SRT is to train, equip, connect and deploy short-term surgical intervention teams around the world within the first few days following a disaster. This program will provide important services around the globe to assist the most vulnerable populations.

In keeping with our President's theme of "aesthetic education worldwide," we bring reports of successful ISAPS education courses in places such as Turkey and Israel, as well as our calendar of upcoming courses. Our Global Perspectives series continues with a focus on laser therapies. ISAPS members from around the globe discuss their observations on practice patterns and trends in their regions. I know you will enjoy reading how surgical technologies are viewed and applied by our colleagues in different countries.

Your ISAPS leadership is constantly working to strengthen the society's capabilities to the benefit of both our members and the patients we treat. In this issue, you can read about a new collaborative agreement with the American Society for Aesthetic Plastic Surgery (ASAPS) to share the existing ASAPS communications office in New York City and provide ISAPS with a proper public relations staff to help build our brand, improve our use of social media, and provide timely information about our many activities to the global media and to the public. In this issue we introduce a new section highlighting books written by our members. I encourage you to submit information about your publications for inclusion in future issues.

Our expert history editor, Riccardo Mazzola, brings us an incredibly interesting and informative piece about the notable renaissance surgeon, Ambroise Paré. These features and much, much more can be found in this issue of *ISAPS News*.

Warmest regards,

J. Peter Rubin, MD, FACS
ISAPS News Editor

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PRESIDENTIAL EDITORIAL

"I am back after attending the ISAPS Course in St. Petersburg and I am quite proud of ISAPS as an organization doing a tremendous job in aesthetic education."
— Lokesh Kumar, MD – India

"Thank you for inviting me to participate in the Venezuelan ISAPS Course in Margarita Island. It was an enriching experience for me, and shows us the great commitment of all of us to keep working for the development of aesthetic plastic surgery."
— Maria Isabel Cadena, MD – Colombia

Dear Colleagues,

Aesthetic Education Worldwide – this is the presidential slogan that we are carrying forward to bring to the world an intensive aesthetic education program. We have scheduled more than 28 official courses and symposia many of which already happened in the last six months at a very high scientific level. Courses in places like Margarita Island in Venezuela or St. Petersburg in Russia or more recently Istanbul in Turkey all offered a great opportunity to learn from an outstanding international faculty traveling graciously from different parts of the world at their own expense: professors who spent time and effort to prepare lectures and master classes and what is the most important – received no reimbursement other than hotel accommodation and social activities. Never before have we seen so many countries asking for official courses. Our Education Council Chair, Nazim Cerkes, and his committee are doing a great job selecting and organizing these activities around the world. You cannot miss our forthcoming courses in Fortaleza, **Brazil**; Cochabamba, **Bolivia**; Kazimierz Dolny, **Poland**; Cannes, **France**; Tunis, **Tunisia**; Quito, **Ecuador**; Shanghai, **China**; Bucharest, **Romania**; Limassol, **Cyprus**; Punta del Este, **Uruguay**; Jaipur, **India**; Dubai, **UAE**; Manila, **Philippines**; Cape Town, **South Africa**; Baku, **Azerbaijan**; Moscow, **Russian Federation**; Los Cabos, **Mexico** – and many others to come. You can see details on our website: www.isaps.org.

Our most important education program is our **22nd Biennial Congress** that will take place next year in Rio de Janeiro, Brazil on September 19-22, 2014 – a great meeting with an expected 2,000 plastic surgeons from around the world. A wonderful scientific and social program is being prepared to welcome you in the nice atmosphere of Rio. Scientific Program Chair, Jorge Herrera jorge.herrera2971@gmail.com and his committee of twelve colleagues from around the world, is organizing an excellent program. We have already selected more than 286 faculty members. If you would like to take part in this program please contact Jorge Herrera. The local arrangements are being organized by Ruy Vieira, Eduardo Sucupira, Arnaldo Miró and Luiz Heredia and be sure that they are creating a very nice social program. Congress management is under the direction of Catherine Foss (USA) isaps@conmx.net and Carolina Prado (Brazil) mclp@relations.com.br. In September, you will receive our first catalogue with instructions for registration and hotel accommodation. Mark your calendar so you don't miss this Congress.

Renato Saltz who is responsible for our Traveling Faculty Task Force will send high level faculty to different countries to give lectures and surgical demonstrations. This has already started with Peter Rubin (USA) who will travel to Brazil in September, sponsored by ISAPS. If you would like to have such a teaching program in your country, please send an email to rsaltz@saltzplasticsurgery.com for further information.

At our last Board meeting in New York, we approved many other educational activities. ISAPS will now endorse fellowship programs in universities and private hospitals. Eric Auclair (France) dr-auclair@orange.fr is in charge of this program. If you would like to endorse a fellowship program in your institution, please ask him how to proceed.

I am proud to have such an enthusiastic board and committee members doing a tremendous job in my presidential term, and be sure that I will do my best to maintain ISAPS at the highest aesthetic plastic surgery standards in the world.

Carlos Oscar Uebel, MD, PhD
ISAPS President

ISAPS Board and Committee Members meeting in New York City in April

THE KEOGH REVIEW AND WHAT HAS BEEN HAPPENING IN THE UNITED KINGDOM?

Nigel Mercer, FRCS – United Kingdom

Past President of BAAPS, Council Member of BAPRAS, Past President of EASAPS

The PIP Scandal that rocked the aesthetic world at the end of 2011 provoked the British government into taking seriously the warnings and requests for better regulation which the British Association of Aesthetic Plastic Surgeons (BAAPS) had been calling for over the previous eight years. Two reviews were set up by the government and both have now reported. The first looked at how the PIP issue had been dealt with by the Department of Health and the Regulatory Bodies and the second, The Howe Report, produced by the Health Minister in the House of Lords, concluded that the matter had been dealt with appropriately, but that it had exposed the fact that the aesthetic sector had, and was still, growing rapidly and that the Regulatory Framework had not kept pace with the changes and did not provide adequate protection for patients.

A team led by Sir Bruce Keogh, the Medical Director of the whole National Health Service (NHS), prepared the second report and gathered evidence from a very wide variety of sources. They found three broad areas where improvement was needed:

1. High quality care with safe products, skilled practitioners and responsible providers;
2. An informed and empowered public to ensure people get accurate advice and that the vulnerable are protected;
3. Accessible redress and resolution in case things go wrong.

The Keogh Report made many key recommendations

The PIP scandal made it clear that the EU regulation of medical devices was inadequate and concluded that the EU Medical Devices Directive and UK legislation should be extended to include all cosmetic implants. In particular, it was concluded that Dermal Fillers should be re-classified as prescription-only medical devices to help prevent a PIP-like problem arising and also to ensure that they are prescribed by only appropriately qualified medical, dental and nursing personnel.

It was widely acknowledged that the 'free for all' in half-day training courses and the complete lack of regulation about who can perform Aesthetic Surgical and Medical procedures was wholly inappropriate and so the Royal College of Surgeons of England has been charged with overseeing and setting standards for aesthetic surgical practice. It will also be mandatory for any one performing cosmetic medical procedures to be registered and Health Education England has been charged with setting and overseeing standards in aesthetic medical procedures. Keogh stated this work must be completed by the end of 2013.

It was also recognized that the PIP problem may well have been picked up earlier had the Breast Implant Registry still been in existence in the UK. A new breast implant registry is to be established by early 2014 and it is planned to extend it to include other cosmetic devices such as fillers.

It was found that the consent process for some procedures was woefully inadequate and a multi-stage consent process will be required, with consent gained by the surgeon performing the operation.

Keogh has also recommended that advertising regulation is updated and enforced. In particular, the use of financial inducements and time-limited deals are to be banned. A total ban on advertising, such as there is in France, was not supported, and unfortunately one of the largest providers of aesthetic services in the United Kingdom has already breached this recommendation. What, if any, action is taken against them remains to be seen.

Medical indemnity insurance was examined and it was agreed that it must be held at a level appropriate for the country in which the patient is being treated. Prior to the review, BAAPS was already working with Sure Insurance to produce a scheme where BAAPS surgeons take out a policy to protect against the need for corrections of complications from aesthetic surgery. BAAPS members have to provide audit data on an annual basis, which includes details of complications, as a condition of membership. This data allows an assessment of risk by insurance underwriters and 'ASC'™ (Aesthetic Surgery Commitment) went live on May 1st. A 'Captive' scheme to insure breast implants against a catastrophic failure (either caused by human intention, as was PIP, or by error, as with the soya-based hydrogel implants) has been mooted and work is in progress to produce such a scheme for implants used in the UK.

At the same time that the UK review has been underway, the negotiations to produce an EU Standard (CE Mark) for Aesthetic Surgical and Aesthetic Non-Surgical, Medical Service have continued. The second draft is currently out for public comment and the next meeting to take the process further is in August this year. The Standard will complement the findings of the Keogh review and improve safety for patients.

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THREE SUCCESSFUL ISAPS COURSES

Nazim Cerkes, MD, PhD – Turkey

Chair, ISAPS Education Council

In June three ISAPS Teaching Courses organized by ISAPS Education Council were held, in St.Petersburg-Russia, Isla Margarita-Venezuela and Istanbul-Turkey.

The St. Petersburg Course was held between 7-9 June and hosted by Irina Khrustaleva (NS of Russia). The president of the Course was Foad Nahai while the Directors of the Course were Vakis Kontoes (Greece) and Nuri Celik (Turkey). The scientific level of the Course was outstanding. The International Faculty consisting of Jim Grotting, Daniel Baker, Foad Nahai, Glenn Jelks, Mario Pelle, Rick Warren, Raul Gonzalez, Enrico Robotti, Vakis Kontoes, Nuri Celik, Fabio Nahas, Selahattin Ozmen, Lokesh Kumar, Apostolos Mandrekas, Kai Schauldraff and Eyal Winkler. Over 200 plastic surgeons attended the course.

Isla Margarita is a beautiful touristic island in Caribbean Sea. The ISAPS Venezuela Teaching Course took place between 13-15 June. Lina Triana spent a great effort in planning of the program and organization, and directed the Course. The faculty were Mehmet Bayramicli, Gianluca Campiglio, Baris Cakir, Fabio Nahas, Liacyr Ribeiro, Ozan Sozer, Cemal Senyuva, Patrick Tonnard, Lina Triana and Akin Yucel. 160 plastic surgeons attended the course and sessions were enthusiasticly attended. The social program of the course was very friendly and colorful.

Despite the unrest in Istanbul coinciding with the dates of the course, the ISAPS Istanbul Course was very well attended by the speakers and participants: 380 plastic surgeons attended from 27 different countries. The Course was hosted by Akin Yucel, President of Turkish Society of Aesthetic Surgery and directed by Nazim Cerkes. The International Faculty members were Renato Saltz, Timothy Marten, Glenn Jelks, Elizabeth Hall Findlay, Eric Auclair, Carlos Uebel, Kai Schlaudraff, Ali Mojallal and Joseph Hunstad. On the last day of the Course eight live surgery demonstrations were performed. Following the ISAPS Course two days were dedicated to Advanced Rhinoplasty Course which was held in the same venue. During the social program the participants had an opportunity to enjoy the atmosphere of Istanbul, which is a city bridging the eastern and western cultures.

INTERDISCIPLINARY DIALOGUE ON APPEARANCE AND IDENTITY

Linton A. Whitaker, MD – United States

Founder, Center for Human Appearance & ISAPS Life Member

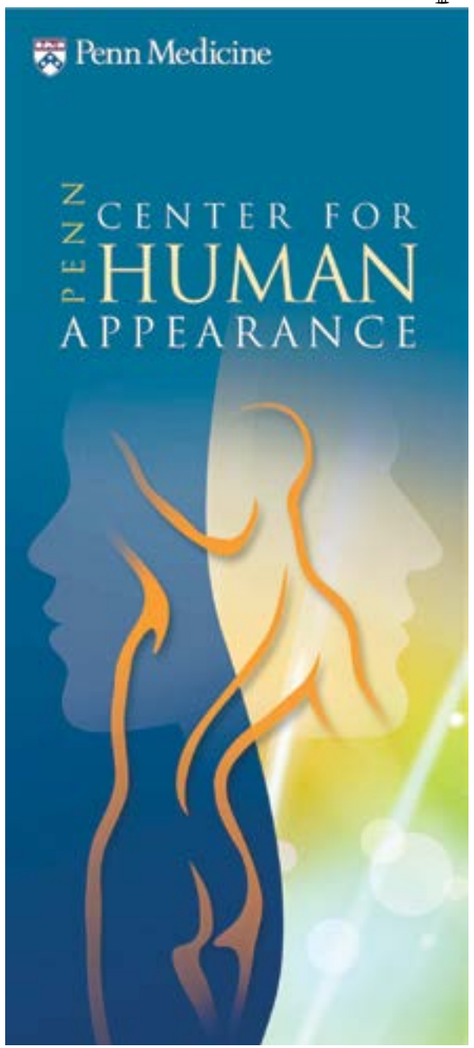
The University of Pennsylvania's Center for Human Appearance, founded in 1987, is building on its reputation for the study of the impact of appearance in all aspects of life with a new conference entitled Appearance ∞ Identity. The infinity symbol linking appearance and identity in the conference title represents the infinite interactions of human appearance and issues of self and identity as well as denoting the creative and novel approaches of the conference to be held in Philadelphia, Pennsylvania at the new Smilow Research Center on the 2nd and 3rd of November, 2013.

The first day's speakers will focus on interdisciplinary research in appearance and identity and include Professor Daniel Hamermesh, University of Texas, author of *Beauty Pays: Why Attractive People are More Successful* (Princeton University Press 2011) http://press.princeton.edu/titles/9516.html and Dr. Nancy Etcoff, Harvard University, author of *Survival of the Prettiest: The Science of Beauty* (Anchor Books, 2000). Joining them are Professor Wendy Steiner, author of *The Real Real Thing: The Model in the Mirror of Art* (University of Chicago Press, 2010) and Dr. Sharrona Pearl, author of *About Faces: Physiognomy in Nineteenth-Century Britain* (Harvard University Press, 2010). Research round table discussions will foster collaboration among participants and promote mentorship for trainees and young faculty.

The second day reflects the interdisciplinary emphasis of the conference and draws experts from medicine, psychology, ethics, and law together for conversations in two exciting panels. Clinician Perspectives and Evidence on Appearance and Identity brings together medical practitioners Val Lambros, Farhad Naini – author of *Facial Aesthetics: Concepts and Clinical Diagnosis* (Wiley-Blackwell, 2011) – with Joseph Losee, Harvey Rosen with Jesse Taylor moderating. The second panel of the day is moderated by internationally reputed body image scholar David Sarwer – lead editor of *Psychological Aspects of Reconstructive and Cosmetic Plastic Surgery: Clinical, Empirical and Ethical Perspectives* (Lippincott, Williams, and Wilkins, 2005) who engages Anita LaFrance Allen from Penn's Law School and Paul Root Wolpe from Emory's Center for Ethics, and body image clinician-scientist Ivona Percec in dialogue on appearance, identity, ethics, and the law.

On the evening of the first day, renowned artist Nelson Shanks, founder and artistic director of Studio Incamminati http://www.studioincamminati.org/ engages in a conversation about the intersections of human appearance, self and identity, and art and the aesthetic.

For more information, go to: www.cma.cvent.com/cha



YOUNG PRESENTERS AWARD & YOUNG RESEARCHERS AWARD

Daniel Knutti, MD – Switzerland

ISAPS Trustee

In 2008, the Body Contouring Research Foundation (BCRF) made a generous grant to ISAPS with the following purposes:

- To improve traditional therapies and arrive at new therapies for the improvement of body contouring surgery;
- To better understand the genetics and proteomics of fat distribution, obesity linkage and biomarkers;
- To encourage younger plastic surgeons to take an interest in this area of plastic surgery;
- To encourage the cross-pollination of scientific ideas across cultural, linguistic and national boundaries by the dissemination of their clinical and basic research among their younger peers worldwide.

The agreement between BCRF and ISAPS requires that two awards are to be presented at every biennial ISAPS Congress: a Young Presenters Award and a Young Researcher Award. BCRF awards have been made at every congress since Melbourne in 2008. These awards encouraged a number of young plastic surgeons (under age 45) who submitted their work. In Geneva, in both groups, the best papers were so outstanding and close in quality that it was very difficult for the evaluating committee to determine to whom the awards should be given.

At future Congresses, the BCRF Committee has decided to make three awards in each category: First Place – $3,000, Second Place – $2,000 and Third Place – $1,000. We would like to remind all young plastic surgeons who work in this field to keep in mind this unique award opportunity and to consider submitting their work for the next ISAPS Congress in Rio de Janeiro, Brazil in 2014.

Dr. Gregory Hetter (United States), the primary BCRF representative, and Dr. Daniel Knutti (Switzerland), ISAPS Trustee, will negotiate contractual changes to bring the BCRF funds under full responsibility of ISAPS. These negotiations should be completed by the end of 2013 and will be communicated in a future issue of ISAPS News.

The Keogh Report, *continued from page 4*

One area which has not been addressed, however, is the behaviour of the businesses that provide aesthetic surgical and medical services. One of the biggest providers, with a turnover of 10s of millions of Pounds a year, and who used most of the PIP implants in the UK, was named in the Houses of Parliament and told to look after their patients as the NHS was looking after its patients. As a direct consequence, the company went into voluntary liquidation and the next day started trading under the same name, but with a different holding company (in other words, it "Phoenixed"). It is understood that the same company may have done the same recently in the Republic of Ireland. As a consequence, previous patients have no legal redress at all. Questions are being asked as to how this can be allowed in healthcare.

Whilst the PIP scandal has made the British government take notice, many doubt it has gone far enough to protect patients from the "quacks, rogues and vagabonds" that are all too frequent in the aesthetic sector. The fact that BAAPS has been warning of all this for years is of little consolation to the patients who have suffered and "We told you so!" has a bitter ring to it but unfortunately 'We did . . .'

The 2013 ISAPS International Survey on Aesthetic/Cosmetic Procedures is coming soon.
It is important to participate to insure that ISAPS has a statistically relevant response rate.

RECORDING AT EDUCATIONAL COURSES: A GROWING PROBLEM

Catherine Foss – United States

ISAPS Executive Director

We have all seen it. What do we do about it?

ISAPS has initiated the following "get tough" policy. With easy access to more and more sophisticated personal technology tools, it has become increasingly common for some individuals attending meetings to record some or all of the proceedings, including filming entire PowerPoint presentations. What is worse, we have found images of patients presented at these educational programs later appearing on websites belonging to members of the audience. **This is illegal.** The patients whose images are shown during our courses have given their written permission to that faculty member to use their photos for teaching purposes. That permission does not extend to members of the audience. It most certainly does not extend to the public who can view these images on open websites.

Clearly, some course attendees feel entitled to make these recordings ostensibly in the interest of later review of the material presented, or because they claim to have problems with the language. While some may consider it admirable if not flattering to a speaker that a member of the audience wants to preserve the information being presented for later study, it is still stealing – and it is forbidden.

A related problem is outright theft of PowerPoint presentations from the speaker ready room. Insert your USB drive when no one is looking, copy/paste someone else's work onto your own device, and leave the room. Stealing. We are actively working on a technical solution to block such downloads.

Registrants for all future ISAPS educational programs will be required to indicate their understanding and acceptance of the ISAPS policy strictly forbidding recording of any kind, using any technical modality, and that if caught recording in any meeting room or near any of our exhibits, the consequences will include immediate expulsion from the meeting facility with no refund and blocked admission to any future ISAPS educational program. Blatantly ignoring this policy may also result in legal action by the speaker, the patient, and ISAPS.

PHOTO PIRACY: HAS YOURS BEEN STOLEN YET?

Bob Aicher, Esq. – United States

We've all seen these warnings, but photo piracy continues, especially from ISAPS scientific sessions and teaching courses. Have your photos been stolen yet?

Let's find out.

Step 1 – Find Your Photos on Google Images. First download Google Chrome at https://www.google.com/intl/en/chrome/browser/. Open Chrome; go to www.google.com, click on **Images** and then click on the little camera in the search bar. Follow the instructions. Google not only finds your photos everywhere, but it also finds images its software recognizes as visually similar. It is far from perfect; searching our Past President, Jan Pöell, MD reveals his photo in not only ten locations on the web, but Google believes Dr. Pöell resembles Matt Bomer from the USA television network program "White Collar." Software limitations

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EILAT – ISAPS COURSE ON THE RED SEA

Marcos Harel, MD – Israel

ISAPS National Secretary for Israel

Figure 1 Attentive audience in the meeting hall

The first ISAPS Course ever held in Israel took place on March 14- 15 in the beautiful resort city of Eilat. The course was preceded by the Red Sea Plastic Surgery Meeting, a traditional symposium organized every two years by the Israeli Society of Plastic Surgery. The ISAPS course directors were Dr. Amos Leviav, the current President of the Israeli Society, and Dr. Nazim Cerkes, ISAPS Education Council Chair.

Altogether, some two hundred and forty plastic surgeons from Israel and a variety of other countries participated in and were enriched by the high scientific level of the course thanks to a well-planned program that comprehensively covered most of the aspects of modern aesthetic surgery. The organizers managed to gather an outstanding faculty consisting of leading speakers from the US, Europe and Israel who captured the attention of the audience with highly didactic and up-to-date lectures.

In addition to the scientific program the course provided intensive social activities crowned by an unforgettable gala dinner held in the famous King Solomon Pillars site in the Arava Desert.

For ISAPS, it was also a very successful event as 27 new membership applications were collected in the ISAPS booth by Alison Thornberry who provided important information about ISAPS membership advantages.

Aesthetic Education Worldwide is one of the most important purposes of ISAPS and without a doubt the 2013 Eilat ISAPS Course realized its goals.

Figure 2 Part of the Faculty: *left to right,* Giovanni Botti, Marcos Harel, Mario Pelle Cerevalo, Rod Rohrich, Nazim Cerkes, Eyal Gur, Amos Leviav, Lawrence Gottlieb, Magnus Noah and Nuri Celic.

Figure 3 Gala Dinner in King Solomon Pillars in the desert.

Figure 4 Marcos Harel, Alison Thornberry and Henry Spinelli at the Welcome Reception

Cover Story, *continued from page 1*

mission, as well as mobile operating and aftercare venues.

Some disasters develop over time rather than instantaneously, as a flood or an earthquake, and they can affect vast regions. The current situation in Syria has resulted in millions of displaced people moving across borders. Our SRT members in Turkey continuously monitor the medical needs of these displaced people along the Turkish border. Until now, the Turkish Ministry of Health has been providing the necessary medical care in the region; however, discussions have been opened to meet remaining specialized surgical needs. In early May, on the other hand, several SRT representatives attended the ISAPS Course hosted by the Jordanian Society of Plastic and Reconstructive Surgeons in Amman. We met with influential leaders within the Ministry of Health, military hospital and private clinic communities. Through our partnership with Relief International, we were permitted to visit the Za'atari refugee camp in northern Jordan. The opportunity to drive through what is now the second largest refugee camp in the world allowed us to gain some perspective on how great the need is for surgical care, especially sub-specialty interventions. Our meeting with the United Nations High Commission for Refugees (UNHCR) Public Health Officer confirmed the current services gap for reconstructive surgeries. Their surgical needs include complicated skin grafts, gluteal flaps, limb reconstruction, and nerve grafting. However, because capacity for sub-specialty procedures is relatively low in Jordan, most hospitals do not have the appropriate medical staff required to perform these surgeries. The few hospitals that have the resources available are completely saturated. At the time of our meeting, there was a waiting list of more than 400 cases in the Za'atari camp alone, with an additional waiting list at one Amman hospital of 500 more cases. As the situation inside Syria continues to deteriorate, these figures will steadily increase.

Members of the Jordanian military meet with Catherine Foss and Dr. Craig Hobar, in Amman, Jordan.

Za'atari refugee camp in northern Jordan.

Confirmation of this gap in services allowed us to seek institutional funding from international sources. Deploying teams of surgeons equipped to operate on literally hundreds of wounded Syrian refugees presently residing in Jordan would allow ISAPS members interested in joining SRT to participate on a weekly rotational basis. The proposal we are currently developing calls for a minimum of two surgeons and medical support staff to be on-site each week for an initial period of six months. As ISAPS has more than 2400 members, we imagine that assembling these teams should not be very difficult. In fact, it would be most beneficial if we managed to recruit and schedule volunteers beyond the proposed six month window in order to demonstrate to our potential funders the long-term viability of SRT.

The sheer number of wounded, externally displaced persons entering neighboring countries has placed an immense strain on those national health systems. Any help we can give that will alleviate this strain, particularly for limited surgical services, will be most welcome by host nations like Jordan. The plans we have in place and the partnerships we are developing in the region are positioning us to accomplish a great deal of good will in an increasingly dismal situation.

What began as an immediate humanitarian response in the aftermath of the 2010 Haitian earthquake is quickly becoming a vibrant, reproducible model for international disaster relief. We ask that you consider volunteering with SRT. The success of this initiative is greatly dependent on the willingness of ISAPS surgeons to develop a common vision for disaster relief work

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ISAPS ESTABLISHES FIRST PUBLIC RELATIONS OFFICE IN NEW YORK

Catherine Foss – United States

ISAPS Executive Director

ISAPS announced in May a collaborative agreement with the American Society for Aesthetic Plastic Surgery (ASAPS) to share the existing ASAPS Communications office in New York City.

Adeena Babbitt

The Board unanimously approved this long overdue action item after extensive review of various options with the clear understanding that there would be no conflict of interest between the two Societies.

This agreement will provide ISAPS with a proper public relations staff to help build our brand, improve our use of social media, and provide timely information about our many activities to the global media – and to the public.

The staff in our New York office includes Adeena Babbitt, Director of Public Relations and Ashley Barton, Public Relations Manager. They will help ISAPS promote our organization and our members as the global resource for aesthetic plastic surgery information. By developing and monitoring new social media for ISAPS, our New York team will create for us a vastly improved social media presence. Timely press releases about ISAPS activities, our journal, our international education program, and the development of a network of spokespersons from within our membership will all contribute to engage the media and the public about issues important to them and to our members.

We welcome our new team and look forward to creating a positive and productive working relationship that will begin to expand our global alliance with all aesthetic plastic surgery societies while at the same time serving the best interests of our members and their patients.

Ashley Barton

ISAPS HAS EXPANDED ITS SOCIAL MEDIA PRESENCE

Ashley Barton – United States

ISAPS Public Relations Office, New York City

Social Media refers to web sites that people use to share information and ideas through social interaction. You may have heard of many of these web sites such as Facebook, Twitter, and LinkedIn. Social Media web sites differ from traditional web sites in that the users, not the owners, create information for others to share. In the list below you'll find a collection of links to Social Media web sites that now have an International Society of Aesthetic Plastic Surgery presence. Use them to stay connected and informed on the latest ISAPS news, meetings and activities.

Facebook

Become a fan of ISAPS industry news, events, videos, and more.

Join Facebook: www.facebook.com

Twitter

Follow ISAPS on Twitter and start receiving updates, press releases, industry news, resources, tips, tools and the latest news about ISAPS meetings and other co-sponsored events.

Join Twitter: www.twitter.com

LinkedIn

Connect to ISAPS members via the exclusive 'member's only' group on LinkedIn. To join the group, you must send a request to International Society of Aesthetic Plastic Surgery Group, and an ISAPS staff member will accept your request. ISAPS posts relevant news articles, discussion topics, blogs, meeting updates and information about the plastic surgery industry.

Join LinkedIn : www.linkedin.com

UNITED STATES

LASER UPDATE 2013

Jason N. Pozner, MD, FACS and Barry E. DiBernardo, MD, FACS – USA

The most interesting thing to say about lasers in the United States for 2013 is that it's not just about lasers anymore! The category is now "energy devices" or things we use in our practice that plug into the wall. This includes lasers, pulsed light devices, radiofrequency devices, microwave devices, cold energy devices and others. The best way to understand them is to categorize them by use.

Facial resurfacing devices are categorized into full field in which 100% of the surface area is treated or fractional in which an array or portion of the skin is treated. Full field devices include carbon dioxide like many of us used in the mid 1990s-2001, YSGG and erbium. Our favorite for facial full field resurfacing is the variable pulse width erbium laser (Sciton) which allows ablation and tunable thermal damage to mimic some aspects of carbon dioxide without the side effects. Fractional devices are grouped into non-ablative lasers in which a core of thermally damaged skin is created, ablative lasers in which a core of skin is removed and radiofrequency fractional devices in which radiofrequency energy is used to create a mostly ablative injury.

Vascular lasers are used to irreversibly injure unwanted veins of the face and body. There are many different wavelengths used and many good manufacturers of these devices. They work well on the face, but unwanted leg veins are better treated with sclerotherapy.

Tattoo lasers have been updated with the recent introduction of the picosecond laser (PicoSure-Cynosure). These ultra short pulse width lasers offer fewer treatments needed to eradicate tattoos and also seem promising for stretch marks and acne scars.

Excellent pulsed light devices are currently manufactured allowing treatment of facial and body pigment as well as fine vasculature. Newer studies show significant anti-aging results with these devices.

Body and facial tightening devices are categorized into radiofrequency devices, long pulse width pulsed light devices and microfocused ultrasound. Radiofrequency and long pulse width light both heat the skin to cause a natural collagen remodeling phase and tightening while microfocused ultrasound (Ulthera) cause discreet thermal zones in deeper tissue without harming the skin. Radiofrequency needle (e-prime-Syneron) is also used to create thermal zones in the deep dermis. There are many excellent radiofrequency devices for skin tightening in this category.

Non-invasive fat removal devices run the gamut from low level light sources (Zerona and ilipo) to cryolipolysis (Coolsculpting by Zeltiq), ultrasound (Liposonix-Solta, with Ultrashape-Syneron possibly getting FDA approval in near future) and non-invasive radiofrequency (Trusculpt-Cutera, Exilis). The newest device that looks extremely promising is Vanquish by BTL/Exilis. This non-invasive radiofrequency device heats the fat uniformly without touching the skin and early clinical data is extremely promising.

Invasive fat removal devices have become quite popular. These range from laser liposuction from a variety of companies (Cynosure, Sciton, Alma) to ultrasonic liposuction (Vaser-Solta) to body jet to the newest technology – Hydrasolve which uses a water jet that is contained in the liposuction cannula to cleave the fat particles.

Cellulite removal devices include non-invasive devices (radiofrequency) and invasive devices. The invasive devices include Cellulaze from Cynosure, Cellutyte from Sciton and Vasersmooth from Sound Surgical/Solta. These devices offer a single treatment for cellulite with current Cellulaze studies showing greater than three-year results.

Delivery of laser energy has also advanced. The use of straight and more recently side-firing laser fibers has increased the accuracy of subdermal placement of energy. This has allowed not only for the well documented treatment of cellulite, but now for new application for skin tightening of the face and neck, acne scarring, hyperhidrosis and loose knee skin (PrecisionTX-Cynsoure).

Other devices are being used for hyperhidrosis including microwave technology (Miradry-Miramar Labs) and microfocused ultrasound (Ulthera).

The aesthetic arena has certainly changed with all of these lasers and devices. Time will shake out the best performers.

ASIA

LASERS: A COMMENTARY

Woffles Wu, MD – Singapore

In the late nineties and early 2000s I helped popularize the concept of Non-Surgical Facial Rejuvenation. This included the use of botulinum toxin to relax or shrink muscles, fillers to restore volume, the barbed Woffles Lift threads to redrape facial soft tissues and Lasers and Intense Pulsed Light IPL to resurface the facial skin envelope. I called this the 4R Principle and lectured on it all over the world. It was initially met with much scepticism and derision from many plastic surgical colleagues who felt that traditional surgical techniques could not be replaced or supplanted. Consequently they allowed their nurses and general practitioner associates to handle this part of the practice and neglected to improve their own skills in non-surgical techniques. All of that has changed today as patients have become the driving force of the industry with demands for less downtime and rapid reintegration into social activity. Not many patients now want a multilevel, multivector facelift with two months of swelling and recovery time no matter how expertly done. As a result, all plastic surgeons have had to familiarize themselves with toxin and filler techniques and of course the use of high tech devices to aid in skin tightening or firming such as lasers, and RF.

I used to be in the forefront of utilizing high tech devices, having purchased the first Vasculight IPL in South East Asia in 1999, the first CoolTouch laser some years later and one of the first Thermage machines in 2004. There was an incredible demand for these machines due largely to heavy advertising and the hype surrounding them. The average physician was at the time still reluctant to invest heavily in these machines so those of us who dared to purchase and use them found it easy to recoup the cost of the machines. Then came fractional lasers, ultrasound guided RF, RF and laser combinations and a host of other new innovations that I cannot keep up with. I have trialed many of these new devices sometimes for up to three months a piece but never put down any money to buy one. I realize that the last machine I actually bought was the Thermage device and that was over eight years ago. Why have I not kept up with constantly buying the latest machine that hits the market, like many of my aesthetic colleagues? The answer is quite simple – the results have been disappointing!

In my opinion, there have been very few significant advances in skin resurfacing technology in recent years. Historically, the carbon dioxide laser was a revolution. That worked well for cutting and ablation especially in super pulse mode. The Ndyag Laser for facial pigmentation was another useful laser for treating pigmentation and melasma, but it was not till the advent of the first Vasculight IPL that we encountered a radical change in the way energy was delivered to the skin. The IPL device was for me the most important innovation of the last 15 years. The results have been impressive and consistently reproducible. The pain level is tolerable and patient satisfaction has been high. As a result I now have four such devices in my practice. Other than CO_2 and Ndyag lasers, this is the only technology that really works well (at least in my hands) and that I continue to use on a daily basis. The other machines have slowly fallen into disuse and are residing in a hidden corner of the clinic. I do not have the heart to peddle them to patients when even I can't see any results.

On the whole, it has become less attractive to buy new devices (even if they do work). The time for ROI (Return on Investment) is too long. It is increasingly difficult to justify the purchase of a new machine costing over $70,000 when there are hordes of physicians fighting with each other for a slice of the aesthetic pie, prices for treatments at rock bottom and worse, patients coming back expressing dissatisfaction and unhappiness over the lack of results. And on top of that, device makers have now cleverly realized that it is better to sell tips and heads on a per patient basis, thus driving up holding costs for the physicians and ultimately the cost to the patient. But in many non-specialist aesthetic practices, the physicians have no choice but to purchase the latest machine on the market. If they don't, they have nothing 'new' to attract and entice the cosmetic patient to their offices.

Thankfully as a plastic surgeon, I can always go back to operating. Until a new machine is invented that is as good as the IPL was I am getting off the high tech bandwagon.

EUROPE

NEW TRENDS IN FACIAL REJUVENATION: MINIMALLY INVASIVE LASER-ASSISTED TISSUE TIGHTENING WITH A NEW 1440 NM DEVICE

Katharina Russe-Wilflingseder – Austria

ISAPS National Secretary for Austria

Lasers and energy-based devices are well established in plastic surgery, for instance in the treatment of vascular lesions as hemangiomas and port-wine-stains, of pigmented lesions and tattoos or of unwanted hair. The great potential of lasers for dermal collagen and elastin remodelling is especially valuable in skin rejuvenation as well as in the therapy of acne or burn scars. Newer technologies are minimally invasive lasers used at wavelength between 924 up to 1440 nm for lipolysis and tissue tightening.

Surgical options have been the mainstay for rejuvenation of the lower face. However, not all patients are candidates for neck or face lift as some may opt for less invasive procedures.

Laser technology has emerged as a proven modality that can provide benefits when treating the neck and especially skin laxity. A new Nd:YAG device has recently been developed that emits at a wavelength of 1440 nm, which is more highly absorbed by adipose tissue and water than lower wavelengths currently available. The laser energy converts to heat. This heat is absorbed by adipocytes resulting in damage to the cell membranes. The cell membranes rupture and the liquefied fat can be removed. The laser energy also denatures collagen, resulting in its remodeling and contraction equating to skin tightening.

In a recent scientific study by our group, we sought to develop a minimally invasive approach to neck treatment in patients 40 years of age and older. Eligible subjects 40 – 65 years old, male or female with unwanted skin laxity and fat in the lower face, mandibular and submandibular areas received a single treatment for fat reduction and tissue tightening.

The neck was divided into 5x5 cm squares. Patients were treated under IV sedation. Three small incisions (2-3 mm) were made, below the chin, and at the base of each earlobe. The treatment area was injected with a tumescent solution (30-50 cc per 5x5 cm). A single treatment was applied using 1440 nm laser using the SmartLipo Triplex™ workstation (Cynosure Inc. Westford, MA). The laser cannula and fiber was introduced through the incision points. The laser was emitted through an 800 ◂m side-firing fiber (SideLight 3D™) for the deeper bulk lipolysis and for shallow heating of collagen fibers (water) within the dermis and septae. Temperature delivered to the treated areas is monitored by a temperature-sensing cannula attached to the laser cannula. Treatment and maximum temperatures are set at 45-47°C. The cannula was reciprocated in a fan like fashion treating several squares at one time. The laser display indicated the total energy delivered during use. Approximately 1200 Joules were delivered per 5x5 cm area. The treated fat was removed through vacuum aspiration using a 1.2 mm cannula.

Compression garments were applied for two weeks. Patients tolerated treatment well with minimal bruising and swelling. Outcomes continue to improve through six months and are long lasting. This work supports our practice in which the 1440 nm Nd:YAG device is used safely and effectively for the treatment of skin laxity in the lower third of the face and neck, as well as of subcutaneous fat in the submandibular area, especially in consideration of the minimal side effects and down time in comparison to other procedures.

In my observation minimally invasive laser assisted skin tightening and lipolysis is a most valuable new technology for aesthetic plastic surgical offices. For additional improvement of skin tone and texture, telangiectasia or pigmentary changes full or fractioned ablative CO2 or Er:YAG lasers or non ablative fractionated or non fractioned lasers can be used. In my opinion aesthetic plastic surgical procedures, autologous fat grafting with its regenerative effect and laser treatments are very useful complementary procedures in facial rejuvenation.

SOUTH AMERICA

Ricardo Hoogstra, MD and Maria Cristina Picon, MD – Argentina

Dr. Picon is ISAPS National Secretary for Argentina

Every day we see an increase in the demand for non-invasive skin rejuvenation procedures. These days, refills and the use of botulinum toxin type A have a predominant place in our daily practice.

Ablative Laser Technology, like the CO_2 Laser, were no longer used until the industry introduced the new Fractional Laser Technology which allowed a faster patient recovery and much shorter post-op time. Conventional RF has an important place in every aesthetician's and dermatologist's office, but not in plastic surgery practices, mainly because of unpredictable results. Now, technological advances have developed a new RF system which is likely to be in the near future at the same place occupied by the traditional refills and botulin toxin.

In 2009, the VIOL Company of Seoul, South Korea developed and patented for the first time an RF system which delivers controllable RF energy through a matrix of micro needles and named it Scarlet-RF. This is the most advanced invasive Non-Ablative Fractional RF through shock-free micro needles technology to date. Based on the principle of localized RF radiated inside the dermis, it produces localized and specific volumetric tightening.

The system produces highly controlled doses of bipolar RF deep into the dermis (up to a depth of 3.5mm) controlled by the surgeon. This RF energy is irradiated through a matrix of 25 micro needles which create micro thermal zones, each zone composed of several heating "jars," each one decreasing in temperature from the needle outwards which produces necrotic tissue in the center up to slightly heated tissue on the external thermal jar (passing through coagulated tissue in between). The process is completely tolerable by patients – painless with immediate results.

The system effect on the intra dermis achieves similar results compared to fractional CO_2, but with immediate recovery of the treated patient. Traditional resistive or capacitive bipolar or tripolar RF works by applying RF externally on the epidermis and irradiates uncontrollable RF doses which produce a lot of spare RF energy that cannot be controlled and is randomly irradiated getting to areas that normally we don't want to treat and generating a lot of unnecessary heat buildup.

Scarlet-RF has proven to be the perfect solution to take micro doses of RF energies exactly where we need them thanks to a precise mechanism which controls RF time, penetration depth, and RF power precisely and with no side effects and obtaining the perfect volumetric tightening with much more long-lasting effects for all skin types, better collagen stimulation any time of the year, and with absolutely no post-op time.

Next Issue of *ISAPS News:*

September-December Theme is **Body Contouring**

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

ISAPS INSURANCE: WHY AND HOW TO APPLY

Alison Thornberry – UK

Managing Director, Sure Insurance

A typical patient scenario:

Breast Augmentation.

Miss X was told by her surgeon that post-surgery complications would be covered. Ten months after surgery, Miss X develops capsular contracture which inhibits her working due to the pain and discomfort. On returning to her surgeon, she has been advised to have removal and replacement surgery to correct the problem. The surgeon has offered his services free of charge as promised, but explains there will be a charge for the use of the hospital and a further charge for the anesthetist.

This is an all too common situation which leaves the patient feeling aggrieved that she has suffered a complication and is also now going to have to fund the remedial treatment.

A few common patient questions are:

- ***What should I do if I think I have a complication?***
- ***What if my relationship with my surgeon has broken down?***
- ***What if I can't afford the cost of remedial treatment?***
- ***What if I cannot return to the country where my surgery took place?***
- ***What if my surgeon retires or is no longer in practice?***

Even the most competent surgeon will have patients who suffer complications post- surgery. Many hospitals and clinics offer post-surgery care. Very few provide a guarantee to the patient regarding what they will cover for free, nor do they confirm how long after the surgery their care lasts. Many surgeons provide their own personal guarantee of remedial treatment, but most often this does not include hospital and anesthetist costs.

Since the PIP fiasco, the spotlight has been shining on aesthetic surgery and more patients now question what can go wrong. This has prompted practice reviews which are being undertaken in many countries worldwide.

It makes sense to provide patients with certainty that in the event of a complication, remedial surgery or treatment will take place at no extra cost to them. Indeed the sooner a patient's complication is dealt with the less likely that the patient will make a formal complaint.

Registering for ISAPS insurance is easy and free and it only takes a few minutes to complete the online application. Go to www.isapsinsurance.com where the following questions will be asked: name, address, ISAPS membership number, contact information, hospitals where you perform procedures, number of procedures you carry out and when you would like to begin.

Insurance premiums cost 6% of the surgeon's chosen indemnity level. It is the surgeon's decision which patients are insured.

Patients whose surgeon is covered by the scheme are provided with their surgeon's written personal guarantee of remedial treatment in the event that a listed diagnosed condition requires further treatment.

Why not offer your patients peace of mind?

For further information go to www.isapsinsurance.com or email Alison@isapsinsurance.com

MEDICAL TOURISM – THE OUTBOUND PERSPECTIVE

Wayne R. Perron, MD – Canada

ISAPS National Secretary for Canada

At the recent ASAPS meeting held in New York City, a number of National Secretaries from around the world met. Not all Secretaries were in New York, but there was a large enough group to make the meeting worthwhile. There were a number of issues that needed to be addressed, and some new and important information to be shared. This was also an opportunity for the newly elected National Secretaries, I being the new National Secretary for Canada, to meet other newly elected secretaries representing their countries.

Regarding new information, a presentation was made by the Managing Director of Sure Insurance in London regarding the insurance plan available to all ISAPS members. Basically, ISAPS member surgeons can register for an insurance plan that would give them coverage for financial costs incurred as a result of complications occurring after aesthetic surgery. There are a number of cost levels available for the amount of coverage that is thought would be needed. The overall plan looked very reasonable and an option for all ISAPS members.

Three issues were discussed at length. One of the issues was medical and surgical tourism. It was concluded that there is no end in sight to this practice, and in fact, it will probably flourish over the next few years with the numbers continuing to increase. If this is so, the second issue was how do we as surgeons adapt to these practices and make sure medical tourists who have problems after surgery and show up at our offices and clinics are treated properly and in a safe manner. The last issue that was discussed at some length was the insurance plan and how this might be incorporated into the treatment plan of surgical tourists who've run into problems after they have returned to their home country.

Assuming that medical tourism is here to stay, it was suggested that the line of communication between the surgeon operating on an out-of-country patient and the home country surgeon be improved so that if a patient returns to their home country and has problems, then a covering letter or a copy of

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MEDICAL TOURISM – THE INBOUND PERSPECTIVE

José Carlos Parreira, MD – Portugal

ISAPS National Secretary for Portugal
Co-Chair, ISAPS Membership Committee

Nowadays, traveling outside their home country for medical procedures is a common way for patients to have cosmetic surgery for several reasons, mainly economic. ISAPS members should be aware of this reality, independent of where they practice.

In the beginning of this new reality, many of us tried to fight this new trend, but soon realized that we could not stop something that was going on already. So we changed our approach and moved toward trying to make such activity as safe as possible. ISAPS does not encourage patients to travel for procedures. While we advise patients to be operated in their own countries, when they choose to travel for cosmetic surgery, they will be safer if they follow the advice provided on our website.

One of the most important things we as members can do to be sure our patients are cared for safely is to provide them with complete medical information concerning their procedure and aftercare, all the surgeon's contacts, and ideally a reference to an ISAPS member/colleague in their own country before they leave to travel home.

ISAPS also strongly recommends that all ISAPS members who are doing procedures on patients coming to them from other countries register for and purchase ISAPS Insurance to cover any remedial surgery that may be required later. In this way, the surgeon and the patient are safely working together for the well being and security of both.

Recently, I had the chance to experiment with this situation. Portuguese TV wanted to film a program on Health Tourism (as they call it here) and they invited the private hospital where I work in the south of Portugal (Algarve) to collaborate. I had two choices: either say no and let it go to "other hands with another way of thinking" or participate and be sure that the patient involved was managed as safely as possible.

I accepted and did everything according to ISAPS recommendations. The patient came for Augmentation Mastopexy. I exchanged several emails with her, saw her one month before

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Medical Tourism, Outbound, *continued from page 17*

the operative report that has been given to the patient prior to that patient leaving the foreign country is available to the treating physician in that patient's home country. If this is routinely done, then any confusion as to what surgery has been performed would be clear right from the outset and make the transition for that patient into a new practice much safer so that the appropriate treatment could be performed in a timely fashion.

The other question then arose as to what fees should be charged to this patient. Given the ISAPS Insurance coverage program as presented at this meeting being the responsibility of the surgeon, it was very apparent to me that this may solve one of the thorny issues of extra fees for the patient when that patient returns to his or her home country and needs additional care. I suggested that one option may be to charge every patient that has surgery outside their home country an extra fee that would cover the insurance premium for coverage of any complications that may occur once that patient has returned to his or her home country. This would alleviate any awkward confrontation about fees and provide a simple transition for "transfer of care." This was the last issue discussed and gave everyone food for thought as we all retreated to our home countries.

Medical Tourism, Inbound, *continued from page 17*

the surgery (I know sometimes this is not possible), and discussed the surgery with her in detail. The hospital arranged everything with the hotel where she stayed, I registered for ISAPS Insurance, and the surgery was done at the beginning of May. Everything went very well, the patient stayed for a week, and afterwards I provided her with all the information about the surgery in case she might need it. She was very happy – so happy that she already scheduled an abdominoplasty for November.

Indeed, working within all the ISAPS safety guidelines including insurance, comprehensive information provided to the patient, and providing the surgery in an accredited facility assured that both my patient and I felt safe and secure.

Photo Piracy, *continued from page 8*

aside, be prepared to make several phone calls to your colleagues when you see the search results.

Step 2 – Digitally Watermark Your Photos. Digital watermarks will deter lazy criminals. Deriving its name from watermarks on paper and currency designed to discourage counterfeiters, a digital watermark overlays a visible deterrent upon the digital image, similar to embossed paper. Free software abounds, such as the Kigo Image Converter www.kigosoft.com or TSR Watermark Image www.watermark-image.com, not to mention Photoshop. Programs like these allow you to add text overlaid on your photos to identify you as the surgeon. Finally, do not add a watermark that can be easily cropped, such as in the lower right corner, as seen in the dachshund photo. It's best if your watermark is right over the most important part of the photo.

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ISAPS NATIONAL SECRETARIES MEETING: NEW YORK CITY

Gianluca Campiglio – Italy

ISAPS National Secretary for Italy
Chair of ISAPS National Secretaries

A lively meeting of the ISAPS National Secretaries (NS) was held on April 13th during the Annual Meeting of the American Society for Aesthetic Plastic Surgery (ASAPS) in New York.

Twenty-eight representatives, of the seventy-three official National Secretaries, attended the meeting making this the best attended NS meeting outside our biennial Congress we have ever had. Some of the participants were new and for them this was the first opportunity to meet and introduce themselves to the others.

A brief report of the main decisions taken during the ISAPS Board meeting held on the previous days opened the lunch meeting. Among these particularly important decisions were:

(1) accrediting Official ISAPS Courses beginning with the course scheduled in Cannes, France in September;

(2) increasing the presence of our Society in the media with the help of our new Public Relations office in New York;

(3) launching the Travelling Faculty Task Force Program where the NSs have a key role; and

(4) simplifying the membership application process by removing the CV requirement and reducing the sponsor requirement from two to one.

Alison Thornberry, representative of ISAPS Insurance, reminded everyone that ISAPS insurance not only covers remedial treatment in the event of a complication but also, if an ISAPS surgeon operates on a patient (who they have insured) from another country then that patient is entitled to receive remedial treatment on returning to their home country. This issue opened a debate about problems occurring with patients who elect to be operated on abroad, then on their return to their own country suffer problems and have no medical documentation. The importance of encouraging our members to take out ISAPS insurance for their patients from abroad was stressed by all participants along with the recommendation that the surgeon should always provide adequate medical documentation for their patient to take home in the event they need further medical treatment. **Dr. Carlos Parreira**, NS – Portugal, and **Dr. Wayne Perron**, NS-Canada, committed themselves to write brief reports which are included elsewhere in this newsletter.

Dr. Ivar van Heijningen, NS-Belgium and Chair of ISAPS Membership Committee, reported the results of his detailed analysis on the potential for membership growth in different areas of the world. Some countries, especially in North and South America, have a huge potential when comparing the present number of ISAPS members with the official number of plastic surgeons affiliated with the national societies. Countries such as the US, France and China instead of increasing, showed a trend of decreasing membership. With the goal of 3,000 members by the next ISAPS Congress, we need to develop new strategies to increase our membership.

Dr. Fausto Viterbo, the new NS-Brazil, introduced himself and his Assistant-NS **Dr. Antonio Graziosi.** The importance of having an Assistant-NS in countries with more than 50 members was stressed during the meeting because the tasks and obligations required of each NS are more and more demanding. Dr. Viterbo also discussed how an assistant should be selected, suggesting that rather than holding an election, the NS should choose this person to insure a good working relationship. This would require a By-Laws change but will be considered further.

Finally, representatives of our humanitarian partner organization (LEAP) were invited to the meeting and presented a brief report of their recent initiatives including a training program held during the ASAPS meeting, a second two-day program scheduled in Dallas in two months' time, and current strategies to help injured refugees of the civil war in Syria.

The mood of the NS meeting was informal and friendly as usual and the importance of the issues debated confirmed the necessity to have a periodic meeting of the NSs apart from the one held during the biennial Congress. The ASAPS Meeting, because of the high attendance among our NSs, is the right place.

AMBROISE PARÉ (1510-1590)

Riccardo F. Mazzola, MD – Italy

ISAPS Historian

Life – Ambroise Paré, considered the most celebrated surgeon of the Renaissance, was born in 1510 in Laval, near Mayenne (Northern France). Little is known of his early life. His parents were humble and his education was meager. He grew up in a barber-surgeons environment in a period when physicians regarded surgery as the lowest level in the medical hierarchy. They treated diseases and left all cutting to the lowly barber-surgeons. Paré's father, his elder brother and his brother-in-law were also barber-surgeons, under whom he may have served his apprenticeship. He learned neither Latin nor Greek. In 1529, at the age of 19, he went to Paris to complete his training where he became a surgical student at Hôtel Dieu, the most famous public hospital in Paris. By the time Paré entered the Hôtel Dieu, barber-surgeons were incorporated into the education system of the University of Paris. They could attend lectures on anatomy and surgery delivered by the faculty and take the master-barber's examination to receive professional recognition. However Paré was too poor to pay for his studies to pass the examination.

Fig. 1–Portrait of A. Paré, aged 55

In 1537, he became an army surgeon and participated in the Piedmont campaign (1537–1538). In 1539, Paré returned to Paris, now able to pay his fees to be accepted into the Company of Barber-Surgeons. A few months later he married Jeanne Mazelin, the daughter of a wine merchant, with whom he had three children. While in Paris, he visited the celebrated physician Jacques du Bois (Sylvius) who encouraged him to write on his experience with gunshot wounds. However, the outbreak of war with Spain saw Paré accompanying the Vicomte Henri de Rohan on campaigns before Perpignan, in the Hainaut (1542), and before Landrecies. This delayed the completion of his work, which was eventually issued in 1545.

For the next thirty years, Paré participated in various military campaigns. France, in fact, was engaged in many wars against Italy, Germany, England and last but not least, the civil war against the Huguenots. He achieved great repute for his courage and his ability in curing soldiers and treating wounds. He was a tireless worker and the motto which appears in his portraits *Labor improbus omnia vincit* (Hard work conquers all) well defines the force of his character (fig. 1). In 1552, he was nominated surgeon to King Henry II. In 1554, the College of St. Côme, the powerful French surgical guild, conferred fellowship on him, despite the lack of formal education and his barber-surgeon origin. During his long life, he was appointed surgeon to four different Kings of France: Henry II, Francis II, Charles IX, and Henry III. Famous and well respected, he died in Paris in 1590 from natural causes, in his 80th year.

War, a key factor in the development and spread of Paré's ideas – It is a common belief that Paré's accomplishments were mainly due to France's campaigns in Italy. The war casualties gave Paré the opportunity to try out new ideas. He could use new remedies and procedures on wounded soldiers, record his findings – and publish them.

It was during the siege of Turin (1536-1537) that Paré made his first great medical innovation. Gunshot wounds, a new medical condition, were considered poisoned and routinely barbarically cauterized either with red-hot iron, or with boiling oil. When Paré, during the siege, ran out of oil, he used simple dressings and soothing ointment made of egg yolk, oil of roses and turpentine. When he returned the following morning to the battlefield, he compared one group of patients who were treated in the traditional manner with boiling oil and cauterization, and the remainder with simple dressing. He discovered that the soldiers treated with the boiling oil were in agony, whereas the ones treated with the ointment had recovered because of the antiseptic properties of turpentine. He drew the conclusion that his less invasive method was far superior to the traditional one, with great benefit for the soldiers. By chance, he was among the first to apply the scientific method in medicine. In 1545, he published his discovery in the treatise *La Méthode de traicter les playes . . .* (The Method of Treating Wounds . . .).

The second important innovation was his introduction of artery ligature instead of cauterization during amputation. The usual system of sealing wounds by burning the stump with a red-hot iron often failed to arrest the bleeding and caused patients to die of hemorrhage. For the vessel's ligature, he designed a new instrument, the "Bec de Corbin" ("crow's beak"), a predecessor to modern haemostats. Although ligatures often spread infection, it was still an important advance in surgical practice, and most important, it was less painful for the patient. Paré published the technique of using ligatures to prevent hemorrhage during amputation in his *Dix livres de la chirurgie* (1564).

He was a strong supporter of the importance of anatomy as a prerequisite for surgery. Apart from a textbook entirely devoted to anatomy, *Anatomie Universelle du Corps Humain* (1561), his treatises on head traumas and on surgery are preceded by large sections on the anatomy of the head and of the body with numerous illustrations mainly derived from Vesalius.

Paré was noted for his humility and dedication, recording his own achievements with modest satisfaction. His famous phrase, *Je le pensay, et Dieu le guarit* (I treated him, but God cured him), shows how actively he was involved in curing the wounded.

Paré's works – In the fifteenth and sixteenth centuries, medical books were very expensive, only a few people could afford to buy them. Written in Latin and printed in large format (in-folio), they were difficult to handle, and only accessible for consultation in medical faculties or in monasteries.

Paré, who was essentially a man of practice, broke the tradition. First of all, he understood the importance of circulating his own ideas and discoveries among the barber-surgeons community. For this reason he wrote in his native tongue, that is in French, instead of in Latin. Secondly, he published his original works, nowadays extremely rare, in handy volumes, scholarly illustrated, small enough (in-8vo) to fit in the military surgeons' knapsack, so they could find solutions to their problems directly on the battlefield. His surgical works, all issued in small format, could be printed in great numbers and could be obtained easily. The end result was that Paré's ideas were spread further, despite the fact that he was snubbed by the official physicians and members of the Parisian Medical Faculty, because he wrote all his works in vernacular and not in Latin. But thanks to the success obtained by his publications, he gradually achieved great consideration and popularity.

A prolific writer, his principal works include a treatise on gunshot wounds *(La Méthode de traicter les playes faictes par Hacquebutes,* 1545 ; re-issued in 1552); on head traumas *(La Méthode curative des playes & fractures de la Teste humaine,* 1561); on surgery, *(Dix livres de la Chirurgie,* 1564; *Cinque livres de Chirurgie,* 1572 ; *Deux livres de Chirurgie,* 1573, to which is added a treatise on monsters, *Des Monstres tant terrestres que marins, avec leurs portrais);* and on the plague *(Traicté de la Peste,* 1568).

Paré's works were collected in a single, folio, volume, *Les Oeuvres* with 360 illustrations, first published at Paris in 1575 and dedicated to Henry III, King of France. The book was frequently reprinted, and translated in Latin, German, English, Dutch and Japanese.

Paré's contribution to plastic surgery – Ambroise Paré invented many devices including obturators for the palate and stents for nostrils. He created several types of prostheses, like artificial eyes made from enameled gold, silver, porcelain and glass, dentures, artificial noses, and artificial legs and hands. His *Le Petit Lorrain,* a mechanical iron hand operated by catches and springs, was worn by a French army Captain in battle (fig. 2). He significantly improved the management of wounds, especially those produced by gunshot, stopping the barbaric use of boiling oil. To facilitate healing, avoiding potential wound breakdown and reducing the risk of unpleasant wide scar formation on the face, he applied adhesive and fastened the wound margins. "Now we shall briefly speak about cheek injuries. If a wound necessitates closure it should be dry to avoid an unpleasant scar. People fear this event. Particularly pretty women. In doing this you should take two pieces of canvas not too thick and not too thin of a size which fits to the wound and glued. . . . They should be applied on either side of the wound margins. . . . They should become dry, then sutured and approximated one against the other, as you see from the figure (fig. 3). In this way the wound edges will be joined together."

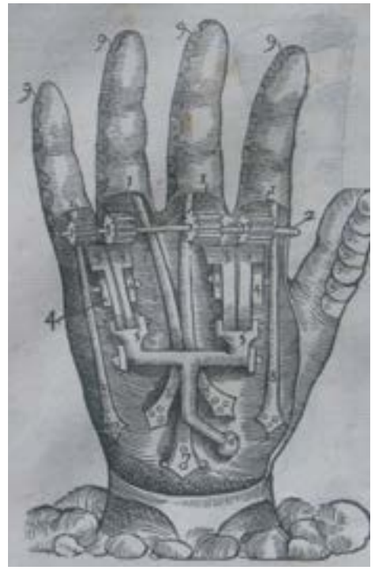


Fig. 2– The artificial hand. From: *La Manière de traicter les playes faictes par Hacquebutes,* 1552

Regarding nasal reconstruction, instead of outlining the skin flap, he reported the biceps muscle as the ideal tissue to be used. He emphasized the difficulty

continued on page 22

Paré, *continued from page 21*

Fig. 3 – Treatment of a cheek wound. From: *La Méthode curative des playes & fractures de la Teste humaine*,1561

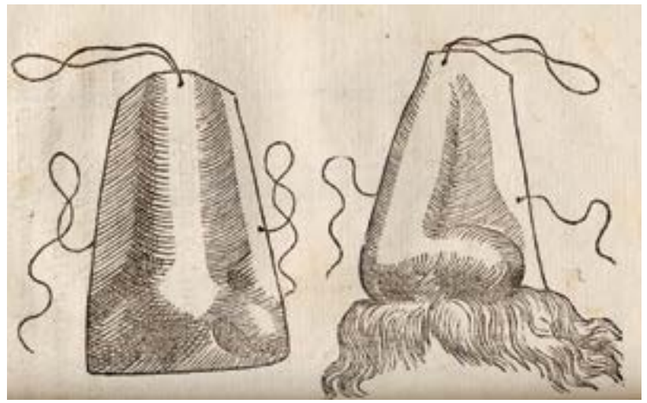


Fig. 4– Artificial noses. From: *La Méthode curative des playes & fractures de la Teste humaine*,1561

Fig. 5 – Suture of cleft lip. From: *La Méthode curative des playes & fractures de la Teste humaine*,1561

and painfulness of the procedure, and concluded that "this flesh is not of the same quality nor similar to that of the nose . . . and it can never be of the same shape and color as that which was formerly in the place of the lost nose." He suggested that nasal prosthesis made of gold, silver or paper were the solution of choice, when the nose is completely severed (fig. 4). He showed the first image of a cleft lip suture in medical literature (fig.5). He described and illustrated a vast number of congenital malformations some real, others the result of fantasy, the so-called monstrosities.

In conclusion, Paré's greatest accomplishment, aside from the development of new surgical techniques, devices and instruments, was the spreading of information throughout the barber-surgeon community, elevating their surgical knowledge to a more professional level. ISAPS

References

Paré A. *Oeuvres complètes. Revues et collationnées . . .* par J.F. Malgaigne. Paris: Baillière, 1840

Doe J. *A Bibliography of the Works of Ambroise Paré.* Chicago: University of Chicago Press, 1937

Dumaître P. *Ambroise Paré, chirurgien de quatre rois de France.* Paris: Perrin, 1986

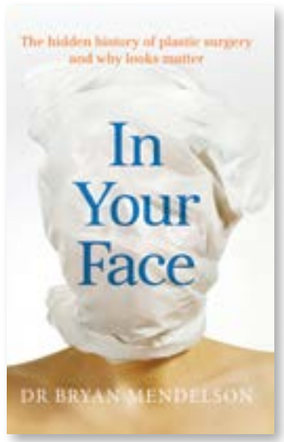
ISAPS MEMBERS WRITE

Catherine Foss – United States

ISAPS Executive Director

With this issue of ISAPS News, we begin a new feature highlighting books written by ISAPS members – publications that may not always be academic in nature. We welcome our members to tell us about their writing efforts for future editions of our newsletter.

I just finished reading *In Your Face* by ISAPS Past-President Bryan Mendelson of Melbourne, Australia. With the subtitle, *The hidden history of plastic surgery and why looks matter,* this fascinating and thoughtful journey into the world of facial appearance takes us from pre-biblical accounts of surgery to correct rhinokopia to descriptions of today's advanced techniques in aesthetic facial surgery.



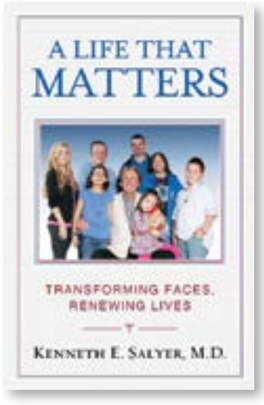
Featuring interesting patient stories, the author describes psychological motivations that lead them to seek the surgery that can improve their lives. While countering issues the media ignores and misinterprets, Dr. Mendelson shows the human heart of today's plastic surgery that can provide both psychological and aesthetic benefit.

Written for the general reader, this book will be enjoyable for both patients and surgeons as it reminds us how important appearance really is, how remarkable the functionality of the human face really is, and how timeless our desire to look normal and to fit into society really is.

A former President of the Australian Society said about this book, "Moving, insightful, beautifully written and a window into the understanding of facial appearance which anyone – lay person or surgeon – can look through and learn from. Its tone and balance are pitch-perfect. I couldn't put it down."

Published by Hardie Grant Books – Melbourne and London. Available on Amazon in Kindle edition. 241 pages. ISAPS

A new book by craniofacial surgery pioneer and ISAPS Life Member Dr. Kenneth Salyer, *A Life That Matters,* is a chronicle of a half-century career focused on his work – an attempt to transform the lives of children born with severe head and face deformities. Dr. Salyer shares both the highlights and low points of his career, yet focuses his narrative on memorable patients to whom he offered his skill, his hope, and his belief in the invincibility of the human spirit.



From the day in November 1963 when he was one of the few Parkland Hospital surgeons who worked to keep President Kennedy alive to the role he played last year as chief of the team of surgeons who worked for fifteen hours in Mexico City to rebuild the head and face of an African girl – born with hypertelorism, total skull base absence, encephalocele with functional brain presenting in her mouth – Dr. Salyer has led a life of service. He believes in the right of everyone around the world to live with a normal face, and he and his colleagues increasingly make that possible.

This is a book for medical professionals, parents of children with special needs, and anyone who wants to be reminded of the best that medicine can offer.

"A Life That Matters . . . will lift your heart and give you renewed belief in the limitless power of the human spirit." — Sarah Ferguson, the Duchess of York

"Dr. Kenneth Salyer [is] one of the world's foremost craniofacial surgeons, a man whose passion for his patients and the promise of a normal face has given hope to thousands of children around the world. Read [his] fine new book; it's a blueprint for how all of us can create lives that truly matter." — Kenneth H. Cooper MD, MPH, founder and chairman of the Cooper Clinic

Published by Center Street – New York, N.Y. – June 2013. Available through Amazon, Barnes & Noble, Books-A-Million and Powells in hardcover, paperback and e-reader editions. 338 pages. ISAPS

REPORT: ISAPS 2013 STRATEGIC PLANNING COMMITTEE MEETING

Renato Saltz, MD – United States

ISAPS 1st Vice President
Chair of Strategic Planning Committee

The second ISAPS strategic planning meeting was held in New York City during the ASAPS Annual Meeting in April. Participants included Carlos Uebel, Susumu Takayanagi, Foad Nahai, Lina Triana, Dirk Richter, Grant Stevens, Nazim Cerkes, Vakis Kontoes, Gianluca Campiglio, Sami Saad, Ivar van Heijningen, Hank Spinelli, Eric Auclair, Lokesh Kumar, Jose Parreira, Peter Rubin, Fabio Nahas and Catherine Foss.

The agenda was quite intense and included the following topics:

- Review of Strategic Planning 2012 Goals/Achievements
- Membership Growth
- ISAPS Fellowships
- Visiting Professor Program
- Marketing/PR Strategies
- Coalition of Aesthetic Societies
- ISAPS International Accreditation

Many of the recommendations made by the Strategic Planning Committee were discussed and approved by the Board of Directors the following day. They are and will continue to be shared with the membership in this and other publications.

I thank all the participants for their time dedicated to 2013 Strategic Planning and all the voluntary service to our Society.

Cover story, *continued from page 10*

by taking part in our Global Disaster Preparedness training, either by attending one of our live courses or by completing the forthcoming on-line modules, and then volunteering for a week of service as the opportunities arise. Of course, every mission in response to a humanitarian disaster also needs to be well funded. While grants and requests for funding are pending on many fronts, we welcome the support of our members and others.

Questions regarding volunteer registration, future training courses currently being planned, donation of funds or materials, and other general inquiries may be directed to Travis Hardy travishardy@leap-foundation.org in the Dallas, Texas office.

REGIONAL FIGURES

256,000 Syrian refugees in Jordan, Lebanon and Iraq have benefitted from NRC's assistance in 2013, including through the provision of shelter, education, WASH infrastructure and NFIs

106,690 Syrian children enrolled in learning programmes by UNICEF and partners in 2013

62,000 Palestine refugees from Syria have fled to Lebanon

1,400 localities across Lebanon are hosting Syrian refugees

20 camps in 10 provinces in Turkey are accommodating 199,083 Syrian refugees

Ryan Snyder Thompson – United States

Program Representative, Surgical Relief Teams

A SMILE IS ENOUGH

Miodrag Colić, MD – Serbia

Humanitarian activities must be the goals of our surgical lives, at least once in a lifetime. The glorious feeling of giving help to someone who really needs it is worth many troubles and any inconveniences imposed, on the starry way of saving or improving someone's function or at least outlook.

That is exactly how we felt, the three surgeons who went on a mission to Hebron Hospital in Hebron, Palestine.

The story started some six months before during my visit with Palestinian Ambassador to Belgrade, Mr. Mohammed Nabhan. Although I had visited the Palestinian Territories long time ago and already knew a lot about the history of the Holy Land, I decided to ask him for some photos for my travel book. His question was: "Why don't you make them yourself and at the same time help our people suffering from the lack of plastic surgeons and having to send most cases to Israeli hospitals?" And that's how the idea was born.

When we for the first time prepared to leave, it was in November 2012, exactly when the conflict between Gaza Strip and Israeli Army started launching rockets at one another. The situation was so critical that we were strongly advised not to go, although we had our tickets ready. Even Ambassador Nabhan, who at that moment found himself there, called us on the phone and said it was too risky.

By the end of January 2013, we were ready again: my brother Milan, a surgeon, and Prof. Rade Kosanović, an ENT surgeon who also trained Palestinian residents in his hospital, and me. So many people there spoke our language and were very eager to help us, first to select patients. The first morning, the outpatient facility was overcrowded with patients, mostly parents with small children seeking help including plenty of cleft lips and palates, bad scarring of the face and neck, wounds being dehisced, acute burns and post-burn contractures. We couldn't have made proper decisions about whom to refuse because there was so little time. Our Arab compatriots helped us a lot. They knew most of them so were aware who exactly could benefit most from our operations.

The process went smoother than we expected. Most of the problems arise from slow exchange of the patients when much time was lost, and from the lack of some specific instruments for otosclerosis and good operating microscopes for example. On the other hand, we do not require much for plastic surgery if you are skilled you can work with suboptimal instruments. The anesthesiologists were so skillfully trained (in war conditions) that we enjoyed working with them, always ready to help with a smile, as well as the nurses and technicians who were always at our disposal except during prayer time – and sometimes even then. Operating rooms had been equipped during previous visits by teams like Doctors Worldwide Turkey, Cooperazione Italiana, SmileTrain, Operation Smile, ReSurge, and USAid, but still many things are missing and require constant repair and instrument change.

The smile of the parents and the willingness to accept the operations and their consequences was a major light to keep us going. They had absolutely no fear of pain or about what would happen later. Either wartime helped them overcome it, or they have become used to it.

No one can become resistant to a war atmosphere, but the people in the Holy Land seem to have become hardened to it. They showed us the holy places such as the Church of the Nativity and Omar Mosque in Bethlehem, Jericho, the oldest settlement in the world at over 11,000 years, the Western Wall, Via Dolorosa and the Church of the Holy Sepulcher in Jerusalem. This speaks about their desire to show the world their pride and their history.

We also left the place aware that help and humanitarian efforts do not need too much organization, sometimes just a few words and a smile are enough: a very rewarding experience.

August 2013

DATE: 07 AUGUST 2013 – 10 AUGUST 2013 ISAPS-ENDORSED PROGRAM
Meeting: Jornada Carioca
Location: Rio de Janeiro
Venue: Hotel Sofitel
Contact: Brazilian Society – Rio de Janeiro
Email: sbcprj@openlink.com.br
Tel: 55-21-2266-7821
Fax: 55-21-2266-2871
Website: http://www.sbcp-rj.org.br

DATE: 16 AUGUST 2013 – 17 AUGUST 2013
Meeting: ISAPS Course – Brazil ISAPS-OFFICIAL COURSE
Location: Fortaleza, Brazil
Contact: Joao Erfon A. Ramos, MD
Email: erfon@artclinic.com.br
Tel: 55-85-3216-3333
Fax: 55-85-3216-3333
Website: http://www.arxeventos.com.br/isaps

September 2013

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

DATE: 20 SEPTEMBER 2013 – 21 SEPTEMBER 2013
Meeting: ISAPS Course – Poland ISAPS-OFFICIAL COURSE
Location: Kazimierz Dolny, Poland
Contact: Maclej Kuczynski, MD
Email: kuczynski@tlen.pl
Tel: 48-81-718-4479
Fax: 48-81-718-4535
Website: http://www.isapscourse.pl

DATE: 27 SEPTEMBER 2013 – 28 SEPTEMBER 2013
Meeting: ISAPS Course – France: ISAPS-OFFICIAL COURSE
New Trends in Breast and
Body Contouring In conjunction with the Cannes
International Aesthetic Film Festival
Location: Cannes, France
Venue: Palais des Festivals
Contact: Mary Abbas
Email: contact@isaps-cannes.com
Tel: 33-4-9509-3811
Fax: 33-4-9509-3801
Website: http://www.isaps-cannes.com

October 2013

DATE: 11 OCTOBER 2013 – 13 OCTOBER 2013
Meeting: ISAPS Course – Tunisia ISAPS-OFFICIAL COURSE
Location: Tunis, Tunisia
Venue: The Residence – Tunis
Contact: Bouraoui Kotti, MD
Email: medicalevent@addvalue.com.tn
Tel: +216-71 743 078
Fax: +216-71 728 978
Website: http://cma.cvent.com/ISAPSTunisia

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

DATE: 19 OCTOBER 2013
Meeting: ISAPS Symposium – Japan ISAPS SYMPOSIUM
preceding the 36th Annual Meeting of the
Japan Society of Aesthetic Plastic Surgery
Location: Tokyo, Japan
Venue: Tokyo International Forum
Contact: Secretariat: Convex Inc
Email: jsaps36@convex.co.jp
Tel: 81-3-3583-6676
Fax: 81-3-3589-3974

DATE: 20 OCTOBER 2013 – 21 OCTOBER 2013
Meeting: ISAPS Course – China ISAPS-OFFICIAL COURSE
Location: Shanghai, China
Contact: Li Yu, MD
Email: yuoli@163.com

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

DATE: 26 OCTOBER 2013 – 27 OCTOBER 2013
Meeting: ISAPS Course – Romania: ISAPS-OFFICIAL COURSE
RHINOPLASTY
Location: Bucharest, Romania
Contact: Dana Jianu, MD, PhD
Email: djianu02@gmail.com

November 2013

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

December 2013

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

DATE: 13 DECEMBER 2013 – 14 DECEMBER 2013
Meeting: ISAPS Course – Uruguay
Location: Punta del Este, Uruguay
Contact: Gonzalo Bosch, MD
Email: gbosch@netgate.com.uy
Tel: 598-2-711-7308
Fax: 598-2-711-7133
Website: www.congresos-rohr.com/isaps2013

January 2014

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

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

March 2014

DATE: 02 MARCH 2014 – 04 MARCH 2014
Meeting: ISAPS Course – Philippines
Location: Manila, Philippines
Contact: Advocacies, Convergence and Events Strategists
Email: acestrategists.ph@gmail.com
Tel: 63-2-919-5129
Fax: 63-2-919-5110
Email: http://www.isapscoursephilippines.com

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

May 2014

DATE: MAY 2014
Meeting: ISAPS Course – Azerbaijan
Location: Baku, Azerbaijan
Contact: Vagif Galandarov, MD
Email: vaqifk@pcib.az

DATE: 16 MAY 2014 – 18 MAY 2014
Meeting: ISAPS Course – Russia
Location: Moscow, Russian Federation
Contact: Natalia Monturova, MD
Email: olesyasurgery@gmail.com

July 2014

DATE: 18 JULY 2014 – 19 JULY 2014
Meeting: ISAPS Course – Mexico
Location: Los Cabos, Mexico
Contact: Arturo Ramirez-Montanana, MD
Email: docarturo@gmail.com

October 2014

DATE: OCTOBER 2014
Meeting: ISAPS Course – Pakistan
Location: Lahor, Pakistan
Venue: venue and dates to be determined
Contact: Nazim Cerkes, MD, PhD
Email: ncerkes@hotmail.com

DATE: 16 OCTOBER 2014 – 18 OCTOBER 2014
Meeting: ISAPS Course – Indonesia
Location: Bali, Indonesia
Venue: venue to be determined
Contact: Teddy O. H. Prasetyono, MD
Email: teddyohp@yahoo.com

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

CÉSAR ARRUNÁTEGUI – Brazil
1937-2013

It is with great sadness that we announce that a member of our Society, Dr. César Arrunátegui, died on April 3rd.

Dr. César was a plastic surgeon at the Belvedere Hospital in Belo Horizonte/MG. He trained in medicine at the Universidade Federal de Minas Gerais (UFMG), his residency in plastic surgery was at the Hospital Santa Casa de Misericórdia de Belo Horizonte and his post-graduate work was at the plastic surgery department at Uppsala University, Sweden. He was the medical director of the Barsky Plastic Surgery Unit in Vietnam during the war. He also worked as Associate Professor at the Medical National School in Trujilho, Peru.

Dr. César was an example as a person and as a professional. He was very creative in breaking dogmas, introducing for example the anesthetic block for fingers with lidocaine and epinephrine, which was later confirmed by American colleagues in the Plastic and Reconstructive Surgery periodical. He performed ear reconstructions with brilliant results, using silicon implants. We had the honor to have him in Botucatu in 2011 leading a theoretical practical course.

In addition to having vast experience and knowledge, he was an extremely simple and humble person. His performance extraordinarily magnified plastic surgery and ISAPS in Brazil. He will always be remembered with great affection.

Fausto Viterbo, MD
National Secretary for Brazil

Antônio Graziosi, MD
Assistant National Secretary for Brazil

RODOLPHE "RUDY" MEYER – Switzerland
1918-2013

On May 4th, Rudy Meyer put down the scalpel and the paint brush for good. Internationally he certainly was the best known Swiss plastic surgeon of the second half of the 20th century.

Like many pioneers in plastic surgery of his generation, his training included general, ENT and maxillo-facial surgery and on his road to fame, he spent time with some of the great teachers of the era on both sides of the Atlantic, including Dufourmentel in Paris, Schuchhardt in Hamburg, Sanvenero-Rosselli in Milan, McIndoe in London, Barret-Brown in St. Louis, Ivy in Philadelphia, Converse and Webster in New York, to name a few in a long list.

Rudy was typically Swiss, fluent in the three principal languages of our country, German, French and Italian, but he spoke also English and Spanish, having elected the Costa Brava as his secondary residence. A good skier, of course, but also an accomplished gymnast, he remained in good physical shape until late in his life.

I had the good fortune to have the opportunity to work with Rudy at his clinic in Lausanne in 1973. I had taken a three-month leave from my job as Senior Resident at the Department of Surgery at the University Hospital of Basel in order to get more training in aesthetic surgery. He was at that time Assistant Professor in the ENT department of the University Hospital of Lausanne and in charge of the plastic and reconstructive unit. What initially was planned to be just a training visit led to a partnership that lasted for almost 30 years until his retirement.

In 1977, we founded the Centre de Chirurgie Plastique de Lausanne which in the many following years has seen trainees from all over the world. They were attracted by Rudy's numerous publications and presentations he gave worldwide. A tireless traveler and hard worker, he was able to perform an impressive number of surgeries, present at an equally impressive number of international meetings and, on the side, write what was, at the time (1964) the most comprehensive handbook on nose surgery in Europe. All this would not have been possible without the support of his loving wife, Liliane, who would proofread, sort slides, help manage the meetings he organized, and remain his most reliable script director.

Rudy was a founding member of the Swiss Society of Plastic, Reconstructive and Aesthetic Surgery and he also participated in the creation of ISAPS where in the glorious seventies great teachers like Gonzales-Ulloa, Pitanguay, Guerrerosantos, Ortiz-Monasterio and others gave aesthetic surgery form and protocol.

I cannot conclude without saying a word about the man that Rudy was. He enjoyed the good things in life, liked making new friends of which he already had a great number all over the world, and he loved a good party. Being a talented painter he also had many friends outside the medical circle and his contagious good humor gave him an ease of contact in any surrounding. The family of plastic surgery mourns today a brilliant technician, an innovative mind and a wonderful friend.

Ulrich K. Kesserling, MD – Switzerland

Admitted in May 2013

ARGENTINA
Omar PELLICIONI, MD

BELGIUM
Katrien LAGEY, MD
Lloyd NANHEKHAN, MD, FRCS

BRAZIL
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Jaime ANGER, MD
Paulo Roberto BECKER AMARAL, MD
Patricia BERMUDEZ, MD
Celso BOECHAT, MD
Helena Regina BRITO LIMA BOECHAT, MD
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Rodrigo Thiago DUTRA, MD *
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Andre HERMANN, MD
Marcelo IMANISHI, MD *
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Jan Dirk WOLFF, MD

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Georgios FIOLITAKIS, MD
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Philippos TZIMAS, MD

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Hamed BATENI, MD *
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Rooh-Allah YEGANE, MD

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Roy INBAR, MD

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Alessandro GUALDI, MD, PhD
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Ivan LA RUSCA, MD
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Giuditta STAIKOPOULOS, MD
Maurizio VALERIANI, MD

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Charles WEIS, MD

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Eduardo LUEVANO GONZALEZ, MD
Yusef MURAT, MD
Miguel RODRIGUEZ SALINAS, MD

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PERU
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PORTUGAL
David CARVALHO RASTEIRO, MD *
Carlos NORONHA, MD

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Norbert RÁCZ, MD

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Tae Kwang JEONG, MD
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Soo Jung KIM, MD
Jaehoon KIM, MD, PhD
Jongseo KIM, MD
Jong Hun LEE, MD, PhD
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ISAPS WELCOMES NEW STAFF MEMBER

Catherine Foss – United States

ISAPS Executive Director

Jean Lim recently joined the Executive Office staff as Registration Manager and Special Projects Assistant. She was born in Malaysia and lived in Australia before moving to the United States ten years ago. While in Australia, Jean worked for Asteron Life, an insurance company based in Sydney.

Jean speaks Malay and Chinese and has already acclimated nicely to the work we do in the office. Her current responsibilities include processing on-line dues and registration data and researching companies that may be interested in exhibiting at our education programs. As she gains her footing, she will begin to absorb other projects to help other staff members. Jean lives in Hanover with her husband and two small children aged four and eight. We know our members join us in welcoming Jean to the ISAPS family.

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