



# ISAPS<sup>®</sup> NEWS

OFFICIAL NEWS OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY

# 2

Volume 17 | Number 2

## INSIDE ■

Nipple Reconstruction:  
**How I Do It**

Special Tribute to  
Lifetime ISAPS Members  
**Dr. Gustavo Abrile**

**Coffee & Anecdotes:**  
Catherine Foss

# BOARD OF DIRECTORS

---

**PRESIDENT**

Lina Triana, MD  
Cali, COLOMBIA

**PRESIDENT-ELECT**

Arturo Ramírez-Montañana, MD  
Monterrey, MEXICO

**SECRETARY**

Vakis Kontoes, MD, PhD  
Athens, GREECE

**TREASURER**

Kai Schlaudraff, MD, FEBOPRAS  
Geneva, SWITZERLAND

**PAST PRESIDENT**

Nazim Cerkes, MD, PhD  
Istanbul, TURKEY

**MEMBERSHIP CHAIR**

Andre Cervantes, MD  
São Paulo, BRAZIL

**MEMBER-AT-LARGE**

Fabian Cortiñas, MD  
Buenos Aires, ARGENTINA

**MEMBER-AT-LARGE**

Montserrat Fontbona, MD  
Santiago, CHILE

**MEMBER-AT-LARGE**

Tim Papadopoulos, MD  
Sydney, AUSTRALIA

**MEMBER-AT-LARGE**

Ivar van Heijningen, MD  
Knokke-Heist, BELGIUM

**NATIONAL SECRETARIES CHAIR**

Bertha Torres Gomez, MD  
Mexico City, MEXICO

**EDUCATION COUNCIL CHAIR**

Ozan Sozer, MD  
El Paso, UNITED STATES

**TRUSTEE & ETHICS**

**COMMITTEE CHAIR**

Kai Kaye, MD, PhD  
Marbella, SPAIN

**PARLIAMENTARIAN**

Sanguan Kunaporn, MD  
Phuket, THAILAND

**EDUCATION COUNCIL VICE CHAIR**

Francisco Bravo, MD, PhD  
Madrid, SPAIN

**EXECUTIVE DIRECTOR**

Sarah Johnson  
London, UNITED KINGDOM

no 2

VOLUME 17

---

## CONTENTS

Message from the Editor-in-Chief	3
Messages from the Co-Editors	6
Message from the ISAPS President	8
Message from the Education Council Chair	10
ISAPS Global Alliance Partners	12
ISAPS Committee Reports	13
ISAPS Course Reports	17
Journal Update	24
History	26
Humanitarian Work	28
ISAPS Leadership Academy	30
Nipple Reconstruction: <b>How I Do It</b>	34
ISAPS Global Sponsor	45
ISAPS Travel	49
Coffee & Anecdotes	52
Special Tribute to Lifetime ISAPS Members	54
In Memoriam	55
New Members	58
Meetings Calendar	62

# MESSAGE FROM

## the *ISAPS News* Editor-in-Chief

---



ARTURO RAMÍREZ-MONTAÑANA, MD - MEXICO  
Editor-in-Chief, *ISAPS News*

## THANK YOU AND FAREWELL (FOR NOW): TIME TO CLOSE CIRCLES AND FOCUS MY ENERGY ON THE NEXT PROJECT...

As part of this June 2023 issue, we included several amazing articles as part of the **How I Do It** section on Nipple Reconstruction. Drs. Diana Almeida, Cezar Buzea, Yhelda Felicio, and Mariam Tsvitsivadze provided interesting procedure options, and I recommend you check them out. We are always looking for articles, and I invite you all to submit your articles and share your experience for our **How I Do It** section every quarter. The next issue will feature techniques on **SMAS Plication Face Lift**, so please start preparing your submissions.

This issue also features a magnificent summary of the **3rd Multispecialty International Regenerative Surgery Course in Ghent, Belgium**. The event took place in May and was organized by our dearest friends Drs. Patrick Tonnard and Alexis Verpaele.

The **History** section includes a very interesting article from Dr. Riccardo Mazzola, "Jean-Jacques Perret (1730-1784): The Most Renowned Surgical Instrument-Maker of the 18th Century and the Inventor of the Safety Razor." It explains the history of our commonly used razor, which dates to the 1700s.

I would like to conclude my message for this issue, by saying thank you and farewell as Editor-in-Chief of this wonderful *ISAPS News* quarterly magazine. My soul is satisfied knowing

that my mission in this role has been accomplished, and I enjoyed every moment.

It's critically important to begin and end stages in our lives. By doing so, we can maintain our various projects and the level of commitment they deserve. With so many opportunities awarded to us, it is impossible to deliver consistent results in all aspects of what we strive to do. Knowing when to end a certain stage, not only provides continued undivided attention to the project but also gives others the chance to pursue their next stage and gives new perspectives to past ways of doing things. It is important to keep things evolving and updated, as this is what keeps things developing and growing.

To this end, my dearest friend Dr. Fabian Cortiñas from Buenos Aires, Argentina, with whom I have worked side-by-side for the last three years, and current Co-Editor, will take on his next stage as Editor-in-Chief of the *ISAPS News* quarterly magazine. Acting as his Co-Editor, *ISAPS* Past President Dr. Dirk Richter from Cologne, Germany will continue this wonderful venture.

I am confident that *ISAPS News*, under the direction of Drs. Cortiñas and Richter, will continue to grow in quality content and information.



As some of you may know, I'll conclude my ISAPS President-Elect term next year following our Colombia biennial event, the **ISAPS World Congress 2024, Cartagena, June 11-15**. At this time, my term as ISAPS President will commence. I want to be very focused on this once-in-a-lifetime commitment, and for this reason, I have to say goodbye to my position as Editor-in-Chief, so this will be my last issue.

The list of past ISAPS Presidents, includes some BIG, BIG names, so knowing that it's easy to understand the commitment, responsibility, and pressure that I feel on my shoulders, requiring me to focus my energy on this upcoming project.

**2022-2024** | Lina TRIANA, MD, PhD - Colombia

**2020-2022** | Nazim CERKES, MD, PhD - Turkey

**2018-2020** | Dirk RICHTER, MD - Germany

**2016-2018** | Renato SALTZ, MD, FACS - United States

**2014-2016** | Susumu TAKAYANAGI, MD, PhD - Japan

**2012-2014** | Carlos UEBEL, MD, PhD - Brazil

**2010-2012** | Jan POELL, MD - Switzerland

**2008-2010** | Foad NAHAI, MD, FACS - United States

**2006-2008** | Bryan C. MENDELSON, FRACS, FACS - Australia

**2004-2006** | Joao Carlos SAMPAIO GOES, MD, PhD - Brazil

**2002-2004** | Thomas BIGGS, MD - United States

**2000-2002** | K. Guler GURSU, MD - Turkey

**1997-2000** | Kiyotaka WATANABE, MD - Japan

**1995-1997** | Ricardo BAROUDI, MD - Brazil

**1993-1995** | Blair ROGERS, MD - United States

**1992-1993** | Guy JOST, MD - France

**1989-1992** | Jose GUERRERO SANTOS, MD - Mexico

**1987-1989** | Rodolphe MEYER, MD - Switzerland

**1985-1987** | James SMITH, MD - United States

**1983-1985** | Benito VILAR-SANCHO, MD - Spain

**1981-1983** | Seiichi OHMORI, MD - Japan

**1979-1981** | Sanford GLANZ, MD - United States

**1977-1979** | Jack DAVIS, MD - Argentina

**1975-1977** | Ulrich HINDERER, MD - Spain

**1973-1975** | Mario GONZALEZ-ULLOA, MD - Mexico

**1970-1973** | John LEWIS, Jr., MD - United States

I'll act as the third President from Mexico in the history of ISAPS, the first was Dr. Mario González Ulloa (1973-1975) from Mexico City, and the second, Dr. Jose Guerrero Santos from Guadalajara (1989-1992), so you can imagine the enormous pressure I face, being preceded by these two world-class Mexican Giants.

As President my mission will be to bring our beloved organization to the next level, some of the statements and projects of my strategic proposal are:

1. Maintain a direct line of communication with the President and Central Office, personally having no other more important project in my life at this time, I'll be available 24/7 to all members; hearing and solving any necessities or problems that some of you may have in your region wherever it is, using a direct EMAIL ADDRESS CREATED EXCLUSIVELY FOR THIS PURPOSE. At the same time, I'll be open to hearing any recommendations from any of you in order to improve our performance as a Society.
2. A well-balanced representation of our Board of Directors (BOD), selecting our BOD members equally from every continent. To implement this, I will increase our visibility across all continents including Asia, the Middle East, and Africa. I will also push to promote and host more academic events in these spectacular parts of the world. Traditionally, even while it is not a written rule, the President of ISAPS has been selected historically from a rotating schedule from Europe, South America, North America, and Asia Pacific, but recently, in the past 10-15 years, very important societies have been appearing, in regions such as South Africa, and the Middle East, in cities like Dubai, Tunisia, Saudi Arabia, Iran, Kuwait, and Qatar, among others. That is why I'll promote these worldwide regions, which require inclusion as part of the presidential role selection, and a good way to start this is to bring at least one member from these regions to serve as a member of the BOD.
3. I'll create a **New Generations Committee**, which will be responsible for the representation of our younger members who have graduated within the past 10 years, and I'll propose to have one or two members of this Committee as part of the BOD because the new blood





from our Society deserves to be listened to and deserve to be represented on our BOD. Bringing young people on board will maintain a strong connection between the current and the future leaders of our specialty, building bridges between all the membership generations, and being in tune with the current way to work and communicate.

4. Last but not less important, I'll keep our well-balanced equitable proportion of women and men in our BOD, according to the number of members of each gender that we have in our membership, being selected exclusively by pure meritocracy.

In summary, as your next ISAPS President, I'll promote equity by gender and age, with every part of the world being represented on the BOD, offering the same opportunities to everyone.

I wish you all the best, and I hope to see you at some of the next academic events.



Arturo Ramírez-Montañana, MD  
Editor-in-Chief, *ISAPS News*



# MESSAGE FROM

## the *ISAPS News* Co-Editor

---



FABIAN CORTIÑAS, MD - ARGENTINA  
Co-Editor, *ISAPS News*

## PLASTIC SURGERY UNDER SIEGE - IMPORTANT TOOLS FOR PRESERVING OUR LEADERSHIP

Dear Colleagues and Friends,

Our beloved specialty is harassed from different fields in the pursuit of a piece of aesthetics that others want to claim for themselves. In these challenging times, maintaining our leadership position in aesthetics requires us to cultivate and even exceed our standards of setting the benchmark for education and **patient safety** within the specialty and preserving our “state-of-the-art” presence in aesthetics.

One of the more relevant tools we have demonstrating that at ISAPS, we are “Global Leaders in Aesthetics” is that we are proprietary of the unique source of information regarding Aesthetic Education Worldwide®: the **ISAPS Global Survey**.

Those of us who serve on the **ISAPS Communications, Branding, and Public Relations Committee** know the 2.3 million people seeking information on our specialty. We see a tremendous number of inquiries from the media, reporters, and journalists who come to us requiring precise details about aesthetics. Our Global Survey has become a reliable source of data information and a standard in our specialty.

To maintain this standard, we must all do our part as ISAPS members to keep the Survey successful and reliable, not only for ourselves but for the specialty overall. If you have not yet had the chance, **please complete the Global Survey** and help us continue to meet the standards we are known for and provide a detailed annual report on the state of aesthetics worldwide.

Another tool to sustain the standard for the specialty is our next **ISAPS Olympiad World Congress** which takes place in Athens at the end of August. Olympic Games are the traditional sports competition held every four years and brings together athletes from all over the world to compete in different disciplines. The games are inspired by the ancient competition played in Olympia, Greece, to honor the God Zeus.

The Olympic Games are one of the most important platforms for interaction between different cultures, promoting friendship, intercultural exchange, and international unity. These are all values that encompass our **ISAPS ideology**.

ISAPS is undoubtedly also a platform of multicultural, global interaction with the common factor that the passion for aesthetic plastic surgery drives all members. So, let’s play our best aesthetic games in “Athens ‘23” while continuing to advance our scientific knowledge and commitment to the collaboration of development in aesthetics.

See you in Athens.

Sincerely,

Fabian Cortiñas, MD  
Co-Editor, *ISAPS News*



# MESSAGE FROM

## the *ISAPS News* Co-Editor

---



**DIRK RICHTER, MD - GERMANY**  
Co-Editor, *ISAPS News*

## THE POSSIBILITIES FOR AGING GRACEFULLY & LIVING SIGNIFICANTLY LONGER ARE NO LONGER MATTERS OF SCIENCE FICTION

Dear Colleagues and Friends,

Is aesthetic surgery about to enter a new era, free from scalpels? That's the tantalizing question on everyone's mind as the field of regenerative medicine continues advancing at lightning speed.

I had the pleasure of attending the [3rd Multispecialty International Regenerative Surgery Course](#) in Ghent this past May, organized by the visionary group of Drs. Patrick Tonnard, Alexis Verpaele, Steve Cohen, and Tunc Tiryaki. And let me tell you, the possibilities for aging gracefully and healthily and even living significantly longer are no longer matters of science fiction.

The latest research in human genetics, cell biology, and aging research has indeed opened our eyes. For too long, we plastic surgeons have focused on treating the symptoms of aging, chasing after wrinkles and sagging skin with scalpels and injectables. But now, with stem cells, exosomes, and other cutting-edge regenerative techniques, we have a whole new set of tools to fight aging at its roots, slowing it down and perhaps even halting it in its tracks. Some scientists even dare to consider aging a disease - a bold and controversial perspective that has nonetheless led to exciting new therapies.

Exciting is undoubtedly the word for the conference itself, which was bursting with innovative ideas and game-changing

research. You'll want to dive into the [full report](#) in this issue to get the full scoop.

And be sure to read our [interview with Catherine Foss](#), former Executive Director of ISAPS, the brilliant mind behind the *ISAPS News* quarterly magazine, and a true trailblazer in the field. She shares her insights into the *ISAPS News* journey from an analog newsletter to the cutting edge of digital communications and gives us a glimpse into what life after ISAPS might look like - spoiler alert, it's anything but boring.

So, buckle up and prepare to embrace the brave new world of regenerative medicine! The train has already left the station...

Sincerely,



Dirk Richter, MD  
Co-Editor, *ISAPS News* and  
ISAPS Past President (2018-2020)





# MESSAGE FROM

## the ISAPS President

Dear Friends, Colleagues, and ISAPS Members,

I am pleased to announce that we are exactly one year away from our [2024 ISAPS World Congress, Cartagena Colombia, taking place from June 11-15, 2024](#), in the [Las Americas Hotel](#), a picturesque tropical beach resort and Convention Centre in one!

I hope to see as many of our members as possible in my home country next year, in the final year of my Presidency, so please save the date now and look out for further information to follow over the coming weeks.

In the meantime, the [full program](#) for this year's [ISAPS Olympiad World Congress in Athens, August 31-September 2](#), is now published online for viewing. If you haven't yet registered, please do so before our early bird deadline on June 29.

These last months have also been busy planning for some new activities, designed with your feedback in mind and with a focus on our ISAPS vision for the safety of all our patients worldwide.

The [ISAPS Leadership Academy](#) will launch soon, and we invite ALL our members to participate. In today's hectic world, striving to meet these expectations can cause committed people like all our ISAPS members to simply become overloaded or disillusioned, due to competitive pressure, management issues, increasing patient expectations, and intensifying regulatory and administrative demands. None of us are immune to these situations and yet this is something that we do not talk about often. ISAPS is looking to reverse this trend by offering members new resources and a straightforward development process in our new "Academy" format, which combines self-directed online learning with live events.

Thank you to our Board of Directors for their vision, our National Secretaries and all who contributed their thoughts and feedback in our recent survey to explore these issues. You can read more about our ISAPS Leadership Academy

later in this issue. Its development is supervised by Andy Craggs, our Leadership Consultant, who is affiliated with the London Business School. Andy has over 20 years of experience in human resources, executive coaching, and organization development, and is helping ISAPS create this new space for improving self-leadership and increasing the impact of members leading their practices, people, and patients.

The first [ISAPS Global Forum](#) will also take place in 2023, bringing members of our [ISAPS Global Alliance](#) together in person to discuss and set a clear framework and some concise goals toward our global approach to our common purpose, to ensure safe and effective aesthetic procedures and improved quality of life for all patients worldwide. Participation in the forum is by invitation only to our 87 Alliance Presidents or their representatives, and we look forward to welcoming as many as possible of them to the [Royal College of Surgeons in London this coming December 9, 2023](#), coming together for a purpose bigger than themselves! The Global Forum will run in association with our first full-day Leadership Academy training day on [December 10](#).

The latest in our series of [ISAPS Patient Safety Statements](#) was published on [June 9, 2023](#). Committed to our mission to inspire and nurture excellence in Aesthetic Education Worldwide® for the safety of our patients, our Patient Safety Committee came together with representatives from The Aesthetic Society and The Aesthetic Surgery Education and Research Foundation to present our collaborative [Statement on Patient Safety Regarding Breast Implant Removal and Capsulectomy](#).

There has been a worldwide increase in the number of patients requesting implant removal for various systemic symptoms that they attribute to their implants. This has been referred to as silicone incompatibility syndrome, autoimmune/inflammatory syndrome induced





by adjuvants, and breast implant illness. Our guidance aims to support our responsibility as plastic surgeons to ensure that our patients presenting for implant removal have clear up-to-date information and effective decision-making as a critical part of our management process. Further prospective research is necessary, and guidance may change as more data becomes available.

We have already announced the decision of our Editor-in-Chief, Dr. Bahman Guyuron, to step down from his position at the ISAPS Journal **Aesthetic Plastic Surgery** later this month. I look forward to introducing our new Editor-in-Chief to you shortly but, in the meantime, I would like to acknowledge Dr. Guyuron for his incredible hard work and commitment to his role over the last eight years. He leaves our Journal with its highest-ever impact factor and the fastest “submission to decision” timelines of any other journal in our field.

Finally, our **ISAPS Global Survey** is still running and, if you have not yet submitted your data, I invite you to take action do so. This important data is the only data set of its kind published internationally, and we need your help to include as many countries as possible to support an improved understanding of the trends in our field. Thank you to those who have already completed it; let’s go one step forward and be ambassadors, share the survey with

colleagues in your country, and give them the opportunity to also **contribute to our 2022 Global Statistics**.

So once again, I invite you to take action and participate in our Society!

- **Register for ISAPS Athens Olympiad** taking place on August 31-September 2, 2023.
- Plan ahead to submit your work for our **2024 ISAPS World Congress, Cartagena, Colombia (call for papers opens in Athens)**.
- Submit your **Global Survey data**.

It will be an honor to welcome you to the first ISAPS Congress in Colombia and to introduce you to the beautiful walled city of Cartagena, the most important port of Las Americas during colonial times, a city full of culture, history, and Latin flavors. I look forward to seeing you there and hopefully before...



Lina Triana, MD  
ISAPS President, 2022-2024



Figure 1: Dr. Triana with friends and colleagues following the Global Alliance for Women Leaders Panel at The Aesthetic Meeting 2023, Miami.



# MESSAGE FROM

## the Education Council Chair



**OZAN SOZER, MD - UNITED STATES**  
Chair, ISAPS Education Council

Dear ISAPS Members,

As is standard, the **ISAPS Education Council** (EC) has been busy bringing our members the best worldwide aesthetic education. As part of this effort, we have been hosting the ISAPS **Resident Webinars** every other month, in rotation with the monthly **Journal Clubs**. These provide a great platform where authors of the selected papers present their work, and our moderators create in-depth and informative discussions.

In case you missed it, our **ISAPS Olympiad Athens World Congress** Organizing Committee has been working overtime to assemble a great **program for you, already published on our website**. For the first time, we are utilizing a new format, where 60 of the invited keynote lecturers were chosen by you, the attendees, who were at the Vienna and Istanbul



Figure 1: ISAPS faculty gather on stage during The Aesthetic Meeting.

World Congresses. The rest of the meeting features abstract presentations that our members submitted. These abstracts were reviewed and selected by our Congress Organizing Committee in a completely blindfolded format, with **350 chosen abstracts**.

There are two types of abstract presentations: oral presentations are seven minutes each, followed by discussions. The other presentations will be in a rapid-fire session format. Each



Figure 2: ISAPS faculty present during The Aesthetic Meeting, with ISAPS President Dr. Lina Triana speaking.

presentation is three minutes, but these sessions will provide generous discussion times that will follow each presenter, amounting to more than seven minutes to present and discuss their work. In addition, keynote lectures will be 15 minutes

each, and teaching courses will run for 30 minutes each. Also, register separately for our **Pre-Congress** events including the prerecorded Surgery Video Courses by select faculty and the **Residents Symposium**.

In keeping up with the latest advancements, ISAPS attended **The Aesthetic Meeting 2023** in Miami and organized a **Mini-Symposium** on facial aesthetic surgery. This session was very well attended, with a completely full auditorium (**Figures 1-2**).

Finally, we already started our preparations for our biennial meeting that will take place in **Cartagena, Colombia, in June 2024**. We are planning another outstanding event with more than 400 elite faculty; more details to follow soon.

I am looking forward to seeing all of you in Athens.

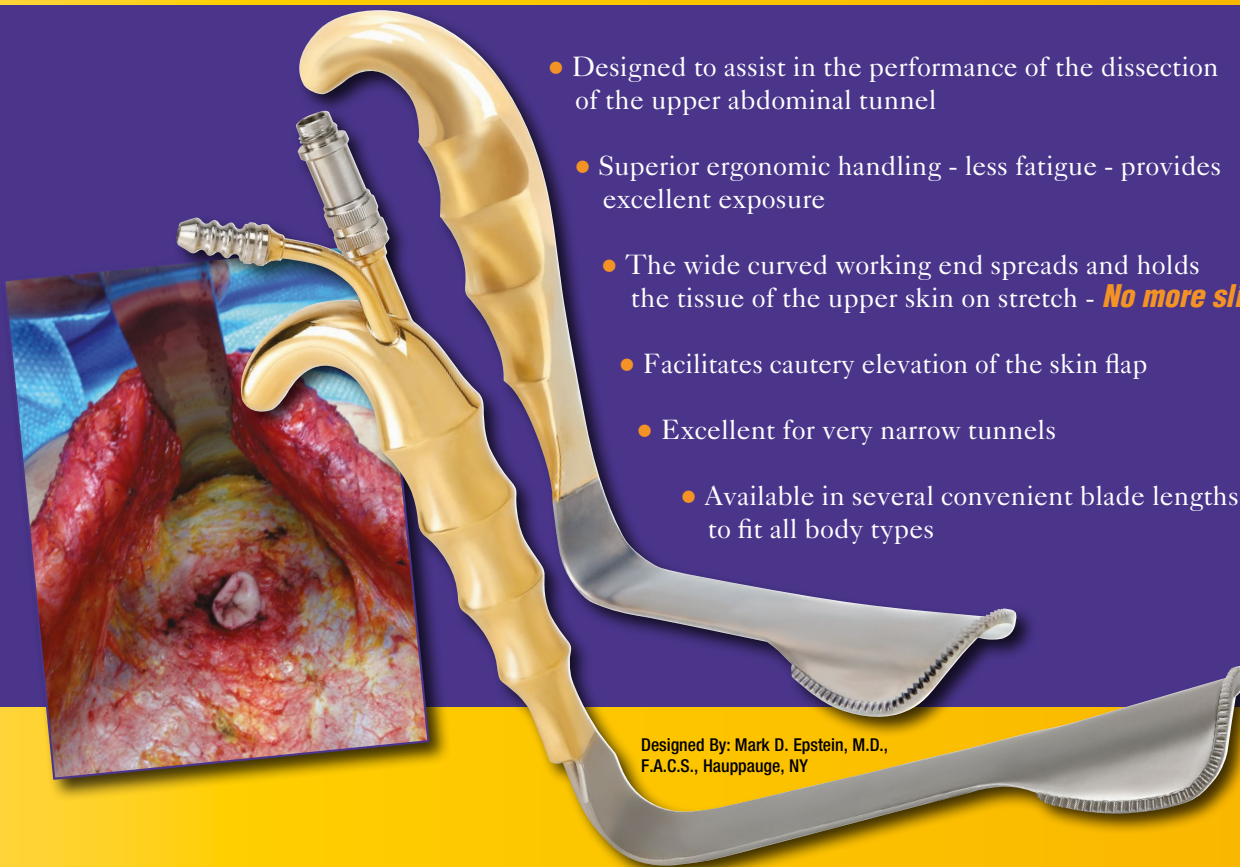
Sincerely,

Ozan Sozer, MD  
Chair, ISAPS Education Council



# EPSTEIN®

## ABDOMINOPLASTY RETRACTOR



- Designed to assist in the performance of the dissection of the upper abdominal tunnel
- Superior ergonomic handling - less fatigue - provides excellent exposure
- The wide curved working end spreads and holds the tissue of the upper skin on stretch - **No more slippage!**
- Facilitates cautery elevation of the skin flap
- Excellent for very narrow tunnels
- Available in several convenient blade lengths to fit all body types

Designed By: Mark D. Epstein, M.D.,  
F.A.C.S., Hauppauge, NY

**ASSI.ABR31726**

**80 x 27mm** blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR31826**

**110 x 27mm** blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR32026**

**140 x 27mm** blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR31926**

**160x27mm blade** with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR32226**

**240 x 27mm** blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR41726**

**80 x 27mm** blade with 60mm wide working end with teeth, fiber optic and ergonomic handle

**ASSI.ABR41826**

**110 x 27mm** blade with 60mm wide working end with teeth, fiber optic and ergonomic handle

**ASSI.ABR41926**

**160 x 27mm** blade with 60mm wide working end with teeth, fiber optic and ergonomic handle

**ASSI.ABR42126**

**140 x 27mm** blade with 60mm wide working end with teeth, fiber optic and ergonomic handle

**ASSI.ABR42226**

**240 x 27mm** blade with 60mm wide working end with teeth, fiber optic and ergonomic handle

**ASSI.ABR51726**

**80 x 27mm** blade with 60mm wide working end with teeth, fiber optic and suction with ergonomic handle

**ASSI.ABR51826**

**110 x 27mm** blade with 60mm wide working end with teeth, fiber optic and suction with ergonomic handle

**ASSI.ABR51926**

**140 x 27mm** blade with 60mm wide working end with teeth, fiber optic and suction with ergonomic handle

**ASSI.ABR52126**

**160 x 27mm** blade with 60mm wide working end with teeth, fiber optic and suction with ergonomic handle

**ASSI.ABR52226**

**240 x 27mm** blade with 60mm wide working end with teeth, fiber optic and suction with ergonomic handle



**accurate surgical & scientific instruments corporation**  
800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378  
Info: [assi@accuratesurgical.com](mailto:assi@accuratesurgical.com) • Orders: [orders@accuratesurgical.com](mailto:orders@accuratesurgical.com)  
[www.accuratesurgical.com](http://www.accuratesurgical.com)

Not all ASSI products shown in our literature or on our website are available for sale in Canada





# ISAPS GLOBAL ALLIANCE PARTNERS

1. **ALBANIA**  
Albanian Society of Plastic Surgery (ASPS)
2. **ALGERIA**  
Algerian College of Plastic and Aesthetic Surgery (CACPRE)
3. **ARGENTINA**  
Sociedad Argentina de Cirugía Plástica Estética y Reparadora (SACPER)
4. **AUSTRALIA / NEW ZEALAND**  
Australasian Society of Aesthetic Plastic Surgeons (ASAPS)
5. **AUSTRIA**  
Österreichische Gesellschaft für Plastische, Ästhetische und Rekonstruktive Chirurgie (ÖGPÄRC)
6. **AZERBAIJAN**  
Society of Plastic Surgery Azerbaijan (SPSA)
7. **BANGLADESH**  
The Society of Plastic Surgeons of Bangladesh (SPSB)
8. **BELGIUM**  
Royal Belgian Society for Plastic Surgery (RBSPS)
9. **BOLIVIA**  
Sociedad Boliviana de Cirugía Plástica Estética y Reparadora (SBCPER)
10. **BRAZIL**  
Sociedade Brasileira de Cirurgia Plástica (SBPC)
11. **BULGARIA**  
Bulgarian Association of Plastic, Reconstructive and Aesthetic Surgery (BULAPRAS)
12. **CANADA**  
Canadian Society for Aesthetic Plastic Surgery (CSAPS)
13. **CHILE**  
Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
14. **CHINA**  
Chinese Society of Plastic Surgery (CSPS)
15. **COLOMBIA**  
Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
16. **CYPRUS**  
Cyprus Society of Plastic, Reconstructive and Aesthetic Surgery (CysPRAS)
17. **CZECH REPUBLIC**  
Czech Society of Aesthetic Surgery (CSAS)
18. **CZECH REPUBLIC**  
Czech Society of Plastic Surgery (CSPS)
19. **DENMARK**  
Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
20. **DOMINICAN REPUBLIC**  
Sociedad Dominicana de Cirugía Plástica Reconstructiva y Estética (SODOCIPRE)
21. **EASAPS**  
European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
22. **ECUADOR**  
Sociedad Ecuatoriana de Cirugía Plástica, Reconstructiva y Estética (SECPRE)
23. **EGYPT**  
Egyptian Society of Plastic and Reconstructive Surgery (ESPRS)
24. **ESAPS**  
European Society of Aesthetic Plastic Surgery (ESAPS)
25. **ESPRAS**  
European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS)
26. **FINLAND**  
Suomen Esteettiset Plastiikkakirurgit r.y. (SEP)
27. **FRANCE**  
Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
28. **GEORGIA**  
Georgian Society of Plastic Reconstructive and Aesthetic Surgery (GEOPRAS)
29. **GERMANY**  
Deutsche Gesellschaft der Plastischen, Rekonstruktiven und Ästhetischen Chirurgen e.V. (DGPRÄC)
30. **GERMANY**  
Vereinigung der Deutschen Ästhetisch-Plastischen Chirurgen (VDÄPC)
31. **GREECE**  
Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
32. **GUATEMALA**  
Asociación Guatemalteca de Cirugía Plástica Estética y Reconstructiva (AGCPER)
33. **HUNGARY**  
Hungarian Society for Plastic, Reconstructive and Aesthetic Surgery (HSPRAS)
34. **INDIA**  
Indian Association of Aesthetic Plastic Surgeons (IAAPS)
35. **INDONESIA**  
Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons (InaPRAS)
36. **IRAN**  
Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
37. **IRELAND**  
Irish Association of Plastic Surgeons (IAPS)
38. **ISAPS**  
International Society of Aesthetic Plastic Surgery (ISAPS)
39. **ITALY**  
Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
40. **ITALY**  
Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
41. **JAPAN**  
Japan Society of Aesthetic Plastic Surgery (JSAPS)
42. **JORDAN**  
Jordanian Society for Plastic and Reconstructive Surgeons (JSPRS)
43. **KAZAKHSTAN**  
Kazakhstan Society of Aesthetic and Plastic Surgery (NSAPS)
44. **KOREA, SOUTH**  
Korean Society for Aesthetic Plastic Surgery (KSAPS)
45. **KUWAIT**  
Kuwait Society of Plastic Surgeons (KSPS)
46. **LATVIA**  
The Latvia Plastic Surgery Society (LPSS)
47. **LEBANON**  
Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
48. **MACEDONIA, NORTH**  
Macedonian Association of Plastic, Reconstructive and Aesthetic Surgeons (MAPRAS)
49. **MALAYSIA**  
Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS)
50. **MEXICO**  
Asociación Mexicana de Cirugía Plástica Estética y Reconstructiva (AMCPER)
51. **MOROCCO**  
Société Marocaine des Chirurgiens Esthétiques Plasticiens (SOMCEP)
52. **NETHERLANDS**  
Nederlandse Vereniging voor Esthetische Plastische Chirurgie (NVEPC)
53. **NICARAGUA**  
Asociación Nicaragüense de Cirugía Plástica (ANCP)
54. **NORWAY**  
Norwegian Society for Aesthetic Plastic Surgery (NSAPS)
55. **OMAN**  
Omani Society of Plastic, Reconstructive and Aesthetic Surgery (OSPRAS)
56. **OSAPS**  
Oriental Society of Aesthetic Plastic Surgery (OSAPS)
57. **PAKISTAN**  
Pakistan Association of Plastic Surgeons (PAPS)
58. **PANAMA**  
Asociación Panameña de Cirugía Plástica, Estética y Reconstructiva (APCPER)
59. **PERU**  
Sociedad Peruana de Cirugía Plástica (SPCP)
60. **PHILIPPINES**  
Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
61. **POLAND**  
Polish Society of Plastic, Reconstructive and Aesthetic Surgery (PSPRAS)
62. **PORTUGAL**  
Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
63. **QATAR**  
Qatar Society of Plastic Surgery
64. **ROMANIA**  
Romanian Aesthetic Surgery Society (RASS)
65. **RUSSIA**  
Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
66. **RUSSIA**  
Russian Society of Plastic, Reconstructive and Aesthetic Surgery (RSPRAS)
67. **SAUDI ARABIA**  
Saudi Plastic Surgery Care Society (SPSCS)
68. **SAUDI ARABIA**  
Saudi Scientific Association for Plastic Surgery and Burns
69. **SERBIA**  
Serbian Society of Aesthetic Plastic Surgeons (SRBSAPS)
70. **SERBIA**  
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
71. **SINGAPORE**  
Singapore Association of Plastic Surgeons (SAPS)
72. **SOUTH AFRICA**  
Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
73. **SPAIN**  
Asociación Española de Cirugía Estética Plástica (AECEP)
74. **SPAIN**  
Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
75. **SWEDEN**  
Swedish Society of Aesthetic Plastic Surgery (SFEP)
76. **SWITZERLAND**  
Schweizerische Gesellschaft für Ästhetische Chirurgie (SGAC)
77. **SWITZERLAND**  
Swiss Society of Plastic, Reconstructive and Aesthetic Surgery (SSPRAS)
78. **TAIWAN**  
Taiwan Society of Aesthetic Plastic Surgery (TSAPS)
79. **TAIWAN**  
Taiwan Society of Plastic Surgery (TSPS)
80. **THAILAND**  
Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
81. **TURKEY**  
Turkish Society of Aesthetic Plastic Surgery (TSAPS)
82. **UKRAINE**  
Ukrainian Association of Plastic, Reconstructive and Aesthetic Surgeons (UAPRAS)
83. **UKRAINE**  
Ukrainian Society of Aesthetic Plastic Surgeons (USAPS)
84. **UNITED ARAB EMIRATES**  
Arabic Association of Surgical and Medical Aesthetics (AASMA)
85. **UNITED ARAB EMIRATES**  
Emirates Plastic Surgery Society (EPSS)
86. **UNITED KINGDOM**  
British Association of Aesthetic Plastic Surgeons (BAAPS)
87. **UNITED KINGDOM**  
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
88. **UNITED STATES**  
American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
89. **VENEZUELA**  
Venezuelan Society of Plastic, Reconstructive, Aesthetic and Maxillofacial Surgery (SVCPREM)
90. **VIETNAM**  
Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)





# COMMITTEE REPORT

## ISAPS Governance and Certification Committees

---



**IVAR VAN HEIJNINGEN, MD - BELGIUM**  
Chair, ISAPS Corporate Governance and Policy, and Certification Committees

## GOVERNANCE AND EDUCATION

**ISAPS' mission** is to inspire and nurture excellence in Aesthetic Education Worldwide® for the safety of our patients, which we accomplish primarily through our core activities and organizing and disseminating cutting-edge education and safety worldwide. Therefore, in this newsletter, I focus my attention on **education**.

### AESTHETIC EDUCATION WORLDWIDE®

This is one of the trademarks that define ISAPS as an organization. If we look at education from a governance point of view, some questions automatically come to light:

- What purpose are we serving with education?
- How do we organize and structure education?
- Who do we do it for, and who is involved?
- What is education anyway? What are we teaching?
- How do we approach education?
- How do we teach it?

### WHAT PURPOSE ARE WE SERVING WITH EDUCATION?

That is easy – we want to provide our members with the best education on aesthetic plastic surgery. But at the same time, promote patient safety.

### HOW DO WE ORGANIZE AND STRUCTURE EDUCATION?

We have developed several educational platforms, including our Congress, ISAPS Courses, Symposia, Webinars, Online

Video Library, *Aesthetic Plastic Surgery* Journal, Fellowships, Visiting Professor Program, and ISAPS Olympiad, to name a few. There are many ways to organize these educational channels, and ensuring they are structured for straightforward and uncomplicated access can be challenging. For instance, we must try to make our existing content more accessible with better-structured online learning initiatives and make it more mobile-friendly. In addition, we always strive to offer virtual educational opportunities exploring new ways of sharing and exchanging knowledge, such as our Webinar and Meet the Expert series for residents. The next avenue we intend to pursue is mentorship, another great way to provide counsel for aspiring surgeons.

### WHO DO WE DO IT FOR, AND WHO IS INVOLVED?

Our specialty has long been “For plastic surgeons and by plastic surgeons,” but the world is changing and evolving, and many other specialties have adopted and developed aesthetic procedures, and new methods, including non-surgical techniques. This interchange has allowed other core specialties to teach us and provide collaborative opportunities for joint educational events. While it is beneficial, this development has the Board of Directors divided as to what extent we can expand this while keeping all sensitivities in check, with the main focus being on our members. The groups that need the most education are the residents and young plastic surgeons, so implementing programs to support them is a high priority.



## WHAT IS EDUCATION ANYWAY? WHAT ARE WE TEACHING?

Education as a profession has changed as well, and defining exactly what knowledge and skills are needed to be a quality aesthetic plastic surgeon is where it all starts. The Certification Committee is working with the Education Council to define clear modules to teach all the existing procedures on basic, intermediate, and advanced levels. Procedures have historically been the mainstay of teaching, but we are now aware that other areas are just as important, if not more so. After all, what use is a perfectly executed procedure if this results in an unhappy patient? So, more emphasis must be placed on patient assessment, managing expectations, and educating patients. We, plastic surgeons, must also learn to take care of ourselves. We must learn leadership skills to manage our patients and maintain a healthy work-life balance, including business skills and our responsibility to work in a safe environment.

## HOW DO WE APPROACH EDUCATION?

Quality education can only be implemented with integrity and ethics. We must avoid conflicts of interest and be transparent about our position as faculty. Since we are an international organization, we must be very aware of cultural diversity and teach with respect regarding these differences. Analyzing the audience is critical before organizing an educational event, but whom we choose as faculty is equally important. A healthy gender balance, experienced, well-known teachers, and giving a chance to younger colleagues create a well-rounded faculty. We must also be aware of the local versus international perspectives, including language, where sometimes the local language is the preferred choice.

## HOW DO WE TEACH IT?

What we teach must be clear and cover all topic facets. The modular approach should help us to provide the best coverage of related aspects of all procedures: face, breast, body-contouring, and non-surgical, and should cover newer areas such as genital surgery, regenerative medicine, injection academy, leadership training, and business skills. Also, “train the trainer” programs must get more attention to prepare for the future.

We execute the job practically by being better defined with clear policies and Terms of Reference so that we can do this in the best possible and most transparent way.

**Governance** helps us to do the right thing in the right way.

Just as **Aesthetic Education** must be ensured for all levels of training: learning, teaching, and sharing aesthetics!

Yours in governance and education,



Ivar van Heijningen, MD  
Chair, ISAPS Corporate Governance and Policy, and  
Certification Committees



# COMMITTEE REPORT

## ISAPS Membership Committee

---



**ANDRE CERVANTES, MD - BRAZIL**  
Chair, ISAPS Membership Committee

Dear Friends and Colleagues,

I am delighted to share my first communication with you as ISAPS Membership Committee Chair. It is a privilege to serve as the elected membership chair under Dr. Lina Triana's presidency, and I would like to acknowledge the past Chair, Dr. Vakis Kontoes, for the terrific work he has done over the past four years.

The primary purpose of the ISAPS Membership Committee is to develop the Board of Directors (BOD) strategy for membership development and growth and to oversee changes to ISAPS' Membership Policy.

I am delighted to introduce the nominated Committee members for 2023/2024 and their roles according to our Terms of Reference ([see page 16](#)).

The roles of the Committee members are to:

1. Adjudicate any disputed membership applications forwarded by the Executive Office.
2. Interact with the ISAPS National Secretaries to ensure the proper admission criteria are adhered to.
3. Inform the BOD of any recommended actions involving the continued eligibility of current members.
4. Support the Ethics Committee, if required, with investigations of complaints against members.
5. Resolve objections to recently admitted new members and initiate an investigation with the ISAPS National Secretaries if necessary.
6. Approve Fast Track group admissions.

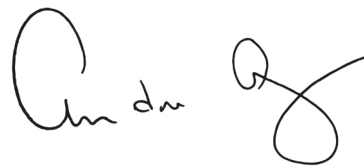
We have been receiving more applications every day, and the retention rate is high, keeping ISAPS as one of the largest

plastic surgery societies in the world, with more than 5,000 members, based on the breakthrough education in aesthetic surgery and the comprehensive portfolio of benefits that ISAPS provides for its members.

Moreover, one of the main tasks of our Committee within the past few months has been to reach out to regions where ISAPS is under-represented, and due to the hard work of our group, we have already received the first applications from countries such as Cambodia, Albania, and Ghana!

Please download our brochure [HERE](#) and help us to engage practicing surgeons within the plastic surgery community and increase our big family!

Sincerely,



Andre Cervantes, MD  
Chair, ISAPS Membership Committee



# THE NEW ISAPS MEMBERSHIP COMMITTEE



Central America  
Dr. Luis Moreno  
(Panama)



US & Canada  
Dr. Alexandra Conde-Green  
(US)



Northern Europe  
Dr. Naveen Cavale  
(United Kingdom)



Middle East and Africa  
Prof. Hussein Abulhassan  
(Egypt)



South America  
Dr. Andre Cervantes  
(Brazil)



Southern Europe  
Dr. Vakis Kontoes  
(Greece)



India  
Dr. Manoj Khanna  
(India)



Southeast Asia  
Dr. Sanguan Kunaporn  
(Thailand)



Australia & New Zealand  
Dr. Frank Lin  
(Australia)





# COURSE REPORT



**HUSSEIN ABULHASSAN, MD - EGYPT**  
ISAPS National Secretary

A very successful **ESPRS Annual Conference** and **Endorsed ISAPS Course on “Advances in Aesthetic Surgery”** was held in Cairo, Egypt, in early March 2023.

As a continuation of our previous four courses and symposia conducted in Cairo in the last eight years, this event following the pandemic was a great educational chance for our Egyptian plastic surgeons and friends from all over the world to get together.

The outstanding scientific program was conducted by our elite ISAPS faculty (**Figure 1**), including Drs. Patrick Tonnard from Belgium, Ricardo Ribeiro from Brazil, Peter



*Figure 1: Dr. Ewa Siolo, South Africa, lecturing on male chest wall aesthetics.*

Scott and Ewa Siolo from South Africa, Catherine Bergeret-Galley from France, Mazen Al-Ghoul from Jordan and Sebastien Garson from France, along with our dear Greek friends, Drs. Apostolos Mandrekas and Vakis Kontoes.

The extensive three-day program included the most recent advancements in almost all fields of aesthetic surgery, shared by presentations from our talented Egyptian plastic surgeons.

Final attendance was recorded at 690 plastic surgeons of all generations and countries, including Egypt, Sudan, Saudi Arabia, Kuwait, Iraq, and colleagues from Europe.

Our guests enjoyed the pleasant, sunny weather of Cairo. They were able to visit the famous Pyramids, attend the soft opening of the Great Egyptian Museum, explore downtown, and see the renovated Cairo Museums and the newly opened Museum of Ancient Egyptian Civilization (**Figures 2-6**).



*Figure 2: Faculty Gala Dinner in the historical Cairo Citadel.*

I want to extend my gratitude and appreciation to all our ISAPS faculty members for their efforts and dedication to the success of our Course. I am also thankful to our ESPRS Board for giving us a chance to join their Annual Meeting and use much of the entire three days.

I thank Prof. Hisham El Minawi, our Assistant National Secretary, for his efforts, contributions, and involvement in all the event details.

The meeting was an excellent opportunity to promote ISAPS’ values in high standards of surgical practice, the importance



*Figure 3: Camel riding in Pyramids trip.*



of high patient safety measures, and the expected standard levels of the surgical facilities.

I hope we can continue these scientific events in regional areas and invite young surgeons to attend and update their knowledge and experience.



Figure 4: Faculty enjoying the Pyramids & Sphinx visit.



Figure 6: Sunny Cairo and magnificent pyramids background with our faculty visit.



Figure 5: Papyrus ISAPS certificates at the event were phenomenal.



# 5TH NORWEGIAN AMERICAN AESTHETIC HYBRID MEETING (NAAM5) AND 2ND NORWAY'S ISAPS SYMPOSIUM: OCTOBER 27-28, 2023, OSLO, NORWAY

---



**AMIN KALAAJI, MD, PHD - NORWAY**  
Assistant Chair, ISAPS National Secretaries



Dear Friends and Colleagues,

The Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) are pleased to invite you to **the 5th Norwegian American Aesthetic Surgery Meeting, in combination with 2nd Norway's ISAPS (International Society for Aesthetic Plastic Surgery) Symposium October 27-28, 2023.**

This happens after the success of the previous four Norwegian American Aesthetic Surgery Meetings in Oslo, since 2015. The last NAAM4 in 2021 had more than 170 participants from more than 20 different countries, and this year will be no exception in worldwide attendance.

We are proud to announce that we have already gathered superb faculty from ASAPS colleagues, together with other Norwegian, Nordic, European, and international faculty colleagues. We can proudly announce a superb list of contributors:

Jennifer Walden, US; Kiya Movassaghi, US; Francisco Bravo, Spain; Ozan Sozer, US; Lina Triana, Colombia; Elizabeth Hall-Findlay, Canada; Timothy Marten, US; Mark Jewell, US; Gabriele Miotto, US; Amin Kalaaji, Norway; Nora Nugent, UK; Giuseppe Visconti, Italy; Mary Jewell, US; Fabian Cortiñas, Argentina; Bernard Mole, France; Nazim Cerkes, Turkey; Lars Frich, Norway; Heikki Kupi, Finland; Gudjon Gunnarsson, Norway; Sebastian Garson, France; Anadi Begic, Norway; Kye Higdon, US; Ali Mojallal, France; Bárbara Machado, Brazil; Tine Damsgaard, Denmark; Frederik Koelle, Denmark; Fredrik Gewalli, Sweden; Igor Niechajev, Sweden; Joris Van Dongen, Netherlands; Valerio Cervelli, Italy; Wafaa Mradmi, Morocco; Ewa Siolo, South Africa; Mario Mendanha, Portugal; Luis Macias, US; Claudio Bernardi, Italy just to name a few.





FACULTY IN ALPHABETICAL ORDER



**AS PER TRADITION, THE PROGRAM WILL BE DIVIDED INTO EIGHT SPECIFIC SESSIONS**

Face; breast (two sessions, including the latest on ALCL and BII and updates on recent innovations/long-term results from the leading breast implant brands); regenerative surgery, stem cells, and fat grafting; body contouring surgery including BBL; quality of life in aesthetic surgery; patient

complaints; patient safety, including morbidity and mortality in combined/high-risk procedures in aesthetic surgery; postbariatric (MWL patients); practice management; and aesthetic medicine.

Special emphasis will be given to recent developments and new techniques in facial, breast, and body contouring aesthetic surgery, with video presentations and course-





based lectures by world-renowned surgeons, both for beginners and for the most advanced plastic surgeons. The two-day meeting will feature many educational lectures. For more details, [click here](#).

### MEETING VENUE

The meeting will be held in the beautiful Oslo Military Society location in the very center of Oslo, and just a short walk to all attractions and facilities. Be sure to take advantage of the many attractions, including the beautiful capital of Norway, with its fjords and natural surroundings. Late October can be sunny and usually, about 16°C (60°F), with clear skies and a chance of rain.

### FEES AND REGISTRATION

*\*Special registration fees for the following societies:*

American Society of Aesthetic Plastic Surgery (ASAPS)  
 Argentinian Society of Aesthetic Plastic Surgery  
 Brazilian Society of Aesthetic Plastic Surgery  
 British Society of Aesthetic Plastic Surgery (BAAPS)  
 Canadian Society of Aesthetic Plastic Surgery  
 Colombian Society of Aesthetic Plastic Surgery  
 Danish Society of Aesthetic Plastic Surgery  
 Finnish Society of Aesthetic Plastic Surgery  
 French Society of Aesthetic Plastic Surgery (SOFCEP)  
 Indian Association of Aesthetic Plastic Surgery  
 International Society for Aesthetic Plastic Surgery (ISAPS)  
 International Society of Plastic and Regenerative Surgeons (ISPRES)  
 Italian Society of Aesthetic Plastic Surgery  
 Moroccan Society of Aesthetic Plastic Surgery  
 Netherlandish Society of Aesthetic Plastic Surgery

Norwegian Society of Aesthetic Plastic Surgery  
 Portuguese Society of Aesthetic Plastic Surgery  
 South African Society of Aesthetic Plastic Surgery  
 Spanish Society of Aesthetic Plastic Surgery  
 Swedish Society of Aesthetic Plastic Surgery  
 Turkish Society of Aesthetic Plastic Surgery  
 United Kingdom Association Aesthetic Plastic Surgeons (UKAPS and CAPSCO)

[Click here to register](#) or go to [www.naam.no](http://www.naam.no) and scroll down to registration.

### Advanced registration ends August 15, 2023.

There will be a faculty/Congress dinner on Friday, October 27, 2023. Please consider registering for that as well, for an additional 120 USD.

**This meeting is a milestone in a collaborative effort to elevate the goals of aesthetic surgery, with more focus on research, quality of life, patient satisfaction, and developing the best standard of care. This joint meeting is a solid foundation for a scientific gathering at the highest international level.**

A second announcement with a preliminary program will follow soon. For more information and registration please visit: [www.naam.no](http://www.naam.no).

We look forward to this exciting meeting and seeing you in Oslo this October 27-28, 2023!

**Sincerely,**

**The 2023 Meeting Committee**

*Amin Kalaaji MD, PhD (Chair), Timothy Marten, MD (Honorary Co-Chair), Francisco Bravo, MD, PhD, Tine Wingsternes, MD, Georg Panczel, MD, Ståle Buhagen, MD, NSAPS*



# 3RD MULTISPECIALTY INTERNATIONAL REGENERATIVE SURGERY COURSE IN GHENT, BELGIUM



ALEXIS VERPAELE, MD - BELGIUM



PATRICK TONNARD, MD - BELGIUM

On May 4 and 5, 2023, Dr. Alexis Verpaele and his Associate, Dr. Patrick Tonnard, hosted the [3rd Multispecialty International Regenerative Surgery Course in Ghent, Belgium](#) (Figure 1). The course is the continuation of two previous meetings in London (2019) and Istanbul (2021) hosted by Drs. Tunç Tiryaki and Steve Cohen.

The idea behind the meeting is to bring together the newest ideas involving regenerative surgical techniques with applications in many surgical specialties like plastic surgery, dermatology, aesthetic physicians, gynecologists, urologists, and dental and orthopedic surgeons.



Figure 1: The medieval historical center of Ghent.

The meeting started with a session on **“Science and Technology of Anti-Aging,”** a rapidly evolving subspecialty long considered a poorly understood medical branch with marginal scientific evidence. During the last decade, however, an explosion of scientific research has taken place, and some fascinating anti-aging molecules like metformin, NAD boosters, rapamycin, and a wide variety of senolytics and telomerase activators have come into play that could potentially slow down the aging process. A remarkable introduction to the science of anti-aging was given by Dr. Tim Papadopoulos, who very brightly dissected how evolution has led to the mechanism of aging and how this system can be hacked.

The whole idea of regenerative surgery fits into this concept. Nowadays, regenerative surgeons don't just want to turn the clock back and make us look younger with rejuvenation techniques, but they also want to make that clock tick slower with regenerative techniques. It all started more than 20 years ago when Dr. Patricia Zuk discovered the presence of mesenchymal stem cells in adipose tissue.

Later Drs. Tonnard and Verpaele proposed their technique for mechanical dissociation (nanofat) for isolating stromal vascular fraction cells from fat aspirated by simple liposuction. Many variations followed, and nowadays, we start talking about cell-free fat extracts with similar regenerative potential to cell-based therapies. The question arises whether we can treat our patients with exosomes, intracellular hormones, and cytokines. This is opening doors to a very challenging and interesting future, which was addressed in the **“Is the future cell-free?”** session.



Figure 2: Convivial discussions of sessions 'at the café'.

The meeting also featured an 'almost live surgery session' where the surgeon commented on prerecorded, edited videos. This is a very interesting and cheaper version of live surgery sessions, which provides condensed information in a practical and manageable format.

The course went on as a high-quality 'boutique' meeting with an emphasis on interesting high-level discussions (Figures 2 and 3). Consequently, many participants quoted





Figure 3: Beautifully reconstructed meeting room in the 500-year-old Saint-Pieters Abbey.

the gathering as a ‘think tank’ on this new paradigm. The invited faculty did a tremendous job focusing not so much on basic surgical technique but on the benefits of combining surgery with regenerative procedures, like nanofat micro-needling (Drs. Tonnard and Verpaele), exosome injections (Drs. Diane Duncan and Annarita Agovino), hair restoration (Dr. Katarina Andjelkov), genital regenerative procedures (Drs. Elisa Berdondini and Patricia Gutierrez-Ontalvilla), and regenerative chemical peels (Dr. Richard Bensimon). In addition, Dr. Marco Pellon presented his Salamander Project about fat-mediated epi-morphogenesis for extremity reconstruction.

Dr. Kotaro Yoshimura presented his hybrid surgery for breast reconstruction, Dr. Ramon Lull introduced us to his mind-blowing research on mechanically dissociated fat, and Drs. Cohen and Tiryaki offered their extensive experience with incorporating regenerative techniques into the surgical armamentarium.

The social activities introduced us to the medieval history of Ghent with a real crossbow shooting and a historical dinner in the medieval castle in the center of the town. Everybody went home with a smile and plenty of refreshing new ideas and some regenerative gems. This meeting will be repeated; see you in June in Miami next year, where Dr. Cohen will host the meeting!



# ISAPS JOURNAL

## MESSAGE FROM THE EDITOR-IN-CHIEF



**BAHMAN GUYURON, MD, FACS - UNITED STATES**  
Editor-in-Chief, *Aesthetic Plastic Surgery*

Dear ISAPS Members,

I hope you will notice that the Journal volume is reducing, and I am getting the number of published articles in the correct direction. The Journal volume is a challenge because of the tremendous increase in submissions and our limitation due to bimonthly publication. We are not exactly where I would like to be, but the discussion with the publisher is on the right course, and we are likely to go to a monthly publication which certainly will help with the volume of the Journal. We are also discussing some options and solutions that will be instrumental in reducing the volume to what would be optimal.

We are still looking for reviewers in the fields of genital, gender affirmation, and oculoplastic surgery. If any of you are interested, please send me an email at [bguyuron@guyuron.com](mailto:bguyuron@guyuron.com)

After serving seven years as the Editor-in-Chief, I submitted my resignation to the ISAPS Leadership in December and agreed to stay on for an additional six months to offer sufficient time to the Journal Oversight Committee to find a new Editor-in-Chief. The process is ongoing, and I am hopeful that there will be an announcement soon about



the new Editor-in-Chief, which will help a seamless transition that I am hoping for and am committed to.

My deepest gratitude goes to the entire group of members of the Journal Editorial Board and the ISAPS Leadership for helping me to propel the Journal in the right direction and to those of you who have unselfishly devoted your precious time to writing, submitting, and reviewing the articles and the discussion.

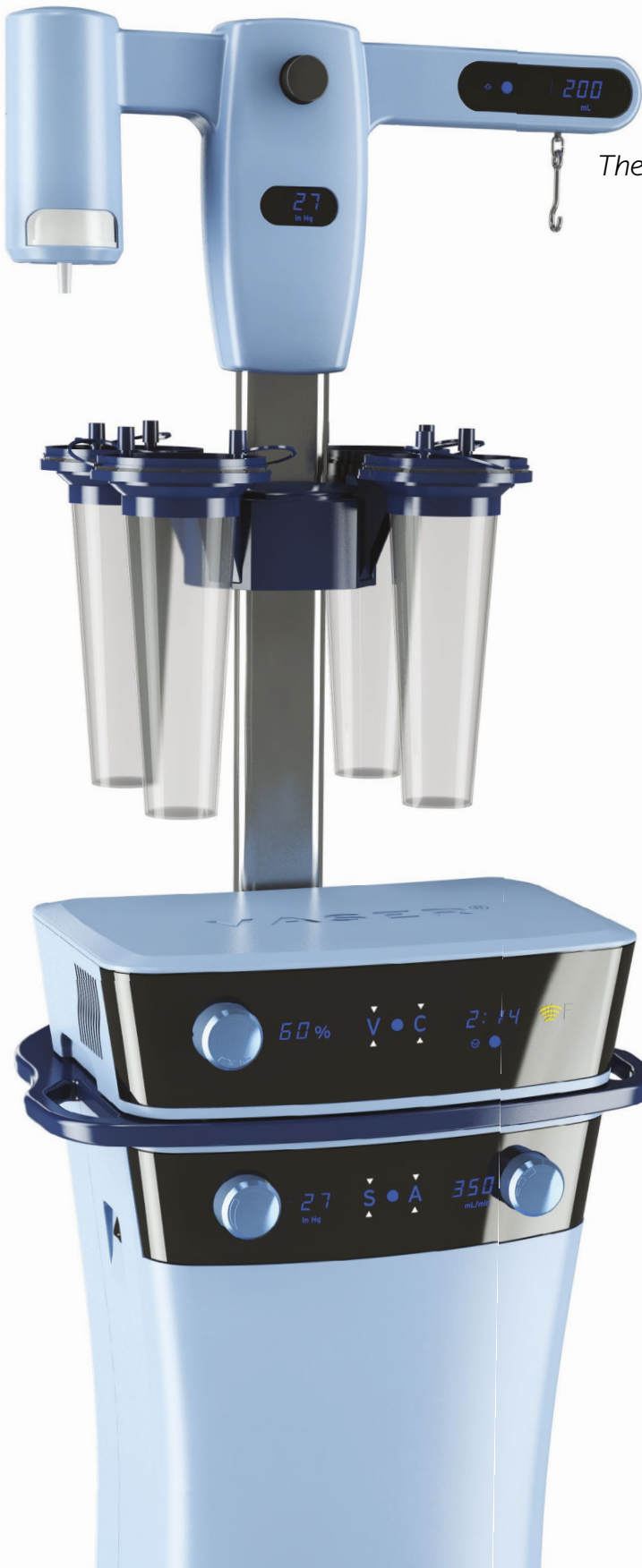
My tenure has been an incredible journey and certainly another enormously fulfilling chapter in my life. I would like to take this opportunity to extend my profound appreciation to Sarah Johnson, ISAPS

Executive Director, for her extremely effective leadership and her role in reaching our shared objective for the Journal.

Sincerely,

**Bahman Guyuron, MD, FACS**  
Editor-in-Chief, *Aesthetic Plastic Surgery*





The latest generation of ultrasound-assisted liposuction systems

## VASER® IS ADVANCING THE SCIENCE OF LIPOSUCTION BY:

- Improving the body contouring procedure over traditional liposuction<sup>1,3</sup>
- Treating multiple areas in a single procedure
- Enhancing skin retraction compared to traditional liposuction<sup>1,2</sup>
- Reducing pain, swelling and downtime in comparison with traditional liposuction<sup>1</sup>
- Offering precise body-sculpting and facilitating access to fibrous areas<sup>1</sup>
- Preserving the viability of harvested adipocytes for optimal Autologous Fat Transfer<sup>4</sup>



SOLTA MEDICAL®

@VaserEurope @SoltamedicalEurope

#### REFERENCES

- 1 - Di Giuseppe, A. (2016). Vaser Abdominal Contouring. In: Di Giuseppe, A., Shiffman, M. (eds) Aesthetic Plastic Surgery of the Abdomen. Springer, Cham.
  - 2 - Prendergast, P.M. (2012). Body Contouring with Ultrasound-Assisted Lipoplasty (VASER). In: Prendergast, P., Shiffman, M. (eds) Aesthetic Medicine. Springer, Berlin, Heidelberg.
  - 3 - Schafer ME, Hicok KC, Mills DC, Cohen SR, Chao JJ. Acute adipocyte viability after third-generation ultrasound-assisted liposuction. Aesthet Surg J. 2013 Jul;33(5):698-704.
  - 4 - Fisher C, Grahovac TL, Schafer ME, et al. Comparison of Harvest and Processing Techniques for Fat Grafting and Adipose Stem Cell Isolation. Plast Reconstr Surg. 2013;132:351-361.
- ®/™ are trademarks of Bausch Health Companies Inc. or its affiliates. ©2022 Bausch Health Companies Inc. or its affiliates. VASER® is a Medical Device CE 0344. Please read the Instructions for Use (IFU) / User Manual for important product use and safety information related to Solta Medical® devices.

BE AN ORIGINAL. SHAKE UP THE WORLD OF LIPO.





RICCARDO F. MAZZOLA, MD - ITALY

# JEAN-JACQUES PERRET (1730–1784): THE MOST RENOWNED SURGICAL INSTRUMENT-MAKER OF THE 18TH CENTURY AND THE INVENTOR OF THE SAFETY RAZOR

Jean-Jacques Perret ranks among the most renowned surgical instrument-makers of all time and is regarded as the inventor of the safety razor.

## LIFE

The son of a poor cutler, Jean-Jacques Perret, was born in Béziers, France, in 1730. At the age of 12, having finished the apprenticeship with his father, he left his home city and moved to Paris, France, where he worked in the workshop of the most renowned master cutlers of the capital, and he soon learned how to handle steel and to make surgical instruments of superior quality and high perfection.

To achieve this goal, he attended anatomy courses at the School of Medicine of Paris, becoming a prominent anatomist at 23. One day, at a dissection course, he noticed that a student was complaining about the quality of his surgical instrument. He replaced it immediately with a new tool, perfectly finished, coming from his own laboratory. The student was Claude-Nicolas Le Cat, a future eminent Parisian surgeon, who was very impressed and grateful for this unexpected gift. With Le Cat, Perret established tight cooperation, dissecting regularly with him, thus considerably improving the manufacture of new surgical instruments.

The workshop, located in Rue de la Tixéranderie, in Paris, was the busiest in the capital, with a continuous production

of surgical instruments and razors, including scalpels, probes, lithotomes, forceps for childbirth, and burrs for the trephine, refined and perfected by Perret.

Twenty workers could not meet all the demands of the most distinguished French surgeons of the period. They included Claude-Nicolas Le Cat (1700–1768), Jean Sauveur Morand (1697–1773), royal censor and inspector of military hospitals, and Henry-François Le Dran (1685–1773). No major operation was undertaken without Perret being informed. His fame reached Spain, England, Germany, Italy, and Russia.

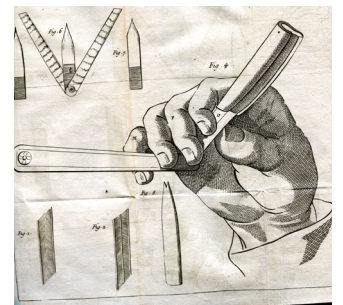


Figure 1: The "rasoir à rabot" (safety razor). The straight razor with the blade surrounded by a wooden sleeve.

Perret gained the esteem of the Royal Academy of Surgery by presenting the most complete set of surgical instruments available at that time to the Assembly. When he passed away in 1784, his reputation was unsurpassed.

## WORKS AND LEGACY

Jean-Jacques Perret is regarded as the inventor of the safety razor, or "rasoir à rabot", inspired by a carpenter's plane. In 1762, he conceived the idea of the guard razor,



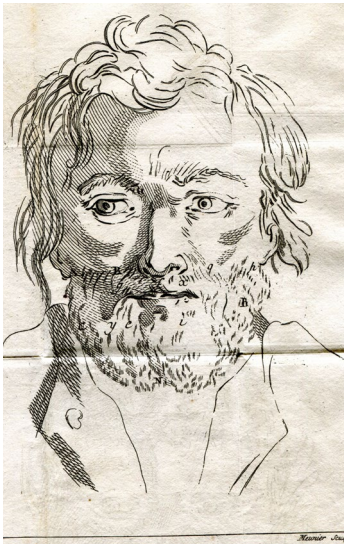


Figure 2: With the letter B, Perret indicates the point where to start cutting the beard.

which consisted of a wooden sleeve that enclosed the blade of an ordinary folding straight razor, allowing only a small portion of the edge to protrude (Figure 1). He claimed that the person could safely shave using this device without fear of injuries and of accidentally slicing off a portion of the ear while trimming one's beard (Figure 2).

Perret emphasized that it was crucial to have the blade perfectly sharpened. For this, he recommended and presented how to have

an instrument always sharp and how to maintain the blade's integrity (Figure 3). He said, "Pour rendre donc à l'opération de la barbe moins fatigante et surtout moins douloureuse, il faut que le rasoir soit assez aigu pour trancher net," translating to, "To make the operation of the beard less heavy and painful, it is crucial to have the razor perfectly sharp to cut precisely."

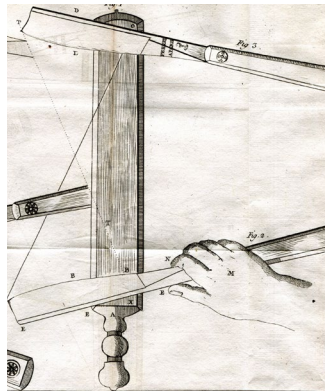


Figure 3: The technique to sharpen the blade.

The razor became fashionable in France and abroad. He described his razor in his book, "**La Pogonotomie, ou l'Art d'apprendre à se raser soi-même** avec la manière de connoître toutes sortes de Pierres propres à affiler tous les outils ou instruments; & les moyens de préparer les cuirs pour repasser les rasoirs, la manière d'en faire de très bons; suivi d'une Observation importante sur la Saignée!" (Figure 4). This translates to,

"Pogonotomie, or the art of learning to shave oneself, with how to know all kinds of clean stones to sharpen the tools or instruments, and how to prepare the hides for iron razors, how to make some very good ones, followed by an important observation on bleeding."

He manufactured and sold his safety razor but apparently did not patent it. A few years later, a similar razor was sold in Germany, claiming that it was based on a new idea conceived in England. In **La Pogonotomie**, Perret supplied details regarding new surgical instruments he created for different indications, including hernias, lithotomy, gynecology, and cataract. **La Pogonotomie** enjoyed numerous editions and translations.

In 1772, he contributed to the series "Description des Arts et Métiers" (Description of Arts and Crafts), published by the Académie Royale des Sciences (Royal Academy of Sciences) with an essay on "L'Art du coutelier, expert en instruments de Chirurgie"<sup>2</sup> (The Art of the cutler, expert in surgical Instruments), where he described the different surgical instruments available at that time, that were invented and manufactured by him.

The first part of the work describes the cutlery technique, whereas the second deals with manufacturing surgical instruments, including those devoted to dissection and beard shaving (razors). Finally, the third part includes a description of surgical instruments in general.

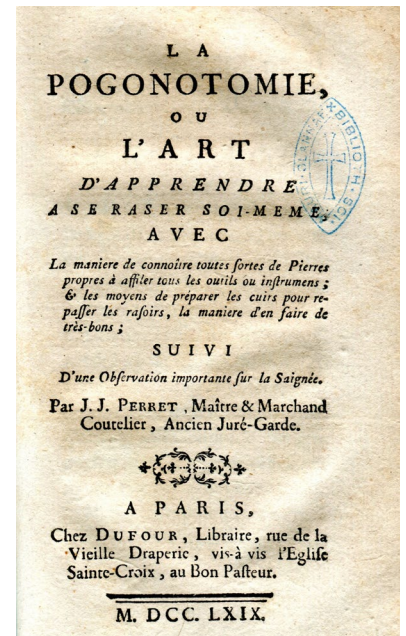


Figure 4: Title page of "La Pogonotomie", published in 1769.

REFERENCES:

1. Perret JJ. La Pogonotomie, ou l'Art de Apprendre à se Raser Soi-Même. Paris; Dufour, 1769
2. Perret JJ. L'Art du Coutelier, Expert en Instruments de Chirurgie. Paris; Delatour, 1772



# GERMAN ISAPS MEMBERS CONTINUE SUCCESSFUL PARTNERSHIP WITH SÃO TOMÉ AND PRÍNCIPE



MARTIN SCHREIBER, MD - GERMANY

After a successful start of a lasting cooperation with the local health authorities of São Tomé and Príncipe in the Gulf of Guinea, a team of ISAPS members continues their approach of sustainable specialist cooperation in the nationwide undeveloped field of Plastic, Reconstructive, and Hand Surgery with the Hospital Ayrez de Menezes in São Tomé in March and April 2023 (*Figure 1*).

German ISAPS member and **board-certified plastic and hand surgeon** Dr. Martin Schreiber, with two German physicians, Drs. Norina Cornelius, anesthesiologist, and



Figure 1: Aerial approach of São Tomé and Príncipe.

Jeremias Schmidt of the Plastic Surgery Division from Bergmann Hospital in Potsdam pursued an interprofessional, intercultural, and interdisciplinary healthcare partnership

with the local staff of the public hospital. The collaboration was to provide treatment options for severely injured or disabled patients who would otherwise never receive proper treatment in their home country.



Figure 2: Daily ward round of the team with local staff to implement standards of care.

Slightly distracted by infrastructural challenges such as power shortages during the operations, lack of sufficient disinfectants, or the difficulties for patient transport throughout the island of São Tomé, the team around Dr. Schreiber spent almost 25 hours in surgery, plus countless additional hours examining more than 45 new patients and following-up in an outpatient-clinic and the ward.



Figure 3: Operating theatre with German plastic surgeons and local staff of complex surgery.

As a matter of great importance, the team organized ward rounds (*Figure 2*) and teaching sessions in the operating room (*Figure 3*), which local students and doctors greatly appreciated. Additionally, the accompanying anesthesiologist Dr. Cornelius introduced the first successful regional anesthetics in Plastic and







Figure 4: International team with a young patient suffering from syndactyly/ pre-op.

Reconstructive Surgery to the hospital. The team was greatly supported by Dr. Leonilde Carvalho of the local hospital staff, who prescreened the first operative patients for the team and was in close pre-visit contact with Dr. Martin to organize this mission (Figure 4).

Indications for surgery in this second mission were follow-up operations for severely burned patients of all ages with difficult skin contractures and threatening functional deficits. Another highly demanding condition were children with congenital malformations of their hands, mostly syndactyly on one or both hands, whom the team could successfully operate on.

The surgeons encountered various other conditions, including substantial benign soft tissue tumors, chronic wounds, and general plastic surgery, which is not offered throughout the country.

After five days in surgery, the team was able to give multiple options for aftercare (Figure 5) and share their

experience with highly motivated local staff from General Surgery, Anesthesiology, and Child Care to follow-up on patients and screen others for upcoming missions. Future indications implicate continued opportunities our precious field of Plastic, Reconstructive, Aesthetic and Hand Surgery offers for the very poor amongst us.

The independent Democratic Republic of São Tomé and Príncipe is in the remote Gulf of Guinea around 200 km off the western coast of Gabon in West Africa. With approximately 210,000 inhabitants, São Tomé and Príncipe offers great hospitality and untouched natural beauty. However, since it is in an isolated location in the middle of the Guinean Gulf, the island, has yet to prove its ability to draw the attention of people around the world, promote tourism, and therefore boost the national economy. National GDP counts for 1,900 USD/person (ranked 148), and the human development index ranks 135th.

The team around Dr. Martin was greatly supported ideally, logistically, and through funding by the Chair of the Division of Plastic Surgery of Bergmann Hospital in Potsdam, Dr. Mojtaba Ghods, ISAPS member and past President of Germany’s Annual Plastic Surgery Meeting (DGPRÄC) and the Dr. Knabe Foundation for intercultural exchange.



Figure 5: Young patient receiving a post-operative visit after a successful operation.



# INTRODUCING THE ISAPS LEADERSHIP ACADEMY: A POWERFUL NEW RESOURCE FOR PERSONAL & PROFESSIONAL DEVELOPMENT FOR ISAPS MEMBER SURGEONS

---



ANDY CRAGGS - UK

Andy is a consultant and coach in leadership development and change. He works at the London Business School as a Program Director in Executive Education and advises companies privately across multiple sectors and geographies. His health and medical sector clients include Novartis, Novo Nordisk, Molnlycke, and J&J. He is the author of “The Change Mindset - the Psychology of Leading and Thriving in an Uncertain World” published in 2022, and volunteers his free time to various medical and educational NGOs including the WHO where he supports health initiatives in Africa as a translator and photographer.

## INTRODUCTION

We know that our mission at ISAPS is to inspire and nurture excellence in aesthetic education for the safety of our patients. Our values at ISAPS stress the ability to remain resilient and to succeed in an increasingly complex profession. As such, we are committed to the ongoing education of our members, which is not only about surgery and practice skills, or WHAT we practice, but also HOW we deliver this as surgeons managing ourselves, leading our teams, serving our patients, and bringing our best selves to work. We want to realize our full potential as surgeons as true Leaders in the Aesthetic World.

For this, and in the words of our President Lina Triana, we want to encourage all our members to strive for a leadership approach to their life and work.

## WHAT IS THE CHALLENGE?

Research indicates that medical professionals today suffer disproportionately from overload, burnout, and stress. For surgeons in particular, burnout and stress are a growing challenge.

Worldwide, 60-80% of medical professionals report that they are experiencing difficulty in balancing patient outcomes with their practice, while at the same time maintaining energy, focus, and their own health. Upwards of half of plastic surgeons worldwide reported experiencing burnout.

Yet we all strive to deliver optimal patient outcomes, cope with increasingly complex regulatory and legal constraints, and meet patient expectations while managing and growing our practices.


Our success as surgeons and as ISAPS depends upon our members being at their best both professionally and personally and we feel there is an opportunity now for ISAPS to be a global leader in personal and professional development beyond pure surgical practices.

## HOW WILL THE ACADEMY HELP?


The new ISAPS Leadership Academy is our proposed solution to these challenges. It links directly to our ISAPS Strategy, Vision, Mission, and Values and we hope it will provide an









## Potential Benefits for Members

Some likely surgeon challenges	How the Academy might help
<ul style="list-style-type: none"> <li>✓ Time poor</li> <li>✓ Reactive</li> <li>✓ Fatigued or burnout</li> <li>✓ Poor work/life balance</li> <li>✓ Limited personal development</li> <li>✓ High staff practice turnover</li> <li>✓ Insufficient patient attention</li> </ul>	 <ul style="list-style-type: none"> <li>✓ More effective prioritization</li> <li>✓ Learning to be planful &amp; thoughtful</li> <li>✓ Increasing personal energy</li> <li>✓ Protecting time for important tasks</li> <li>✓ Improving personal skills and resilience</li> <li>✓ Engaging and motivating teams</li> <li>✓ Increasing patient attention and care</li> </ul>



## Potential Benefits for ISAPS

Some possible gaps at ISAPS	How the Academy might help
<ul style="list-style-type: none"> <li>✓ 'Comprehensive Education': limited focus on leadership learning</li> <li>✓ Infrequent best practice sharing</li> <li>✓ Establishing reputation as a progressive and fully relevant organization</li> </ul>	 <ul style="list-style-type: none"> <li>✓ Improved leadership skills and impact</li> <li>✓ Best practice "playbooks"</li> <li>✓ More connected, energized surgeons</li> <li>✓ More structured leadership development</li> <li>✓ Improved reputation and impact and more fully delivering on vision, mission and values</li> </ul>

accessible and impactful set of resources and experiences for you as members.

Since late 2022 the Board of Directors (BOD) has been shaping the Academy concept based on feedback from you as our members and in collaboration with external experts and academics.

I met some of you at the 2022 Women's Symposium in Istanbul and I am excited to now curate our upcoming library

of resources, webinars, and live events under four learning categories in 2023:

- 1. Managing Others** (to include coaching, mentoring, effective feedback, and leading teams).
- 2. Managing Self** (to include presentation skills, executive presence, and building personal power).
- 3. Personal Well-Being** (to include health, work-life balance, stress management, and mindfulness).



#### 4. Strategic Leadership (to include building your practice and career, and creating a long-term vision).

We have started to build a library of online resources in these categories, which we will deliver through:

- Free online resources including books, articles, TED talks, podcasts, and case studies.
- Tools to test and build your skills including self-assessments, checklists, and simple workbooks.
- Short, recorded learning segments on Academy topics with useful frameworks, tools, and cases.
- Curated live virtual webinars with subject matter experts including networking and Q&A.
- Live in-person workshops and teaching sessions during our regional and global ISAPS meetings.

The intention is to provide a simple and accessible set of resources and discussion forums to build your own leadership skills. The online content will be available through the ISAPS website which means you can access it at times that are convenient for self-study at your own pace. Then, our customized Academy video content in 15–20 recorded “learning drops” will focus on practical solutions and tools you can apply right away. Longer virtual webinars of up to one hour will showcase experts while allowing time for networking, Q&A, and external case studies as well as stories from our own ISAPS members. Finally, the face-to-face sessions ensure sharing of experiences between members so we can compare tips and learn best practices while hearing more from trainers and experts.

The overall design aims to provide a variety of formats to suit different learning styles, various learning needs, and your own working schedules. Should you need further training or coaching support in your local practices, you can also contract directly with our partners and experts.

#### HOW DO I BECOME A MEMBER AND WHAT DOES IT COST?

Membership and access to all web resources including learning drops and the live webinars will be free for ISAPS members. There may be costs associated with live in-person events

depending on the content, but these will be communicated with our event invitations. Our intention for the universal membership platform is to help build our next generation of surgeons at ISAPS.

But as we expect ISAPS members to also lead by example, we also expect members to actively share their experiences and successful practices. We will be encouraging you to contribute to the Academy library with short case studies or articles based on your own experiences and application of Academy learning content. We may also ask you to volunteer time for video interviews or to join live panels to discuss Academy topics and lessons in leadership. In this way, we will build a unique global resource library for ISAPS over time. Our Treasurer Dr. Kai Schlaudraff and our President Dr. Lina Triana have already agreed to share their own leadership stories.

#### WHAT'S NEXT?

In 2023 we are focusing on building our initial content library and running our first live and face-to-face learning sessions, including our first webinar on Self-Leadership on July 15, our first live workshop at the ISAPS Olympiad Athens on September 1, and a full-day live workshop in London on December 10. We will circulate details of our 2023 schedule of events in due course.

In the longer term, we may also develop a diploma or certification process which will likely be based on answering MCQs and submitting user-generated content as described above.

In the meantime, if you have questions or feedback about the Academy, we would love to hear from you.

I am excited about the launch of the Academy and want to thank President Lina Triana and the ISAPS BOD for investing in this important initiative.

We look forward to working with you!

Andy Craggs  
Curator/Director, ISAPS Leadership Academy

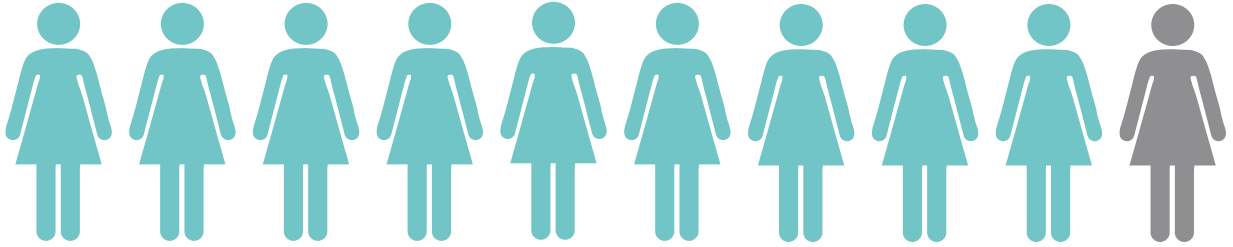
*“Find your passion, so when situations come along, they bring possibilities – be one step higher.”*

*Dr. Lina Triana, ISAPS President (2022-2024)*





# MENTOR® MemoryGel® Xtra Breast Implants



Preferred by 9 out of 10 consumers<sup>1\*</sup>



\* Head-to-head blinded in-person tabletop product comparison (MemoryGel Xtra vs. Inspira Responsive vs. Inspira Cohesive) with 452 respondents.

#### REFERENCES:

1. Mentor Consumer Preference Market Research Report - July 2017.

#### IMPORTANT SAFETY INFORMATION:

MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation, in women who are at least 18 years old, or for breast reconstruction. Breast implant surgery should not be performed in those women with active infection anywhere in their body, those with existing cancer or pre-cancer of their breast(s), those who have not received adequate treatment for these conditions or those who are pregnant or nursing. There are risks associated with breast implant surgery. Breast implants are not lifetime devices and breast implantation are not necessarily a one-time surgery. The most common complications with MENTOR® MemoryGel® Breast Implants include re-operation, implant removal, capsular contracture, asymmetry, and breast pain. A lower risk of complication is implant rupture, which is most often silent. The health consequences of a ruptured silicone gel-filled breast implant have not been fully established. Screenings such as mammography, MRI, or ultrasound are recommended after initial implant surgery to assist in detecting implant rupture. Breast implants are also associated with the risk of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), an uncommon type of lymphoma. An individual's risk of developing BIA-ALCL with MENTOR® Breast Implants is low based on the data currently available on the incidence of worldwide cases.

Your patient needs to be informed and understand the risks and benefits of breast implants, and she should be provided with an opportunity to consult with you prior to deciding on surgery. For detailed indications, contraindications, warnings and precautions associated with the use of all MENTOR® Implantable Devices, please refer to the Product Insert Data Sheet provided with each product or review the Important Safety Information provided at [www.mentorwllc.eu](http://www.mentorwllc.eu).

This publication is not intended for distribution outside of the EMEA region.

The third-party trademarks used herein are the trademarks of the respective owners.

© Mentor Worldwide LLC 2022 134416-220917 EMEA

MENTOR Medical System BV Zernikedreef 2 | 2333 CL Leiden | The Netherlands | [www.mentorwllc.eu](http://www.mentorwllc.eu)



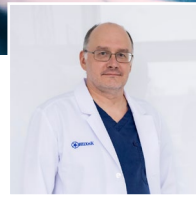


# NIPPLE RECONSTRUCTION: HOW I DO IT





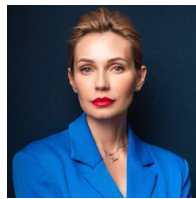
DIANA ALMEIDA, MD - RUSSIA



SERGEY MALYGIN MD, PHD - RUSSIA



DMITRY MELNIKOV MD, PHD - RUSSIA  
ISAPS Assistant National Secretary



JULIA KULIK - RUSSIA

# MODERN NIPPLE-AREOLA RECONSTRUCTION

Nipple reconstruction plays an important role in the final stage of breast reconstruction. It has a direct repercussion on the mental health of the patients and their self-confidence.

When we are talking about the Nipple-Areolar Complex aesthetic reconstruction, it is important to work on symmetry, projection, form, and color. After tissue expands, the atrophic tissue is under high tension, which makes it exceedingly difficult to achieve a good, long-lasting projection of the nipple. In our practice, we approach this problem via hybrid management between surgery and 3D tattoos.

## SURGICAL TECHNIQUE

This surgery is done three months after breast reconstruction. The position is determined by the contralateral breast to achieve the most symmetrical result possible. We usually

use two options to create the projection of the nipple: the widely described C-V flap technique and the free nipple graft from the contralateral nipple, also known as the “nipple sharing” technique. To choose the skin option for each patient, we evaluate the quality and tension of the local skin; if we have enough skin excess, we prefer a C-V flap over a free nipple graft. This procedure is performed under local anesthesia in outpatient facilities (Figure 1).



Figure 1: Patient after nipple reconstruction with C-V flap.



**TATTOO TECHNIQUE**

We have been working for more than 10 years in collaboration with tattoo artists. But only for the last two years, have we started collaborating with a specialist 3D tattoo artist, Julia Kulik, who performs a 3D tattoo technique for the nipple-areolar complex.

This is a permanent, volumetric tattoo in the areola zone, where the pigment lies in the upper layers of the dermis. Hybrid pigments are used for this work, consisting of organic and mineral components. Even on a flat piece of skin, using a palette of certain shades and different techniques and needle configurations, the three-dimensional pattern of the areola and nipple is recreated (Figure 2). When there is



Figure 2: Patient after nipple reconstruction with poor projection. Notice how a 3D tattoo makes a visual illusion of volume, even without real projection, hides the scar in the contralateral breast, and gives symmetry.



Figure 3: Example of a 3D tattoo.



Figure 4: Patient after successful nipple reconstruction and result after 3D tattoo.

a reconstructed nipple, the visual effect is enhanced by the real 3D projection. Both nipple-areolar complexes are tattooed to get the most symmetrical result. The durability of pigments allows the design to last for an extended period, 2-3 years on average. Periodic touch-ups are recommended to maintain the desired look (Figures 3 and 4).

**CONCLUSION**

Even after many years of research and learning through trial and error, the reconstruction of the nipple-areolar complex remains a challenge. We should use all the tools available to get the best result possible for the patient, including partnerships with innovative tattoo artists.

Permanent tattooing during the reconstruction of the nipple-areolar complex achieves a natural result after nipple reconstruction surgery (Figure 5).



Figure 5: Patient after 3D tattoo in a reconstructed nipple with C-V technique and particularly good projection. Notice how the tattoo significantly improves the sense of depth and gives a natural result.



# NIPPLE RECONSTRUCTION USING C-V FLAPS



CEZAR BUZEA, MD - BELGIUM

Nipple reconstruction often represents the final step in the journey of breast reconstruction patients, associated with a higher satisfaction rate for both the patient and the surgeon. However, not all the patients want to have their nipples reconstructed, only 30% in my practice, or they are poor candidates. For some of these patients, I redirect them to a tattoo artist for a 3D tattoo.

My standard procedure is the C-V flap. I perform it under general anesthesia simultaneously with the contralateral breast reduction and areola grafting or under local anesthesia for bilateral cases.

## SURGICAL TECHNIQUE

1. The position of the future nipple is determined, which is 10cm below the upper breast border, on the most prominent point of the breast mound on the side view. I do not usually use the sternal notch to nipple distance since I find this highly variable.
2. The design of the flap. Two lateral triangular V flaps centered by a C flap are drawn. The width of the base of the V flaps will determine the nipple projection while the diameter of the O flap will determine the nipple diameter. I use the contralateral nipple as a guide or in bilateral cases a projection of 15mm and a diameter of 10mm.
3. The surgical site is prepped, and local anesthesia (xylocaine 1% with adrenaline 1:200 000) is injected.
4. The dermofat flaps are raised, and the two V flaps are crossed to create a cylindric structure while the O flap



Figure 1: Case 1, before reconstruction, 3/4 view.



Figure 2: Case 1, after reconstruction, 3/4 view.



Figure 3: Case 2, before reconstruction, 3/4 view.



Figure 4: Case 2, before reconstruction, lateral view.

is used as a lid to cover the cylinder. The donor area is closed directly.

5. The flaps are sutured using 4/0 vicryl et 4/0 ethilon sutures. The latter is taken out in 10 days.
6. The dressing is made from several non-adherent gauzes (melolin) without putting any pressure so as not to crush the newly formed nipple.





**CONCLUSION**

The C-V flap is a quick and reliable technique that can be used in all types of breast reconstruction. I personally use it in autologous/hybrid reconstruction (**Figures 1 and 2**) as well as in implant-based reconstruction (**Figures 3-6**) even in selected cases of patients that had radiotherapy.

Case 1: Delayed breast reconstruction with latissimus dorsi flap and breast implant. Contralateral mastopexy and NAC reconstruction using C-V flaps and areola graft done six months later.

Case 2: Skin-sparing mastectomy with immediate breast reconstruction using pre-pectoral polyurethane implant and lipofilling; NAC reconstruction using C-V flaps done six months later.



Figure 5: Case 2, after reconstruction, 3/4 view.

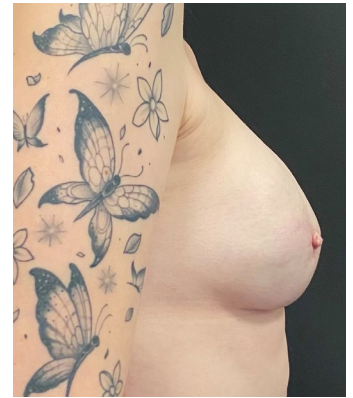


Figure 6: Case 2, after reconstruction, lateral view.



**EARLY BIRD REGISTRATION  
ENDS ON JUNE 29! DON'T DELAY!**

This is your chance to join leading aesthetic plastic surgeons worldwide in the iconic city of Athens.

[Click here to secure your place!](#)

August 31 - September 2, 2023





# NIPPLE RECONSTRUCTION: AXILLARY APPROACH



YHELDA FELICIO, MD - BRAZIL

## INTRODUCTION

The nipple is a sexual region in females and males and contains many nerves, which makes it extremely necessary to avoid scars.

Due to the pathology of the nipple, maintaining the shape is critical. If the nipple is too big, it is necessary to reduce the size, and in this case, to remove breast and fat tissue behind the nipple in the central breast.

Doing this at the glandular level is the best, making sure it is not a deep cut because of the muscle, yet also not a superficial cut because of the skin. It is necessary to maintain approximately 3cm of the subcutaneous tissue behind the nipple to avoid necrosis of the skin.

In all my years of practice, I have never received a patient that wants to enlarge their nipple, so therefore the procedure focuses only on the reduction in size.



Figure 1: Fusiform incision in Axilla.

I have heard of silicone nipple implants and would recommend the inverted nipple technique. Although I have never used it because to date I have not had a patient with silicone nipple implants.

However, I would suggest the Axillary technique which avoids scarring in the nipple (**Figure 1**).

## SURGERY TECHNIQUE

The patient must be in a supine position with open arms, hyperextended. It is not necessary for the patient to remain seated as in other procedures, thus giving greater comfort and safety to the anesthesiologist. Anesthesia may be local, general, or epidural which is decided by the patient.



Figure 2: Glandular leave. Avoiding superficializing so as not to cause burns on the skin, as well as not deepening so as not cut muscle fibers. A radiofrequency scalpel is used to reduce bleeding and help reduce operative time. Breast tissue is removed little by little, differing from conventional techniques where it is removed in a block.

The incision is fusiform, and it skirts the entire armpit. The size of the incision is the same size as the axilla of the patient. The best level is glandular, where the tissue is removed little by little, not in one block as is made in conventional techniques (**Figure 2**), so only necessary glandular and fat tissue is removed.





Figure 3: Frontal view, pre-surgery.



Figure 3a: Frontal view, post-surgery.



Figure 3b: Lateral view pre-surgery.



Figure 3c: Lateral view post-surgery.



Figure 4a: Frontal view, post-surgery.



Figure 4b: Lateral view, pre-surgery.



Figure 4c: Lateral view, post-surgery.

### CONCLUSION

It is necessary to revisit the previously accepted “status quo” of breast surgeries, where it was common for the patient to be left with one to three scars, which is one of the biggest issues with this type of procedure. Performing these new and innovative techniques, like the Axillary approach, avoids scars on the breast and nipple.

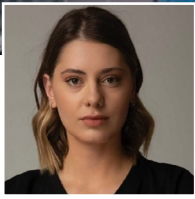
Case 1: Hypertrophy of the breast and nipple. (Figures 3, 3a, 3b, and 3c).

Case 2: Gynecomastia with large nipple. (Figures 4, 4a, 4b, and 4c).

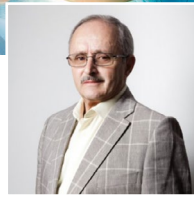
FOOTNOTE:

1. Felicio Y. Axillary Reduction Mammoplasty - Yhelda Felicio's Technique, *Aesthetic Plastic Surgery*. 1997; 21(4): 268-275





MARIAM TSVITSIVADZE, MD -  
GEORGIA



MARLEN SULAMANIDZE, MD, PHD -  
GEORGIA

# NIPPLE RECONSTRUCTION: HOW I DO IT

We often come across the deformities of Nipple-Areolar Complex (NAC), which is usually caused by trauma, or cancer, can occur post-surgery, or be inherent or involutive.

There are many different techniques described for nipple reconstruction, including nipple sharing, nipple banking, local flaps, and nipple augmentation however, their greatest limitation is a lack of lasting projection<sup>1</sup>.

When we come across insufficiently expressed NAC, inverted nipple, and missing nipple, achieving the stability of nipple projection often presents a challenge since in most cases the use of different local flaps, distant grafts, injectable fillers, and allografts cannot create a strong structure for the nipple and the projection is lost over time.

The reasons for this are likely multifactorial and include a lack of structural soft-tissue support within or at the base of the flap, fat necrosis, scar contraction, delayed wound healing or infection, inelastic irradiated skin, and external pressures (e.g. bra)<sup>2</sup>.

The method described in this article is used for the correction of inverted nipples when needed and then for

the creation of nipple projection and its fixation, with a mini-invasive procedure, under local anesthesia, with an almost permanent effect.

## INDICATIONS FOR USE

- Large and non-circular areola
- Insufficiently expressed NAC projection
- Inverted nipple
- Athelia (no nipple)

## METHOD DESCRIPTION

Two methods are used for the correction of an inverted nipple and the creation of nipple projection.

1. For the correction of the inverted nipple, I use specifically designed stainless steel wire attached to the needle (**Figure 1**) and with an easy maneuver, it lets me release the area of inversion.

Anatomically, other than the ducts, we come across numerous ligaments under the nipple<sup>3</sup>. One of the reasons





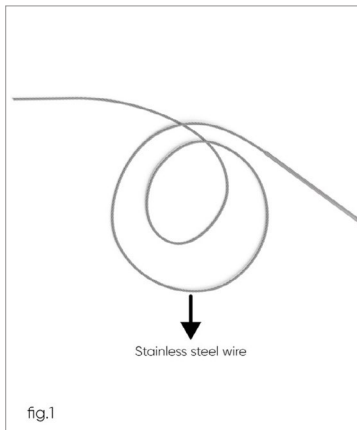


Figure 1: Designed stainless steel wire attached to the needle.

2. The method used for nipple augmentation, projection, and shape creation preserves nipple sensitivity, avoids the disturbance of vascularization, and with a simple technique, in most cases, creates a permanent effect.

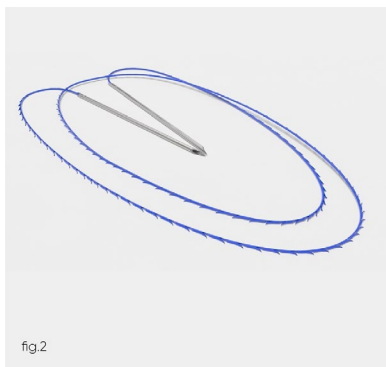


Figure 2: Both tips of the needles are sharp, to allow easy movement and turn of the needle under the skin.

for an inverted nipple is the tightening of ligaments, which need to be torn. A patient must be informed that there is a risk of losing nipple sensitivity.

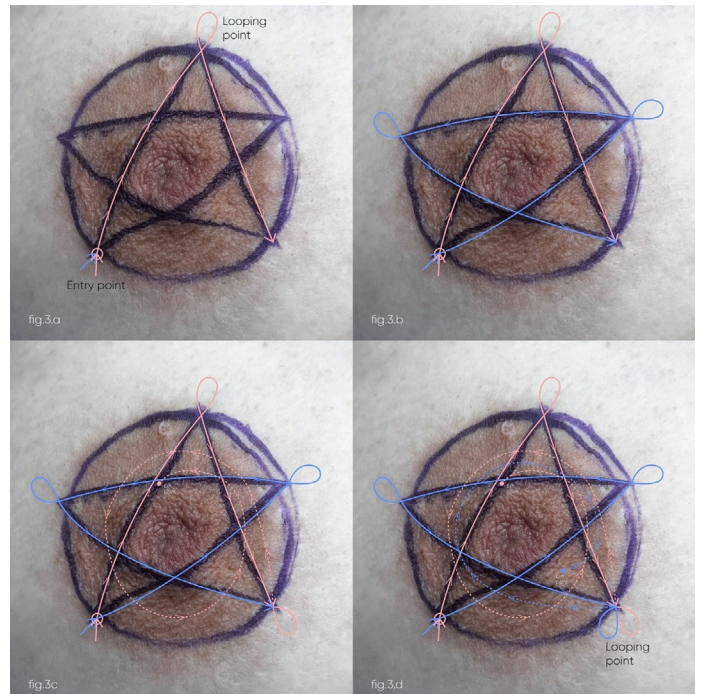
Nevertheless, this problem is generally expressed after reconstruction, reduction of mammoplasty, and trauma, and the patients pay more attention to the aesthetic results.

The product I use for the correction of the NAC complex, is a prolene thread 2.0, 50cm that has bi-directional barbs along its length and is attached to the 7cm needles from both sides, and both tips of

the needles are sharp, to allow easy movement and turn of the needle under the skin (Figure 2).

**METHOD DESCRIPTION**

- Marking: draw a star-like shape around the inside of the areola, which will serve as a guide for directions for both needles and the thread. Repeating the drawn shape allows us to change the shape and configuration of the areola and most importantly create nipple projection.
- We choose one entry point for both needles under the skin. Afterward, we separate the needles and begin to move in accordance with the markings. The first needle is inserted and directed upward of the vertical triangle of the marked star shape (Figure 3a), and on the tip of the triangle, we turn the needle to create a loop and



Figures 3a, 3b, 3c, and 3d.

proceed downward of the marking. The second needle is directed toward the horizontal triangle, where at the end of its path it connects with the first needle (Figure 3b).



Figure 4: Tighten the tissues as much as possible to achieve hypercorrection so that the final result can be stable.

- From the point of connection of the two needles, we start a circular movement with a few turns of the needle, close to the nipple, in opposite directions to each other (Figures 3c and 3d). After creating the loops, we pull the thread, which lets us narrow the areola and in turn pushes the nipple up. We try to tighten the tissues as much as possible to achieve hypercorrection so that the final result can be stable (Figure 4). These wrinkles will be corrected within 2-3 weeks (Figure 5).





- Challenges of the technique: while using this needle, it is very important not to let it exit the tissue on the looping point. In case of its exit, we will lose the layer, and it is technically impossible to return to the exact same layer, which can cause dimpling. In such a case it is preferred to start the technique from the beginning. Advice: bring the tip of the needle 0.3cm closer to the looping point and turn.



Figure 5: Wrinkles corrected within 2-3 weeks.

## CONCLUSION

This method helps us create NAC shape, size, and position. The technique of the movement lets us create a stable nipple base which provides a permanent effect. It is easy to perform technically, does not have complications, and the patient satisfaction rate is high.

---

## REFERENCES:

1. Gougoutas AJ, Said HK, Um G, Chapin A, Mathes DW. Nipple-Areola Complex Reconstruction, [141\(3\):p 404e-416e, March 2018](#)
2. Bostwick's Plastic & Reconstructive Breast Surgery, 3rd Edition, [128\(3\):p 806-807, September 2011](#)
3. Khoo C. The Art of Aesthetic Surgery: Principles and Techniques. *Ann R Coll Surg Engl.* 2007 Jul; 89(5): 558. doi: 10.1308/003588407X202173d. PMID: PMC2048647





# GERMAN EXPERTS IN HA SINCE 2001

As **pioneers** in body fillers, our drive to innovate through synergetic technologies and progressive solutions has resulted in 2 complete ranges: **HYAcorp & Genefill**.

Certified with the **CE mark (2409)** both brands are used for the full spectrum of facial and body applications in over 70 countries, providing plastic surgeons with an additional tool to change their patients' lives.

- **30 Min Procedure**
- **Minimal Risk**
- **Minimal Downtime**
- **Quick Results**

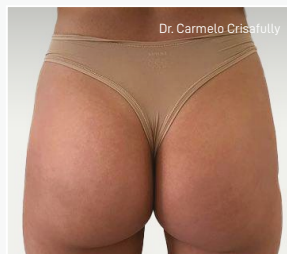


## HYACORP

High-end range, a firmer gel made from crosslinked and non-crosslinked hyaluronic acid to contour and restore the volume with long-lasting results.



BEFORE



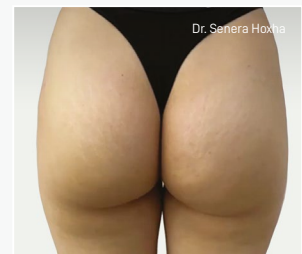
AFTER

## GENEFILL

Versatile range with a softer gel that integrates with the skin to provide natural results.



BEFORE



AFTER

# GUEST ARTICLE FROM ISAPS PLATINUM GLOBAL SPONSOR

## Bio | SCIENCE



**PATRICIA GUTIÉRREZ-ONTALVILLA, MD - SPAIN**  
ISAPS Assistant National Secretary

---

## THE ULTIMATE GUIDE TO HAND REJUVENATION WITH HYALURONIC ACID

The hands, besides the face, can be one of the first areas to reflect signs of aging. Sun damage, loss of collagen, and dehydration can all contribute to an aging process that is characterized by the appearance of fine lines, wrinkles, deepening of the dorsal spaces, and prominence of extensor veins and tendons along with age spots producing age-related stigmata on the hands. However, this should not be an issue for patients anymore because nowadays, there is an effective solution: hand rejuvenation with hyaluronic acid, which is a safe, non-surgical, and increasingly popular cosmetic procedure. Noteworthy, patients are looking for hand rejuvenation that complements facial youthfulness. Hyaluronic acid (HA), a naturally occurring substance in our bodies, is known for its ability to keep skin looking smooth, hydrated, and elastic. In this ultimate guide, we will focus on most of the important things you need to know about hand rejuvenation, from the benefits and risks to the procedure itself. Whether you're looking to turn back the clock or simply enhance the appearance of your patients' hands, this guide will help. Let's dive in and discover how HA can help you achieve the appearance of smooth, juvenile, and more vibrant-looking hands!

### UNDERSTANDING THE ANATOMY OF THE HANDS

To avoid accidental injury is crucial to understand the characteristic of hand aging and expertise in the anatomy

of the hands before delving into HA hand rejuvenation. The anatomy of the hands is in distinct layers, initiating with the skin, dorsal superficial lamina, dorsal superficial fascia, dorsal intermediate lamina, dorsal intermediate fascia, dorsal deep lamina, and dorsal deep fascia.

Of note, the skin of our hands is very thin, with fewer sebaceous glands than other areas of the body. As a result, the hands become more susceptible to dryness and dehydration, which can exacerbate the appearance of wrinkles, fine lines, age spots, and roughness and dryness of the hands. During the process of hand rejuvenation treatment, it is fundamental to mention that the superficial dorsal lamina is a desirable place for injections since it is a fatty layer deep to the skin, devoid of sensory nerves and major veins.

### COMMON SIGNS OF AGING IN THE HANDS

#### Fine lines and wrinkles

Occurs when our skin loses elasticity and collagen, which can lead to the appearance of fine lines and wrinkles on the back of our hands.

#### Age spots

Also known as liver spots are flat brown spots that appear on the skin as a result of prolonged sun exposure.



### Volume loss

Loss of fat and volume in our hands, which can make the tendons and veins more visible.

### Dryness and roughness

Aging affects the skin on our hands in such a way that may become dry and rough, making it more susceptible to cracks and wrinkles.

### HOW HA WORKS TO REJUVENATE THE HANDS?

BioScience's HYAcorp MLF1 dermal filler is a biphasic HA filler optimized for this indication. The number of benefits that HA can provide is significant as it is a natural substance already produced in our bodies. The most outstanding benefits include increasing hydration, as HA is a potent humectant, meaning it attracts and retains moisture in the skin when used for hand rejuvenation. Thus, it reduces the appearance of wrinkles. In addition, as it induces collagen and elastin formation, HA fills the grooves between veins and tendons. Therefore, improving skin texture, elasticity, and certainly hands skin tone and appearance. In other words, helps to obtain outstanding juvenile results.

### SUCH A QUICK AND SIMPLE PROCEDURE; WHAT MORE DOES A DOCTOR WANT?

It is a fast and simple procedure that can be performed in-office. BioScience HYAcorp MLF1 hyaluronic acid hand rejuvenation procedure typically takes less than 20 minutes. Patients can return to normal activities immediately following the procedure. The primary key of HA injection is to do it through a single entry point between the wrist and the dorsal aspect using a fan technique with four retrograde threads between the tendons. In addition, it is critical to massage the dorsal area strongly after the injection. Furthermore, and most importantly, patients can achieve natural-looking results that may help to decelerate the aging of the hands.

### WHAT WILL PATIENTS EXPERIENCE DURING THE PROCEDURE?

Prior to treatment, to avoid any ache the patient may experience, a topical anesthetic or ice is applied, while during treatment the patient will experience at the entry site some discomfort. Notably, following the procedure, patients can return to normal activities immediately.

In some cases, patients might develop some swelling and redness in the treated area, but this should subside within a

few hours to a few days. In addition, patients may be advised to avoid strenuous activity and sun exposure in the days following the procedure. BioScience's Patients may feel slight discomfort during the procedure, but this can be treated with topical anesthesia or ice, as mentioned before.

BioScience products have a proven track record of safety in the market and indicated no safety risk issues for this procedure. Nonetheless, it is essential to consider that this is still a medical treatment that could carry some mild potential risks, such as swelling and redness at the injection site, bruising, itching or discomfort, infection, and allergic reaction.

### RESULTS AND LONGEVITY OF HAND REJUVENATION

In order to get a longer result, the doctor should know very well the characteristics of the products he/she uses because choosing the optimal product is critical and will make the difference in both the desired results and the duration of the HA effect.

After the injection, patients can expect an immediate result that can last from 6-12 months, after which patients may choose whether to undergo another hand rejuvenation treatment or not.

### COMBINING HAND REJUVENATION WITH OTHER TREATMENTS

Hand rejuvenation using HA can be combined with other treatments, such as laser resurfacing or chemical peels, to further improve the appearance of the skin of the hands. Patients should consult their healthcare provider to determine which combination of treatments suits their needs.

### TIPS FOR YOUR PATIENTS: HOW TO GET READY FOR THEIR HAND REJUVENATION APPOINTMENT

Before their hand rejuvenation appointment, patients should:

- Avoid blood-thinning medications, such as aspirin and ibuprofen, for at least a week prior to their appointment.
- Avoid alcohol for at least 24 hours prior to their appointment.
- Stay hydrated by drinking plenty of water in the days leading up to their appointment.
- Wear loose, comfortable clothing to their appointment.
- Arrange for transportation to and from their appointment, as they may experience mild discomfort following the procedure.







Figure 1: Hand rejuvenation.

## CONCLUSION AND FINAL THOUGHTS

Many patients seek to eliminate the stigmata of aging hands, such as prominent veins, extensor visibility, and shape irregularity. Two key factors that play an important role in optimal results are a qualified and experienced physician who fully understands the complex anatomy of the hand and optimal dermal filler selection. HYAcorp MLF1 dermal filler, when injected, helps to achieve this youthful and vibrant appearance of the hands. If your patients are interested in HA hand rejuvenation, explain the product and procedure to them to determine if it is the ideal choice. With the right treatment plan, you can achieve the young appearance and radiant hands your patients always dreamed of (*Figure 1*).



The **Quality** you Expect.  
The **Options** you Need.  
The **Peace of Mind** you Demand.



A Confident Choice for Life™



[gcaesthetics.com](http://gcaesthetics.com)

# ISAPS TRAVEL



**GUSTAVO ABRILE, MD - ARGENTINA**  
ISAPS National Secretary

## LOS GLACIARES NATIONAL PARK - SANTA CRUZ STATE, ARGENTINA

Los Glaciares National Park is in the southwest of Santa Cruz Province in the Argentinian part of Patagonia. Comprised of a National Park and a National Reserve, it has a total surface area of 600,000 hectares. Los Glaciares owes its name to the numerous glaciers covering roughly half of



*Figure 1: Perito Moreno Glacier, front view from the mountain.*

the World Heritage Site. Many of these glaciers are fed by the massive South Patagonian Ice Field, the most extensive South American relic of the glaciological processes of the Quaternary Period. In addition, there are impressive glaciers independent of the main ice field. The property, therefore, constitutes a massive freshwater reservoir.

of the World Heritage Site. Many of these glaciers are fed by the massive South Patagonian Ice Field, the most extensive South American relic of the glaciological processes of the

The Upsala, Onelli, and Perito Moreno Glaciers calve into the icy and milky waters of the huge Lake Argentino, which is partly included on the World Heritage Site. The most striking sight is the famous Perito Moreno Glacier (**Figure 1**). This large glacier blocks a narrow channel formed by Lake Argentino thereby raising the water level temporarily. This in turn causes regular thunderous ruptures of the glacier tongue into the lake.

Los Glaciares National Park is embedded into the enchanted and remote mountain landscape of the Patagonian Andes shared by Argentina and Chile. Dominated by rugged granite peaks exceeding 3,000 meters above sea level, the landscape is modeled by massive, ongoing glaciations. About half of the large site is covered by numerous glaciers, many of which belong to South America's largest ice field. Despite the name's focus on the impressive glaciers, there







Figure 2: Perito Moreno Glacier, from a boat view.

is a remarkable landscape diversity encompassing a large altitudinal gradient of more than 3,000m and varying ecosystems.

The glaciers feed the huge mountain lakes of Viedma and Argentino, where the overwhelming beauty of the landscape is epitomized where the Perito Moreno Glacier (Figure 2) meets Lake Argentino. The vast front of the slowly and constantly moving glacier, up to 60 m high, regularly calves bluish icebergs into the waters of Lake Argentino (Figure 3), an audiovisual spectacle attracting visitors from all over the world.



Figure 3: Lago. View of the lake.

Los Glaciares National Park covers major glaciers and high-altitude areas which are difficult to access. This natural protection and the preserved area constitute an important level of permanent conservation at a relatively large scale. Adjacent to the east, where the property transitions into the steppes of the lower elevations near the lakes, there is a National Reserve divided into three distinct units, “Viedma” in the north, a “Central Zone” and “Zona Roca” to the south (Figures 4 and 5). Los Glaciares is situated in the Southern Andes, which are shared with neighboring Chile (Figure 6). The World Heritage



Figure 4: Spegazzini Glacier.



Figure 5: Gerry and Kelly O'Daniel, Arturo and Bertha, Ozan and Marielena Sozer, Gustavo and Luisa Abrile. Sharing this magnificent Spegazzini Glacier in the background.



Figure 6: Patagonia, Santa Cruz State, localization of the Glaciers.

Site is adjacent to the two national parks of Torres del Paine and Bernardo O'Higgins on the Chilean side, effectively forming a contiguous protected area, a complex of impressive scale stretching across the border.







**KEY DATES:**

- **ABSTRACT SUBMISSION:** August 2023
- **REGISTRATION OPENS:** August 2023
- **EARLY BIRD REGISTRATION:** April 11, 2024
- **PRE-CONGRESS DATE:** June 11, 2024
- **MAIN CONGRESS DATES:** JUNE 12-15, 2024



**ISAPS WORLD CONGRESS 2024**  
**CARTAGENA | COLOMBIA**  
**JUNE 11-15, 2024**

# COFFEE & ANECDOTES



## COFFEE WITH CATHERINE FOSS

---

For this issue, we were honored to have had the opportunity to meet with ISAPS' former Executive Director and *ISAPS News* Emeritus Managing Editor, Catherine Foss.

As a former Managing Editor and creator of the *ISAPS News* quarterly magazine, Foss has a plethora of knowledge and perspectives from her tenure at ISAPS and shares her latest achievements and travel adventures. We invite you to grab your coffee and sit with us for an informative and entertaining visit.



**CATHERINE FOSS - UNITED STATES**  
Emeritus Managing Editor, *ISAPS News*

### **ISAPS: When did you join ISAPS?**

**Foss:** During an annual meeting of the Northeastern (US) Society of Plastic Surgeons in Bermuda in 1997, I was approached by Bill Little, then ISAPS' Secretary General, and Tom Davis, the previous Secretary General and the longest serving member of the ISAPS Board in one capacity or another. They both knew me from several plastic surgery societies I was already managing and asked if I would provide ISAPS with administrative support. ISAPS had never had an office or any staff. The job of running the organization was simply passed from one Secretary General to the next. They were of course all busy surgeons, it was a great deal of work, and ISAPS was growing. At the time, the membership was about 800.

It was a contentious decision to hire the first professional administrator, and Bill gave up his "salary" as Secretary General to help support my salary - to satisfy those who were opposing this new concept. With an Executive Office, the staff could concentrate on day-to-day issues that needed constant attention, including membership growth, and it worked. It stabilized the functions of the society and created a permanent address instead of changing every two years. I retired from ISAPS 22 years later.

### **ISAPS: Why did you start *ISAPS News*?**

**Foss:** The organization already had a long-standing arrangement with Springer to produce six yearly issues of an academic journal, but I felt that a more informal





publication that would provide news of the organization and its members and their activities would be a welcome companion to the journal. It started out simply and gained in acceptance and member participation.

**ISAPS: How has it evolved over the years?**

**Foss:** As time passed, new ideas and willing writers appeared, and the newsletter started to grow in both content and professional design. A few regular writers were welcomed, and new features were added along the way – to keep it fresh – until we have a fully professionally edited and graphically pleasing product today.

**ISAPS: How did you decide on topics to include?**

**Foss:** When you produce a publication on a regular schedule, you are constantly looking for new ideas, writers, features, and even advertisers. Clinical topics rotated on a prescribed schedule, and often one idea led easily to another. Virtually no offer to submit an article was refused.

Asking members and others to contribute their knowledge, humor, and writing skills got easier, and just asking for a contribution usually yielded results – and more new ideas.

**ISAPS: What was your favorite part of the newsletter?**

**Foss:** I have to say that the history of medicine, surgery and specifically history related to plastic surgery was what I looked forward to editing the most. I found it fascinating to read about the evolution of the specialty, development of instruments, issues surrounding early dissection, how many astounding artists were involved, and how knowledge was preserved in very expensive to produce, at the time, books and pamphlets – even before many people could read.

Imagine the explosion of information that resulted when Johannes Guttenberg introduced his moveable-type printing press. This of course included books about medicine and surgery that educated future surgeons. My interest led to the writing of a history of plastic surgery with ISAPS Historian Riccardo Mazzola which was a joy to do. The book is due for release this summer.

**ISAPS: Why do you think ISAPS News is important?**

**Foss:** Any publication that preserves for the future what we do on a daily basis is important. Highlighting and celebrating colleagues' accomplishments and sharing their interests on any subject – travel and favorite food included – is gratifying. I love these new features in the current *ISAPS News*.

**ISAPS: What do you think of ISAPS News today?**

**Foss:** I love the design, the richness of the articles and the diversity of engagement by members.

**ISAPS: What advice do you have for members who may want to participate?**

**Foss:** If you love to write about anything, surgical or not, submit an article. Short or long, clinical or not, don't be shy. The editors offer lots of topic suggestions but come up with something new and just do it. If it interests you, chances are good it will interest your ISAPS friends and colleagues too.

**ISAPS: Do you recall a special moment during your time with ISAPS?**

**Foss:** There were so many, but one I have thought about often since it happened was during the Opening Ceremony at the 2002 Congress in Istanbul. I had just finished organizing the National Secretaries before they marched onto the stage with the flags of their country. I climbed up the steps to the top of the auditorium when I heard my name called. A line of chairs had been placed on stage with the names of all the Board members, and they called me to come up first. It was unexpected. I quickly walked back down all the steps and onto the stage.

The chair with my name was right in the middle, and there I sat, alone, until they slowly called other members of the board to the stage, one by one. I said to myself, "Look where you are!" I have said that to myself many times since that day whenever I have been in a special place somewhere in the world.

**ISAPS: What have you been doing since you left ISAPS?**

**Foss:** I thought I was retired. While I no longer have an office, or staff, I am not sitting still. As mentioned earlier, I have worked with Riccardo Mazzola in Milan to write a 600-page book on the history of plastic surgery, due out soon. It features magnificent illustrations, all but four of which come from Riccardo's private collection. I am working on producing a Congress for the International Society of Craniofacial Surgery (ISCFS) in Seattle, Washington (USA) on September 5–8, 2023. I was on a fantastic safari in Africa for three weeks last summer and visited Sri Lanka this past January. I always loved to travel for ISAPS, and that passion has not ceased. I miss my ISAPS friends.





# SPECIAL TRIBUTE GIVEN TO LIFETIME ISAPS MEMBERS



**GUSTAVO ABRILE, MD - ARGENTINA**  
ISAPS National Secretary

On April 14, 2023, during the **XXVI International Plastic Surgery Symposium**, organized by the Plastic Surgery Society of Buenos Aires (SCPBA), Argentina, lifetime ISAPS members received a tribute for their continued commitment to aesthetic surgery.

Presenters included Drs. Ramírez-Montañana, ISAPS President-Elect, Fabian Cortiñas, ISAPS Member-at-Large, Bertha Torres Gomez, ISAPS National Secretaries Chair,



Figure 1: From left to right, Drs. Herrera, Buquet, Cutini, Flaherty, Gagliardi, Juri, Mottura, Ortega, Patane, Sarabayrouse, Zimman, and Viñal.

Gustavo Abrile, ISAPS Residents Committee and National Secretary, and Sergio Korzin, ISAPS Assistant National Secretary for Argentina.

A special tribute was designated to those lifetime members of ISAPS, who for many years shared and continue to share their passion and commitment to education, innovation, and evolution of aesthetic surgery, as well as exemplifying



Figure 2: Dr. Ramírez-Montañana directing reconnaissance.

the ethical values of the specialty.

Recipients included the following doctors: Jorge Buquet, Abel Chajchir, Julio Cianflone, Jorge Cutini, Federico Deschamps Christmann, Guillermo Flaherty, Enrique Gagliardi, Claudio Ghilardi, Jorge

Herrera, Carlos Juri, Hector Lanza, Hector Llobera, Luis Margaride, Carlos Mira, Norberto Morales, Antonio Mottura, Juan Ortega, Jorge Patane, Maria C. Picon, Silvano Pazzotta, Manuel Sarabayrouse, Manuel Viñal, and Oscar Zimman (Figures 1 and 2).

We extend our gratitude and recognition to all of them for their dedication to ISAPS and the specialty.



Figure 2: ISAPS faculty and lifetime members.



# IN MEMORIAM

---

## DR. DAVID O'DONOVAN, FRCSI (1967–2023)



**DR. DAVID O'DONOVAN**  
*written by Dr. John Curran, MD*

It is with great sadness that ISAPS notes the passing of Dr. David O'Donovan FRCSI (Plast). David graduated from the Royal College of Surgeons in Ireland in 1991. After specialist training in Plastic Surgery, he undertook fellowships in Craniofacial Surgery at the Hospital for Sick Children, Toronto, Canada from 1999 to 2002, and in Reconstructive Breast and Aesthetic Surgery at the University of Miami from 2002 to 2004.

David was appointed to the role of Consultant Plastic Surgeon at St. James's Hospital, Dublin and at Children's Health Ireland, Crumlin in 2004. David had special interests in Reconstructive and Aesthetic Breast Surgery, Facial Deformity including Ear Reconstruction in Children and Cutaneous Vascular Anomalies. David served as Ireland's National Secretary to ISAPS from September 2012 to May 2020. David was a gifted and compassionate surgeon, always available to colleagues and patients; he was kind and thoughtful and so much fun. David will be missed greatly by a vast network of colleagues, friends, and by his devoted family.

ISAPS would like to acknowledge the passing of a great surgeon and a great human being and sends its deepest condolences to David's family, colleagues, and friends.

RIP our friend David O'Donovan.



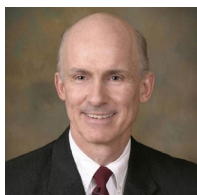
OUR SINCERE CONDOLENCES



# IN MEMORIAM

---

## DR. BRIAN KINNEY, MD (1954–2023)



**DR. BRIAN KINNEY**

*written by Dr. Renato Saltz, MD*

Plastic Surgeons throughout the world are deeply saddened by the loss of one of their dear friends and ISAPS member Dr. Brian Kinney who died on May 6, 2023, in Los Angeles, at the age of 69. He was a great surgeon, inventor, teacher, and a dear friend of the International Plastic Surgery community.

Dr. Kinney earned his medical degree at Tulane University School of Medicine and completed his general and plastic surgery residencies at the University of California, Los Angeles. He also earned a master's in mechanical engineering degree at the Massachusetts Institute of Technology. His Los Angeles-based practice primarily focused on aesthetic surgery, but Dr. Kinney also established a firm international presence, training plastic surgeons from all over the world on minimally invasive procedures and performing live surgeries.

He served at many organizations including The International Aesthetic Society, The Aesthetic Society, The American Society of Plastic Surgeons, and The Plastic Surgery

Foundation as President in 2006. In addition, to more than 30 years of service at many plastic surgery organizations, he also served as an Associate Editor for the Archives of Plastic Surgery, as well as a reviewer for Plastic and Reconstructive Surgery and the Aesthetic Surgery Journal (ASJ).

Dr. Kinney was always very supportive of younger international colleagues as he demonstrated so many times at smaller meetings like The American-Brazilian Aesthetic Meeting (ABAM) where he welcomed the international community and blessed us with his in-depth studies, comments, and amazing scientific presentations.

Dr. Kinney is survived by his wife, Pearl; his sons, Zane, and Zach; two sisters; and one brother.

The international community will miss you, dear friend, rest in peace!





# POLYTECH

Made in  
Germany

## Microthane<sup>®</sup>

Not all polyurethane  
implants are the same

Stability and dependability  
when you need it most

Difference you can feel

# ISAPS Welcomes New Members

## April – June 2023

You can find all degrees of the new members in the membership directory at:  
[www.isaps.org/member-directory](http://www.isaps.org/member-directory)

### 2023 ELECTION OF ISAPS NATIONAL SECRETARY TEAM MEMBERS

The 2023 elections for ISAPS National Secretaries are underway and we have been seeking nominations for candidates, prior to the round of voting, which will start soon. Our National Secretaries assist the Executive Office and the Board of Directors, communicating on their behalf with ISAPS members and other aesthetic plastic surgeons in their country, and play an essential role in our Society. Only ISAPS Active and Life members are allowed to vote in these elections. Please respond promptly if you receive an invitation to vote.

#### Albania

Dr. Kejsi Mersini

#### Argentina

Dr. Jorge D'Angelo  
Dr. Michael Guibert Milito  
Dr. Agustín Reyes Cano Jr.  
Dr. Cristian Zaninovich Sr.

#### Armenia

Miss Gayane Mkhitarian

#### Australia

Dr. Phaethon Karagiannis  
Dr. Henry Shepherd  
Dr. Foti Sofiadellis

#### Austria

Dr. Petra Brinskelle  
Dr. Andrea Planegger  
Dr. Alexander Scharrer

#### Belgium

Mrs. Julie Paternoster

Dr. Virginie Van Boeckel  
Dr. Bob Vermeulen

#### Brazil

Dr. André David  
Dr. Patrick Duran Acosta Sr.  
Mr. Murillo Ferreira Sr.  
Dr. Rachid Gorron Maloof Sr.  
Mr. Renan Marinho  
Dr. Fernando Pereira  
Dr. Thereza Cristina Pignataro Ramos Da Silva  
Dr. Thiago Portugal  
Dr. Felipe Santos  
Mr. Regis Silva

#### Canada

Dr. Todd Dow

#### Chile

Dr. Gabriel Diaz

#### Colombia

Dr. Hugo Aguilar  
Dr. Ricardo Manzur

Dr. Jaime Morales Sr.  
Dr. Daniela Peris Murcia II  
Dr. Mauricio Pineda Valencia  
Dr. Luis Reyes  
Dr. María Rojas Anaya  
Dr. Paola Sedano

#### Costa Rica

Dr. Miguel Alfaro-Dávila  
Dr. Angelica Alvarado  
Dr. Luis Alberto Berrocal-Córdoba  
Dr. Eduardo Brenes-Leñero  
Dr. Manuel Chacón-Quiros  
Dr. Luis Guillermo Gutiérrez Castillo  
Dr. Maria Laura Meza Salas  
Dr. Ronald Pino-King Sr.  
Dr. Christian Rivera-Paniagua  
Dr. Andrés Romero Valverde  
Dr. Esteban Salas Salas  
Dr. Joaquín Sanchez-Caballero  
Dr. Henry Sequeira-Ulate  
Dr. Daniela Vargas-Salas  
Dr. Alfredo Vargas-Villalobos





**Cyprus**

Mrs. Chrysoula Doula  
Dr. Georgina Panopoulou

**Denmark**

Ms. Lotte Poulsen  
Dr. Jes Rødgaard

**Djibouti**

Dr. Liban Abdi

**Dominican Republic**

Dr. Manuel Belen Sr.  
Dr. Yvelise Bello Paredes  
Dr. Rafael Castillo  
Dr. Sergio Guzmán Padilla  
Dr. Jose Leon  
Dr. Disnalda Matos Sr.  
Dr. Severo Mercedes Acosta Sr.  
Dr. Welbin Paredes  
Dr. Alexandrish Rodríguez Tavárez

**Ecuador**

Dr. Felipe Larrea Lara  
Dr. Jose Obando Navas

**Egypt**

Dr. Mohammad Amin  
Dr. Hussein Khedr

**France**

Dr. Patrick Trevidic

**Germany**

Dr. Majed Asaad  
Dr. Katharina Becker Dr.med.  
Dr. Sana Ben Khalifa  
Dr. Oliver Bleiziffer  
Dr. Jessica Hoffmann  
Dr. Andreas Kehrer  
Dr. Maximilian Mahrhofer  
Dr. Lijo Mannil  
Dr. Ilka Meyer  
Dr. Alexander Schürmann  
Mrs. Saskia Tosun  
Dr. Yigitcan Uludag  
Dr. Judith Witzel

**Ghana**

Dr. Warigbani Pieterston

**Greece**

Dr. Ioannis Dalianoudis  
Dr. Christoforos Haritos  
Dr. Nektaria Lambrinaki  
Dr. Glykeria Pantazi

**Hungary**

Dr. Botond Tamás Mihalovits

**India**

Dr. Mrunalini B R  
Dr. Sabyasachi Basu  
Dr. Chisel Bhatia  
Ms. Sharika Chandran  
Dr. Dhruv Chavan  
Prof. Sunil Gaba  
Dr. Sriranjani Iyer  
Dr. Dharmesh J B  
Dr. Ankita Jawanjal  
Dr. Khushboo Kadakia  
Dr. Armaan Khosa  
Dr. Latha Madhavan  
Prof. Brijesh Mishra  
Dr. Akhila Mohan Sr.  
Dr. Saurabh Mohindru  
Dr. Neha Mookim  
Dr. Rupika Nair  
Dr. Sanujit Pawde  
Dr. Harsh Rao  
Dr. Sinnet Roy  
Dr. Samson Samuel  
Dr. Veeramachaneni Seshendra  
Dr. Deepak Shanbhag Jr.  
Dr. Renu Sharda  
Dr. Govind Sharma Jr.  
Dr. Shruti Somani  
Dr. Shiva Sonti  
Dr. Kavya T

**Indonesia**

Dr. Sitha Christine  
Mrs. Amira Danila  
Mr. Aditya Wicaksana

**Iran**

Dr. Mehdi Khalili  
Dr. Alireza Saberi Ghouchani  
Dr. Mohammad Shiasy Jr.

**Italy**

Dr. Arianna Franchi  
Dr. Flavia La Greca  
Dr. Francesca Lolli  
Dr. Umberto Meliga  
Mr. Marco Moraci  
Dr. Vittoria Murone  
Dr. Irene Nunziata

Dr. Paola Pentangelo  
Dr. Stefano Uderzo

**Latvia**

Dr. Marta Rudakovska

**Malaysia**

Dr. Koh Siang Chai

**Mexico**

Dr. Javier Andrade Garduño Jr.  
Dr. Artemio Ayala Esquivel  
Dr. Angel Facio Treviño Sr.  
Dr. Martin Morales Olivera  
Dr. Edgar Peñarrieta Daher  
Dr. Francisco Toledo Gomez  
Dr. Heriberto Valdes

**Morocco**

Dr. Oumnia Ait Benlaassel  
Dr. Chaimaa Ait Oumelloul  
Dr. Wiame Barrou MD  
Dr. Chaymaa Benyamna  
Dr. Chaimaa El Moustakim Jr.  
Dr. Ndeye Yacine Fall  
Dr. Doha Jaadi  
Dr. Driss Kartite Resident  
Dr. Sara Koualla  
Dr. Hajar Lahmidi  
Dr. Anas Meftah  
Dr. Asmaa Moujahid  
Dr. Indou Sagnon  
Dr. Hind Sqalli Houssaini  
Dr. Hamza Tazi  
Dr. Ismail Zine Eddine

**Netherlands**

Dr. Vera Negenborn  
Dr. Joris Van Dongen





**Oman**

Dr. Yousuf Al Balushi

**Peru**

Dr. Sebastian Castañeda Takeuchi Sr.  
Dr. Julio Rodríguez Sagástegui Sr.  
Dr. Johana Sánchez Siancas

**Philippines**

Dr. Oliver Lee  
Dr. Gillian Anthony Mamuric  
Dr. Dana Santos

**Poland**

Dr. Joanna Kulinska  
Mrs. Izabela Ratnicka  
Dr. Slawomir Stepniewski  
Ms. Aleksandra Winiarska  
Dr. Ewa Wozniak-Roszkowska

**Portugal**

Dr. Maria Albuquerque  
Dr. Francisco Caneira  
Dr. Sara Carvalho  
Ms. Patrícia Machado E Costa  
Dr. Miguel Matias  
Dr. Andre Pinto  
Dr. Rafael Rocha

**Romania**

Miss Alexandra Bobaru  
Dr. Bianca-Maria Bradea  
Dr. Leonte Elisa  
Mrs. Ruxandra Iliescu Jr.  
Dr. Noemi Kristo  
Dr. Dmitrii Leontii  
Dr. Adrian Pelinaru

**Russia**

Dr. Justin Olewuezi

**Saudi Arabia**

Dr. Mousa Akkour

**Serbia**

Mr. Dimitrije Pavlovic  
Dr. Dragan Simic

**Singapore**

Ms. Cheryl Hui  
Dr. Natalie Lai

**South Korea**

Dr. Dong Yun Lee  
Dr. Young Jae Lee  
Dr. Bumjin Park

**Spain**

Dr. Pablo Alvarez Buylla  
Dr. Cinzia Grassi Garcia  
Dr. Rubén Hidalgo Caro  
Dr. Joaquim Munoz PhD  
Dr. Marco Romeo  
Dr. Paula Vicente Pardo

**Sweden**

Dr. Christian Ramirez

**Switzerland**

Dr. Carlotta Barbon  
Dr. Claudio Schaller  
Dr. Juan Viscardi

**Thailand**

Ms. Pavinee Annopornchai  
Dr. Kullawit Anothaisatapon  
Ms. Phanita Charuwatthanamongkol  
Ms. Vipawee Chirarachvanich  
Dr. Kawin Cholitgul  
Dr. Phatcharapon Ingpongpan  
Dr. Wasan Janetanakul  
Dr. Kollawat Jaruniphakul  
Mr. Thanachote Kamalampirat  
Dr. Kongsawate Khaogate  
Dr. Thanat Lewsirirat  
Dr. Chotika Luangprasert  
Dr. Chawisa Maleewan  
Dr. Thanaphorn Oonjitti

Miss Amalin Pamarapa  
Miss Natthaphorn Piyasatukit  
Ms. Orapa Pongsri  
Miss Prapasara Prapassorn  
Dr. Nithi Raktasuvarna  
Miss Nattamon Sampattanavorachai  
Dr. Maetas Tangwiwat  
Dr. Phiraya Thaijiam  
Dr. Satit Wangwatcharakul  
Dr. Rachanon Wongwiwatchai

**Tunisia**

Dr. Sirine Tritar

**Turkey**

Mr. Mert Doruk  
Dr. Duygu Sibar  
Dr. Semih Yildiz

**United Arab Emirates**

Dr. Matthieu Beustes-Stefanelli  
Dr. Amani Landoulsi Jr.

**United Kingdom**

Dr. Ali Arnaout  
Mr. Dujanah Bhatti  
Ms. Rong Khaw  
Mr. Andrej Salibi

**United States**

Dr. Serena Day  
Dr. Melinda Haws  
Dr. Nada Khattab  
Dr. Wilmina Landford  
Dr. Kiya Movassaghi  
Dr. Michael Romanelli  
Dr. Diya Tantawi





# ISAPS GLOBAL SURVEY 2022

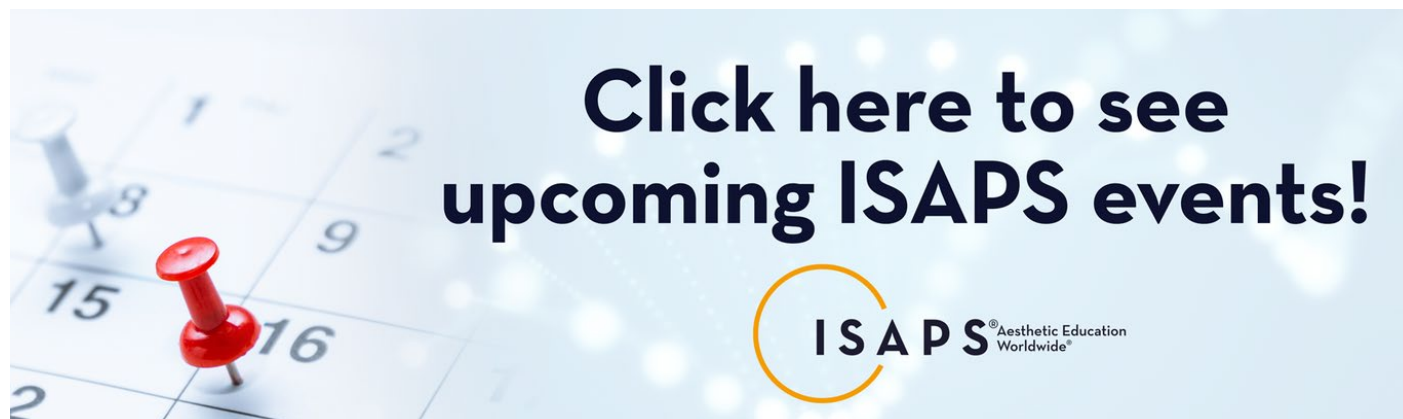
## ISAPS NEEDS YOU!

It is the only international scientific study on aesthetic surgical and non-surgical procedures performed by plastic surgeons, and your participation is imperative for its success.

[Complete the Survey!](#)

The survey is accessible in Spanish and English versions.

# MEETINGS CALENDAR



## ISAPS ENDORSED – MARBELLA INTERNATIONAL PLASTIC SURGERY SUMMER SCHOOL

Dates: June 15–16, 2023  
Location: Marbella, Spain  
Contact: Vanessa Garcia  
Email: [info@oceanclinic.net](mailto:info@oceanclinic.net)  
Website: [www.mipss.eu](http://www.mipss.eu), [www.mipss.eu/program.php](http://www.mipss.eu/program.php)

## ISAPS ENDORSED – V IGUAZU AESTHETIC MEETING

Dates: June 29–July 1, 2023  
Location: Argentina  
Contact: Luisa Bazyluk  
Email: [iguazuastheticmeeting@gmail.com](mailto:iguazuastheticmeeting@gmail.com)  
Website: [www.iguazuastheticmeeting.com](http://www.iguazuastheticmeeting.com)

## ISAPS ENDORSED – THE GLOBAL MASTERS: 3RD JOINT IMRHIS

Dates: June 29–July 2, 2023  
Location: Berlin, Germany  
Venue: Steigenberger Hotel am Kanzleramt  
Website: [www.globalrhinoplastymasters.com](http://www.globalrhinoplastymasters.com)

## ISAPS APS JOURNAL CLUB – TUBEROUS BREAST UPDATE

Date: July 1, 2023  
Location: Online  
Website: [www.isaps.org](http://www.isaps.org)

## ISAPS SYMPOSIUM GEORGIA

Date: July 2, 2023  
Location: Tbilisi, Georgia  
Contact: Mariam Tsvitivadze  
Website: [www.isapssymposiumgeorgia.com](http://www.isapssymposiumgeorgia.com)

## ISAPS ENDORSED – INDIE AESTHETIC SURGERY SUMMIT

Dates: August 26–27, 2023  
Location: Online  
Contact: Jill Fiorella  
Email: [jill.fiorella@duke.edu](mailto:jill.fiorella@duke.edu)  
Website: [www.indieaestheticsurgerysummit.com](http://www.indieaestheticsurgerysummit.com)

## ISAPS OLYMPIAD ATHENS WORLD CONGRESS 2023

Dates: August 31–September 2, 2023  
Location: Athens, Greece  
Email: [registrar@isaps.org](mailto:registrar@isaps.org)  
Website: [www.isapsathens2023.com](http://www.isapsathens2023.com)

## ISAPS ENDORSED – CATBBAS VI

Dates: September 29–October 1, 2023  
Location: Brussels, Belgium  
Venue: Dolce La Hulpe Brussels  
Contact: Muriel Hallet  
Email: [info@medimeet.be](mailto:info@medimeet.be)  
Website: [www.medimeet.be](http://www.medimeet.be)

## ISAPS RESIDENT WEBINAR: BASICS IN RHINOPLASTY – PRESERVATION AND STRUCTURAL

Date: October 7, 2023  
Location: Online  
Website: [www.isaps.org](http://www.isaps.org)

## ISAPS ENDORSED – ADVANCED TECHNIQUES IN FACIAL REJUVENATION

Dates: October 7–9, 2023  
Location: St. Louis, United States  
Contact: Sarah Dawson  
Email: [sarah.dawson@health.slu.edu](mailto:sarah.dawson@health.slu.edu)  
Website: [www.web.cvent.com/event](http://www.web.cvent.com/event)



**ISAPS SYMPOSIUM – THE 5TH NORWEGIAN AMERICAN AESTHETIC HYBRID MEETING (NAAM5) AND 2ND NORWAY'S ISAPS SYMPOSIUM**

Dates: October 27-28, 2023  
Location: Oslo, Norway  
Venue: Meet Ullevaal  
Contact: Amin Kalaaji  
Email: [ami.kal@online.no](mailto:ami.kal@online.no)  
Website: [www.naam.no](http://www.naam.no)

**ISAPS APS JOURNAL CLUB – TIPS FOR SUBPERICHONDRIAL-SUBPERIOSTEAL DISSECTION IN PRIMARY RHINOPLASTY**

Date: November 4, 2023  
Location: Online  
Website: [www.isaps.org](http://www.isaps.org)

**ISAPS RESIDENT WEBINAR: REGENERATIVE MEDICINE**

Date: December 2, 2023  
Location: Online  
Website: [www.isaps.org](http://www.isaps.org)

ISAPS®

THANK YOU TO OUR ISAPS GLOBAL SPONSORS

PLATINUM Sponsor:

- POLYTECH
- MENTOR®
- Bio|SCIENCE

GOLD Sponsor:

- GC Aesthetics™
- VASER®

ISAPS GLOBAL SPONSOR PLATINUM

ISAPS GLOBAL SPONSOR GOLD

**ISAPS® NEWS**  
OFFICIAL NEWS OF THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

**NEXT ISSUE**

**HOW I DO IT:  
SMAS PPLICATION  
FACE LIFT**

To submit an article or for questions, email: [isapsnews@isaps.org](mailto:isapsnews@isaps.org).



**NO. 3**  
VOLUME 17



### ISAPS EXECUTIVE OFFICE STAFF

19 Mantua Road, Mount Royal, NJ 08061  
United States  
Phone: +1 603 212 1679  
Email: [ISAPS@isaps.org](mailto:ISAPS@isaps.org)  
Website: [www.isaps.org](http://www.isaps.org)

#### EXECUTIVE DIRECTOR

Sarah Johnson (United Kingdom)

#### EXECUTIVE ASSISTANT

Pippa Waller (United Kingdom)

#### ACCOUNTING MANAGER

Sean Finnell (United States)

#### OPERATIONS & BUSINESS DEVELOPMENT CONSULTANT

Joanne Joham (United States)

#### HEAD OF MEMBERSHIP SERVICES

Richard Guy (United Kingdom)

#### DIGITAL PROJECTS MANAGER

Laura Lundy (United Kingdom)

#### EVENT MANAGER

Monica Martins

#### DIGITAL & EDUCATION PROJECTS ASSISTANT

Daniah Hagul (United Kingdom)

#### COMMUNICATIONS CONSULTANT

Gemma Moreno (Spain)

#### CRM & CUSTOMER SERVICES COORDINATOR

Alexandra Ceriu (Romania)

#### ADMINISTRATIVE SUPPORT

Christina Baber (United Kingdom)

### ISAPS NEWS MANAGEMENT

#### EDITOR-IN-CHIEF

Arturo Ramírez-Montañana, MD (Mexico)

#### CO-EDITORS

Fabian Cortiñas, MD (Argentina)

Dirk Richter, MD (Germany)

#### MANAGING EDITOR

Jessica Thebo (United States)

#### GRAPHIC DESIGNER

Rudite Stiebre (Germany)

#### EMERITUS EDITORS

J. Peter Rubin, MD, FACS (United States)

Nina Naidu, MD (United States)

#### EMERITUS MANAGING EDITOR

Catherine Foss (United States)

#### DISCLAIMER:

ISAPS News is not responsible for facts, opinions, and other information presented by the authors or advertisers in this newsletter or otherwise. This newsletter presents current scientific information and opinions pertinent to medical professionals. It does not provide advice concerning specific diagnosis and treatment of individual cases and is not intended for use by the layperson. Readers are strongly advised to confirm that the facts, opinions, and other information comply with the latest legislation and standards of practice. ISAPS, the editors, the authors, and the publisher will not be responsible for any errors or liable for actions taken as a result of facts, opinions, and other information expressed in this newsletter or otherwise. Copyright © 2022 by the International Society of Aesthetic Plastic Surgery, Inc. All rights reserved. Contents may not be reproduced in whole or in part without written permission of ISAPS.

### Board of Directors

President  
President-Elect  
Secretary  
Treasurer  
Past President  
Membership Chair  
Member-at-Large  
Member-at-Large  
Member-at-Large  
Member-at-Large  
National Secretaries Chair  
Education Council Chair  
Trustee and Ethics Committee Chair  
Parliamentarian  
Education Council Vice Chair  
Executive Director

Lina Triana, Colombia  
Arturo Ramírez-Montañana, Mexico  
Vakis Kontoes, Greece  
Kai Schlaudraff, Switzerland  
Nazim Cerkes, Turkey  
Andre Cervantes, Brazil  
Fabian Cortiñas, Argentina  
Montserrat Fontbona, Chile  
Tim Papadopoulos, Australia  
Ivar van Heijningen, Belgium  
Bertha Torres Gomez, Mexico  
Ozan Sozer, United States  
Kai Kaye, Spain  
Sanguan Kunaporn, Thailand  
Francisco Bravo, Spain  
Sarah Johnson, United Kingdom

### Standing Committee Chairs

Executive  
Education Council & Scientific Program  
Membership  
Nominating  
Communications, Branding, & PR  
Finance, Investment, & Industry Relations  
Patient Safety  
Journal Operations  
Corporate Governance & Policy  
Bylaws

Lina Triana, Colombia  
Ozan Sozer, United States (Chair) & Francisco Bravo, Spain (Vice Chair)  
Andre Cervantes, Brazil  
Nazim Cerkes, Turkey  
Fabian Cortiñas, Argentina  
Tim Papadopoulos, Australia  
Montserrat Fontbona, Chile  
Arturo Ramírez-Montañana, Mexico  
Ivar van Heijningen, Belgium  
Ivar van Heijningen, Belgium

### Sub-Committee Chairs

Ethics  
Residents' Education & E-Learning  
Website  
Global Survey Editors

Kai Kaye, Spain  
Gustavo Abrile, Argentina  
Patricia Gutierrez-Ontalvilla, Spain  
Gianluca Campiglio, Italy & Arturo Ramírez-Montañana, Mexico  
Ivar van Heijningen, Belgium  
Naveen Cavale, United Kingdom  
Renato Saltz, United States  
Maria Wiedner, Germany  
Gerald O'Daniel, United States

Certification

Social Media

Visiting Professor

Fellowship Program

Journal Club

### Ad Hoc Committee & Focus Group Chairs

Global Accreditation  
Global Alliance Partnership  
Residents  
Humanitarian Programs  
Women Surgeons

Michel Rouif, France  
Lina Triana, Colombia  
Bianca Ohana, Brazil  
Tunc Tiryaki, Turkey  
Fatema Al Subhi, Saudi Arabia





AUGUST 31 - SEPTEMBER 2, 2023

# ISAPS OLYMPIAD ATHENS WORLD CONGRESS

[www.isapsathens2023.com](http://www.isapsathens2023.com)

**REGISTER TODAY & SAVE!**

**EARLY-BIRD DEADLINE: June 29, 2023**

Receive additional discounted rates as an ISAPS member!

## ORGANIZING COMMITTEE



**Dr. Paraskevas  
Kontoes**  
Local Chair



**Dr. Apostolos  
Mandrekas**  
Local Chair

## HIGHLIGHTS:

- Keynote lectures and master classes
- An opportunity to present work and provide plenty of time for discussions
- Best award papers in every category of aesthetic surgery, both minimally invasive and non-invasive
- Exciting social program including the Congress Networking Dinner at Zappeion Megaron

**FULL PROGRAM >>**

