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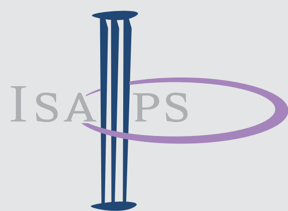
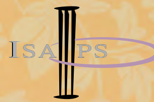


ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

23RD CONGRESS OF ISAPS

Kyoto, JAPAN


ENDORSED BY

INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

ISAPS 2016
Kyoto, JAPAN

23rd CONGRESS

in conjunction with The 39th Annual Meeting of Japan Society of Aesthetic Plastic Surgery (JSAPS)

October 23-27, 2016

Venue: Miyakomesse, Kyoto, JAPAN

www.isapscongress.org

MESSAGE FROM THE EDITOR

Welcome to this issue of *ISAPS News*. I hope that everyone is planning their trip to Kyoto, Japan so that we can all be together for the 23rd Congress of ISAPS in October. I am looking forward to this incredible educational experience and the opportunity to spend time with colleagues from around the globe. Our President, Susumu Takayanagi, is putting together a once-in-a-lifetime experience for us all.

Our **Global Perspectives Series** features brow lifting and forehead rejuvenation. Read about approaches and techniques in this informative section with lots of tricks and tips to help your practice. You can also read about ISAPS educational activities and reports of the humanitarian efforts being undertaken by our members.

Our history article this time is Part I of a two-part series, **The Birth of Cephalometry,** by Denys Montandon from Switzerland and we have expanded our new marketing section into **ISAPS Business School** with great ideas to help you grow your practice. We continue to spotlight our newly formed and growing **ISAPS Global Alliance,** this time featuring messages from the Australian, Korean and American aesthetic societies.

All this and more can be found in this issue of *ISAPS News*.

J. Peter Rubin, MD, FACS
ISAPS News Editor

CONTENTS

Message from the Editor 3
Message from the President . . . 5
Feature: Cadavers in Plastic Surgery 6
Feature: Return to the Past? 7
Global Alliance Spotlight 8
Membership Survey 12
Visiting Professor Program 14
Education Council Report 16
EC Course: Liege, Belgium 17
EC Course: Dominican Republic . . 18
National Secretaries Report 19
Marketing Your Practice 20
Guess Who? 21
ISAPS Business School 22
Road to Kyoto 24
Journal Update 31
Global Perspectives 32
Where in the World? 43
Humanitarian Work 44
History: Birth of Cephalometry. . . 48
In Memoriam 53
Calendar 54
New Members 58
Staff Spotlight 59

ISAPS is pleased to welcome the first companies to join our newly launched Premier Global Sponsor Program as Gold Level Sponsors.

To learn more about joining this new program and accessing its many benefits, contact Catherine Foss, ISAPS Executive Director at isaps@isaps.org

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MESSAGE FROM THE PRESIDENT

ICOPLAST is an association of plastic surgery societies from each country that was recently established to replace IPRAS; however, ISAPS has not received any official information from the management of ICOPLAST that they desire to engage in activities together. It is regrettable that the relationship with IPRAS has become difficult; however, I expect to build a favorable relationship with ICOPLAST. I believe that plastic surgery and aesthetic surgery overlap and they should not be separated; however, since ICOPLAST has just started its activity, we at ISAPS need to wait for a while to see the direction in which this new society is heading.

ISAPS Kyoto 2016

The Congress will be held for four days from Monday, October 24 through Thursday, October 27, 2016 at the Miyakomesse in Kyoto. In the afternoon on Sunday, October 23, 2016, we will organize a program for Residents and Fellows to train in the basic procedures of aesthetic plastic surgery. Participation is free.

The Jidai-Matsuri (Jidai Festival) will be held in Kyoto on Saturday, October 22, 2016. This is a famous festival featuring various periods of Japan in a parade. It is very popular and is expected to be very crowded. If any of you desire to see the parade, I recommend that you make a reservation for your hotel as soon as possible. On Wednesday, October 26, 2016, we are planning to hold sessions on practice management and skin care. We are expecting the participation of many people, including nurses and other medical staff members in addition to doctors. We think that there may be people who want to participate on October 26 only. Therefore, we prepared a one day fee specifically for these sessions.

Since many tourists visit Kyoto throughout year and there are strict building regulations in the city of Kyoto to maintain its scenery, large, multi-room hotels cannot be built. Therefore, hotels in Kyoto are always fully booked. Consequently, I strongly recommend that you reserve your hotel as soon as possible. At this moment, it is already difficult to book a room at the Westin Miyako Kyoto, which will be the headquarters, and the Kyoto Hotel Okura, where the faculty dinner is scheduled. The subway is convenient from several hotels in Kyoto to the Congress venue. I recommend booking a hotel near a subway station. For example, there are the Hotel Granvia Kyoto, which is in the Kyoto Railway Station building; the New Miyako Hotel, which is located to the south of Kyoto Station; the ANA Crown Plaza Hotel, which is located in front of Nijo-jo Castle; the Brighton Hotel which is located in front of the Kyoto Imperial Palace, among others.

As for registration fees, ISAPS Global Alliance society members can participate in the Congress with a discounted fee even if they are not ISAPS members.

Visiting Professor Program

Regarding our Visiting Professor Program (VPP) that was re-started in 2013, 16 missions have been successfully completed from its start to the present. Currently, programs have been approved for 2016 in Turkey, Ukraine, Argentina, Japan and the US. Several more are pending.

Many participants in this program have sent enthusiastic e-mails after their mission was complete. I am very pleased with them. Renato Saltz is in charge of this program. If you would like to request a VPP, please contact him.

Vegas and Miami meetings

Many people participated in both the Las Vegas meeting in June and the Miami meeting in October. I thank the many ISAPS members, including ISAPS board members, who participated in and supported these meetings as faculty.

continued on page 13

HOW CADAVERS ARE CHANGING PLASTIC SURGERY OUTCOMES

Whitney Weimer

Manager, Client Relations, Science Care

Recently, there have been a number of articles surrounding plastic surgery achievements in the news. We've all read about the recent remarkable face transplant surgery performed at NYU by Dr. Eduardo Rodriguez and his team, which gave a Mississippi firefighter a new life. The firefighter received a new face, scalp, ears and ear canals, and selected portions of bone from the chin, cheeks, and entire nose. He also received new eyelids and the muscles that control blinking, as he was previously unable to close his eyes completely. It was the most extensive facial transplant ever done or attempted. Or, what about the story of the young boy who was the first child in the US to receive a bilateral hand transplant that was performed at The Children's Hospital of Philadelphia? These advancements in plastic surgery are groundbreaking and require hours upon hours of research, training and repeated practice. But how do these surgeons develop the precise skills necessary to ensure successful surgical outcomes? A major part of their success has to do with training on cadavers.

Many advances in plastic surgery are a direct result of using cadavers as a learning tool. Plastic surgery involves the movement of tissue and understanding the multi-dimensional relationship of structures. Understanding the different tissue characteristics of skin, muscle, tendon, fat, bone and nerves allows the plastic surgeon to properly prepare for just about any procedure. Use of cadavers is critical to successful outcomes. According to Dr. Rodriguez in an article published in *NY Magazine,* he and his surgeons spent hours practicing removing faces from cadavers.

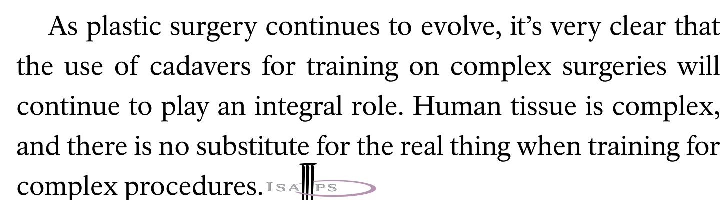
Where do plastic surgeons find fresh tissue for research and training? They work with organizations like Science Care, one of the world's largest non-transplant tissue banks with five accredited locations spread across the U.S. capable of shipping custom procured tissue anywhere in the world. Science Care has assisted numerous plastic surgeons around the globe with procurement of cadaveric tissue for their research and training needs. The company has provided tissue for surgical training on facial transplant and cleft palate repairs, hand-transplantation, tissue for surgical training in preparation for reconstructive surgeries involving cancer patients and accident victims, tissue for facial reconstruction training after cosmetic surgeries with poor outcomes, and much more.

Have you ever wondered how this all works?

- A donor, or their next of kin, will consent to have their body donated directly to Science Care for medical research, education and training.
- Upon acceptance into the program and clearance of serology testing, the tissue is recovered by Science Care for a variety of medical research and education projects.
- Researchers, surgeons or those in need of human tissue, will contact Science Care to request tissue for their specific training or research needs.
  - Tissue can be requested and supplied in multiple forms: whole bodies, extremities, internal organs, skin samples or FDA panels.
- Science Care will align the shipment of the tissue to the requestor anywhere in the world using certified anatomical freight forwarders.
  - Tissue is shipped in secure packaging and includes all necessary paperwork including any documents needed for international customs requirements.
- Once the tissue use is complete, the requestor may dispose of the tissue locally or they may return it to Science Care for final disposition.

Advances in plastic and reconstructive surgery would not be what they are today without training on fresh tissue cadavers. Simulation models of plastic surgery procedures have been developed, but they are incomparable to the dissection of fresh tissue.

As plastic surgery continues to evolve, it's very clear that the use of cadavers for training on complex surgeries will continue to play an integral role. Human tissue is complex, and there is no substitute for the real thing when training for complex procedures.



A RETURN TO THE PAST?

Adriana Pozzi, MD – Italy

Giovanni Botti, MD – Italy

National Secretaries for Italy

The unnatural and "over operated" look resulting from early surgical procedures that involved undermining skin and repositioning it under tension is "dead meat" not only in Italy but all around the world. Now patients ask for the natural look; they want to appear young and natural.

What has really changed in these last years in aesthetic surgery is the concept of volume restoration. The work of Dr. Lambros and Dr. Pessa has shown that the lack of fat compartments and the skeleton absorption, are the main cause of altering the shape of the face during the aging process. Consequently, a complete restoration of the young face involves not only bringing the tissues to the original position of youth, but also increasing the volume of fat compartments and augmenting the skeletal support. Soft tissue augmentation with autologous fat has been demonstrated to be very effective by many contributors and has the approval of the scientific community.

Despite the promise of a natural look and despite these new and effective techniques, in these last years of economic crisis, less expensive and less aggressive procedures, with a short recovery period, have seemed to better meet patients' needs. Therefore, people have begun asking for less aggressive procedures and although it seemed that the less invasive approach was not exactly the best way to obtain a younger face, the economic situation sparked a strong interest in non-invasive and less expensive procedures that produced visible results with a shorter recovery time.

Some time ago I was struck by an advertisement in a women's magazine about a "new weekend peel," a fractional laser treatment which promised a fresh look in a couple of days. In Italy, from the end of 2011 to the end of 2014, there was a sharp decrease in requests for plastic surgery consultations and procedures, whilst there was an increase in demand of aesthetic medicine (fillers, toxins, absorbable tension sutures, lasers and other procedures).

Cosmetic medicine in Italy can be performed by any doctor, specialist and not (even by dentists, who can inject hyaluronic acid into the lips and surrounding areas) and the manufacturers of fillers and Botox do not miss the opportunity of reaping gains. To overcome the economic downturn, we all became good injectors, but, although these non-invasive techniques can provide some alternative good improvement, we cannot say that they are satisfactory; less is not always more!

Fortunately, over the last eighteen months, there has been a scent of hope! It seems that patients, in recent times, perhaps due to a hint of economic recovery, are returning. More and more, patients are telling us: "I would like a more permanent result: something that can last longer." A return to the past? I do not believe it is exactly so. I think rather that it is due to a greater awareness. Many of them had had treatments that were repeated at least two or three times a year (depending on the procedure) and many of them have finally realized that those repeated procedures were more expensive than one surgical one.

For facial rejuvenation, we know that with surgery we cannot only get more lasting results, but also a more natural look, because we do not need to over-inflate the faces of our patients. In fact, we can remove the excess skin and we can reposition the underlying tissues in their original position. In this way, fat grafting allows a proper restoration of the missing volume without overfilling and, consequently, without obtaining an unnatural appearance.

Some days ago, I examined a lady who came for a consultation, complaining of an over-reduced nose from a previous rhinoplasty. She was mainly concerned about the lack of projection of her tip and, secondarily, for a too low and unnatural nasal dorsum. At first, I proposed to fill her dorsum with a hydroxyapatite injection, and surgically treat only the tip of the nose. She said: "no doc, I really want a long lasting result; do a complete surgical procedure please!"

I truly believe that something is changing in Italy for plastic surgeons!

GLOBAL ALLIANCE

SPOTLIGHT ON ASAPS (AU)

Tim Papadopoulos, MD – Australia

President, Australasian Society of Aesthetic Plastic Surgery

I was delighted to be invited in this issue of *ISAPS News* to discuss the Australasian Society of Aesthetic Plastic Surgery – ASAPS (AU) – and its continued participation in the ISAPS Global Alliance.

After an absence of over 19 years on Australian shores, we hosted an ISAPS Symposium on fat grafting preceding our 38th Annual ASAPS Conference at the Hilton Hotel in Sydney, 22-25 October 2015. The program was ably put together by our ISAPS National Secretary, Morris Ritz, who organized a stellar cast which included Drs. Klaus Ueberreiter from Germany, Ewa Siolo from South Africa, Raphael Sinna from France, Nimrod Friedman from Israel, and by video link Kotaro Yoshimura from Japan. Peter Scott, ISAPS Chair of National Secretaries, did a sterling job as "conductor" of the faculty, making sure everyone gave their best and that things ran smoothly and on time. The faculty talked about the history of fat grafting, the harvesting of fat, the physiology, as well as its use in the face, breast and body. Breast augmentation and reconstruction by fat grafting was also discussed (including French guidelines) and fat grafting instrumentation was on display by industry. The entire experience highlighted not only the depth of expertise of the faculty members but also their passion and commitment in promoting state-of-the-art and safe aesthetic plastic surgery practices.

At our Annual ASAPS (AU) Conference, we discussed body contouring, breast and facial plastic surgery working with the strengths of our keynote speakers, Drs. James Grotting, Joseph Hunstad and Michael Edwards. This was supplemented with practice management sessions which involved time combined with the plenaries and separate sessions specifically designed for plastic surgeons' staff. We also created a Professional Development Workshop for managers in areas such as leadership and sales as well as social media. A Clinical Photography Masterclass has been expanded and finessed to cover the techniques, technology and procedures of effective and reproducible practice photography. This workshop was not exclusively for surgeons. This year's 39th Annual ASAPS Conference will be held at the Marriott Resort Gold Coast, Surfers Paradise, Queensland, 6-9 October and promises to be an outstanding event.

ASAPS (AU) and the Cosmetic Physicians College of Australasia (CPCA) are again hosting what is undoubtedly the premier educational event for non-surgical aesthetics in Australasia – the 2016 Non-Surgical Symposium (NSS), 2-5 June at the Melbourne Convention and Exhibition Centre. The attendance at this meeting has grown by 20% each year and 2015 was a sell-out. Here we will be welcoming plastic surgeons, cosmetic doctors, dermatologists, ophthalmologists and the nurse aestheticians, dermal therapists and practice staff who work with them. The success of this type of symposium is due to independent presentations by a long list of international and leading local presenters on state of the art concepts and practice in the non-surgical rejuvenation sector. It covers the entire spectrum on appearance medicine, from injectables, through to skin care, including laser/light devices and non-surgical body contouring tools.

On the day prior to the Symposium, Thursday June 2, ASAPS (AU) will run the Anatomical Dissection and Live Injecting Workshop at the Royal Australasian College of Surgeons (RACS). There will be a short lecture program on the anatomical changes of ageing and how this affects facial aesthetics and guides treatment selection. The workshop will have a combination of anatomical dissection and live injecting, and the program is modified each year according to feedback. Last year, we introduced an anatomical demonstration paralleling the live injecting and demonstrated this on-screen simultaneously in the injecting room. This will provide an opportunity for greater anatomical understanding and will enhance the learning experience. We will again use the keynote presenters from the Non-Surgical Symposium as guest faculty for the workshop in both the anatomy and injecting areas alongside our local experts.

Whilst science is our focus in all of our events, let's not forget the social programs which have reached legendary status all across the world. I can assure you that both our meetings in 2016 will be fresh, exciting and inspiring for you and we look forward to welcoming you to our sunny shores very soon!

SPOTLIGHT ON KSAPS

Woo Seob Kim, MD – South Korea

Secretary General, Korean Society for Aesthetic Plastic Surgery

The history of plastic surgery in South Korea is not long, and in the case of aesthetic plastic surgery, spans only thirty years. However, during those thirty years, South Korea's aesthetic surgery field has seen unrivaled growth and advances in both quantity and quality through the relentless efforts and commitment of our members, emerging into a regional and international hub of surgical technique development and academic exchange.

The Korean Society for Aesthetic Plastic Surgery (KSAPS) has been jointly holding its annual academic event with the Korean Association of Plastic Surgeons (KAPS), which has expanded to Asia and, further, to the world as an international academic meeting each fall since 2011. The independent KSAPS annual meeting this year, Aesthetic Plastic Surgery (APS) 2016, is also scheduled to be held at the COEX convention center in Seoul, and we hope to provide plastic surgeons a wide range of excellent opportunities for learning and socializing. The concerns and interests of not only surgeons, but also practice managers and coordinators will be addressed. Roundtable talks to voice opinions and debate controversial issues and complicated cases, instructional courses to learn principles and techniques, live filler injection sessions for safe

continued on page 11

SPOTLIGHT ON ASAPS (US)

James C. Grotting, MD – United States

President, The American Society for Aesthetic Plastic Surgery

ASAPS is honored to be part of the new Global Alliance of 32 aesthetic surgery societies as we work in concert on important issues. Thank you also for allowing me, on behalf of the Aesthetic Society, to inform you of several of our educational offerings. All ISAPS members are encouraged and welcomed to attend.

The Aesthetic Society has developed a reputation for producing premier aesthetic education and I wanted to share with you some of our outstanding upcoming offerings. First and foremost, is our crown jewel, The Aesthetic Meeting. Experience this global gathering of innovators and aesthetic experts at the Mandalay Bay in Las Vegas on April 2-7.

This year will feature several special Presentations, including Evolving Concepts in Breast Implants Biofilm and ALCL (Anand Deva, MD), Injectables, Anatomy and Safety (Patrick Trevidic, MD), Personal Evolution in Rhinoplasty (Ronald Gruber, MD) and a special 30 minute presentation on 3D Facial Averaging (Val Lambros, MD) being presented for the very first time.

The Aesthetic Meeting will also feature fascinating interactive, international, operative videos by ISAPS members such as Periareolar Mastopexy with Mesh Support (João Carlos Sampaio Góes, MD), Body Lift (Jean Francois Pascal, MD), and Achieving Consistency in Rhinoplasty (Nazim Cerkes, MD).

This year will incorporate interactive games and debates such as The Global Plastic Bowl Challenge, Lower Eyelid Roulette and Breast Mini Debates. ASERF's Premier Global Hot Topics has never been hotter! Plan your schedule to include this dynamic Scientific Session on Thursday, April 7.

As always, The Aesthetic Meeting is the educational highlight of my year and I hope to see you there. More information can be found at surgery.org/meeting2016.

Jeffrey M. Kenkel, MD and William P. Adams, Jr., MD are preparing an exciting new breast and body meeting, called

continued on page 11

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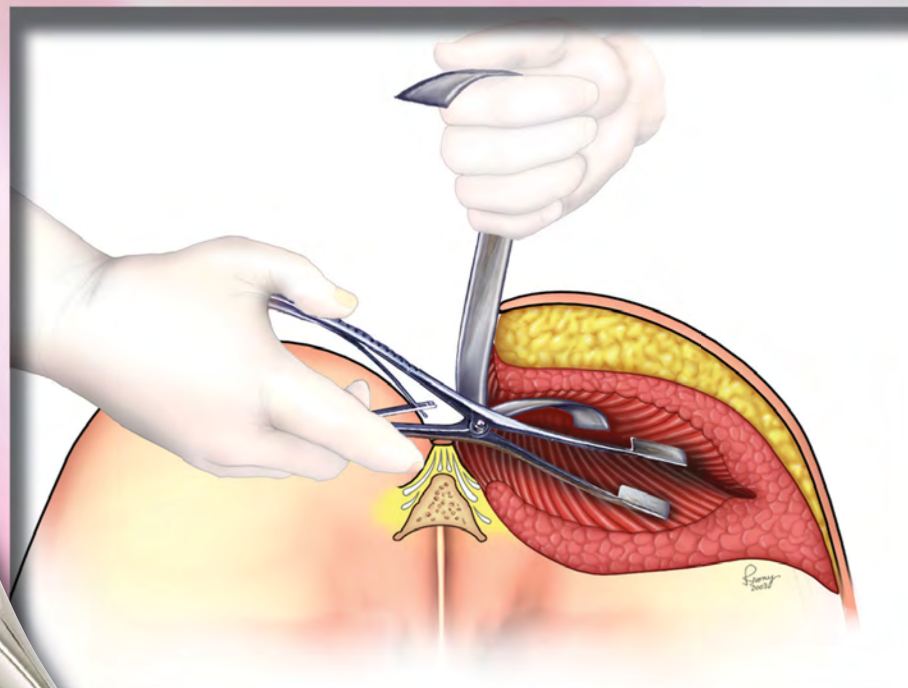

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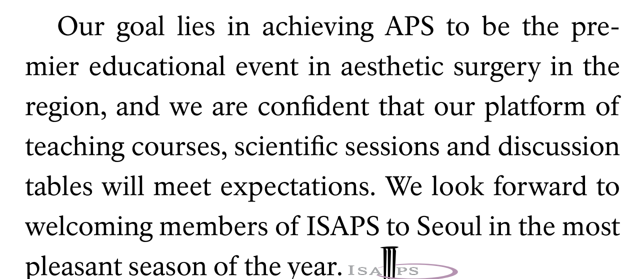
Spotlight on KSAPS, *continued from page 9*

and effective skills, international free paper presentations with exciting innovation and research, categorized facial rejuvenation sessions incorporating in-depth anatomical insight, and hospital management sessions will be featured. We have also invited China, Japan and the United Kingdom as our invited Guest Nations this year, with sessions dedicated to and presented by each Guest Nation. We also host the Asian-Pacific sessions presented by various nations from the region to further international alliance in the Asian-Pacific rim.

Our goal lies in achieving APS to be the premier educational event in aesthetic surgery in the region, and we are confident that our platform of teaching courses, scientific sessions and discussion tables will meet expectations. We look forward to welcoming members of ISAPS to Seoul in the most pleasant season of the year.



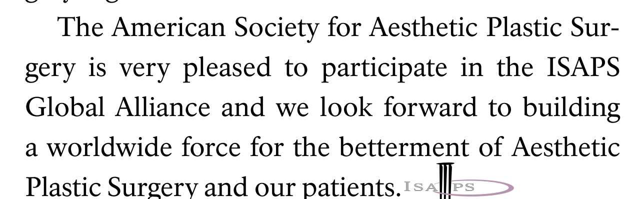
Spotlight on ASAPS, *continued from page 9*

"Experienced Insights in Breast and Body Contouring," on October 6-8, 2016. They promise an interactive learning experience. More details will be available soon at surgery.org/breastandbody2016.

The fourth annual ASAPS Las Vegas Facial Symposium will be coming in January 2017. This outstanding program engages participants through its intimate learning environment and a cadaver lab that is so popular, it sells out every year. Top national and international faculty have branded this meeting as the very best concentrated face meeting available anywhere in the world. More information will be posted soon at www.surgery.org/lasvegas2017.

And finally, what could be better than learning with your friends and colleagues on The Aesthetic Cruise? This trip to Scotland and Norway will offer some of the best education you'll find on the high seas. Book your cabin now for this exciting adventure that sets sail July 21-August 1, 2017. www.surgery.org/cruise2017

The American Society for Aesthetic Plastic Surgery is very pleased to participate in the ISAPS Global Alliance and we look forward to building a worldwide force for the betterment of Aesthetic Plastic Surgery and our patients.



ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

- American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
- Asociación Española de Cirugía Estética Plástica (AECEP)
- Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
- Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA)
- Australasian Society of Aesthetic Plastic Surgery (ASAPS)
- Canadian Society for Aesthetic Plastic Surgery (CSAPS)
- Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
- Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
- European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
- Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
- International Society of Aesthetic Plastic Surgery (ISAPS)
- Indian Association of Aesthetic Plastic Surgeons (IAAPS)
- Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
- Japan Society of Aesthetic Plastic Surgery (JSAPS)
- Korean Society for Aesthetic Plastic Surgery (KSAPS)
- Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
- Romanian Aesthetic Surgery Society (RASS)
- Royal Belgian Society for Plastic Surgery (RBSPS)
- Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
- Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
- Sociedad Boliviana de Cirugia Plastica Estetica y Reparadora (SBCPER)
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- Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)
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- Societé Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
- Svensk Förening för Estetisk Plastikkirurgi (SFEP)
- Turkish Society of Aesthetic Plastic Surgery (TSAPS)
- United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
- Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)

Did you know?

ISAPS Board members including the President pay the registration fee and their own travel and hotel costs to attend ISAPS Congresses.

ISAPS SURVEY SHOWS BIG DIFFERENCES IN TRAINING AND REGISTRATION OF PLASTIC SURGEONS

Ivar van Heijningen, MD – Belgium

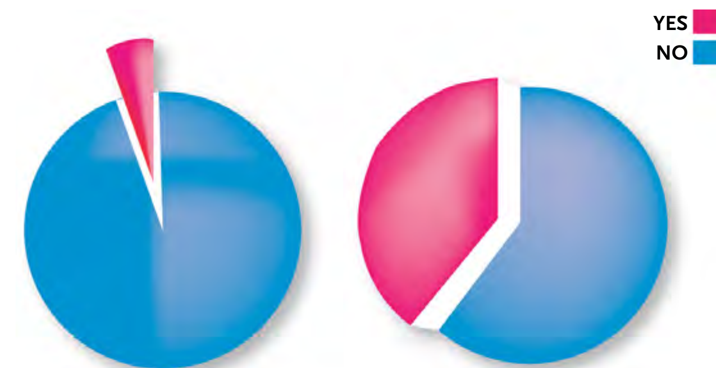
Chair, ISAPS Membership Committee

The Membership Committee is confronted regularly with applications that do not precisely meet our criteria. In order to be consistent, we try to apply the By-laws equally for all, but this is not always easy. Especially since training varies a lot across the world. Therefore, we decided to survey our National Secretaries on plastic surgery training to try to document the variations.

We received 62 responses from 56 countries – 19 National Secretaries did not reply. Twenty-six countries of the 100 ISAPS member countries at the time of the survey did not have a National Secretary.

Does your country have an official plastic surgery program?

The majority of the respondents (95%) answered Yes. Then again if we add the 26 countries without NS and some non-responders this drops to 61%. Many smaller countries have not established independent plastic surgery training programs.



How many years of Plastic Surgery in the total training?

One country reported as little as six months, two countries two years, but most (47/56) had three or four years of plastic surgery training included in total training.

How many years total does the Plastic Surgery Training last?

This varied from three years to as much as eight years, but the majority (49 out of 56) were trained in five or six years.

How many years of General Surgery are included in the total Plastic Surgery training?

no, plastic surgery only	4
1 years	2
2 years	30
3 years	10
4 years	1
5 years	1
training in other specialty	7

More than 70% had two or 3 years of general surgery training, but some reported none whatsoever, while others had to finish as General Surgeon before entering into Plastic Surgery training. Seven countries allowed other specialties as rotation or as separate training varying from one month to two years. Four countries had Plastic Surgery training only.

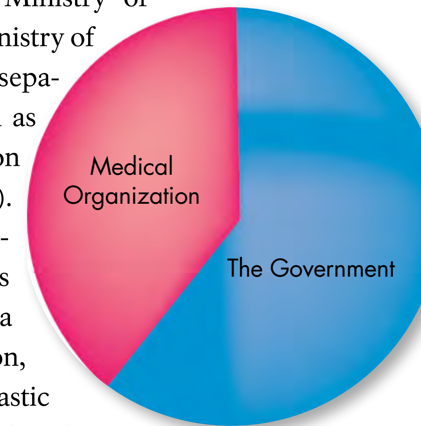
Is there some form of examination at the end of plastic surgery training?

Most countries have some form of examination (52/56) but the party responsible for this exam varies a lot:

- Government exam 21
- National exam by independent Board of Plastic Surgery 17
- National exam by National Society of Plastic Surgery 6
- Regional Board exam such as EBOPRAS 4
- Other (e.g., university, individual department) 4

Who determines that you are a plastic surgeon?

This was one of the more interesting questions, since we found that this varies a lot from country to country. In most countries (61%) the government reserves this right for themselves either by the Ministry of Health (17/56), the Ministry of Education (2/56) or a separate organization such as a Specialist Registration Committee (15/56). The remaning countries (39%) feel that this is the responsibility of a Medical Organization, generally a Board of Plastic Surgery (11/56), but also the Medical Chamber (6/56) and the National Society of Plastic Surgery (5/56).

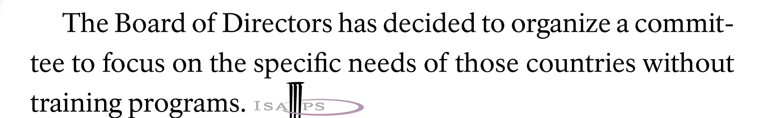


Conclusion

The *Good News* is that most countries with plastic surgery training have a five or six year total training to become a plastic surgeon which includes two or three years of general surgery and three or four years of plastic surgery. Most countries provide some form of examination at the end of training.

The *Bad News* is that many countries have *no training program at all*. Then again, ISAPS is the international organization focused on training, so who is better placed then us to help out?

The Board of Directors has decided to organize a committee to focus on the specific needs of those countries without training programs.



***President's Message,** continued from page 5*

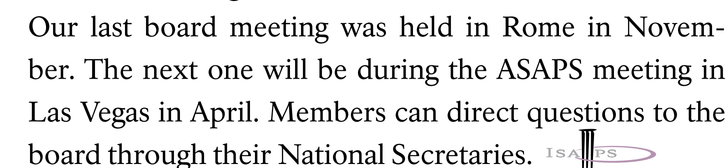
The Multi-Specialty Foundation appreciated that ISAPS supported its meetings in 2015 and donated 50,000 USD to ISAPS. I deeply thank Dr. Randy Waldman for his generosity.

Marketing

Marketing and public relations are important to ISAPS. It is necessary to let the public know that ISAPS is a prestigious international academic society consisting of high quality doctors. This is a necessary activity to protect the livelihood of ISAPS members and the safety of patients. Therefore, ISAPS concluded an agreement with our new Chief Marketing officer, Ms. Julie Guest. I expect that she will demonstrate her abilities for ISAPS.

Board Meetings

Our last board meeting was held in Rome in November. The next one will be during the ASAPS meeting in Las Vegas in April. Members can direct questions to the board through their National Secretaries.



Susumu Takayanagi, MD
ISAPS President 2014-2016

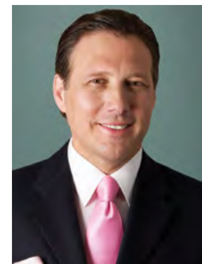
NUMBERS

- **ISAPS is 46 years old this year.**
- **We have over 3,000 members.**
- **There are 104 member countries in ISAPS.**
- **Kyoto will host our 23rd Biennial Congress.**
- **Our website has over 10,000 pages of information.**
- **90 National Secretaries are working hard for ISAPS.**
- **The website generates more than 45,000 visits per month.**
- **Courses are attended by more 3,750 surgeons each year, on average.**

VISITING PROFESSOR PROGRAM REPORT

Renato Saltz, MD – United States

ISAPS President-Elect



This program was designed to bring Aesthetic Surgery Education to your country by the best educators in the world.
Renato Saltz, MD – Chair, Visiting Professor Program

The Visiting Professor Program (VPP) was established in 2013 with one goal: to bring aesthetic education to any of our 104 member countries.

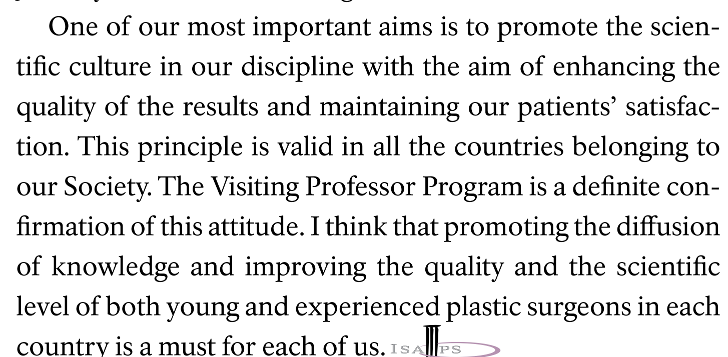
The 2013-2014 cycle had a total of eleven Visiting Professors teaching colleagues in the US, Brazil, Romania, India, Dubai, Russia, Hong Kong and Argentina.

The 2015-2016 cycle promises to be our best ever with thirteen trips scheduled to the following countries: South Africa, India, Uruguay, Indonesia, Turkey, Ukraine, Russia, Brazil, US, Czech Republic and Thailand.

To apply for an ISAPS Professor to visit your country and/or your institution, please review the Visiting Professor Guidelines on our website, under the menu item Medical Professionals, or contact Catherine Foss in our Executive Office or me directly.

Elsewhere in this issue, you will find the latest report from Mario Pelle Ceravolo about his trip to Istanbul, Turkey in January as the ISAPS Visiting Professor.

One of our most important aims is to promote the scientific culture in our discipline with the aim of enhancing the quality of the results and maintaining our patients' satisfaction. This principle is valid in all the countries belonging to our Society. The Visiting Professor Program is a definite confirmation of this attitude. I think that promoting the diffusion of knowledge and improving the quality and the scientific level of both young and experienced plastic surgeons in each country is a must for each of us.



Did you know?

Our journal, *Aesthetic Plastic Surgery* (the Blue Journal) has a powerful App called ajax that all members can use to read the journal on their iPhone, iPad, Android or Desktop computer. Instructions to download and use this superb member benefit are in the Member Area of our website. User name and password are the same: isaps####. (#### is your member ID). ASAPS members may have a different username. Contact ISAPSMembership@conmx.net for help.

VISITING PROFESSOR PROGRAM

VISIT TO ISTANBUL

Mario Pelle Ceravolo, MD – Italy

President, Italian Society of Aesthetic Plastic Surgery

One of the most important aims of ISAPS is to promote the scientific culture in our discipline with the aim of enhancing the quality of our results and patients' satisfaction. This principle is valid in all the countries belonging to our Society.

The Visiting Professor Program (VPP) is a definite confirmation of this attitude. I think that promoting the diffusion and improving the quality and the scientific level of both young and older plastic surgeons in each country is a must for each of us.

I have devoted a large part of my professional life to teaching through courses, and through my participation in a great number (between 30 and 40 per year) of congresses. In my hospital, I offer observerships to many plastic surgeons from different countries who ask to come and get some exposure to aesthetic surgery. The interactivity with all of them is extremely useful for both sides as on many occasion besides teaching I happen to learn something new.

When the Turkish Society of Aesthetic Plastic Surgery invited me as a Visiting Professor in Istanbul, I was very happy to accept. Besides the beauty of the place, Turkey has so many great plastic surgeons and several of them are extremely active professionally, not only through the organization of meetings, courses and congresses, but also through a multitude of papers which are published monthly in plastic surgery reviews.

The event was organized on January 7-8 by Dr. Nazim Cerkes and was held just before the National Meeting of the Turkish Society chaired by Dr. Mehmet Bayramicli. In all, 123 plastic surgeons attended this two-day course, many of them highly-experienced professionals. During the first day, we had lectures on different subjects such as: Difficult and secondary blepharoplasties, Eye prominence and negative vector, Spacers in eyelid surgery, Periocular fat grafting, Evolution of facelifting techniques, Breast augmentation: pros and cons of different techniques, Periareolar mastopexy with implants, Use of Polyurethane implants, and Avoiding dynamic breast deformity after submuscular breast augmentation. The lectures were highly interactive with continuous participation by the audience which seemed to be extremely interested and involved in the discussion.

The following day we had live surgery.

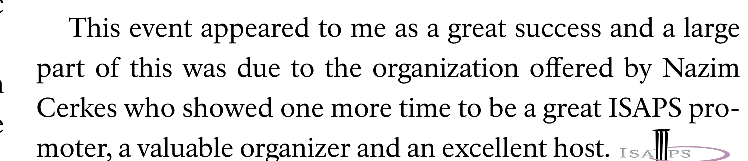
The surgical program involved:

- facelifting with blepharoplasty, platysma bands, anterior fat accumulation and skin laxity treatment through a lateral approach and facial fat grafting;
- an augmentation mammoplasty through retromuscular implant positioning.

After the surgical session there was one more lecture session on different subjects proposed by the audience.

Drs. Akin Yucel, Nuri Celik, Mario Pelle Ceravolo, and Nazim Cerkes – Istanbul, January 2016.

This event appeared to me as a great success and a large part of this was due to the organization offered by Nazim Cerkes who showed one more time to be a great ISAPS promoter, a valuable organizer and an excellent host.



MESSAGE FROM THE EDUCATION COUNCIL

Lina Triana, MD – Colombia

Chair, Education Council

Times when only plastic surgeons went that extra step of not only treating the pathology, but improving patients' quality of life have changed. For example, an orthopedic surgeon today not only corrects the fracture, but also works towards improving the function and quality of life of his patient. In today's world where having a harmonious figure is so important, doctors in general also want to enhance their patients' lives by striving to achieve the best aesthetic result for their patients.

This world phenomenon on the importance of a beautiful and athletic body has put pressure on other specialties to achieve the best aesthetic result. Other specialties have been training themselves on this one-step-forward of not only treating the pathology but also improving the aesthetic result.

For many of us plastic surgeons, this concept is not easy to digest. We have been the exclusive specialty in charge of delivering aesthetics to the human body and today we see we are sharing this arena with others.

As plastic surgeons we cannot block this new development, we need to understand that we live in a changing world that has evolved, bringing the specialties closer to thinking in aesthetical terms. Today we see these others as core specialties: those with whom we share certain areas of surgical and non-surgical competencies.

As doctors, we always want the best for our patients – that things are done the right way and under safe conditions. This is why we must never let others who lack correct formal education, without the knowledge, training and experience, offer aesthetic surgical and non-surgical procedures to patients. Only those who are properly trained in their residency curricula should be called core specialists.

ISAPS is the largest exclusively aesthetic plastic surgery society worldwide and we are committed to patient safety. That is why our members need the certainty that we will never open our doors to others who can put our patients in danger.

We must never forget why plastic surgery was born: to improve quality of life for our patients. Remember that after

As doctors, we always want the best for our patients – that things are done the right way and under safe conditions.

World War I when medical technology had advanced enough to save lives of those injured in battle, there still was something missing: lives were saved but even though individuals survived, they did not have a good quality of life. They could not have normal interactions in their day-to-day social activities. Those patients were a question mark to our past colleagues, something we doctors do not like. Patients whose lives we had saved still were not happy, we had not yet achieved our goal, we could now save human lives but could not deliver happy patients.

It is funny that we plastic surgeons were born as a specialty that others did not want since they had to deal with unsatisfied patients, but today many who traditionally were focused on how to treat pathology now also want to go that extra step – focusing also on the aesthetic approach.

Never forgetting our mission of education worldwide, we deliver high quality educational activities always with the help of our National Secretaries, always open to have a presence wherever we are invited.

During this past period, we had successful courses and Symposia in many countries. In Belgium, we had our second cadaver dissecting course with very good attendance. This type of program is something we are planning to continue growing. Other successful courses were held in the Dominican Republic, India, Egypt, Qatar, South Africa and Italy. We are also planning more specific, theme-based programming such as our course in Egypt that is focused on fat lipoinjection.

Those interested in bringing ISAPS courses to their countries should know that we offer scientific programs from basic to advanced. We are always open to helping any country plan the best scientific program for their scientific population.

Thinking how best to serve our members and colleagues during the Congress in Kyoto, we are planning a new, very interesting day-long session on marketing and non-invasive procedures. Our new Chief Marketing Officer, Julie Guest, and our President-Elect, Dr. Renato Saltz, are very involved and working hard to create an exceptional program that will be very helpful to all of us in our practice. This marketing session will grow in future Congresses to benefit all of us. Make sure to look for it in our Kyoto scientific program.

ISAPS AESTHETIC DISSECTION COURSE 2016

Jean Luc Nizet, MD and **Ivar van Heijningen, MD – Belgium**

Course Directors

The 2016 disection course in Liége was another great success.

On January 25 and 26, the second ISAPS Fresh Cadaver Aesthetic Dissection Course in Liège, Belgium took place. There were twenty-eight particpants of whom twenty-two were practicing plastic surgeons and six were residents. Our Norwegian and Pakistani National Secretaries participated. The faculty gathered the day before and during a pre-course meeting the program was discussed and fine-tuned, followed by a faculty dinner with Gaetan Willemart, President of the Royal Belgian Society for Plastic Surgery.

"Really enjoyed the course and the relaxed atmosphere . . ."

Over the next two days, eleven presentations prepared the attendees for the relevant anatomic region dissection of the face. Special attention was focused on the anatomy and course of the facial nerve, fat compartments and relevant anatomy for non-surgical treatments. All presentations focused on the anatomy of the area, the aging process and changes, the danger zones, and the possible aesthetic operations. After the presentations, the faculty each performed a dissection on a separate cadaver which was broadcast to a screen at the head of every dissection table. The remaining faculty circulated in the dissection room where the participants conducted dissection on their own and interacted with the attendees helping them out where necessary. Every attendant had half of the face reserved for dissection.

Monday evening a complimentary dinner was organized where the attendees and faculty were surprised by two opera singers who sang beautifully. The relaxed athmosphere helped everyone get aquainted with each other and spend a nice evening together.

The participants rated the overall value 4.6 on a scale of 5, especially the cadaver lab. The facilities and the quality and usefullness of course communications, registration and website were well appreciated (4.7 out of 5). They appreciated the quality of the cadavers with ratings of 4 out of 5 and the conference logistics, food and refreshments with 4.5 out of 5.

The faculty were rated "very good" with an average score of 4.5 out of 5 with a narrow margin from 4.4 to 4.6, so all scored as was expected and wished for. From the faculty side, everyone spontaneously offered to come back because they had a good time and enjoyed contributing to this course.

To all the ISAPS faculty, and each one individually, the organizers wish to express their gratitude for the excellent performance: Vakis Kontoes, Gianluca Campiglio, Alex Verpaele, Serge de Fontaine, Jan Fabre, Bahram Dezfoulian, Benoit Hendrickx – thank you very much indeed.

We are looking forward to the next ISAPS Advanced Cadaver Course in 2017 with the most likely dates being planned as January 20-21.

FIRST ISAPS COURSE IN THE DOMINICAN REPUBLIC

Ramon Morales Pumarol, MD

ISAPS National Secretary for the Dominican Republic

I am very pleased to inform you that our first ISAPS course was an incredible success. The five ISAPS professors were extraordinarily professional and well-liked by the 115 surgeons who attended.

As you may imagine, it was challenging organizing such an event in a small country where ISAPS is still not well known. I have diligently promoted the organization, and I strongly believe that this conference was of great help. I have high hopes that at least 5 to 10 more doctors will join given ISAPS' strong credibility.

We will have our National Congress in October where all 150 members of the Dominican Republic's plastic surgery society will be present, and where I will further promote membership.

anagram

***noun* an·a·gram \ 'a-nə-ˌgram**

Simple Definition of ANAGRAM:
a word or phrase made by changing the order of the letters in another word or phrase

Example: Tokyo Kyoto

Don't be confused!
The ISAPS Congress is in Kyoto, formerly the Imperial capital of Japan for more than one thousand years, and 300 miles from Tokyo, the new capital and seat of the Emperor of Japan and the government.

MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

Peter Scott, MD – South Africa

Greetings to all our National Secretaries and welcome to the 15 new National Secretaries, six new Assistant National Secretaries and the 11 National Secretaries who have been re-elected for a second term.

To our new NSs, Membership Chair Ivar van Heijningen and I and our Membership Services Manager, Jordan Carney, would encourage you to invite suitable plastic surgeons in your respective countries to apply to join ISAPS. This may be in the category of Active Members but do not forget we have an Associate Member category for those who have qualified but are not yet in practice for three years, or members of their national society, and a Resident/Fellow Membership category young surgeons who are still in training.

We have already seen great enthusiasm from some of the new NSs where they are Fast Tracking members to join the society and giving us feedback about training programs within their countries.

Our Education Council Chair, Lina Triana, has put together excellent ISAPS Courses and Symposia over the last year with good support from the National Secretaries in those countries.

I will be attending the ISAPS Course in Agra, India as a Faculty Member and Board Member Lokesh Kumar has put together a very strong faculty for their plastic surgeons. Apart from the learning experience, these meetings allow our members to enjoy local hospitality, do some touring and see new and interesting countries.

The ISAPS Board relies on input from the National Secretaries as they are our ambassadors and eyes and ears on the ground in their countries. We will always defer to them for approval of new members and will always involve them in any Instructional Course or Symposium that will take place in their country. On this note, if you would like to apply for a one-day Symposium attached to your national meeting or an Instructional Course please approach the Education Council and we will put this together for you. Do not forget the Visiting Professor Program (VPP) that brings qualified specialists to your country as part of a wonderful ISAPS initiative to teach residents and qualified plastic surgeons basic and advanced techniques.

ISAPS Executive Director, Catherine Foss, has circulated an email inviting all the National Secretaries to a lunch meeting between 12h00 and 14h00 on Monday, 4 April at the Las Vegas ASAPS Meeting. This will be in the Explorers Boardroom. So far 11 National Secretaries and Assistant National Secretaries have accepted our invitation and I have invited certain Board Members to update you and answer questions in real time about the future of ISAPS, our education program, membership issues and any other questions that you may have.

I would urge all of you to make plans to join us for the 23rd Congress of ISAPS on October 23 to 27 in Kyoto, Japan. This is a wonderful opportunity to interact with your colleagues and listen to excellent talks on a wide range of aesthetic topics. We will also have a formal biennial National Secretaries Meeting with presentations from Board Members and an opportunity to vote for a new Chair and Assistant Chair of National Secretaries. I will stand for re-election to the Chair of National Secretaries position.

As always the position of NS is a very responsible one and we would encourage you to answer emails and respond promptly to requests from Catherine Foss and her staff and to requests from Jordan Carney to approve members' applications to join our ISAPS family.

We welcome newly elected National Secretary for Pakistan Dr. Moazzam Tarar.

IS YOUR AESTHETIC PRACTICE IN NEED OF A BRANDING FACELIFT?

Take this quick 9 question quiz and find out!

(Hint: if you find that some of these aren't exactly true in your own practice, you may want to invest in a marketing facelift for your practice)

Julie Guest – United States

ISAPS Chief Marketing Officer

1 Are you very clear about the target market that your practice serves? If yes, great. Now for the harder question – is your website and your marketing collateral written to specifically to speak to this target audience? If it is – fantastic. You pass with flying colors. If it isn't – this may be one of the reasons you're not attracting enough new patients to your practice. Don't try and be all things to all people. Leave that to your competition. Instead niche yourself.

Remember that defining your target audience as "anyone who is interested in cosmetic treatments" is not a *target* audience. If you try to cater to everyone, your aesthetic practice will end up looking so generic that it will barely appeal to anyone – or if it does, it will likely be those at the bottom end of your market who are the price shoppers!

2 Is the name of your practice somehow linked to you personally? (in other words, it uses your personal name in some capacity). If it is – great. This makes you sound like a real person – not a nameless, faceless brand. Many physicians think they need to come up with a glitzy, "corporate sounding" name for their aesthetic practice – when the reality is patients want the opposite. They want to have a relationship with a doctor they can trust. Using your name in your practice is a great way to get your name in front of thousands of people and elevate your reputation at the same time.

This is a powerful strategy that supports you as being the sought-after physician – the household name that people want to book consults with. Avoid generic-sounding names for your practice (such as Emerald Green Cosmetic Surgery & Day Spa). Anchor your practice name with your own for maximum results.

3 Do you have a clean, modern logo that is distinctive — but most importantly, do you have a tagline that is unique and sets you apart from your competition? One great tagline that describes your practice can make a world of difference – Domino's Pizza built a multi-billion dollar business on the strength of a 9-word tagline: "Fresh, hot pizza in 30 minutes or it's free!"

4 Do you have a clear vision for your practice, your growth objectives and what makes your practice better and different than your competitors? If you do – congratulations – you are well ahead of the game. If not, it's never too late to start.

5 Do you have an aesthetically pleasing website that not only looks clean and modern (with easy, uncluttered navigation), but that contains powerful rapport-building copy that expertly positions you and your practice? The best content you can have on your website is what I call "story-driven" – it is about you, your practice and your patients; it is warmly written and it does much more than just "educate" – it expertly positions you as the premier cosmetic physician in your market. Your website should contain multiple "trust triggers" for prospective patients, including published patients' guides (that can be ghost-authored for you), a published book (explaining your philosophy on aesthetics and all the things a prospective patient might need to know), and acknowledgment of the national or local press that you've been featured in (TV shows, etc).

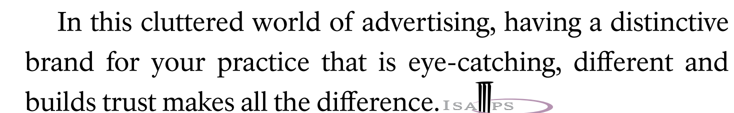
6 Are ALL aspects of your marketing system working in synergy with each other? – Is there is a consistent message being put out there by your marketing company, online and offline? (In other words, you're not suffering from "Frankenstein Marketing," where your practice is presented one way by one marketing agency who manages your website, and another way with a different agency that handles the other elements of your marketing.)

7 Is your patients' experience of your practice from start to finish consistent with your values? – From the minute they have their call answered to the day they receive their follow-up marketing (to enlighten them about new products and service offerings).

8 Is your online reputation closely monitored and, where needed? Is damage control done in a graceful manner – namely, that all patients who report a less-than-satisfactory experience are responded to in a non-defensive, considerate manner?

9 Do you consider pricing to be your competitive advantage? If it is, then you have a very significant branding and positioning problem! Without realizing it, your practice is being branded as a medical commodity. Only a very few people will select cosmetic services based on price – and they'll only do this when you don't give them any other criteria to base their decision upon. The truth is: everyone finds the money to buy the things they want. The key is in helping educate them about how to make a better decision (e.g. choosing you!) – for example, offering a free paper on your website entitled: 10 simple things you need to know before you book your Botox injections (that no one else will tell you). This document would help educate prospective patients that all Botox injections are not created equal and those extremely cheap specials you see advertised should be avoid at all costs, why choosing a plastic surgeon based on price is a decision you should never make, etc.!

In this cluttered world of advertising, having a distinctive brand for your practice that is eye-catching, different and builds trust makes all the difference.



Guess who!

See page 59 for details.

Guess who!

See page 59 for details.

ISAPS Business School

OVER A BILLION PEOPLE USE FACEBOOK. WHY ARE YOU SO BAD AT IT?

Shawn Miele, CEO

Advice Media LLC

Facebook isn't new and it's not going away. Over 1.4 billion people use Facebook monthly, and there are 20,000 users every second! You can be certain that almost 100% of your patients use the social media platform. So why aren't you generating business from Facebook?

First, make sure you understand what Facebook is so that you can use it most effectively. Facebook is a patient retention tool and perhaps one of the best ways to encourage your current patient base to continue visiting you instead of your competitors. It is a way to keep your current patients engaged with you and your staff, making them feel closer to you. Over time, that will create loyalty and keep them coming to you for all of their cosmetic needs.

Most plastic surgeons have a Facebook page but see little results from their efforts because 99.9% of plastic surgeons don't use Facebook correctly. Facebook is easy to use and can help boost the visibility of your brand, but you may have to change the way you think about it.

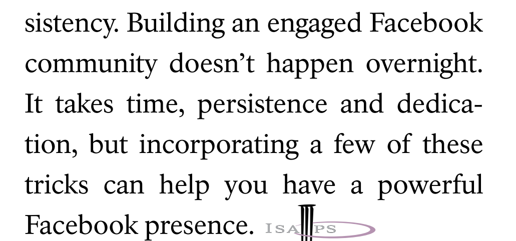
People go to CNN, USA Today, ESPN, etc. for news. They go to Amazon or eBay to shop. They go to Facebook for updates on their friends and family. It's about enjoyment and community. No one visits Facebook to be sold something. Nor do they go to Facebook to be taught anything. The key to Facebook is treating your Facebook fans as friends not customers.

Think of your practice as a person and post exactly as a person would. People want to know about people. Patients do not connect with your business, they connect with you and your staff. To engage patients on Facebook, you must connect with them on a personal level, which ultimately creates loyalty and patient retention.

We manage the Facebook presence for hundreds of medical professional and have learned what works well and what doesn't. According to many industry experts, average Facebook engagement ranges from 0.5% to 1% for brands, but we've successfully achieved 4-5% engagement rates for our clients by rethinking the kinds of content we publish. Here are some strategies you can implement to give your own Facebook page a boost:

- Pictures and native Facebook videos. Pictures generate 39% and videos generate 25% more engagement than standard text posts.
- Fun things that happen in the office. Examples include happy patients, birthday gifts, office parties, Halloween costume day, etc.
- Community or professional activities with which you are involved. Take pictures at conferences you attend with colleagues, friends, staff, etc. These show you are human, fun, down-to-earth, staying educated and cutting-edge.
- Community events. "Who is excited about the arts festival? Is anyone going to the cook-off? Anyone running the 5K this weekend?" As you know, community involvement is great PR for your practice. Showcasing your involvement on Facebook is a great way to get the word out to the community without having to hire a PR firm!
- Local sporting events are perfect as well. You can use pro, high school or college teams. "Go Tigers! Beat Springfield" These types of posts get great levels of engagement.
- Photos of you or your staff with happy patients are wonderful for engagement and they get people to feel great about you. They say without words that your patients are happy and love you!
- Giveaways are another great way to generate additional Facebook engagement. Many offices do them monthly. Get creative with this by using something like: A best photo, best joke, most embarrassing moment, etc.
- Cartoons and jokes: These are all over the web and you probably see some on your Facebook wall. If you see a great one that made you laugh, post it! Do not share someone else's post; instead, save the image and then post it yourself.
- Levity is key. Don't be afraid to make fun of yourself in your posts. You want your posts to make fans happy and/or think positively about your practice. Posts that do this get more engagement.

None of these posts are very difficult to generate. Once you get the hang of it, you can spend 20 minutes a week and boost your presence. The key is consistency. Building an engaged Facebook community doesn't happen overnight. It takes time, persistence and dedication, but incorporating a few of these tricks can help you have a powerful Facebook presence.



Shawn Miele is the CEO of Advice Media, voted Best Practice Marketing Company for 2016 by The Aesthetic Guide. Shawn is a frequent speaker at industry meetings sponsored by national bodies such as the Multi-Specialty Foundation, Global Aesthetics, and The American Academy of Cosmetic Surgery.

Where Are Consumers Getting Their Information?

Study reveals research habits of those seeking information on aesthetic procedures

Louis Scafuri, CEO

Founder, ZALEA

Aesthetic medicine is a uniquely consumer-driven specialty, where patients exert control over the procedure type as well as provider choice. In August 2015 a study conducted by Focus Marketing surveyed 1,100 cosmetic procedure patients to understand their use and satisfaction with information sources regarding cosmetic procedures; as well as use and reliance on physician rating scales.

The data revealed that consumers most frequently relied on Google and personal or physician referrals to obtain information on cosmetic procedures, those sources also provided the highest satisfaction scores (average 3 out of 4). What was most surprising in the study results was the lowest rated in terms of satisfaction were dedicated cosmetic content sites such as Real Self, New Beauty and Allure where less than 20% of consumers visited these sites, and less than 50% of users said they were satisfied with the sources (1.6 out of 4). The group who relied on dedicated cosmetic sites also depended on more sources (7 vs. overall average of 5).

As far as the reliance on physician ratings, 65% of patients stated that physician-rating scales have at least some impact in their decision to choose a specific physician. Consumers are spending a great deal of time searching for relevant and credible information on cosmetic procedures and providers. As a whole they are not satisfied with the online-based source of information, however are relying on this information to make decisions about their procedures. Consumers deserve better. There is an opportunity to provide consumers with fact-based, unbiased cosmetic procedure information to better inform their procedure decisions.

While the data represents the US cosmetic consumer market, additional research will be conducted in select global markets to account for market and cultural variances.

I would like to thank Cortney Donaldson of Focus Marketing for access to this survey.

CONGRESS 2016

THE ROAD TO KYOTO: SAKE (RICE WINE) OF FUSHIMI

Susumu Takayanagi, MD – Japan

ISAPS President

As you know, Kyoto is famous for places of historical interest and scenic beauty. Have you also heard that Kyoto is known for producing good rice wine?

Fushimi, the southern part of Kyoto City, has long benefitted from the natural blessings of high-quality subsoil flow (groundwater). The growth of the sake-brewing industry with the use of this abundant groundwater has made Fushimi one of the two renowned sake-brewing areas of Japan. The other is Nada in Hyogo Prefecture.

Sake is made mainly from rice, water and malted rice. One of the key elements that affects the taste of sake is the mineral content of the water. It is due to the difference in mineral content that sake of Fushimi and that of Nada taste different. Fushimi's sake is mellow and suave, while Nada's is quite dry and has a clean finish. That's why Fushimi's sake is called "Onna-zake" (womanly rice wine) and Nada's is called "Otoko-zake" (manly rice wine).

There are a number of popular sake breweries in Fushimi, some of which allow us an opportunity for a brewery tour and tasting (like a winery tour). If you are interested in going to Fushimi for a sake-brewery tour, you are advised to visit a Taisha Shrine called Fushimi Inari Taisha (described below) as well. JTB Corp., a leading Japanese travel company, offers JTB Sunrise Tours for tourists coming to Japan from abroad. Among these tours, there is one called "Fushimi Inari Taisha and Sake Tasting Tour." There should be other tour programs on the same theme, too. You can apply for any of JTB Sunrise Tour (after arriving in Japan) at the JTB tour desk in the conference venue, or perhaps at the front desks in your hotel.

In 2014, TripAdvisor, Inc. (headquartered in Massachusetts, USA / running the world's largest word-of-mouth information website) presented a list of Japan's tourist spots that were popular with people from other countries. The list was topped by Fushimi Inari Taisha. The Taisha Shrine is getting more and more popular in recent years, with its picturesque scenery of a huge number of bright red Torii (sacred arches as a kind of Taisha Shrine gate). When you go out to the Taisha Shrine, it would be better for you to put on your sneakers rather than leather shoes, so that you can comfortably walk through the numerous Torii built on an upslope starting from the foot of a mountain.

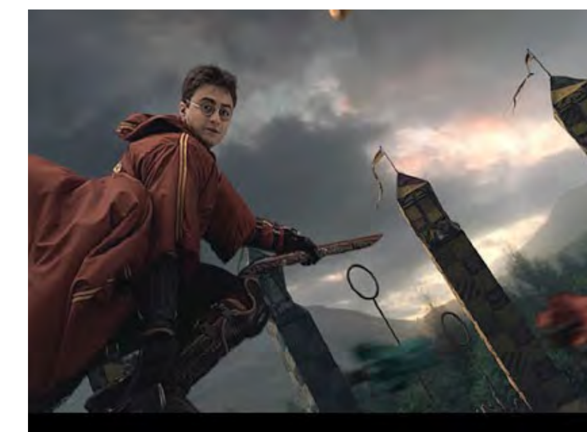
THE ROAD TO KYOTO: MORE TO SEE

Susumu Takayanagi, MD – Japan

ISAPS President

Castles

Many beautiful castles in Japan were occupied by leaders of Samurai (warriors) as recently as 150 years ago. One such castle in Kyoto named Nijo-jo is not a tall building, like many other castles, and is shaped differently from the others. As a castle with a common shape that is worthy of a day trip, I am glad to recommend Himeji-jo. It is a 50-minute train journey from Kyoto. Please make sure to take a super-express train (Shinkansen) making a stop at Himeji, because Nozomi super-express and some of Hikari super-express trains don't stop at Himeji. For your convenience, there is a tour visiting Himeji-jo.



Universal Studios Japan

Taking a Shin-Kaisoku train from JR Kyoto station and changing trains at Osaka station, you will arrive at Universal Studios station in about 1 hour. Harry Potter is so popular now that your waiting time in a queue will be about 3 hours. If you purchase Universal Express Pass 7 online in advance, you do not need to wait in a long line. In this attraction, flying on a broomstick becomes a real physical thing. You will see a snake and a dragon in the air. There are many other popular attractions like ET Adventure, Jurassic Park, Spider-Man, Hollywood Dream Backdrop Roller-coaster, Jaws, Back to the Future and Terminator. I recommend that you stay in one of many hotels close to Universal Studios.

Kyoto City Budo Center

Japanese people like Budo (martial arts) like Judo, Kendo (fencing), Kyudo (archery) and Karate. A training center named Kyoto City Budo Center is a 2 or 3 minutes' walk from the site of ISAPS Kyoto Congress. You can view training of Kendo, Iaido, Naginata, Aikido, Tai Chi and Kyudo. Training of Iaido, using real Japanese swords, can be viewed only from upstairs. You can also take photos. No flash. Training schedule is listed in the accompanying table.

SCHEDULE

	Mon	Tue	Wed	Thu	Fri	Sat
KENDO	19:00 ~ 20:00					
IAIDO		18:30 ~ 20:30		18:30 ~ 20:30	18:30 ~ 20:30	
NAGINATA		18:00 ~ 20:30				
AIKIDO	18:30 ~ 20:30			18:30 ~ 20:30		10:00 ~ 12:00
TAI CHI		10:00 ~ 15:00		9:00 ~ 17:00	18:30 ~ 20:30	
KYUDO	9:00 ~ 20:30					

CONGRESS 2016

THE ROAD TO KYOTO
OMAMORI: PROTECT YOURSELF IN LITTLE WAYS

Edited by **Catherine Foss**

ISAPS Executive Director

If you've visited Japan before, you might have seen them tied to a child's backpack or dangling from a car's rear-view mirror. If you've been to a Shinto Shrine or Buddhist Temple you might have seen dozens of them, small bags in jewel colors lined up in rows, for sale. But what are these things? They are **omamori,** a Japanese folk tradition that is intertwined with Japan's two major religions, and still very visible today.

It's difficult to translate omamori (お守り) directly as they don't have a clear equivalent in other languages. You can think of them as portable personal protection amulets or charms. Mamori (守り) means protect, and the O (お) is an honorable prefix. They are a little like the Japanese equivalent of a lucky rabbit's foot or a four leaf clover. Unlike those though, omamori also come not only in general "lucky" versions, but in a whole range of specific forms, from "cooking skill improvement" to "job hunting."

Types of Omamori

There are two main types of omamori. The first are the most popular, rectangular talismans. These gain their power from words written on paper or wood. The words could be the name of the shrine, or a section from a sutra, or some other powerful words. The wood or paper is then sealed inside a cloth bag. An important note: never open the cloth to see what is inside! It is disrespectful and the omamori will lose its power. Omamori draw some of their power from the concept of the power of enclosed places. The covering of the omamori encloses the sacred words and so puts them in a separate realm where they can be effective, much as Shinto shrines are set within a separate space marked by torii gates.

The second type is the morphic omamori. This means they are made in the shape of something. The traditional forms are the bottle gourd, the bell, and the mallet. Of these, the bottle gourd may be the oldest, appearing in many ancient folk tales as a symbol of health, vitality, and immortality. Each has ceremonial links to objects used in Shinto practices. Some shrines have very famous orphic omamori, such as the fox omamori at Inari shrines. Another common kind of morphic omamori are zodiac animals.

Modern Omamori

Though their origins lie far back in Japan's folk traditions, omamori are very much a part of modern Japanese culture. There's even an omamori vending machine at Zenkoji Temple, Nagano. You can also find many omamori with cute characters on them. Some of these aren't sold at shrines or temples, but just in regular souvenir shops. Some Shinto and Buddhist organizations disapprove of this dilution of omamori. Others happily sell character omamori. Some local shrines sell Rilakkuma omamori alongside the more traditional ones. You could even see the popularity of phone straps in Japan as a non-religious extension of omamori culture. In the past, making omamori was a duty of the laywomen of the parish or Miko, the shrine maidens. These days most omamori are made in factories in Tokyo, Osaka or China, though they are still blessed by priests. However, some shrines continue to make their own omamori on site, such as Koganji Temple in Tokyo and the Grand Shrine at Ise.

How do I Choose an Omamori?

With such a wide variety of omamori available, selecting the right omamori can be tricky. While some of the bigger shrines and temples will have descriptions in English, this is rare outside the big tourist hot spots.

Although both Shinto shrines and Buddhist temples have no problem with non-adherents buying their omamori, remember they are more than just a simple souvenir. Omamori should be treated with respect. Part of this respect is making sure you're not just picking the one you think is cutest, but choosing the one you need. Buying a childbirth omamori for your boyfriend, or a recovery from alcoholism omamori for your tee-totaling great aunt is not very appropriate.

Omamori Buyer's Guide

But worry not! This guide will help to sort your anzens from your anzans. Different shrines have different styles of omamori and there may be some variation in the kanji. However, if you tell the attendants what you are looking for they will be able to help you.

Type of Omamori: Happiness
Japanese name:
shiawase 幸せ (しあわせ)

Let's start off with a very cheerful omamori.

These are meant to help you achieve happiness in life.

Type of Omamori: Traffic Safety
Japanese name: *kōtsū anzen* 交通安全 (こうつうあんぜん)

Originally to protect travelers, these are now the most popular type of omamori. They provide protection for drivers and vehicles. Recently traffic safety omamori stickers have become popular and are often sold in a set with a more traditional omamori. This makes a great gift for anyone who commutes a lot, or is a novice driver!

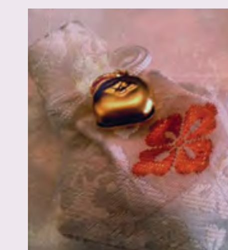
Type of Omamori: Romance
Japanese name: *enmusubi* 縁結び (えんむすび)

There are two kinds of romance omamori. The first is for people seeking love. Get this omamori if you are longing for a partner. The second kind is for people in relationships who wish to stay together strongly. The way to tell these apart is that the first kind is usually sold singly, while the second kind are sold in pairs. Some shrines sell only one enmusubi omamori and the difference is simply whether you are buying one or two. A pair makes a great gift for yourself and your significant other, or for newlyweds. Buying one is fine for yourself, but buying one as a gift for someone else could be a bit insulting, unless they asked you to pick one up for them

Type of Omamori: Avoidance of Evil
Japanese name: *yakuyoke* 厄除け(やくよけ)

This is probably the closest thing to a general good luck omamori. This version wards off evil. Buying these for yourself and others is a good idea. Everyone likes avoiding evil!

Type of Omamori: Good Fortune
Japanese name: *kaiun* 開運 (かいうん)



This is the more positive of the general good luck omamori and is probably the closest to a "lucky charm" of all the omamori. It draws luck to you. Again, it's suitable for everyone. Who doesn't like a little extra luck?

continued on page 28

Omamori Buyer's Guide cont'd

Type of Omamori: Education

Japanese name: gakugyō-jōju 学業成就 (がくぎょうじょうじゅ)

These are very popular omamori for students. They are meant to help both in studying and in passing examinations. They are often seen tucked into student's pencil cases, or being clutched just before a big exam. Parents often buy them for their children. If someone you know is studying hard in school or university, this would be a great thing to give them.

Type of Omamori: Prosperity

Japanese name: shōbai hanjō 商売繁盛 (しょうばいはんじょう)

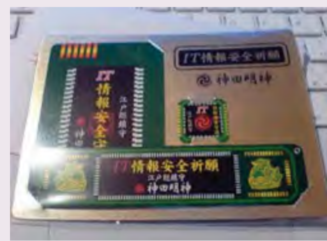
If you want your business venture to go well, or if you want to protect your financial affairs, then this is the omamori for you. Yellow is a color associated with money, so look out for yellow omamori as well as owls, whose name (fukurō) sounds like the Japanese word for good fortune 福 fuku.

Those are the most common types of omamori. They are the ones you're most likely to find at most shrines and temples. However, shrines are also responsive to the needs of local inhabitants. One local shrine has an omamori dedicated to fishing boat safety because the town is a fishing port. Some shrines, such as Aso Shrine in Kyushu, take surveys of locals asking about their concerns. If enough people have a problem, then an omamori will be produced to act on it. There are some shrines that sell over 70 different types, each dealing with a different problem. For example, the Konpira Shrine in Shikoku offers 77 kinds of omamori, ranging from winning elections to water purification. The world of omamori is vast and varied!

Unusual Omomori

Here are a few of the more unusual ones. You could find some of these at many different places across Japan, while others are found at only one shrine.

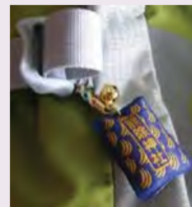
Type of Omamori: Digital Security



Japanese name: jōhō anzen kigan 情報安全祈願 (じょうほうあんぜんきがん)

This omamori comes in the form of a blessed memory card. It helps you protect your digital information and keeps your technology working smoothly, proving that omamori are a living Japanese tradition, not just ancient superstition. It can be found at Denden-gu, a shrine to the spirit of telecommunications in Kyoto.

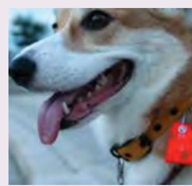
Type of Omamori: Safety from Bears



Japanese name: kumajo 熊除 (くまじょ)

If you like hiking and want a little divine protection from Japan's bears to go along with your other precautions, then you could get an omamori to protect you from bears.

Type of Omamori: Pet Safety



Japanese name: Pet Omamori ペットお守り (ペットおまもり)

Humans aren't the only ones who need a little help now and then. You can pick up an omamori to protect your furry, fluffy, feathery and scaly friends too.

What to Do with an Omamori

So you've bought your omamori. Now, what to do with it? The important thing about omamori is that they are personal and portable. So for it to work best, you should attach it to something appropriate. For example, traffic safety omamori are often seen dangling from the rear view mirror, or attached to car keys. Form and function go together harmoniously in most omamori. Those intended to be attached to things have the appropriate attachment; for example, a traffic safety omamori might have a key ring attachment or a suction cup so you can stick it on your windscreen. Card type omamori

continued on page 29

CONGRESS 2016

Omamori Buyer's Guide cont'd

are sized to be tucked into your wallet. They tend to be ones associated with wealth and business, so a wallet seems like a good place for them.

Another common sight is a safety omamori attached to a child's backpack to protect them on the walk to school. A student might keep a study omamori in a pencil case, or hold it in their pocket during an exam.

Carry your omamori however feels right for you. As with many aspects of Shinto practice, many Japanese people do not consider too deeply why they believe in the power of omamori. "Omamori work because omamori work" is about as much explanation as you are likely to get. The elusive nature of Shinto makes it at once fascinating and frustrating to try to understand.

How to Dispose of an Omamori

Omamori have a limited lifespan. They are usually considered only effective for one year, or until they become damaged. If something bad happens to the omamori, it breaks or gets destroyed, then it's doing its job. Especially with migawari omamori, (身代わりお守り) which acts as a "scapegoat," the thinking goes that the bad things happen to the omamori and not to you. Omamori should be replaced every year because otherwise they will absorb too much bad luck or run out of spiritual power. This ties in with Shinto beliefs about the importance of renewal. For a religion that tears down and rebuilds its most important shrine every 20 years, replacing a little omamori every year doesn't seem like such an inconvenience.

You shouldn't just chuck it in the trash. That's considered disrespectful. Instead, you should take it back to a Shinto shrine, ideally the same one you bought it from. At larger shrines, especially at busy times like New Year, there might even be a disposal box or an omamori conveyor belt to take your used charm to be ritually purified and burned in a ceremony. Otherwise, just return the omamori to a shrine or temple attendant. They'll know what to do. You can pick up a new omamori while you're there.

Omamori as Souvenirs

You don't have to feel shy about buying an omamori. The shrine or temple attendants will likely be happy that you are interested in them. They don't carry a heavy weight of religious demand. By buying one, you aren't declaring your allegiance to Shinto or Buddhism to the exclusion of any other religion. Unlike many religions, both modern Shinto and Buddhism in Japan are generally comfortable with other religious practitioners participating, just as they coexist alongside each other, often sharing the same grounds.

Omamori feed the human need to look beyond ourselves for solutions to our difficulties, while still encouraging us to do our best. They are more like a booster than a total solution. When things are tough, it feels good to hold an omamori in your hand and hope for things to get better.

As such, omamori make great souvenirs. Japanese people also usually buy omamori as gifts. An omamori is a beautiful piece of Japanese culture, but it also expresses your wishes for the wellbeing of the person you give it to. What better souvenir of your trip to Japan could there be?

Adapted from a website post by Verity Lane. To read the entire article, see http://www.tofugu.com/2014/06/25/omamori-protecting-yourself-in-little-ways/

THE ROAD TO KYOTO: MORE TO SEE

Motoko Kusakabe, MD – Japan

Hello to ISAPS members around the world.

The 2016 ISAPS Congress will be held in Kyoto which was chosen as the best city to visit for two years in a row by *Travel and Leisure*, a magazine based in the United States. A number of guide books for tourists have been published, but I, who have been living in the Nishijin District of Kyoto for 24 years, would like to introduce my favorite walking course and places to visit.

Recommended Walking Tour

On coming to Kyoto, you must surely visit the Golden Pavilion (Kinkaku-ji). I will leave the details of the temple up to the tourist guidebooks, and recommend that you walk east on Kuramaguchi Street from the main gate after your visit. The street goes downhill slightly. When you walk past Nishioji Street and across the intersection at Senbon Street, and keep walking east, you will see a sento called 'Funaoka Onsen'. Sento is a Japanese word for public bath, and it is an integral part of the bathing culture in Japan. Interior aspects, such as retro tiles covering the inside of a building with an historic atmosphere built in 1923, are popular. It gets crowded with people living in Kyoto who come by car from afar to bathe on the weekend, and recently, foreign visitors who come to sightsee can be seen.

If you look north from Funaoka Onsen, there is a small hill, called 'Funaokayama'. From the top of it, you can see Kyoto Tower, Daimonji Mountain, and the streets of Kyoto. If you walk further east from Funaoka Onsen until you get to Chieko-in Street, you will find the *Michelin* Bib Gourmand soba (buckwheat noodle) restaurant 'Kanei'. What about having homemade soba for a light lunch? A long queue can be expected around meal times. To the east of it lies a café that was renovated from an old sento, called 'Sarasa Nishijin', which is also recommended for lunch. If you go north from the intersection of Kuramaguchi and Chieko-in Streets, and cross Kitaoji Street, you will get to Daitokuji Temple. I would like to ask you to use the pedestrian crossing with traffic signals when you cross Kitaoji Street. Daitokuji Temple encompasses Koto-in Temple that Dr. Takayanagi introduced in *ISAPS NEWS* Volume 9 Number 2.

North of Koto-in lies a stone-paved path that runs east-west. If you walk along it westward, you will come across the approach to Imamiya Shrine. The red gate on your right side is for the shrine, built in 994 A.D. https://en.wikipedia.org/wiki/Imamiya_Shrine

There are two Aburi-mochi vendors to the east of the shrine. Aburi-mochi is grilled rice cake with sweet miso paste. That may be a good spot to have a break. If it's crowded, you can buy it to-go. Google Maps, as well as Street View, have English street names for the walking course, and it may be interesting to check them out in advance.

Kiryouan

In Kyoto, not only historic buildings such as shrines and temples, but a number of traditional crafts are passed down from generation to generation. I would like to recommend 'Kiryouan', a gallery of Kyo-nui, traditional Kyoto embroidery. In Kiryouan, works of Toshiaki and Sumie Nagakusa, traditional craftsmen, are exhibited. The works of Toshiaki and Sumie Nagakusa are characterized by resplendent and dignified designs based on traditional techniques, and rated highly in Japan and overseas. Their activities as embroidery artists have spread internationally, including holding private exhibitions in Paris and contributing to the Paris collection. In Kiryoan, classes to learn Kyo-nui are held. I used to participate in those classes, and the picture of the silver embroidered obi (sash) is one of my works.

In Kiryouan, Kyo-nui products such as kimono, obi, and kimono accessories can also be purchased. A reservation must be made prior to visiting Kiryouan.

Price of admission: 1,000 yen (Macha and Japanese sweets are included in the price)

- Closed on Saturdays, Sundays, and national holidays
- Contact details for inquiries and reservations:

Kiryouan
Weekdays: 10:00-17:00
Tel.: (075) 200-4617; FAX: (075) 200-5258
nuikoubou@zeus.eonet.ne.jp
603-8321 5 Toriimae-cho, Hirano, Kita-ku, Kyoto City

JOURNAL UPDATE

Henry M. Spinelli, MD, FACS – United States

Editor-in-Chief, Aesthetic Plastic Surgery

Firstly, on behalf of *Aesthetic Plastic Surgery* (The Blue Journal), I hope you are having a good season and anticipate you will all have a productive and inspiring spring. On that note, *APS* (The Blue Journal) continues to receive high quality manuscripts from around the world and has maintained and even increased our selectivity.

In keeping with our policy of calling attention to several accepted upcoming manuscripts, which have yet to be published, I would like to call your attention to a few.

Please look for:

1. **"Consensus on Current Injectable Treatment Strategies in the Asian Face,"** by Woffles Wu

   Given the lack of unique esthetic treatment strategies for injectable treatments in Asians, this manuscript provides guidance on treatment strategies to address the complex esthetic requirements in Asian patients of all ages, with an emphasis on the cosmetic uses of botulinum toxin and hyaluronic acid (HA) fillers—either alone or in combination—for facial applications in Southeastern and Eastern Asians.

2. **"Growth Factor Release from Lyophilized Porcine Platelet-Rich Plasma: Quantitative Analysis and Implications for Clinical Applications,"** by Jianwei Xu

   This experiment investigates growth factor release from freeze-dried platelet-rich plasma (PRP) preparations and other prepared PRP samples, comparing the effects of processing PRP through activation and freeze drying. The results showed that PRP can be activated efficiently by calcium chloride and that the activated PRP contains substantial amounts of growth factors. Freeze-dried PRP, which can be used after complete rehydration without additional activation, remained rich in growth factors after storage for 4 weeks at room temperature, indicating its ease of use and wider possibilities for clinical application.

3. **"Introducing the Body-QoL®. A new patient reported outcome instrument for measuring body satisfaction related quality of life in aesthetic and post-bariatric body contouring patients,"** by Stefan Danilla

   This manuscript introduces a new patient reported outcome instrument to measure body satisfaction related quality of life that can be used to quantify the improvement in cosmetic and post bariatric patients and offer an evidence-based approach to a standard practice. The instrument uses four domains—satisfaction with the abdomen, sex life, self-esteem and social life, and physical symptoms.

4. **"Personality and Psychological Aspects of Cosmetic Surgery,"** by Mostafa Alikhani

   This manuscript details the results of an observational study to determine personality traits and psychological profiles of patients seeking cosmetic surgery in Iran, in an attempt to reduce unnecessary procedures and enhance satisfaction with surgical results.

5. **"Quality of Life and Alleviation of Symptoms After Breast Reduction for Macromastia in Obese Patients: Is Surgery Worth It?"** by Antonio Güemes

   This prospective study conducted in Spain, concerning quality of life and symptom relief after breast reduction surgery, determines that obese patients should be considered for reduction mammoplasty surgery in the same way as women of normal weight, as both groups showed similar improvement in both mental and physical health.

6. **"Extensive Metoidioplasty as a Technique Capable of Creating a Compatible Analogue to a Natural Penis in Female Transsexuals"** by Shahryar Cohanzad

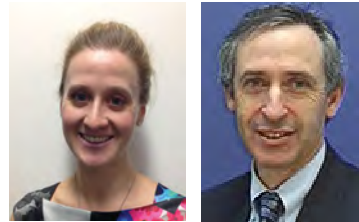
   A surgeon in Iran details a new operative technique for female transsexual surgery, resulting in a natural looking, fully sensate and functional penis for most patients.

Finally, on behalf of our reviewers, the editorial office staff and Springer, we look forward to personally interacting with you all in the upcoming academic year.

AUSTRALIA

Alenka Paddle, MBBS (Hons), FRACS
Advanced Aesthetic Plastic Surgery Fellow

Graeme Southwick, OAM, MBBS (Hons), FRACS, FACS
Former ISAPS National Secretary for Australia



It is 23 years since the senior author (GS) started performing Endoscopic Brow Lifts in Melbourne, Australia. This procedure, originally presented by Nicanor Isse and published by Luis Vasconez,[1] was innovative in that it allowed correction of brow ptosis and forehead rejuvenation via a series of small incisions (<2cm) hidden in the scalp hair. This was in stark contrast to the open techniques, which had previously been the mainstay of treatment.

Over the last two decades, the senior author has found this operation to be one with high patient satisfaction and low complication rate. However, we have identified a number of modifications that lead to improved results and a more predictable outcome.

The ideal candidate for an Endoscopic Brow Lift has a straight forehead contour, with a low anterior hairline (eyebrow to hairline distance of 5cm or less), thick hair cover and skin of good quality. A forehead skin 'glide test' of about 1cm is desirable – this refers to the intrinsic mobility of the eyebrow to be manually moved upwards. Conversely patients with coarse, thick skin and low glide are less ideal candidates. Good hair cover is not an absolute essential – we have successfully performed Endoscopic Brow Lift in bald patients by staggering the small incisions in the forehead and placing them transversely in or near wrinkle lines.

The ideal aesthetic eyebrow shape has been well described.[2] Although there is variability depending on many factors, we have found a natural youthful brow position is one where the distance from the mid-pupil to the top of the eyebrow is about 21-24mm in resting gaze. The brow peaks maximally at the junction of its lateral and middle thirds, arching above the supraorbital rim in women (approximately 1cm) and lying at the supraorbital rim in men. The lateral tail of the eyebrow to outer canthal distance should be about 20mm.

An Endoscopic Brow Lift allows improvement in the position of the brow but may not alter its shape – as seen in a review of one-hundred cases early in our series (with two-year follow up). We use a five portal approach with minimal posterior undermining to avoid hair loss and prefer the sub-periosteal plane of dissection medial to the temporal crests. A good release of periosteum and peri-orbital fascia is performed at the orbital rim lateral to the supraorbital notch; medial to the notch the periosteum is preserved and divided 1-2cm higher. This maintains the attachments of the corrugator muscles (which can be approached in a supra-periosteal plane) and limits the risk of lateral migration of the medial eyebrow with its resultant increase in inter-brow distance and unnatural appearance. A limited avulsion of the corrugator muscles, with or without avulsion of the procerus muscle, is performed to modulate the frown as determined pre-operatively.

In order to minimize medial brow elevation, which leaves a surprised unnatural appearance, we limit the midline sub-periosteal dissection and avoid any central fixation device. Mid-lateral fixation is secured most commonly by a removable 1.5x14mm titanium screw inserted 5mm into the outer skull cortex with skin tensioned appropriately using a skin staple anterior to the screw. We have found that a skin hook placed in the mid-lateral incision and pulled posteriorly allows an accurate simulation of new brow position. To further allow measurement of brow lift, we pre-drill a 1.2mm hole for the screw at the most posterior part of the incision immediately on making the skin incision. As the brow is released, the drill hole will approximate the centre of the incision as the skin hook pulls the incision more posteriorly. This latter trick is especially useful if one is trying to correct an asymmetric brow. We occasionally will use a cortical tunnel or an Endotine®. Over years we have learnt that the best results are achieved by leaving the screws in situ for 2 weeks

continued on page 43

[1] Endoscopic techniques in coronal brow lifting. Vasconez LO et al. *Plastic & Reconstructive Surgery*. 94(6):788-93, 1994 Nov.

[2] Correlation between brow lift outcomes and aesthetic ideals for eyebrow height and shape in females. Freund RM, Nolan WB 3rd. *Plastic & Reconstructive Surgery*. 97(7):1343-8, 1996 Jun.

NORTH AMERICA: UNITED STATES

Surgical and Minimally Invasive Approaches for the Aging Forehead and Ptotic Brow

Joseph P. Hunstad, MD and **Charalambos K. Rammos, MD**
Hunstad/Kortesis Plastic Surgery Center, Huntersville, NC

The upper third of the face, composed of the forehead and the brow, is a critical aesthetic subunit. Brow ptosis and forehead aging are common presenting complaints for patients seeking elective improvement of their facial appearance. Browlift surgery and forehead rejuvenation have a long history of technique evolution, with various reported methods and refinements. These approaches vary from minimally invasive to open and multiplane dissections. We present our approach to improve forehead and brow aesthetics.

Surgical Procedures

According to the American Society for Aesthetic Plastic Surgery National Data Bank Statistics, approximately 31,000 browlifts were performed in the United States in 2014. The indications for forehead lift are ptosis of the brows, forehead rhytids, and glabellar furrows.

Endoscopic Browlift

Endoscopy, performed since 1993, provides minimal incisions in well-hidden areas, avoiding long, visible scars. Our standard approach to endoscopic browlift is three incisions within the hair-bearing scalp: two temporal incisions, and a single central incision. The incisions are made and the periosteum is elevated. Blunt dissection is performed subperiosteally over the forehead and posteriorly to allow for redraping. The temporal fusion line is divided with endoscopic control to provide communication between central subperiosteal and lateral subgaleal dissection. Care is taken not to injure the supraorbital and supratrochlear neurovascular structures over the superior orbital rim. The periosteum is transected with scissors to allow for mobilization. Partial corrugator and procerus myomectomy is performed as needed. Hemostasis is achieved. Holes are drilled in the exterior bone table at the temporal incisions. The scalp is lifted and screws are used for brow fixation. Brow symmetry is assured, and the brow is adjusted with staples. The screws are removed on postoperative day 17. A clinical result of an endoscopic browlift is shown in Figure 1.

Figure 1: Preoperative frontal and lateral views of a 65-year-old female with brow ptosis (above). Image obtained at 6 months follow up after endoscopic brow lift combined with facelift (below)

Lateral Browlift

This technique, method of Alain Fogli, is best suited for patients that mainly have changes limited to the lateral brow. Advantages of this approach are the small likelihood of sensory changes and the atraumatic nature of the procedure. It can be performed under general or local anesthesia. A similar procedure is performed on each side. A 4-5 cm incision is placed in the temporal hair, perpendicular to the vector of lift. Dissection is carried down to the deep temporal fascia using blunt and sharp dissection. The subgaleal space is dissected to the edge of the hairline. A blunt tipped scissors is then used to transect the galea, with tips pointed up, to enter the subcutaneous space. Careful, blunt dissection is then performed all the way to the level of the orbital rim. The superior edge of the galea is then sutured to the deep temporal fascia with three interrupted 3-0 PDS sutures on each side. This gives adequate lift to the laxity lateral to the eyes and tightens the temporal brow. The incisions are closed with 4-0 Prolene

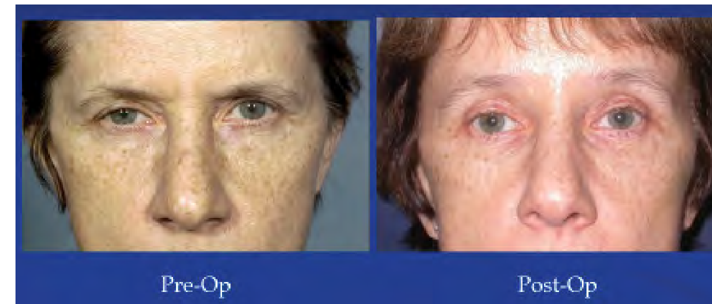
continued on page 41

NORTH AMERICA: UNITED STATES

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

My approach to Browplasty is one encompassing a long-term evolution. Having extensive experience with open coronal, pretrichial and various limited incision browplasties, I believe less is more. Very few of my patients will consent to extensive incisional techniques whether coronal or pretrichial despite the reported good and/or poor results depending on the published studies and anecdotal reports.

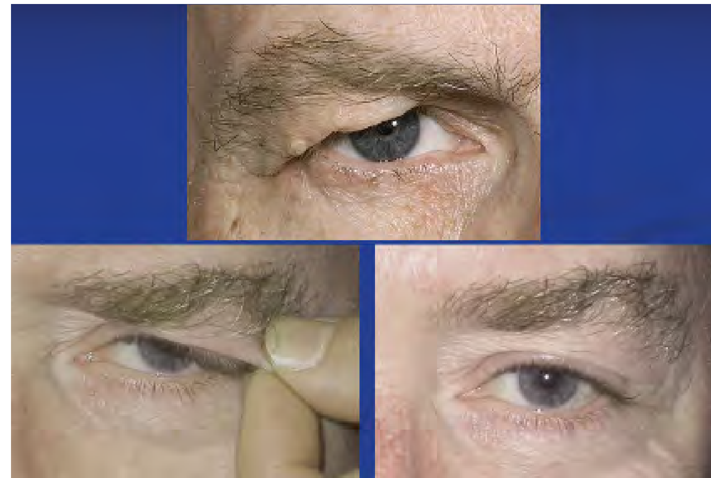
My current approach and experience is that limited incision browplasties do work despite some reports which are largely based on polling. These studies lack control in patient population, techniques utilized and largely are in my opinion unreliable.



Trans-scalp non-endoscopic limited incision Browplasty (6 year post op on right)

The choices then are to either utilize a limited incisional approach either with or without endoscopic assistance or combine a brow stabilization or lift through an upper lid trans-eyelid procedure as in a blepharoplasty. Parenthetically, this surgeon fails to see the necessity in using an endoscope in the trans-scalp approach provided one has intimate knowledge of the anatomy and utilizes good surgical principles. Certainly most surgeons and patients would likely agree in this era that the lateral $^1/_3$ of the eyebrow is most significant in periocular rejuvenation and to that extent a facialplasty incisional approach over the deep temporal fascia releasing the lateral orbital rim attachments can be applied especially in the face lift patient.

In males with mobile lateral bulky and ptotic brows who are undergoing upper lid blepharoplasty then a brow stabilization by way of a trans-eyelid approach is my choice of procedures.



Mobile/Ptotic brow and the upper lid blepharoplasty

In females with thinning hair, male pattern baldness, and given the current consensus for conservative and a "less operated look" by patients, dictates a trans-eyelid approach to the brow in some blepharoplasty cases.

Various fixation techniques may be employed and this author has no proprietary interest in any of them but still favors L-PGA polymer devices at least for the foreseeable future.

The key to all brow procedures is adequate dissection, adequate release and some type of secure soft tissue fixation.

Overall when it comes to browplasty, less is more and the simplest reliable pathology directed approach is generally best.

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NORTH AMERICA: UNITED STATES

The Lateral Temporal Subcutaneous Brow Lift: A Method for Consistent, Stable Brow Rejuvenation

Alan Matarasso, MD and **Darren M. Smith, MD**

Until the mid-1990s, the coronal approach constituted the preferred form of brow lifting for those surgeons that embraced the concept of brow surgery. The endoscopic brow lift was introduced in the mid- to late-1990s. Practitioners next focused on improving internal fixation methods as the "open" coronal procedure, albeit successful, lost favor primarily because of resistance to the lengthy incision and other shortcomings, such as the potential for hair loss. Over the following years, brow lifting inspired more disagreement over a "uniform" technique than most other facial rejuvenation operations. After an early adoption of the endoscopic brow lift, we came to reconsider this approach in light of uncertainty about fixation techniques, concerns over longevity of its results, and the inability to apply this method to the high-forehead patient. Here, we report our experience with an alternative approach to brow rejuvenation, the lateral subcutaneous temporal brow lift (LTL).

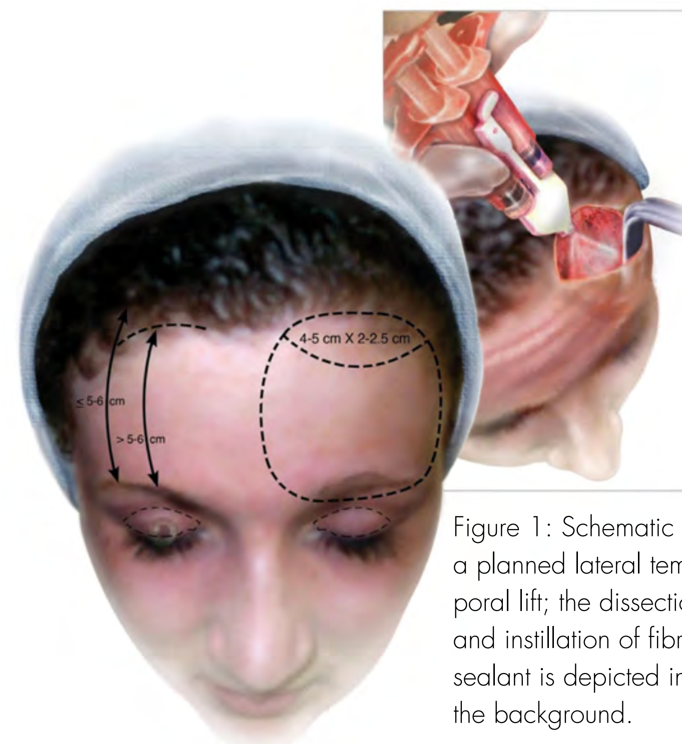


Figure 1: Schematic of a planned lateral temporal lift; the dissection and instillation of fibrin sealant is depicted in the background.

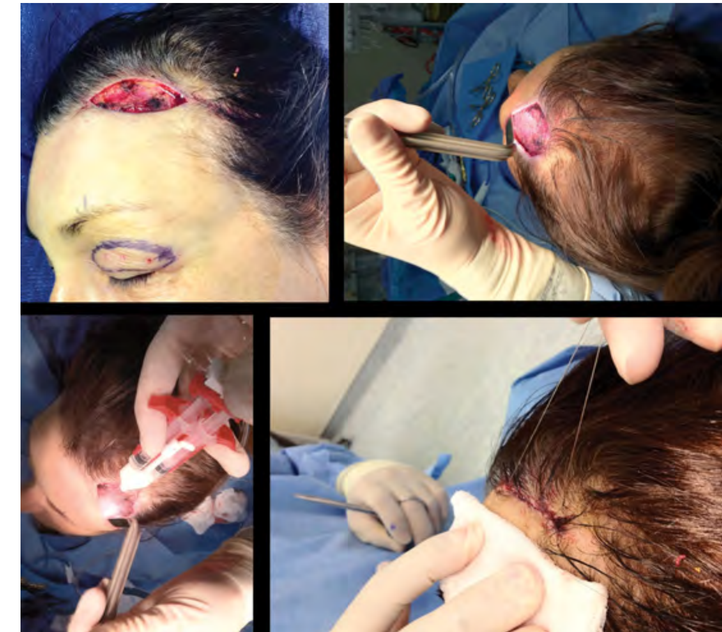


Figure 2: The operative sequence (from top left): skin ellipse has been excised; the flap is undermined; fibrin sealant is introduced; closure is complete and gentle pressure is applied to allow fibrin sealant to set.

Methods

The procedure has gone through several iterations. Initially, the operation entailed dissection in a subperiosteal plane and then evolved into a biplanar approach before taking its current form as a subcutaneous lift. To mark the LTL, an ellipse is designed to have a width of 4-5cm and a height of 2-2.5cm. The ellipse is placed in or at the hairline depending on hairline position, density, and patient preference. The ellipse is centered 3.5 cm lateral to the midline. The skin ellipse is pre-excised, and the brow is widely undermined in the subcutaneous plane to achieve a dissection extending inferior to the eyebrow. Fibrin sealant is sprayed into the resulting pocket, and the wound is closed with barbed sutures. While the technique does not address the corrugator or procerus musculature, it can easily be combined with methods to do so.

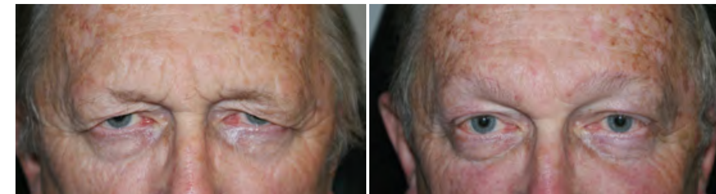
continued on page 42

AFRICA: SOUTH AFRICA

Peter Scott, MD, *Plastic and Reconstruction Surgeon*
Philip Peirce, MD, *Ophthalmic and Oculo-Plastic Surgeon*

We have been assessing and treating patients wanting peri-orbital rejuvenation as a team for over 15 years and having tried the entire spectrum of procedures available. We have narrowed down our techniques to the ones presented. These are predictable, low complication rate high patient satisfaction procedures and do not require expensive equipment making them very suitable for the African context.

The assessment requires a thorough knowledge of the brow anatomy and the underlying pathology such as eyelid ptosis or asymmetry. Female brows should be slightly higher lateral than medial with the arch pointed at the junction of the lateral third and medial two-thirds of the brow. Male patients should have the brow straight at the level of the orbital rim.



Direct Brow Lift (Fig. 1)

It is possible to do a brow lift and upper blepharoplasty simultaneously and we would always recommend doing the brow first to avoid over resection of upper eyelid. At the pre-operative consultation, we give the patient an analysis of brow aesthetics where 50% of the problem may be blepharochalasis of the upper eyelid and 50% brow ptosis.

The appropriate technique takes into consideration the age of the patient, the thickness of the skin, the rhytides and whether the men have or will develop male pattern baldness. The procedures that we use the most are direct brow lift and coronal forehead lift or pre-pretrichial forehead lift. Occasionally we may use a temporal brow lift.

This is a simple procedure that is possible to do under local anaesthetic and gives a very good lift. It does leave a visible scar but is a good procedure for males with a receding hairline. In males, rather excise more medial than lateral to avoid feminizing the result and females reverse this tendency to give more lateral elevation. A meticulous subcuticular technique is required with prolonged taping of the scar to get a good result.

This is our operation of choice in female patients and we either make the incision pretrichial or just behind the hairline. We use a tumescent technique and a sub-galeal dissection centrally and on top of the deep temporal fascia laterally. This incision is converted to sub-periosteal as we approach the orbital rim. The corrugator and procerus muscles are removed partially to avoid flattening of this area and our final pull is more lateral than central. The pretrichial incision has the disadvantage of a visible scar with the hair drawn back and as our pull is more lateral than vertical the post hairline scar is generally our recommended procedure. We use 3/0 Monocryl key sutures and staples to avoid damage to the hair follicles.

Coronal Brow (Fig. 2)

For a superb table on the pros and cons of the spectrum of techniques we recommend Nahai (2013) *Clin Plastic Surg* 40: 101-104 "The Varied Options in Brow Lifting."

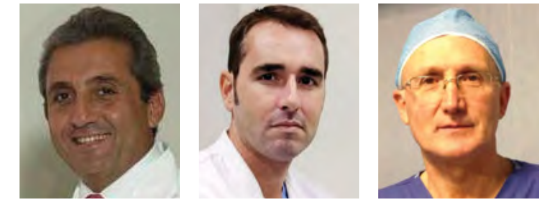
Summary

We present two procedures well geared to the African Continent which give consistent result and are not equipment dependent. These are good techniques to use in countries where aesthetic surgery is still in it's infancy.

EUROPE: ITALY

Efficacy of combined open temporal brow lift procedure, upper and lower eyelid blepharoplasty

Pietro Lorenzetti, MD, Simone Napoli, MD, Leonardo Vescera, MD



In aesthetic surgery, the upper third of the face should be considered an extended aesthetic unit, and all patients who present for blepharoplasty should have their forehead, brow and eyelids evaluated. Eyebrow position is maintained by a delicate balance of muscles which elevate the brow, and those that depress the brow.

Eyebrow lifts can be achieved surgically with a variety of brow lifting procedures, or chemically (along with treatment of dynamic rhytids) with selective chemo-denervation. Assessment of upper lid position in the setting of brow ptosis should be performed. Frequently, brow ptosis may be present and independent of upper lid ptosis. We have tried to improve our results in patients with significant bilateral upper eyelids and brow ptosis with combined open brow lift procedures and upper eyelid blepharoplasty.

The goals of these treatments include restoring eyebrow position, symmetry, and stability. In general, most patients desire an upper lid appearance similar to that in their youth. Our technique includes lateral temporal brow lift through a limited extension of incision just posterior to the hairline, elevation in the subperiosteal plane and temporal and brow elevation with absorbable sutures. When an upper lid blepharoplasty is combined with a brow lift, the design of the upper lid skin excision is critical to avoid postoperative lagophthalmos. Sometimes In the lower lid, the presence of malar bags, fat herniation and tear troughs should be assessed. It may be necessary to reposition lower eyelid herniated orbital fat into the nasojugal fold with improvement in tear trough appearance, lower eyelid herniation.

To complete the treatment of the upper third of the face, chemo-denervation of the frontal, corrugator and procerus muscles with botulinum toxin injections provides temporary yet powerful treatment for dynamic rhytids.

A retrospective review of 50 patients in last year who underwent temporal brow lift in combination with upper and lower eyelid blepharoplasty was performed. Postoperative follow up was until two years after plastic surgery. A pre- and post-operative assessment of brow ptosis was made. In all patients, no evidence of asymmetry, lagophthalmo or lower eyelid malposition with ectropion was encountered. Improvement in brow ptosis, creation of well-defined upper lid crease tear trough appearance, and lower eyelid herniation was noted in all patients.

Temporal open brow lifting remains a safe and effective technique for rejuvenation of the forehead and brow. Upper and lower blepharoplasty, through a variety of various techniques, can produce effective results for rejuvenation of the periorbital region. In particular, regarding lower blepharoplasty it should be noted that frequently, when lower eyelid herniated fat is removed, this may cause a hollow lid appearance, especially in patients with a tear trough deformity (nasojugal groove). Lower eyelid fat repositioning, may prevent the surgical, hollow lower eyelid appearance.

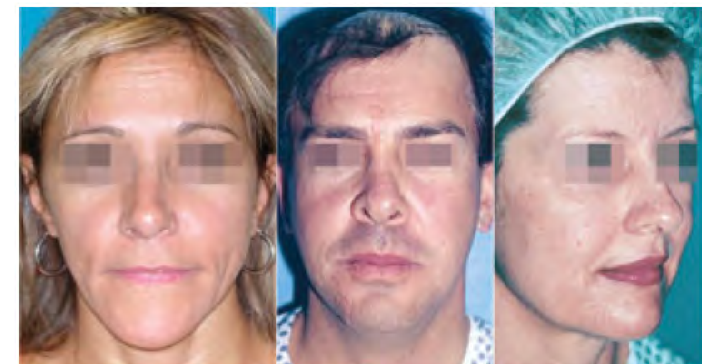
Figure 1: Preoperative view   Figure 2: Post operative view

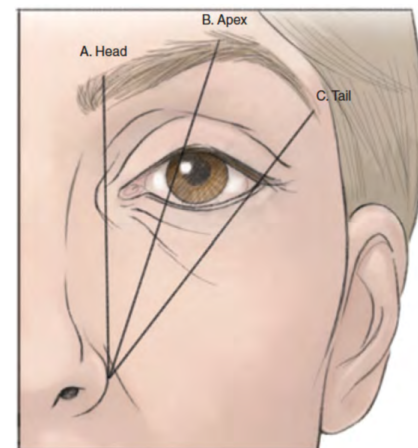
GLOBAL PERSPECTIVES: Browlifting and Forehead Rejuvenation

NORTH AMERICA: UNITED STATES

Renato Saltz, MD
ISAPS President-Elect

Indications:
Brow aesthetics cannot be generalized due to a changing of the ideal shape and position of the brow. Although the brow should be evaluated based on gender, ethnicity, orbital shape, and overall facial aging and proportions, the main factor to consider is the ratio of visible eyelid to the palpebral fold. The best candidates for forehead rejuvenation are patients with eyebrow ptosis, asymmetry, temporal hooding, and forehead wrinkles. Usually they also have short, flat foreheads and non-receding hairlines.





Figures 1 and 2 brow aesthetics and ideal patients

Preoperative Preparation:
Assessment of the patient includes evaluation of both the medial and lateral brow position, the ratio from brow to upper eyelid, glabella and forehead lines, forehead shape and height, and the hairline. To assess the strength of the muscle action, movement, and depth of soft tissue folds the patient should be asked frown as well as raise the eyebrows. The eyebrows should also be assessed for the thickness, shape and position. In pre-operative consultation the doctor should advise as to the number of incisions and type of fixations. Based upon the patient assessment, the operation can be planned. Patient inclusion is important in that brow lifts are individualized.

The endoscopic technique is based upon the use of modern technology where the traditional eye-hand surgical coordination is done throught a video-endoscopic system. Additional extensive training is necessary not only for the surgeon but all medical and nursing personnel involved in the surgical case (*note from author- the novice should take his/her first assistant to cadaver workshops/courses to learn together). The equipment, from endoscope, camera and monitors, are usually standard in centers where aesthetic surgeries are performed. It has become important to test each system, inspect each instrument and check for a backup system as a safeguard. The surgeon must have knowledge of the principles extending from training, mechanical equipment, and technical skills.

Position / Markings:
In preparation for the procedure, the patient is marked from a standing position to utilize the natural positioning of the brows. Markings are made, on both sides of the face, outlining the temporal ridge, sentinel veins, and the assumed position of supratrochlear and supraorbital nerve branches. If the sentinel vein cannot be found from an upright position, patients are asked to lie flat. Patients are then asked to clench their teeth; and with palpation, the temporalis muscle and temporal crest can be marked. Markings representing the incisions are made 1 to 2 centimeters beyond the temporal hairline, checking that the incisions will be over the temporalis muscle. The lateral incision markings should be parallel to the brow while the paramedian incision will be radial along the midline of the face, forehead and skull.

The two brow lift vectors are marked. They are determined by lifting the brow manually to the chosen aesthetic position. The lateral vector includes the tail of the brow while the medial vector includes the arch of the brow; both use the lateral canthus, mouth, and ala to determine placement. Before infiltration the hair is cleansed and braided or stapled to either side of the chosen incision sites. This keeps the hair neatly away from the incision sites.

Anesthesia:
The most common approach for the patient is general anesthesia with an endotracheal tube that is attached with dental floss to the teeth. Infiltrate the site using a 20 gauge spinal needle in a tumescent fashion with a solution of 2% Lidocayne, 20 ml of 0.25% Marcaine, and 1 ml of Epinephrine in 140 cc of normal saline. The patient should then be prepped and draped in standard sterile manner.

Surgical Technique:
Dissection-
The procedure may begin after 20 minutes from infiltration to increase vascular constriction. An incision is made from the scalp to the temporal fascia; this allows visualization and dissection to remain on top of the deep temporal fascia. Dissection is carried down to the fusion ligament by preserving the sentinel veins intact if possible. Dissection is then turned medially by dividing the temporal crest with a periosteal elevator and continuing the dissection in a subperiosteal plane.

At this point the dissection continues from the paramedian incisions communicating both pockets (deep temporal fascia with subperiosteal plane). A 4mm 30 degree endoscope is once again calibrated with adequate focus, “white out,” irrigation system down and inserted in the surgical field. The room lights are dimmed down to improve visualization on the screen.

With the endoscope at the temporal incision the sentinel veins are found and preserved when possible while the surrounding adhesions are removed. Following the caudal aspect of the temporal crest the “fusion ligament” (junction of deep temporal fascia and periosteum) is identified and divided with the endoscopic scissors. The supraorbital rim periosteum is divided from lateral to medial identifying and preserving the supraorbital neurovascular bundle. The periosteum is then divided from each lateral orbital rim, which serves to allow more lateral brow elevation and provide access to the glabellar musculature. An island of periosteum is preserved at the midline to avoid elevation of the most medial brow. The corrugator muscles are identified and excised/avulsed using endoscopic graspers. The assistant “pushes” the external skin to help with the corrugators resection and to allow the surgeon to visualize the dermis and avoid overressection causing an external depression. In case a depression is identified during

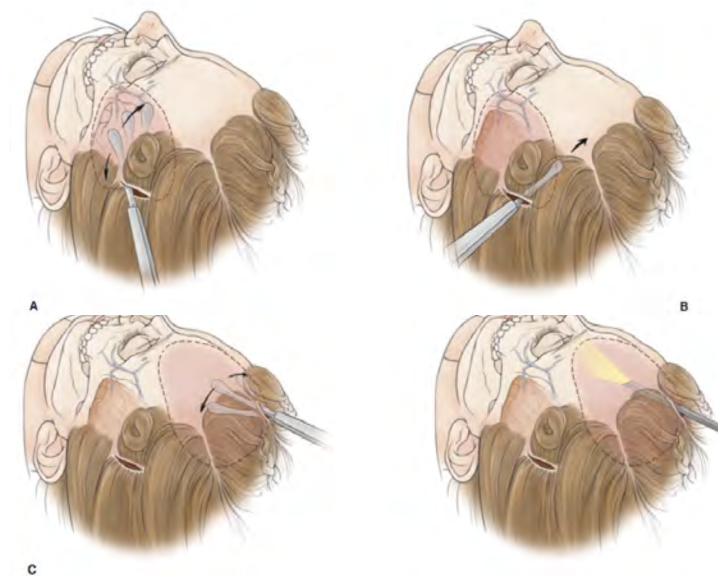


Figure 3: Sequence of temporal and subperiosteal dissections

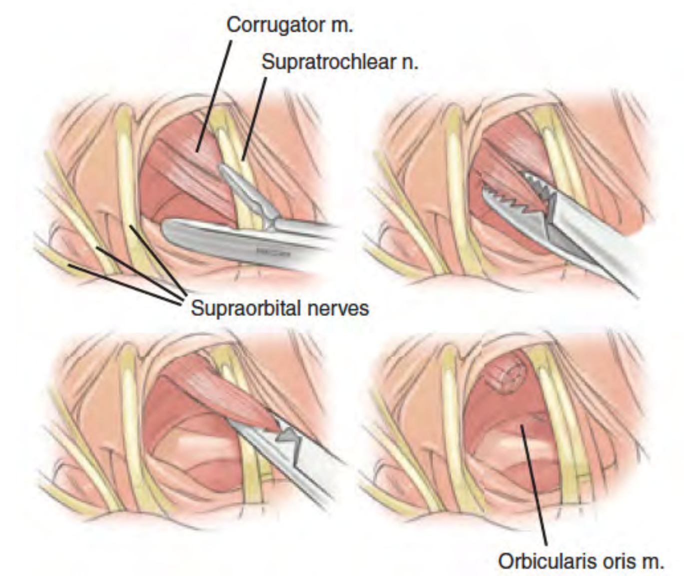


Figure 4: Corrugators resection

continued on page 40

Global Perspectives, Saltz, continued from page 39

Figure 5: Brow fixation with endotine device 7 years 5 years

the procedure immediate fat grafting is recommended. The completion of the procedure can be tested by moving up and down the brow, which should be mobile at this point.

Figure 4 Corrugators resection)

Fixation

The temporal fixations are accomplished using 3 interrupted sutures connecting the superficial temporal fascia and the deep temporal fascia using 3-0 mersylene sutures. The excess skin is removed and the wound closed with 4-0 plain gut. The paramedian fixation is accomplished with the endotine device. The endotine device is safely fixated to the outer table with a measured drill hole. The device is then securely inserted followed by digital pressure to hold the periosteum and galea in place. The patient is then assessed in a sitting position while still under general anesthesia. Measurements include pupil-to of the brow and lateral canthus-tail of the brow. The hair is washed and the patient is moved to the recovery room. No dressings are applied.

Complications

Temporary paraesthesia and irregularities of the frontalis muscle will occur occasionally. However, it usually improves within 3 weeks. Cosmetic problems such as uneven movement of the brows, surface deformities, and elevation of the arch of the brows can sometimes arise. The 'surprised look' can be avoided by keeping a bridge of periosteum at the midline and by avoiding over elevation of the middle third of the brow. Alopecia can be eliminated through the abandonment of percutaneous screw fixations. Early detection of post-operative brow asymmetry (24-48hrs) can be improved by repositioning the paramedian fixation through re-elevation and posterior displacement of galea/skin from the endotine. Delayed temporary brow asymmetry can be improved with botox. If the brow asymmetry persists and there is obvious recurrence of brow ptosis re-intervention is advised.

References:

Endoscopic Plastic Surgery: Second Edition: Edited by Foad Nahai, R. Saltz (Ch. 4,5)

Endoscopic Brow Lift (Ch. 10): Renato Saltz, M.A. Codner

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Global Perspectives, Hunstad, continued from page 33

in a running fashion. A clinical result of a lateral browlift is shown in Figure 2.

- **Other Surgical Approaches to Browlift**

A number of patients who seek forehead rejuvenation already have a receding hairline. For these patients we perform a pretrichial browlift, which can raise the brow and lower the hairline. Direct browlifts, are occasionally performed on male patients with prominent forehead furrows.

Minimally Invasive Procedures

- **Ablative Laser Skin Resurfacing, Intense Pulsed Light (IPL) and Platelet Rich Plasma (PRP) Injections**

Forehead rejuvenation and wrinkle reduction is approached with a combination of fractional CO_2 ablative resurfacing, intense pulsed light and platelet rich injections of the forehead.

One pass of the IPL is performed followed by two passes of the fractional CO_2 laser. A very even, thorough, and complete laser skin resurfacing is performed. An appropriate amount of blood is drawn, and placed into vacuum tubes, which are centrifuged. The platelet rich portion of the plasma is then drawn up into syringes, and then injected diffusely into the forehead (Figure 3).

- **Chemical Brow Lift**

Eyebrow ptosis and forehead rhytides can be improved with Botulinum Toxin products. The muscles targeted are the lateral orbicularis oculi (lateral depressor), the glabellar complex (medial depressors), and the frontalis (Figure 4). These procedures are noninvasive and safe, however the result is temporary and there is a need for repeated injections.

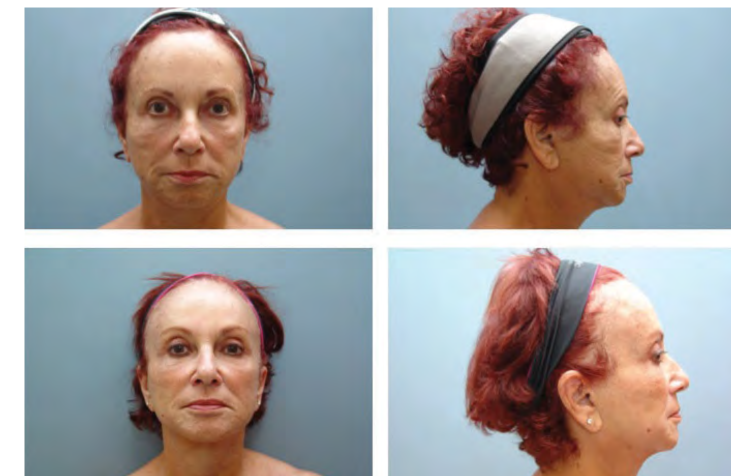


Figure 2: Preoperative frontal and lateral views of a 76-year-old female with brow ptosis (above). Image obtained at 6 months follow up after bilateral lateral browlift combined with facelift (below).

- **Ultheraphy**

We have used Ultheraphy in select patients and have achieved mild lateral brow elevation. Ultheraphy utilizes targeted ultrasound energy and incorporates real time imaging.

In conclusion, there are many well-described surgical and nonsurgical approaches to address brow aesthetics. The ultimate goal is to create beauty and balance while minimizing evidence of intervention.

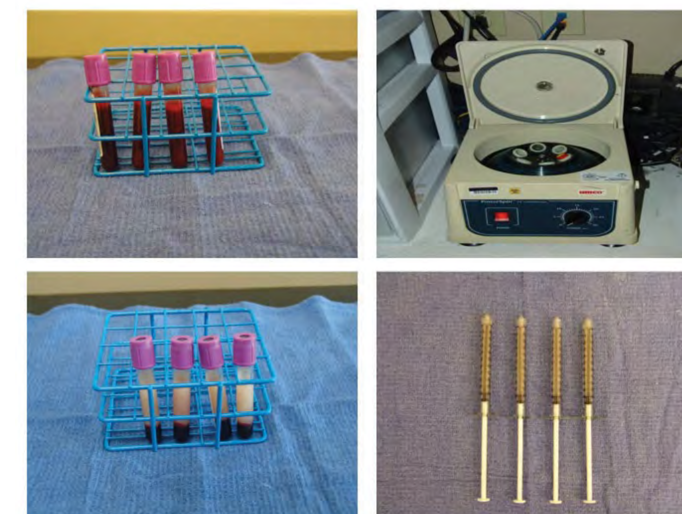


Figure 3: Intraoperative view of the centrifuge device and the collected and centrifuged blood. The platelet rich plasma is used for facial injection

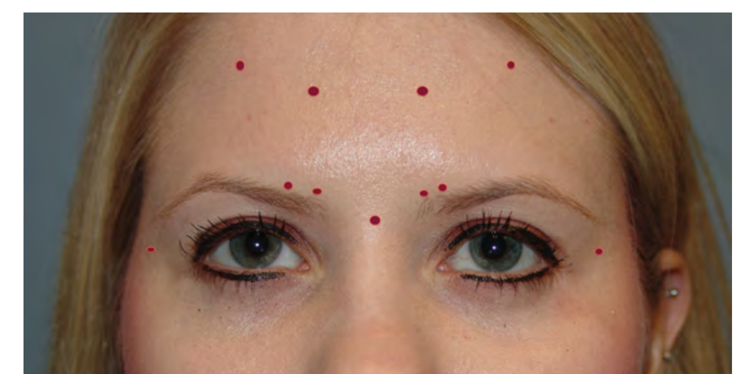


Figure 4: Muscles targeted with Botulinum Toxin products to achieve brow elevation and improve forehead rhytides

Global Perspectives, Matarasso, *continued from page 35*

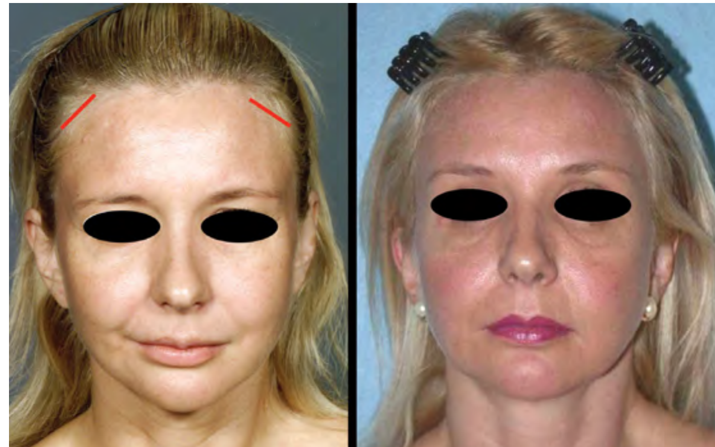


Figure 3: 42-year-old woman before and after LTL and upper and lower blepharoplasty. Red lines in the preoperative photo indicate the location of the planned LTL.

Our experience is based on a series of over 400 consecutive patients undergoing LTL. Follow-up ranges from 1-10 years.

Results

We were able to reliably achieve a significant improvement in brow ptosis with this procedure. In patients with very low medial brows, the lateral temporal subcutaneous brow lift is easily combined with a subgaleal medial brow lift that incorporates corrugator excision. The incision lines healed extremely well, with the resulting scars being nearly imperceptible. The patients were uniformly pleased with the results. The improvements achieved with this procedure have been long-lived, with only one patient requiring correction of relapse in this series. Two patients required scar revision. Approximately 3% of patients experienced late fluid collections containing serous fluid and old blood. These collections could generally be aspirated in the office setting without requiring a return to the operating room. Two patients experienced skin ischemia and necrosis.

Conclusions

The lateral temporal subcutaneous brow lift is a powerful method of brow elevation. The operation allows significant brow repositioning. Systematic landmark-based measurement permits markings that ensure individual patient anatomy is addressed to achieve optimal aesthetic outcomes. The procedure can be reliably performed, and patients are very satisfied with the results. Complications are uncommon, and the probability of relapse has proven remote in our decade-long experience with this technique.

Global Perspectives – Future Themes

July 2016	**Fat Grafting – what are we doing in 2016?**	Deadline June 1
November 2016	**Abdominoplasty**	Deadline October 1

If you would like to contribute an article of 500-750 words, please forward to isaps@isaps.org
This is a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic.
What do you do in your practice?
What unique approaches do you use?
What do you see your colleagues doing in your region?

Global Perspectives, Paddle, *continued from page 32*

with the patient wearing a compressive bandage for 1-2 weeks to support periosteal re-adherence.

Dissection in the two lateral portals is in a pre-fascial plane – between the superficial and deep temporal fasciae. More medially the temporal crest is freed to allow a good re-drape with the lateral fixation being two 2/0 Vicryl® sutures to secure the superficial and deep fascia at the appropriate level. This “Lateral Temporal Lift” (which is the subject of a current publication) is used to hold the lateral temporal area and tail of the brow against gravity. This latter technique has become a useful adjunct in our facial rejuvenation armamentarium. It is used in combination with an upper blepharoplasty and during facelifts to allow re-draping of the outer canthal and lateral temporal skin. It also thus facilitates the use of a hair-sparing facelift incision.

Complication rates for these procedures are low – the commonest being a transient sensory change in the supra-orbital nerve distribution. Frontal branch neuropraxia has been observed infrequently, resolving within 4-6 weeks. Alopecia was more common with more extensive posterior dissection in our early cases.

Overall, the Endoscopic Brow Lift and especially the Lateral Temporal Lift has become a main player in our facial rejuvenation surgery. We wish to pay tribute to the early pioneers of the Endoscopic Brow Lift, namely Nicanor Isse and Luis Vasconez, who have enthused us.

The authors have no financial interest in any product mentioned in this article

Where in the World?

See page 59 for details.

**ISAPS has passed another milestone.
We now have more than
3000 members.
Let's keep the society moving forward.**

Please be sure to pay your dues
by the March 31deadline
to avoid the late fee.

ISAPS-LEAP CONTINUES IN JORDAN AND EXPANDS TO TURKEY

Ryan Snyder Thompson – United States

LEAP Global Missions, Director of International Disaster Relief, LEAP Foundation

Winter Missions Update

ISAPS-LEAP Surgical Relief Teams is pleased to report on another successful series of international plastic and reconstructive surgery missions to Syria-related countries during the winter quarter. Over the course of three week-long surgical missions to hospitals in Jordan and Turkey, our volunteer surgeons evaluated 75 patients, providing 50 patients with essential reconstructive surgical care for blast and burn injuries. Participating on these surgical missions were ISAPS members and LEAP volunteers from Brazil, Romania, Kuwait, Greece, Germany, United Kingdom, USA and Turkey. Altogether, 12 plastic surgeons volunteered to make lasting impacts in the lives of each of the patient beneficiaries they treated.

Upcoming Summer 2016 Surgical Missions to Turkey

Building on these recent successes, ISAPS-LEAP Surgical Relief Teams and ISAPS are currently planning the next two surgical missions to Emel Hospital in Reyhanli, Hatay, Turkey. These missions will represent the fifth and sixth missions organized by LEAP and will be represented by ISAPS members from Turkey, Greece and USA.

While volunteer space on these missions is currently filled, we do anticipate scheduling future missions to this location for the foreseeable future as the Syrian conflict continues to force civilians to seek medical care for both acute and chronic injuries in neighboring Turkey. Volunteers interested in participating and/or financially supporting these upcoming missions should contact Ryan Snyder Thompson (LEAP Global Missions, Director of International Disaster Relief) at ryan@leapmissions.org

Faculty Needed for International Flap Courses

In an effort to assist our friends at the Institute for Global Orthopedics and Traumatology at the University of California, San Francisco, we are currently recruiting additional faculty for their upcoming Surgical Management and Reconstructive Training (SMART) Course. As is the case in many under-resourced country contexts, the limited access to skilled plastic reconstructive surgical care requires that the few orthopedic surgeons perform not only the internal and external reduction of bone fractures, but also the soft-tissue coverage for defects involving exposed bone and tendons. Accordingly, orthopedic surgeons from developing countries are invited to the course to learn limb-salvage plastic reconstructive techniques and rotational flap procedures. Dissection simulation instructors are needed during the lab skills portion of the course. Additionally, volunteer faculty may be asked as needed to present during didactic instruction. Annual course offerings include Dar es Salaam, Tanzania (May) and San Francisco, California, USA (September). Interested volunteers should promptly contact Ryan Snyder Thompson at ryan@leapmissions.org

HUMANITARIAN

HUMANITARIAN MISSION: INDIA

Thomas S. Davis, MD – United States

ISAPS Parliamentarian

Carmel Ministries consists of a school covering kindergarten through tenth standard (grade), and a hostel for children who cannot be cared for at home. Fifteen years ago, an Indian couple was called to minister to the poor

children in southern India. Carmel School began with 25 children in a small adobe brick, thatch roof building. Today the school has grown to educate almost 1,000 students.

The ministry was conceived as a program to provide schooling, clothing and health care to those children in need. A sponsor program (family knit) was organized for US sponsor "Parents" to provide these services through a monetary pledge of support. Some children are true orphans and reside in the hostel. Others live with their family at home, but their schooling and other care expenses are covered.

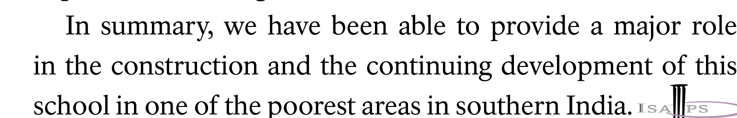
Students completing the 10th standard year at the Carmel Matriculation School go on to government sponsored schools for the 11th and 12th years. Many graduates enroll in college to pursue nursing, medical, agriculture, and engineering programs.

Every January for the past 10 years, I have traveled with my brother and other team members to southern India to work with the children in this school. This is not a medical mission. Our main purpose is for team members to meet and spend time with their sponsored children and to work with the children at school providing opportunities for cultural exchange to broaden their education. These experiences are shared through storytelling, songs, crafts, reading, and exchange of pen pal letters. It is imperative for these children in a poor, rural setting to develop a working knowledge of the English language in order to better themselves. Interaction with team members enhances this phase of their education.

In turn, we are exposed to their local culture through evening programs of music, dancing, and storytelling presented by the school teachers and the children.

An added benefit for team members is the opportunity for exposure to the magnificent resources and culture of India.

In summary, we have been able to provide a major role in the construction and the continuing development of this school in one of the poorest areas in southern India.



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- You do not have to insure all of your patients
- Over 80% of claims have been paid to date

Further information may be seen at www.isapsinsurance.com

or alternatively contact Stephanie@isapsinsurance.com

THE BIRTH OF CEPHALOMETRY (PART I)

Denys Montandon, MD – Geneva, Switzerland

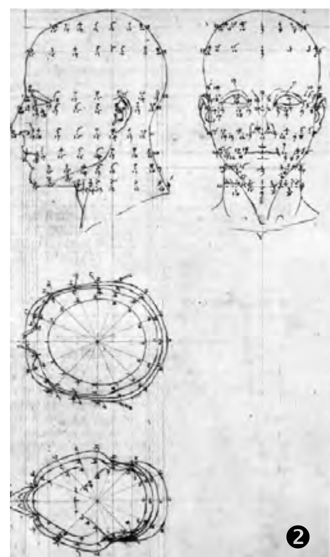
It is common practice in plastic and maxillofacial surgery to analyze the morphology of the face according to various measurements of the craniofacial skeleton, used as guidelines to correct deformities or disproportions. Today, one could not conceive orthodontic treatments or jaw surgery without the use of cephalometry.

Before being used in medical practice, skull and facial analysis have a long history related to philosophy and art. Used initially to determine the beauty and the character related to particular facial features of a person, the analysis of the craniofacial skeleton progressively became a method for anatomists and physical anthropologists to describe human diversity.

Physiognomony

The analysis of human facial features in relation to beauty, intelligence and diseases has been a subject of debate since Antiquity, sometimes in the quest for ideal facial proportions leading to canons of beauty, the most famous being the Greek sculptor's Polycleitus (c. 450 BC). One century later, Aristotle (384-322 BC) described in his *Physiognomica* the art of reading one's character from one's bodily features. He compared male and female bodies and faces to those of various animals: males look like brave lions because of their larger mouth, squarer face, large eyebrows, while women are more like shy panthers. Since these early writings considering the face as a reflection of the qualities of the soul of its owner, numerous treatises have attempted to define and measure the various features of the human face, giving rise to the famous *Gold Numbers* or the *Divine Proportions* published in 1509 by Fra Luca Pacioli.

These studies had two applications that were sometimes combined: an initiation for painters or sculptors and recognition of an individual's character and personality. Painters like Villard de Honnecourt (13th century) (Fig. 1), Pietro della Francesca (1412-1492) (Fig. 2), Leon Battista Alberti (De la pintura, 1435), Leonardo da Vinci (Fig. 3), (a good friend of Fra Luca Pacioli), Albrecht Dürer (Fig. 4), (Vier Bücher von menschlicher Porportion, 1528), Pierre-Paul Rubens (Théorie de la figure humaine), (Fig. 5), have superimposed drawings of human faces with geometrical figures: circles, squares, rectangles and triangles, adding sometimes a mensuration of the different parts. Following the physignomonic trend initiated by Aristotle, other philosophers and artists like Jean d'Indagine *(Chiromantia*, 1522), Giambattista Della Porta *(De humana physiognomia*, 1586), Charles Le Brun *(Traité de géométrie physiognomonique,* 1671) (Fig. 6) have emphasized the links between animal and human fea-



1. Villard de Honnecourt
2. Pietro della Francesca
3. Leonardo Da Vinci: *Grotesque heads*

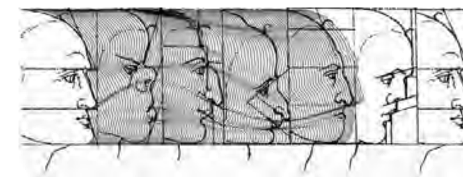


Figure 4: Albrecht Dürer: *Human proportions*

Figure 5: Pierre-Paul Rubens: *Theory of the human face*

Figure 6: Charles Le Brun: *Geometric physiognomony*

Figure 7: Johann-Gaspar Lavater: *From frogs to beautiful men*

During the 18th Century, the Swiss clergyman Jean-Gaspard Lavater (1741-1801) devoted a great part of his life and most of his writings to what he called *The Physiognomony* or the art to know the human beings according to their facial features. Like della Porta, he draws similitudes between the face of individuals and animals, establishing a gradation starting from the most perfect profile, represented by the classical Greek statues, to the ugliest frog-like faces. (Fig. 7) His objective was to create a true science of facial interpretation where beauty and ugliness are in exact relationship with moral beauty and depravity of men and women. As a man of faith, however, he refuted all links between animals and humans. Although criticized during his life for practicing a pseudoscience, he was also very admired by known philosophers and writers. Goethe, who was eight years younger, was particularly interested by this possibility to create a practical psychology and offered him several portraits with commentaries of his own. He also wrote the chapter on skulls in one of Lavater's books. The friendship between the two men did not last because of their opposed religious beliefs.

The school of angles

Since the middle of the 17th century, scientists, anatomists and physicians also became interested in measuring the body and the cranio-facial structures, one of the first being the German Johann Sigismund Elsholtz, who proposed a system whose purpose was to correlate bodily proportions and diseases. He invented a special ruler the *Anthropometron* for his calibrations. *Anthropometria, sive de mutua membrorum corporis humani proportione et nævorum harmonia libellus,* was published in 1663. During the 18th century, the physician Louis Jean-Marie Daubenton (1716-1800), a collaborator of the French naturalist Buffon, studied the point of junction between the vertebral column and the cranium, which he called the occipital foramen, and noticed that it varies between the animal species, being more anterior or posterior, according to the tilting of the head and its relationship with bipedia or quadripedia.

The real starting point of what has been called the "school of angles," precursor of our modern cephalometry, should be attributed to the Dutch surgeon and anatomist Petrus Camper, following his lectures on this subject in 1770 to the Amsterdam Drawing Academy. According to his new portraiture technique, an angle is formed by two lines, from the advancing part of the maxilla to the most prominent part of the forehead. Camper claimed that antique Greco-Roman statues presented an angle of 100°- 95°, Europeans of 80°, Orientals of 70°,

continued on page 50

History, *continued from page 50*

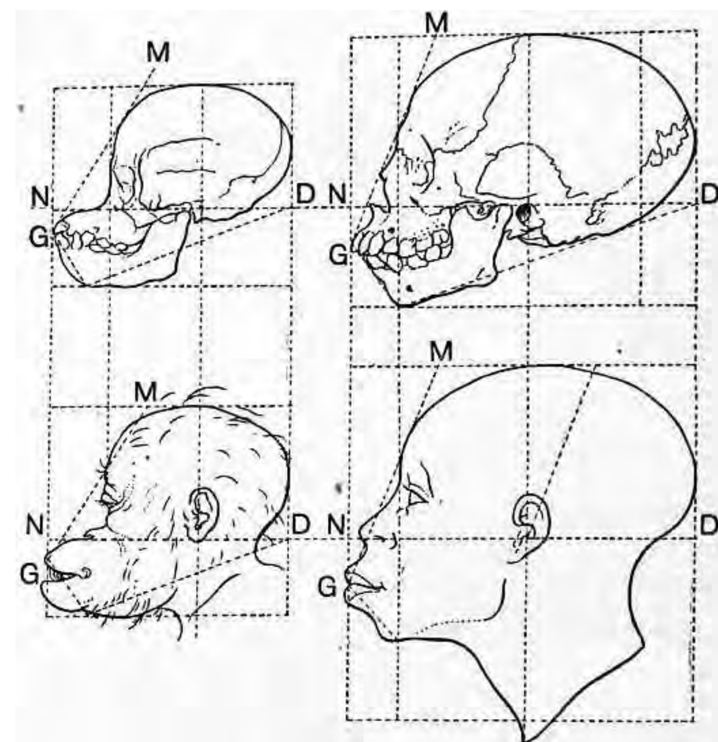


Figure 8: Petrus Camper: *The facial angles*

Black people of 70° and the Orangutan of 42-58°. Without judgment on the intelligence of their owners, Camper claimed that, out of all human races, Africans were the most removed from the classical sense of ideal beauty. (Fig. 8)

> My main purpose is to consider the beauty of the parts of the human body, particularly the head. Nobody can deny that the heads of Apollo of the Belvedere, of the Venus of Medici and of the Laocoon are beautiful and would prefer them to our most beautiful individuals.
>
> The facial angle allows not only to establish a distinction between skulls of various animal species, but also to trace a gradual line that results, in our view, from the reconciliation of the human varieties.

Since this first description by Camper, numerous scientists and physicians have referred themself to this and other angles, to classify mankind according to the shape of their skull and facial structures with obvious prejudice. For example, Julien-Joseph Virey a French physician, naturalist and anthropologist wrote in 1801 a book called: *Histoire naturelle du genre humain ou recherche sur ses principes fondamentaux physiques et moraux*. Based on the facial angle, he distinguishes the different human types according to their cranio-facial shape.

> The Celtic races have noble and proud figures, which can be measured by the facial angle. The more acute the angle, the face lengthens in a muzzle and shows an ignoble figure close to the beast; when the angle straightens, it takes a look of magnitude, nobility and sublimity. Ugliness indicates all the physical and moral dissoluteness.

The norma verticalis

In 1795, Johann Friedrich Blumenbach, a German Professor of Medicine, often considered as the father of physical anthropology, came up with a new classification scheme. In his book, *On the Natural Variety of Mankind,* he divided humanity into five varieties. He associated each with a particular geographic area—Negro (African), Mongolian (Asian), Malay (Southeast Asia), American Indian (American), and Caucasian (European). Blumenbach introduced the word Caucasian to describe the variety of mankind—the Georgian—that had originated on the southern slopes of Mount Caucasus. This was for him the most beautiful race. The other races represented degeneration from the original type, up to the further apart, the heads of Mongols and Negroes.

In his book *Decas Collectionis Sivae Craniorum Diversarum Gentium,* he illustrated 40 skulls from various origins. By the end of his life, Blumenbach owned the greatest contemporary collection of human skulls (what he terms his "Golgotha"): 245 whole skulls and fragments and two mummies. Unlike Camper, Blumenbach measured skulls along several lines. Placing scores of skulls of individuals from around the world in a line and measuring the height of the foreheads, the size and angle of the maxillaries, the angle of the teeth, the eye sockets, the nasal bones, and also Camper's facial angle in profile, Blumenbach produced what he called the norma verticalis, that is the view of the skulls from above. A line is drawn at the maxillary level, allowing comparing the protrusion of the face in relation to the forehead in different skulls. (Fig. 9)

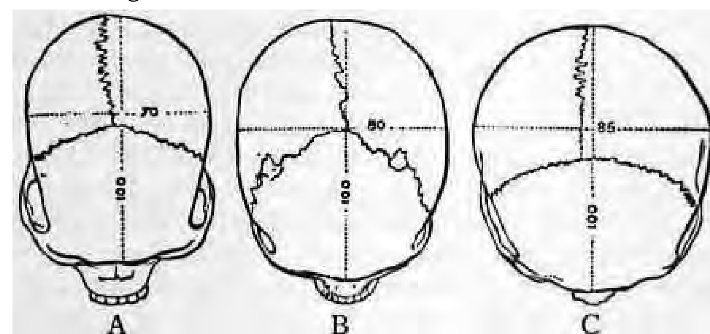


Figure 9: Johann Friedrich Blumenbach: *Norma verticalis*

Phrenology and cranioscopy

The relationship between the osseous cranium and its content, the brain, lead a few anatomists to deduct that a small cranial capacity signifies automatically a small brain and small intelligence. Franz Joseph Gall (1758-1828), a renowned Viennese physician and anatomist has gone further in building a new theory according to which, intellectual, moral and emotional faculties are located in the brain in particular sites. The exterior aspect of the cranium will therefore reflect the development of this or that capacity.

Figure 10: Franz Joseph Gall: *Phrenology*

He believed that the bumps and uneven geography of the human skull were caused by pressure exerted underneath from the brain. The brain was divided into sections that corresponded to certain behaviors and traits that he called fundamental faculties. (Fig. 10) There were 27 fundamental faculties, among them were: recollection of people, mechanical ability, talent for poetry, love of property, and even a murder instinct. Based on the surface of a person's skull, Gall could make assumptions about the person's fundamental faculties and therefore their character. Although mocked by many of his contemporaries, Gall's methods, that he called cranioscopy, had an enormous success particularly among writers and teachers trying to find out the positive or the negative bumps of their pupils.

The cephalic index

Another type of skull measurement was determined by Anders Retzius, a Swedish professor of anatomy, initially to classify ancient human remains found in Europe. He classed skulls in three main categories; "dolichocephalic" (from the Greek dolikhos, long and thin), "brachycephalic" (short and broad) and "mesocephalic" (intermediate length and width). The cephalic or cranial index is the ratio of the maximum breadth to the maximum length of the skull, multiplied by 100. In his book *Om Formen af Nordboernes Cranier* (1843), Retzius supposed that it was possible to establish the mental and moral capacities of a man thanks to these measurements. For him, the dolichocephalic people that are the Nordic Whites were superior to the brachycephalic Blacks. Today, the cephalic index remains an important parameter for ultrasound biometry of the fetal head.

Facial forms

Sir Charles Bell (1774–1842), best known for having described the so-called Bell's palsy, has written several essays on the anatomy and philosophy of facial forms and expressions where he criticized Lavater, Camper and Blumenbach, proposing a new method of analyzing the facial features for expressing beauty, underlying the importance of the relationship between the forms of the skull and the face as expressed by the various functions, such as the organs of mastication, speech and expression.

> By this more accurate method of measuring the skull having been brought to observe distinctions not only in the cranium and bones of the face, but in the face itself, and in the cranium independently of the face, I wished in the next place to consider more at large the varieties in the form of the face, and the reason of the secret influence of certain forms on our judgment of beauty. From the examination of the heads both of men and brutes, and of the skulls of a variety of animals, I think there is reason to say, that the external character both of man and brutes consists more in the relative proportions of the parts of the face to each other, than has been admitted.

Initially, cephalometric analyzes were mainly concerned with the concept of beauty and ugliness comparing the facial features of mankind and animals. These measurements and angles served as tools of education for painters and sculptors, and also often for writers to describe the character of their heroes. Since the 19th century, doctors became more and more interested in these methods of craniofacial recognition to acknowledge the indices of mental disease, depravation and crime of an individual. We shall see in a next article a few incredible theories and misjudgments by some notorious scientists using these theories.

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NEWS FROM PARIS

Eric Auclair, MD – France

ISAPS Assistant Treasurer

A few days after the attacks of 13 November in Paris the Annual Congress of the French Society of Plastic Reconstructive and Aesthetic Surgery (SoFCPRE, 1000 members) was held. This event has been the occasion of an extraordinary expression of solidarity and courage from our Brazilian friends. In fact, we decided to organize the first days of Franco-Brazilian Plastic Surgery on Saturday, November 21 in the closing of the annual conference.

Despite the attacks, all our colleagues came to Paris with their wives: Luciano Chavez, the president; Osvaldo Saldanha, responsible for education; Nelson Piccolo; Joao Carlos Sampaio Goes; Fausto Viterbo; Raul Gonzalez.

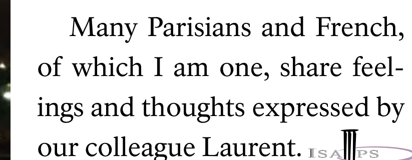
We spent a morning of sensational professional and friendly exchanges. For sure, these events have built strong bonds between our two societies which will endure for many other occasions.

I would also like to share the impressions of a friend, Professor Laurent Lantieri who was directly involved in the care of the wounded during the night of bombings in his Plastic Surgery Unit at the Georges Pompidou Hospital:

« Friday night, midnight, I went to my hospital. All was calm. Surgeons, nurses, anesthesiologists were progressively coming in to prepare for the wounded. Then the wave came. In less than half an hour, the ICU was full of patients with multiple bullet injuries. You do your job as a surgeon mechanically. There is no time for crying, for compassion, just treat all these people. It could have been me, it could have been you. It was a Friday night in Paris.

This morning I take my bike to go back to work. It is a Monday morning in Paris like any Monday morning. I pass near the Eiffel Tower. I can see the cafés with people coming in and out. I see Parisians walking freely in the street. I can see the Seine River bank. France is a free country were you can do whatever you want if you respect others. I love Paris and the Parisians. I love free speech. I love to have a coffee in the morning seeing people in the street. I love to discuss politics in the evening with a bottle of Bordeaux. I love all these contradictions that make us what we are. I love music. I love fashion. I love art. I love food. . . . »

Many Parisians and French, of which I am one, share feelings and thoughts expressed by our colleague Laurent.



CALENDAR

March 2016

DATE: 02 MARCH 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Cairo, Egypt
Location: Cairo, EGYPT
Email: isaps.egypt2016@gmail.com
Website: www.isapsegypt.com/

DATE: 05 MARCH 2016 ISAPS ENDORSED PROGRAM
Meeting: Fronteiras da Cirurgia Facial
Location: Porto Alegre, BRAZIL
Contact: Prof. Ronaldo Webster
Email: webstercplastica@me.com
Tel: 55-51-9288-4098
Fax: 55-51-4009-6001

DATE: 10-12 MARCH 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Qatar
Location: Doha, QATAR
Contact: Dr. Habib Al-Basti
Email: halbasti@hotmail.com
Tel: 974-493-5699
Fax: 974-442-5550

DATE: 17 MARCH 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Florence, Italy
Location: Florence, ITALY
Contact: Meeting srl
Email: info@meetingsrl.eu
Tel: 39-0432-179-0500
Website: www.meetingsrl.eu/eventi?ee=89

DATE: 18-20 MARCH 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – South Africa
Location: Cape Town, SOUTH AFRICA
Contact: Dr. Peter Scott
Email: peters@cinet.co.za
Tel: 27-11-883-2135
Fax: 27-11-883-2336
Website: www.isapscourse.co.za

DATE: 18-20 MARCH 2016 ISAPS ENDORSED PROGRAM
Meeting: XVII International Symposium of Plastic Surgery
Location: São Paulo, BRAZIL
Contact: Dr. Carlos Uebel
Email: carlos@uebel.com.br
Tel: 55-51-3330-1177
Fax: 55-51-3330-1177
Website: www.simposiointernacional.com.br/

DATE: 24-26 MARCH 2016 ISAPS ENDORSED PROGRAM
Meeting: Innovative Methods of Face Rejuvenation with Dr. Bryan Mendelson
Location: St. Petersburg, RUSSIAN FEDERATION
Contact: Dr. Irina Khrustaleva
Email: doctor@irinakhrustaleva.com
Tel: 7-812-3350909
Website: mendelsonenglish.educationmed.ru/

April 2016

DATE: 02-07 APRIL 2016
Meeting: The Aesthetic Meeting – American Society for Aesthetic Plastic Surgery and ISAPS Board Meeting
Location: Las Vegas, NV, UNITED STATES
Website: www.surgery.org/

DATE: 12 APRIL 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Argentina
Location: Buenos Aires, ARGENTINA
Contact: Dr. Maria Cristina Picon
Email: mariacristinapicon@hotmail.com
Tel: 54-11-48032823
Fax: 54-11-48074883

DATE: 13 APRIL 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Japan
Location: Fukuoka, JAPAN
Contact: Dr. Hiroyuki Ohjimi
Email: ohjimi@fukuoka-u.ac.jp
Tel: 81-92-801-1011 ex 2390
Fax: 81-92-801-7639
Website: www2.convention.co.jp/jsprs59/

DATE: 21-23 APRIL 2016 ISAPS ENDORSED PROGRAM
Meeting: 1st German Brasilian Aesthetic Meeting (GBAM)
Location: Munich, GERMANY
Contact: boeld communication GmbH
Email: gbam@bb-mc.com
Tel: +49-89 18 90 46 0
Fax: +49-89 18 90 46 0
Website: www.gbam2016.com

DATE: 22-23 APRIL 2016 ISAPS ENDORSED PROGRAM
Meeting: 5th Body Lift Course
Location: Lyon, FRANCE
Contact: Géraldine Buffa
Email: contact@docteur-pascal.com
Tel: 33-478-245-927
Fax: 33-478-246-158
Website: meeting.docteur-pascal.com

DATE: 22-24 APRIL 2016 ISAPS ENDORSED PROGRAM
Meeting: BULAPRAS Congress – Innovations in Plastic Reconstructive and Aesthetic Surgery
Location: Sofia, BULGARIA
Contact: Antonia Kercheva
Email: akercheva@cic.bg
Tel: 359-2-8920808
Fax: 359-2-8920800
Website: cic.bg/plastic2016/

DATE: 26-28 APRIL 2016 ISAPS ENDORSED PROGRAM
Meeting: LSPRAS 50th Anniversary Conference
Location: Beirut, LEBANON
Contact: Trust & Traders Intl
Email: Lspras2016@trustandtraders.com
Website: www.Lspras.com

DATE: 28 APRIL 2016 – 01 MAY 2016 ISAPS ENDORSED PROGRAM
Meeting: Nazim Cerkes Open Rhinoplasty Hands-On Course
Location: Istanbul, TURKEY
Contact: Dr. Nazim Cerkes
Email: ncerkes@hotmail.com
Tel: 90-212-283-9181
Website: www.istanbulapsc.com/

DATE: 30 APRIL 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium - South Korea
Location: Daegu, SOUTH KOREA
Contact: Dr. David DaeHwan Park
Email: dhpark@cu.ac.kr
Tel: 82-53-650-4581
Fax: 82-83-650-4584
Website: iabs.or.kr/conference/2016_html/

May 2016

DATE: 01 MAY 2016 ISAPS SYMPOSIUM
Meeting: New Program – Bolivia
Location: Details Pending, BOLIVIA

DATE: 12-14 MAY 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Bordeaux, France – Immediately preceding the 29th SOFCEP Congress
Location: Bordeaux, FRANCE
Contact: SOFCEP
Email: sofcep@vous-et-nous.com
Tel: +33-05-3431-0134
Website: www.congres-sofcep.org

DATE: 26-28 MAY 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Tunisia
Location: Tunis, TUNISIA
Contact: Dr. Bouraoui Kotti
Email: contact@drkotti.com
Tel: 216 71 19 08 08
Website: cma.cvent.com/ISAPS_Tunisia_Course_STCE_2016

June 2016

DATE: 02-04 JUNE 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Greece
Location: Mykonos, GREECE
Contact: PCO Convin S A
Email: congress@pco-convin.gr
Tel: +30 210 683 3600
Fax: +30 201 684 7700
Website: www.mykonosisaps2016.org

DATE: 02-05 JUNE 2016 ISAPS ENDORSED PROGRAM
Meeting: Sixth St. Petersburg International Educational Course on Aesthetic Plastic Surgery
Location: St. Petersburg, RUSSIAN FEDERATION
Contact: Igor Bogoroditskiy
Email: i_bogoroditski@yahoo.com
Tel: 7-926-216-2542
Website: http://www.ictps.ru/

DATE: 10-12 JUNE 2016 ISAPS ENDORSED PROGRAM
Meeting: BBB Botti's Best Breast Aesthetic Surgery
Location: Gardone Riviera, ITALY
Venue: Grand Hotel Gardone
Contact: MZ CONGRESSI srl
Email: alice.cazzaniga@mzcongressi.com
Tel: 39-02-66802323
Website: www.villabellaeducation.com/

DATE: 10-11 JUNE 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Romania
Location: Bucharest, ROMANIA
Contact: Dr. Dana Jianu
Email: roxana.ilinca@businesstravel.ro
Tel: 4021-2315615 or 4072-2433002
Fax: 40213126708
Website: www.chirurgieplasticaestetica.ro

DATE: 10-11 JUNE 2016 ISAPS ENDORSED PROGRAM
Meeting: 13th BEAULI Symposium
Location: Birkenwerder bei Berlin, GERMANY
Contact: Michaela Voss
Email: m.voss@park-klinik-birkenwerder.de
Tel: 49 (0)3303-513
Fax: 49 (0)3303-513
Website: www.beauli.de/

August 2016

DATE: 31 AUGUST 2016 ISAPS SYMPOSIUM
Meeting: ISAPS Symposium – Colombia immediately after the 19th International Meeting of the Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva
Location: Cali, COLOMBIA
Email: cursocirugiaplasticacali2016@gmail.com
Tel: 318 827 3556
Website: www.cursocirugiaplasticaesteticacali2016.org

September 2016

DATE: 08-10 SEPTEMBER 2016 ISAPS ENDORSED PROGRAM
Meeting: 1st International Meeting of Rhinoplasty Societies
Location: Paris – Versailles, FRANCE
Contact: MCO Congrès
Email: contact@imrhis2016.com
Tel: 33 (0)4 95 09 38 00
Fax: 33 (0)4 95 09 38 01
Website: www.imrhis2016.com/

DATE: 16-17 SEPTEMBER 2016
Meeting: Canadian Society for Aesthetic Plastic Surgery - 43rd Annual Meeting
Location: Vancouver, CANADA
Contact: CSAPS
Email: csapsoffice@gmail.com
Website: www.csaps.ca

October 2016

DATE: 06 OCTOBER 2016 ISAPS SYMPOSIUM
Meeting: New Program – Olympia, United Kingdom
Location: Details pending, UNITED KINGDOM

DATE: 23-27 OCTOBER 2016 ISAPS OFFICIAL CONGRESS
Meeting: 23rd Congress of ISAPS
Location: Kyoto, JAPAN
Contact: Catherine Foss
Email: isaps@isaps.org
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: www.isapscongress.org

November 2016

DATE: 05-06 NOVEMBER 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Peru
Location: Lima, PERU
Contact: Dr. Otto Ziegler
Email: drottoziegler@yahoo.com
Tel: 51-1-224-2171
Fax: 51-1-225-0388

DATE: 11-12 NOVEMBER 2016 ISAPS OFFICIAL COURSE
Meeting: New Program – El Salvador
Location: Details pending, EL SALVADOR

DATE: 16-17 NOVEMBER 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – United Arab Emirates
Location: Dubai, UNITED ARAB EMIRATES
Contact: Dr. Buthainah Al Shunnar
Email: info@alshunnarplasticsurgery.ae
Tel: 971-439-53033
Fax: 971-439-53034

December 2016

DATE: 09-10 DECEMBER 2016 ISAPS OFFICIAL COURSE
Meeting: New Program – Viet Nam
Location: Ho Chi Minh City, VIET NAM
Contact: Sanguan Kunaporn, MD
Email: sanguank@me.com

DATE: 09-10 DECEMBER 2016 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Mexico
Location: Cancun, MEXICO
Contact: Dr. Arturo Ramirez Montañana
Email: Isapscancun2016@gmail.com
Tel: 52-181-825-40041
Website: www.isapscourse.mx

March 2017

DATE: 01 MARCH 2017 ISAPS SYMPOSIUM
Meeting: New Program – Bangkok, Thailand
Location: Details pending, THAILAND

DATE: 10-11 MARCH 2017 ISAPS OFFICIAL COURSE
Meeting: New Program – Cologne, Germany
Location: Details pending

April 2017

DATE: 27-29 APRIL 2017 ISAPS OFFICIAL COURSE
Meeting: ISAPS Course – Lebanon
Location: Beirut, LEBANON
Contact: Dr. Elie Abdelhak
Email: elie.abdelhak@gmail.com
Tel: (+961)3716706

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** indicates Associate-Resident/Fellow Member*
*** indicates Associate Member*

Staff Spotlight

There have been some changes in our staff. The ISAPS Executive Office team now includes two new additions.

Sally Rice – *Financial Services Manager*

Ann O'Connor – *Industry Relations Manager*

Where in the World?

Answer: Portofino selfie – en route from Botti course on Lake Garda to ISAPS Symposium in Nice, June 2015. Two wonderful meetings. I hired a car and drove the 500km between them stopping for 2 nights in Portofino.
Peter Scott (South Africa)

Guess who!

Answer: ISAPS Executive Director, Catherine Foss, during 15th Congress in Tokyo, April 2000.

Guess who!

Answer: National Secretary for the US Mark Jewell and his wife Mary hiking in the Three Sisters Wilderness in Oregon.

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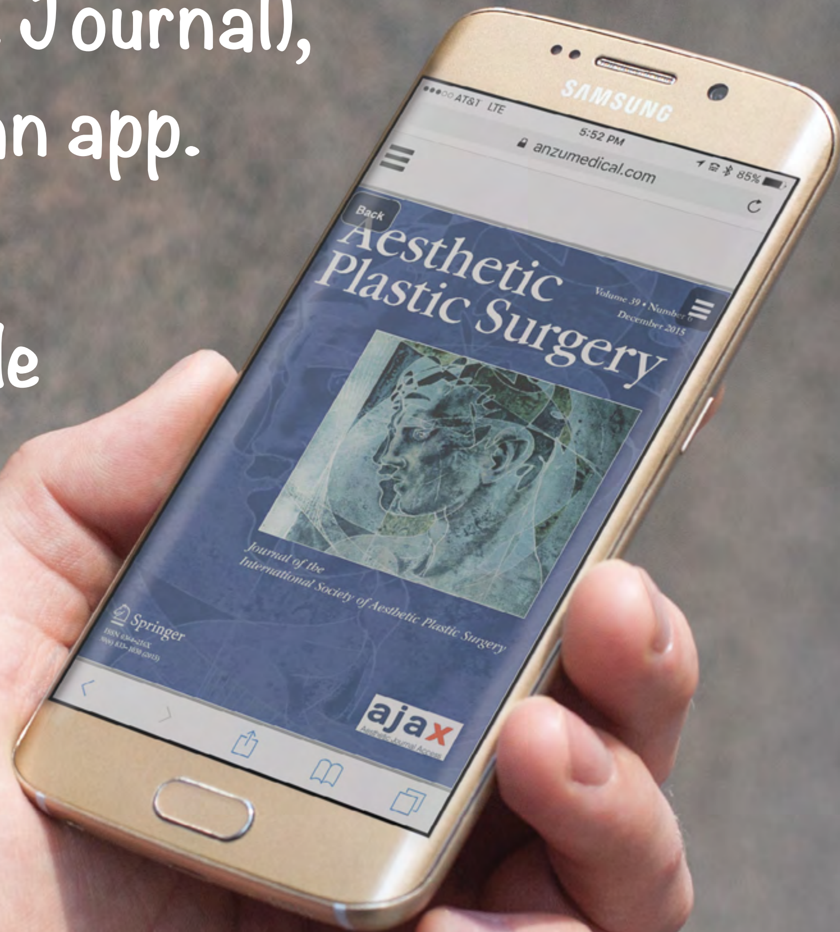

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