ISAPS® NEWS

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SOCIETY OF AESTHETIC PLASTIC SURGERY

3

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BOARD OF DIRECTORS

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MESSAGE FROM
the Editor-in-Chief

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

ISTANBUL IS WAITING FOR US!

Dear Colleagues and Friends!

We are only a few days away from celebrating our Biennial Meeting in Istanbul, Turkey.

This is already our third issue of the *ISAPS News* quarterly magazine, and we've included some spectacular articles which I'm sure all of you will enjoy. Be sure to check out our Congress section and get ready for next week.

As part of our **Culture** section, we have an article written by Dr. Paul Audi, "The Aftermath of the Beirut Port Explosion: August 4, 2020, at 6:00 pm", where he describes his experience during that frightening time.

As part of the **How I Do It** section, the topic was The Navel, which is an important aesthetic element that we encounter during our abdominoplasty procedures. We received four fantastic proposals from different experts worldwide: Drs. Giuliano Borille, Renato Saltz, Matthias Spiegl, and Francisco Villegas.

As you may know, our President Dr. Nazim Cerkes ends his term this month, and to send him off, we dedicated a special **Thank You** section to him. Contributors include Drs. James Grotting, Foad Nahai, Renato Saltz, Ozan Sozer, Lina Triana, and myself.

In less than a week, we will celebrate our biennial World Congress in beautiful Istanbul, Turkey! As part of our extraordinary scientific program, you can attend live surgeries, non-surgical procedures, Business School panels, and learn from more than 400 faculties offering 47 master classes, 23 keynote lectures, and 12 meet-the-expert sessions. I really hope to meet all of you there.

Coinciding with our event, as per our bylaws, during the Congress, we will have the Members' Business Meeting, where the newly elected Board of Directors will be presented. These members were elected electronically exactly in the same way as two years ago.

Thank you, President Dr. Nazim Cerkes, for your extraordinary performance and achievements in our Society during your recent term. We all are proud of you and it is clear that you are a *TRUE SERVANT*, who worked hard for ISAPS. You will be missed. We look forward to visiting your native country, for a chance to say farewell in person.

On the other hand, we're glad to welcome Dr. Lina Triana from Colombia, as the new ISAPS head commander for the 2022–2024 term. Dr. Triana will be the second woman to hold the role of ISAPS President, with Dr. K. Guler Gursu from Turkey preceding her during the 2000–2002 term. Speaking of Colombia, we are excited to announce that the next ISAPS Annual Congress will be held in Cartagena, Colombia in 2024.

Yes, you read correctly, ISAPS Annual Congress! Traditionally we celebrate a big congress every two years, but moving forward, ISAPS will offer a big event annually starting in 2023 in Athens, Greece. The modality for this event will be completely new and will be branded as the "ISAPS

Olympiad", where the idea is to have a contest between the presenters, reminiscent of the Olympic Games. Check **our website** for updates!

Some more good news is that, despite the social and economic sequels that we are suffering due to the COVID-19 pandemic, as well as the Russia-Ukraine conflict, our Society continues to grow. We now have more than 5,000 members with varying categories from 117 countries.

The next **How I Do It** focus will be on the **Facial Fat Grafting Process: Infiltration Solution, Harvesting, Injection, and Safety Guidelines**. Remember, this is an open invitation, and I hope to receive your article submissions so we can all continue to learn and grow together as a technologically advanced society.

I wish you and your loved ones the best in your professional and personal lives. See you all in beautiful ISTANBUL!

Sincerely,

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

MESSAGE FROM
the *ISAPS News* Co-Chair

FABIAN CORTIÑAS, MD – ARGENTINA
Co-Chair, *ISAPS News*

IS SUCCESS MEASURABLE?

Dear Colleagues and Friends,

We can measure and quantify many things. In fact, measuring is the act of bringing mathematics to our subject of study, as mathematics adds logic and figures, making our subject comparable with others.

Success is not always measurable and thus can be subjective and related to the feelings, expectations, and preconceptions of the beholder.

In a scientific society like ISAPS, success can be measured through the increase in membership, or the number of scientific events, as well as attendance at those events, but as a society, we only succeed if we can meet the expectations and needs of our stakeholders.

The recent election process conveyed our evolution and growth due to the increasing participation of our members, the larger number of young candidates, and the transparency of the online voting modality. Thanks to these many tools, we are able to measure the evolution of ISAPS. We are growing, but there is still much more to be done.

For ISAPS to continue to succeed, we need the younger generations to get involved in the leadership of our Society to ensure that our values continue to develop and grow. Therefore, we would like to encourage young members, firstly, to embrace the exciting adventure of being leaders and participating in the management team and, secondly, to take advantage of the *ISAPS News* quarterly magazine to express their opinions, commitments, knowledge, and desires, and to push our Society in the right direction towards achieving real success. We aim to find the path to meet our members' expectations and look forward to what our future leaders can achieve. I look forward to future contributions from our valued members, as this exchange of knowledge and dedication to our Society, is what keeps ISAPS flourishing.

Sincerely,

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

MESSAGE FROM
the ISAPS President

Dear Friends and ISAPS Members,

My presidential term will end by the end of this month, and I am looking forward to marking the occasion by hosting our **ISAPS World Congress in Istanbul**. It has been a great pleasure and honor for me to serve this wonderful organization for 12 years on the Board of Directors and finally as President over these last two years. I would like to thank all of you for your support during my presidential term. I am proud and happy to reflect on all we have achieved together over the last two years despite some difficult times and to end my Presidency with more members of our Society than ever before. Last month a new Board of Directors was elected by our members, and I wish our new leadership team every success for this next term. All members of the new Board, as well as our current Board, are true servants, dedicating their time and effort to our esteemed Society so I know they will bring our beloved Society to the next level with your continued support.

Along with the Board of Directors, Education Council, and our Executive Team, we have worked hard to organize an unforgettable ISAPS Congress for you this year, both scientifically and socially. Although some of us got together last year in Vienna, with travel open again, I look forward to seeing even more of you in my home city and coming together once again and enjoying the personal relationships, unity, and fellowship that our ISAPS family provides.

I must thank our Education Council which has prepared one of the most **comprehensive scientific programs** in aesthetic plastic surgery history! This year we are featuring 400+ of our very best faculty, 47 master classes, 23 keynote lectures, 12 meet-the-expert sessions, diverse trending topic panels, a focus on regenerative surgery, and for the first time, two full days of non-invasive surgery sessions, including the ISAPS Business School. The day before our Congress, on September 20, I am excited to host a 'first of its kind' pre-Congress live surgery series day featuring 14 fantastic surgeons who will perform surgeries in six operating rooms: delegates will be able to watch any of the surgeries and interact with our excellent moderators throughout the day. All registered delegates have the chance to watch missed sessions On Demand for one year!

Those of you who know me well will know that our social program is also important to me. Our formal opening ceremony on Thursday, September 22, is one of my personal highlights of the Congress. Mr. Ekrem İmamoğlu, our respected Mayor of Istanbul and guest of honor, will welcome you to Istanbul, followed by a performance by Mr. Zülfü Livaneli, my dear friend, and an accomplished writer, composer, and cultural and political activist. Mr. Livaneli is considered one of the most significant and influential authors and intellectuals of his time and his contributions to world peace were recognized by UNESCO in 1995 when he was appointed as their Goodwill Ambassador. He also served a term in the Turkish Parliament as well as on the Council of Europe. Mr. Livaneli received the Legion D'Honneur, the highest French order of military and civil merits, in 2014. We are honored that he has agreed to share his wisdom and music with us.

During the opening ceremony, our distinguished Ohmori Lecture will be presented by Dr. Renato Saltz, Past-President of ISAPS (2016-2018). He will talk about, "The Tripod of Fulfillment", focusing on what has motivated his successful professional career, and what challenges us to find purpose and fulfillment in our own lives.

On Friday September 23 I will be pleased to host you to mark the end of my Presidency at the **President's Networking Dinner** at Divan Kuruçeşme, a historic building from the Ottoman times, set in a magnificent location on the banks of the Bosphorus. There is still

time to **register** and join me, and more than 1,500 attendees either in person or virtually.

Finally, I am happy to say that last month we were also able to mobilize our Humanitarian support to Ukraine through a project providing 15 VAC systems and numerous consumable and medical goods to the hospitals in most need across Eastern Ukraine. I thank everyone who supported these efforts, particularly Dr. Giovanni Botti for an extremely generous personal donation to our fund, our Humanitarian Committee, and particularly Dr. Hakan Agir, who is personally overseeing the delivery of this mission.

Thank you again for being part of our global family.... I will look forward to seeing you in Istanbul!

Bon Voyage,

Nazim Cerkes, MD, PhD
ISAPS President, 2020–2022

MESSAGE FROM
the Education Council Chair

OZAN SOZER, MD – UNITED STATES
Chair, ISAPS Education Council

Dear ISAPS Members,

The Education Council spent a busy summer getting ready for the ISAPS Biennial Meeting in Istanbul. I am happy to say that the educational program of this meeting is one of the largest aesthetic programs ever put together. The meeting is preceded by a full day of live surgeries. Many prominent plastic surgeons including, but not limited to, Drs. Timothy Marten, Andrew Jacono, Andre Auersvald, Alfredo Hoyos, Giovanni Botti, and Mario Pelle will be performing procedures in six operating rooms running in three parallel sessions. We also have a wonderful sculpture course by Dr. Baris Cakir on the same day.

The scientific program will start on September 21 and will take place over four days. The last two days will include a separate conference for non- and minimally invasive aesthetic procedures, the ISAPS Business School, and patient safety panels. We will have over 400 faculty from 70 different countries.

In addition to our academic activities, we will have a great social program planned as well. The **President's Networking Dinner** will take place at the magical Divan KuruçeŞme, offering great views of the Bosphorus. It will undoubtedly be a night to remember.

Istanbul has been the cradle of civilization for many centuries and there are many wonderful attractions. To help facilitate your outings, we have arranged **pre- and post-Congress** tours to Cappadocia and Ephesus. Our team is ready to assist you to arrange any types of city tours or travels to the many regions of Turkey.

This is an event that must not be missed! But if your schedule will not allow you to come to Istanbul, have no worries. This exceptional program will be available On Demand and live streamed through our website after the event, so please be sure to **register** so you can access the program at your leisure.

I am looking forward to seeing you in Istanbul!

Sincerely,

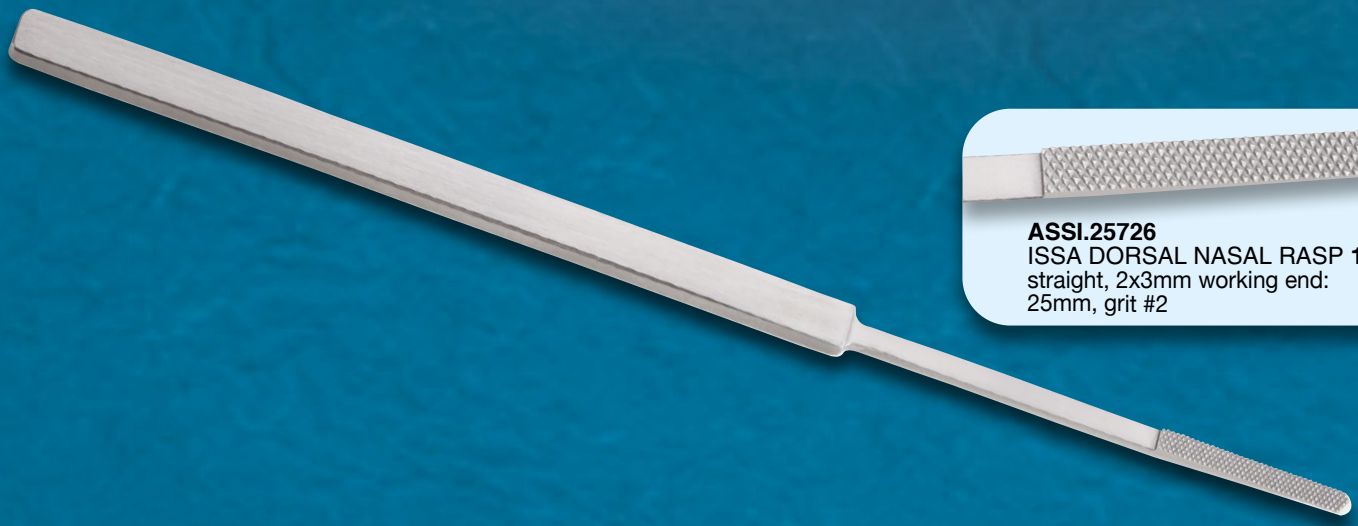
Ozan Sozer, MD
Chair, ISAPS Education Council

ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

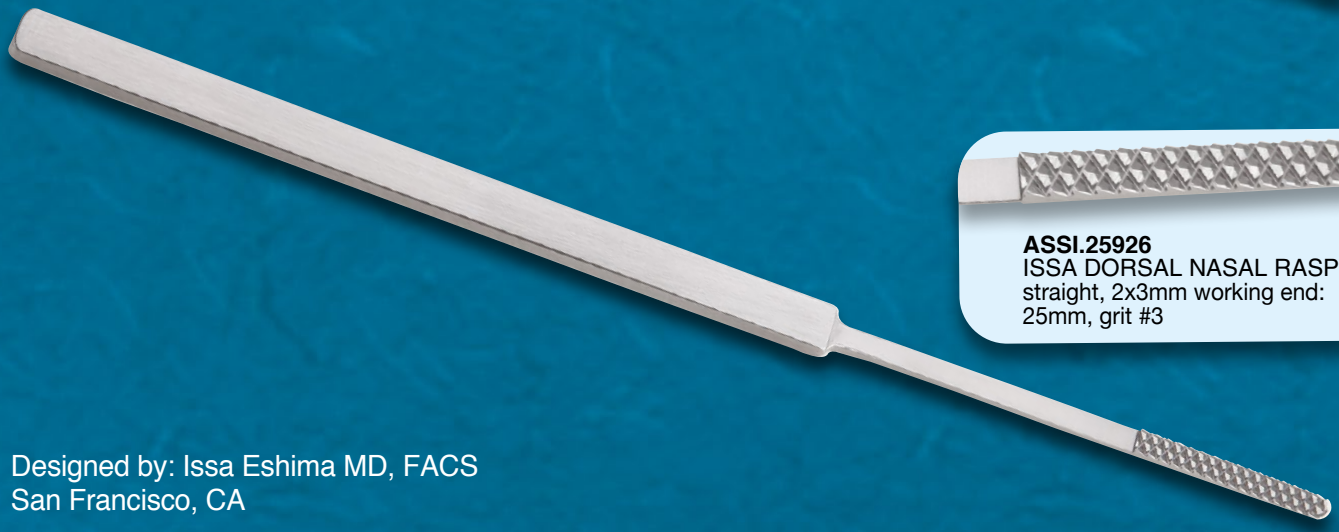
1. ALGERIA
   Algerian College of Plastic and Aesthetic Surgery (CACPRE)
2. ARGENTINA
   Sociedad Argentina de Cirugia Plastica Estetica y Reparadora (SACPER)
3. AUSTRALIA / NEW ZEALAND
   Australasian Society of Aesthetic Plastic Surgeons (ASAPS)
4. AUSTRIA
   Österreichische Gesellschaft für Plastische,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

ISSA Dorsal Nasal Rasps

These Dorsal Nasal Rasps are 2mm wide and allow in-office nasal work on the dorsal hump under local anesthesia.



ASSI.25726
ISSA DORSAL NASAL RASP **16.5cm,** straight, 2x3mm working end: 25mm, grit #2



ASSI.25926
ISSA DORSAL NASAL RASP **16.5cm,** straight, 2x3mm working end: 25mm, grit #3

Designed by: Issa Eshima MD, FACS
San Francisco, CA

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COMMITTEE REPORT

ISAPS Governance Committee

IVAR VAN HEIJNINGEN, MD – BELGIUM
Chair, ISAPS Governance Committee

ELECTIONS: HONEST, REPRESENTATIVE, AND TRANSPARENT

Governance is the way rules, policies, and actions are structured, sustained, and regulated to reach the goal of the organization and how board members and the management team are held accountable for their actions. It describes how everybody in an organization does the right thing to make it thrive. This newsletter article explains how elections show how well ethical governance is practiced in an organization.

HISTORY

If we read the bylaws of medical societies, it stipulates clearly how a Board of Directors (BoD) must be elected. This is a mandatory chapter for every non-profit organization (NPO). It comes down to two stages: nomination and election. First, a draft is made for all electable positions by the Nominating Committee and distributed to the membership at a fixed time before the General Assembly (GA) (= Business Meeting). Then, an election is organized during the GA. Pre-COVID-19, this election was done during the biennial Congress by the members visiting the event. Theoretically, alternative candidates could be proposed by the membership, but this rarely happened. This nomination and election process have worked fine for ISAPS for 50 years, but from a governance perspective, had two flaws: the nomination criteria were unclear and only a limited number of members could actually vote, namely those visiting the Congress.

COVID-19

Our 50-year anniversary 2020 Congress had to be canceled due to COVID-19. As a result of which, the practical election of the new Board was impossible. In order to allow a new Board to govern the Society, changes in the bylaws had to be implemented to allow electronic elections. With this bylaw change, we also allowed for a Governance Committee to be part of the organization. We had to re-invent the election process to make it as clear as possible and to allow all members to cast their votes. Although not easy, it was felt that this was an improvement to the historic process. After the first electronic elections in 2020, we listened to the feedback we received from our National Secretaries and individual members.

NOMINATING AND ELECTION POLICY

The nomination process for a position on the BoD is a delicate issue for every non-profit medical society. Every BoD needs active people with the correct skillset who contribute and work for the membership and the goals of the society. Preferably people who have contributed to committees, as National Secretary, or as educational event organizers. All nominating committees in the past have used several criteria to select people, and the Governance Committee has collected these in the “Nomination and Election policy”, which was discussed and approved by

the Board. Gender balance, continental distribution, age, board tenure, and possible conflicts of interest are among the criteria listed. The BoD must act as a team representing all, and work coherently together. Nevertheless, we want to avoid missing new, great candidates, so to allow the membership to propose additional board members, an outside nomination process was developed.

ELECTION PROCESS

In the past, the actual election took place at the General Assembly during the biennial Congress. Now, the results of the election will be presented here. As a result, the time needed for the nomination and election process by the Nominating Committee, BoD, and Executive Office, had to be re-assessed. The bylaws needed to be in line with this new process and timeframe, the software to conduct the election had to be fraudproof, and all these processes had to be approved by the BoD. Our X-CD software allows all members to cast their vote and avoids any bias in counting, or people voting who are not yet eligible to do so (e.g., residents). We do seem to have a transparent and honest system in place to have fair elections.

CONCLUSION

Nominating the right people for a BoD is a challenge. Being transparent and open about this is even harder since many criteria and aspects must be weighed against each other and inevitably, some people will be disappointed. In the past two years, we have diligently adjusted the policies to reflect a fair and transparent process. We believe we have succeeded, but will re-evaluate and improve our processes, if necessary, in the future to guarantee this to our membership.

Sincerely,

Ivar van Heijningen, MD
Chair, ISAPS Governance Committee

ISAPS JOURNAL

MESSAGE FROM THE EDITOR-IN-CHIEF

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

Dear ISAPS Members,

Each June, the *Aesthetic Plastic Surgery* (*APS*) Journal's function is critically assessed by a variety of metrics, including the Impact Factor (IF). Below is the most recent published report that I have received from the publisher, about our Journal:

- From 2019 to 2021, the APS IF has had a 50.6% increase. More noteworthy, in the last 3 years, APS has had one of the bigger IF increases among all surgery titles.
- The IF increase ratio is the best amongst the plastics (excluding Clinics in Plastic Surgery).
- APS citations are rapidly increasing across the range of all article types that APS publishes.
- APS is certainly the top-ranked journal with a purely aesthetic slant.
- Looking more broadly, APS is growing its influence even when considered among the *overall* surgery categories.
- Four separate citation influence indicators of APS have increased each of the last four years, suggesting APS as a leading resource offering research into techniques as well as thoughtful perspective on complications and the art of surgery.
- Metrics evaluating a journal include total cites, average cites, the spread of cites among published articles, indexes based on size, and indexes based on journal clusters. Each way of evaluating the influence of APS suggests that, particularly over the past five years, APS has considerably increased its quality.
- Focusing on just plastic surgery journals tracked for an IF, the 16% increase APS experienced over the last year was the best, excluding the Clinics in Plastic Surgery. Eight other plastic surgery titles decreased in the percentage of gain.

I owe this success to our Editorial Board members and those of you who submit or review articles for us. My deepest gratitude to all of you who have contributed to the success of our Journal.

Sincerely,

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

PATIENT SAFETY

NIVEO STEFFEN, MD – BRAZIL
Chair, ISAPS Patient Safety Committee

SEPTEMBER INTERVIEW

ISAPS is committed to safety in aesthetic plastic surgery for people across the globe, and with **10,129,528 surgical procedures performed in 2020**[1], patient safety is essential. The World Patient Safety Day on September 17 is a reminder to continue to raise awareness and push for worldwide intervention for the safety of patients. To observe this important day, we interviewed the current ISAPS Patient Safety Committee Chair, Dr. Niveo Steffen, who shared his perspective on this crucial issue.

1. During your tenure as ISAPS Patient Safety Committee Chair, what has been the most significant impact concerning patient safety and its relation to ISAPS?

There have been several obstacles that were out of my control. I accepted this position in the middle of an unprecedented pandemic, then a war hindered me in carrying out a planned campaign on patient safety for our ISAPS colleagues. My expertise in this area was always in promoting face-to-face events; meetings that I believe to be the best format to exchange experiences amongst colleagues.

2. What, in your opinion, are the top three priorities for plastic surgeons when considering patient safety? Why?

First is the academic training of the professionals and having them fully trained to act as surgeons. If you do not have qualified and trained professionals, they may put the patient's safety at risk, as well as the image of the institution.

The second is to have a detailed checklist and a patient's life history. Within this, identify the checklist, and any pathologies that will help us to prevent and avoid intercurrences, promoting the patient's safety.

Third, the choice of the place where the surgical procedures will be performed, e.g., hospitals and private clinics, and making sure they are well-equipped to minimize complications. If we do not choose a properly equipped environment, the safety of the patient is at risk. In addition to that, I really believe in the uniformity of conduct practiced by surgeons.

3. With your mandate ending this September, what guidance do you have for your successor's role, and what do you think is paramount for the success of this position?

ISAPS must be on the right track to continue improving in this area, and to spread the importance of having better and more effective training for plastic surgeons. In the concept of patient safety, the main pillars include all responsibilities, inclusive of encouraging in-person meetings to enhance our practices in order to minimize all intercurrences for events.

REFERENCE

1. ISAPS International Survey on Aesthetic/Cosmetic Procedures

PRACTICE MANAGEMENT

JUAN ESTEBAN SIERRA MEJÍA, MD – COLOMBIA
ISAPS Assistant National Secretary

DIGITAL PATIENT EXPERIENCE IN PLASTIC SURGERY

The pandemic accelerated digital development, and cosmetic surgery has not been an exception. The patients once came to us by personal references or word of mouth, but now it is not enough. Now we must be able to advertise ourselves online, captivate their attention and give high-quality service every time, we must give them a great experience.

Professional competition is increasing and differentiation in quality and service is necessary now, especially since it can be on- and offline. I have questioned how digital technological advancements influence our practice, and I really see that we must increase our knowledge on this subject to adapt quickly to changes.

The new generations are digital natives, and we must all increasingly understand how the ways of communicating are addressed today. Digital media is more than just social networks; it has become a tool of great value, particularly if we want to keep our practice in current.

The **patient experience** does not begin at the office, it begins when they meet us through our digital platform. The way we attract or seduce them will be critical when we evaluate the path they follow to make a decision. To improve the **Digital Patient Experience (DPE)**, we must deal with acquiring and retaining them. We have to know, in detail, the type of our ideal patient (please reference my previous articles).

That means we as a brand must react, optimize, and deploy highly relevant patient experiences, and use analytics and insights to consistently improve and enhance digital customer encounters.

DPE is more than digital marketing, and often it can be confusing. Marketing is just the way to attract patients and show them what we have to offer. **DPE** implements sales software, electronic scheduling systems, creation of sales funnels with patient management systems (PRM/CRM), synchronous and asynchronous virtual consultation platforms, pre- and post-treatment, monitoring software, and maintaining a constant relationship with our patients.

DPE and customer service demand a sophisticated digital content management strategy. We must think of ourselves as brands and we have to stay engaged with our patients, and then we have to invest in different channels to reach and gain the confidence of our potential patients. If we have a good handle on data, analytics, and processes that respond to patient needs, we will have better results.

We must choose a set of technologies that enables these goals. But the vast array of options can be confusing. Setting a North Star of an experienced architecture will help businesses attract and retain customers while remaining flexible to adapt to market changes and uncertainties.

Let us gradually start implementing offline activities and digital strategies to improve the patient experience, and then let us move forward along with other economic and scientific sectors for the benefit of them and our professional practice. Thinking about **DPE** can not only boost patient satisfaction but also our personal and professional lives.

SEPTEMBER 20 – 24, 2022

WITH TWO-DAY NON-SURGICAL SYMPOSIUM ON SEP 23 – 24, 2022

ISTANBUL, TURKEY

www.isapsistanbul2022.com

For the first time ever, the ISAPS World Congress will include a two-day non-surgical symposium.

Don't miss the Live-Surgeries Course on the Pre-Congress Day, Sep 20, 2022!

THE PROGRAM WILL ALSO BE LIVE STREAMED AND AVAILABLE ONLINE. SELECT THE „VIRTUAL" REGISTRATION OPTION.

ISAPS

WORLD CONGRESS

Istanbul | September 20 - 24, 2022

REGISTER NOW!

ISAPS WORLD CONGRESS ISTANBUL 2022

We are so excited to be hosting the ISAPS World Congress this month in Istanbul, Turkey. The program features a vast array of international faculty who will be leading sessions, keynotes, master classes, live surgeries, and for the first time, a two-day non-surgical program. We asked some of our respected faculty to share with us, what they are most looking forward to. Please take a moment to see what they have to say about this year's program.

GUSTAVO ABRILE, MD – ARGENTINA
ISAPS National Secretary

The ISAPS World Congress, Istanbul 2022, is the meeting point of the five continents, where the sophistication of world aesthetic plastic surgery gathers, without limitations, and where knowing and sharing experiences take precedence over all things.

WHO DO I THINK SHOULD ATTEND?

- The **Resident Plastic Surgeon** – simply because the residents in plastic surgery have a vision of the full spectrum of cosmetic surgery and complement its institutional training.
- The **Junior Plastic Surgeon** – the Congress will provide access to all invasive and non-invasive procedures, deepening their basic knowledge.
- The **Senior Plastic Surgeon** – will receive the latest updates and gain access to the most current innovative procedures internationally.

The **scientific program**, carefully elaborated by the Educational Council, is characterized by not having left any detail to chance; and where everyone will have a leading role and be a part of this leading event.

Just as important as the scientific program, is the reunion with colleagues and friends who were physically distanced by the pandemic, as well as the opportunity to make new friends, which the beautiful city of Istanbul facilitates.

What is the Challenge? Don't miss it! That's why we'll be there!

If you cannot meet the challenge to attend in person, you are still invited to register since the program will be available On Demand for a full year! It will almost be like you were there!

See you soon!

Gustavo Abrile, MD

IF YOU MISS IT, YOU'LL REGRET IT FOR SURE!

KATARINA ANDJELKOV, MD, PHD – SERBIA
ISAPS National Secretary

Hello Everyone,

This month, plastic surgeons from all over the world will gather in Istanbul for the ISAPS World Congress! It is going to be the most important plastic surgery event of the year. Not only because of the amazing faculty, lectures, and live surgeries, but also because of the unique non-surgical program.

For the first time, Dr. Nazim Cerkes, President of ISAPS, along with the Board of Directors, and Educational Council, including its Chair Dr. Ozan Sozer, have prepared a significant number of non-surgical sessions. Also, don't forget the On Demand options to attend these sessions virtually after the event.

Carefully selected, well-known world speakers will present their experience in the application of toxins, fillers, threads, and energy-based devices for skin regeneration in a way that we can easily apply them in our plastic surgery practice.

Besides that, we'll talk about the versatility of fat graft preparation and its applications, about autologous methods of regeneration, but we'll also dive a bit deeper and have discussions with the world's most famous experts in adipose tissue about advances in stem cell therapies and discuss if we really need stem cells, or we already have something better to offer for our patients.

Last but not least, we'll have a session dedicated to techiques to extend lifespan and health span, where you will be able to hear experts in the field talking about the ways to reverse the aging process with hormones, supplements, antioxidants, etc.

Regenerative medicine is the fastest growing field of medicine and regenerative surgery is the fastest growing branch of plastic surgery. With such an impressive program, ISAPS shows once again that it is keeping up with the latest trends in our field.

There are many surgical, non-surgical, social, and recreational reasons why you should be in Istanbul at the ISAPS World Congress – if you miss it, you'll regret it for sure!

Katarina Andjelkov, MD, PhD

THE BEST SURGEONS IN THE WORLD

APOSTOLOS MANDREKAS, MD, PHD – GREECE
ISAPS National Secretary

I AM SO EXCITED!

I'm so excited because two years of "silence" due to Covid-19 have passed and the 2022 live ISAPS World Congress is going to start this month.

The location is ideal. Istanbul is a fantastic city full of culture with a lot to offer its visitors. A 14th-century poet described this city as being surrounded by a garland of water. Even now, modern Istanbul still owes much of its spirit and beauty to the waters that bound and divide it. When you visit Istanbul, don't forget to stop by the "musts" like the Haghia Sofia, the Topkapi Palace, the Suleymaniye Mosque, the Church of St. Saviour in Chora, and many others.

When attending the Congress, as Dr. Tom Biggs used to say, "You meet old friends, you make new ones, and learn from others." Who are the "others"? They are the best surgeons in the world who are going to present their work, teach, and exchange ideas on aesthetic surgery. There will be 13 live surgeries in six rooms by the 'best of the best', who will demonstrate their aesthetic surgery skills. The next days will follow with topics on the face, breast, and body from experts from all over the world. Not only can you attend this distinguished event in person, but the program will also be available On Demand after the event so you can revisit any or all the sessions you may have missed.

There will also be two days of parallel meetings on non-surgical procedures: 400 speakers, 47 master classes, 23 keynote lectures, 12 meet-the-expert sessions, panels on demanding topics, regenerative surgery, and the ISAPS Business School.

Finally, ISAPS President Dr. Nazim Cerkes has prepared a fantastic social program, starting with the Opening Ceremony, where the keynote speaker is Mr. Zülfü Livaneli, the well-known composer, writer, and cultural and political activist, followed by a musical recital of his very own music. The President's Networking Dinner is also not to be missed; it will take place at the historical building from the Ottoman times at Divan KuruçeŞme.

For all these reasons and so many others, I'm so excited!!!!

Apostolos Mandrekas, MD, PhD

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THANK YOU TO OUR 2022 PROGRAM COMMITTEE:

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EC & Scientific Program Vice Chair – *Francisco Bravo, MD (Spain)*
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Non-Surgical Program Vice Chair – *Kai Schlaudraff, MD, FEBOPRAS, FMH (Switzerland)*

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Reha Yavuzer (Turkey)
Matthew Yeo (Singapore)
Yordan Yordanov (Spain)
Osman Yucel (Turkey)
Ilhan Yüksel (Turkey)
Bohumil Zalesak (Czech Republic)
Maria Teresa Zambrana Rojas (Bolivia)
David Zargaran (United Kingdom)
Maximilian Zaussinger (Austria)
Vitaly Zholtikov (Russia)
Claudia Zuñiga Teppa (Argentina)
Karen Zupko (United States)

Bio | SCIENCE
The Beauty Of Quality

ISAPS GLOBAL SPONSOR GOLD

Buttocks Augmentation with HA Fillers at ISAPS Istanbul

BioScience, the German Hyaluronic Acid filler expert, will land in Istanbul to take part in ISAPS World Congress. An inspirational four days in which the ISAPS Gold Sponsor will host a lecture by renowned doctors addressing Hyaluronic Acid Body Fillers.

BioScience Lecture

Minimally Invasive Buttocks Augmentation with Hyaluronic Acid Body Fillers

Buttocks Anatomy, Product Characteristics & Procedure

SEPT 22 | 11:00 PM

Speakers: Dr. Fabián Cortiñas & Dr. Fredrik Berne
Participation on Debate: Dr. Piero Crabai & Dr. Carmelo Crisafulli

Other lectures about body fillers

SEPT 21 | Reshaping of the Hips-Gluteal Region.
Dr Carmelo Crisafulli

SEPT 23 | A Retrospective Cohort Study to Assess Long- Term Safety with Hyaluronic Acid Body Filler.
Dr. Piero Crabai

IV IGUAZÚ AESTHETIC MEETING 2022: JUNE 23–25

FABIAN CORTIÑAS, MD – ARGENTINA
Co-Chair, *ISAPS News*

GUSTAVO ABRILE, MD – ARGENTINA
ISAPS National Secretary

SERGIO KORZIN, MD – ARGENTINA
ISAPS Assistant National Secretary

This past June, South America transformed into a place of reunion: more than 200 plastic surgeons from 13 countries including Argentina, Brazil, Chile, Paraguay, Colombia, Mexico, Guatemala, Uruguay, Panama, Romania, Italy, Portugal, and France met in Puerto Iguazú, Misiones, Argentina during the **Iguazú Aesthetic Meeting**.

The ISAPS-endorsed symposium, IV Iguazú Aesthetic Meeting 2022, took place June 23–25, in the heart of South America with the majestic Iguazú Falls ***(Figure 1)*** as a landscape.

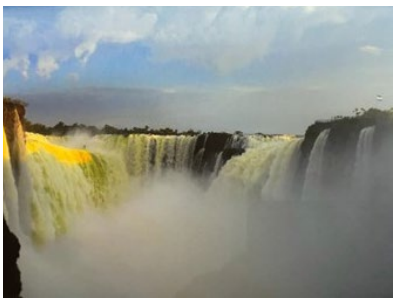


Figure 1. Iguazú Falls, Argentina.

The event was hosted by the Plastic Surgery Service of Parque de la Salud, Posadas Misiones, with the institutional endorsement of the Ministry of Health and the Government of the Province of Misiones, and the scientific endorsement of ISAPS, AACE, SALTEM, SCPNEA.

ISAPS President-Elect Dr. Lina Triana was part of the faculty, as well as the next ISAPS Vice President, Dr. Arturo Ramirez-Montañana. Additional regional societies were represented by their leaders including Drs. Lidia Masako Ferreira, President of SBCP, Guillermo Vazquez, President of AACE, Sergio Korzin, President of SALTEM, German Vargas, President-Elect of FILACP, and Sergio Martinez, President of SCPNEA.

THE CENTRAL TOPICS WERE BODY AND FACIAL CONTOUR SURGERY

Alongside an intense scientific program and during the faculty dinner, Dr. Lina Triana and Chairman Dr. Gustavo Abrile brought well-deserved recognition to ISAPS members who have served as National Secretaries ***(Figures 2–4)***.

Figure 2. Drs. Gustavo Abrile, Fabian Cortiñas, and Sergio Korzin during the event.

Awards were presented to the following members: Dr. Jorge Herrera (1999–2001); Dr. Abel Chajchir (2001–2003), Dr. Juan Jose Luis Galli (2003–2008), deceased, handed over to his son.

Figure 3. Drs. Lina Triana and Carlos Uebel surrounded by ISAPS representatives.

Figure 4. Left to right: Drs. Sebastien Garson, Gustavo Abrile, Ramirez Montañana (ISAPS Vice President) Fabain Cortiñas and Sergio Korzin.

Dr. Juan Carlos Seiler (2008–2012), deceased, handed over to his son, Dr. Maria Cristina Picon (2012–2016) and, Dr. Fabian Cortiñas (2016–2020). Drs. Aldo Motura and Martin Chavanne also received acknowledgment for their scientific support ***(Figure 5)***.

Figure 5. Recognition of the Argentinian National Secretaries.

RICCARDO F. MAZZOLA, MD – ITALY

THE ART OF COLOR PRINTING FOR ANATOMICAL ILLUSTRATIONS – THE MEZZOTINT AND AQUATINT METHOD

A common denominator of the anatomical textbooks over the years was the involvement of renowned artists, anonymous in the majority of cases, who carefully and accurately drew the different parts of the body.

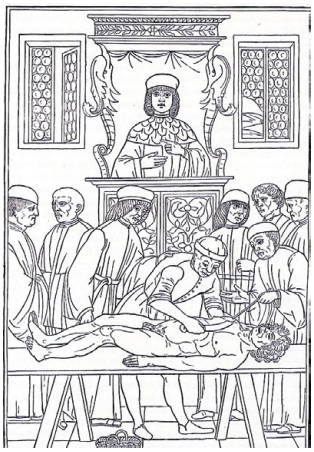


Figure 1. Dissection scene illustrating Mundinus Anothomia, drawn either by Gentile Bellini or by his brother-in-law Andrea Mantegna. Mundinus, in the chair, supervises and comments on the dissection, From (Ketham J.) Fasciculo de Medicina. Venezia, Johannes & Gregorius de Gregoriis.

The Venetian painter **Gentile Bellini** (1429–1507) and his school, **Andrea Mantegna** (1431–1506), were probably the authors of the superb image of a cadaveric dissection included in *Fasciculo de Medicina* (An account on Medicine) by **Johannes de Ketham** (1491), the first illustrated medical textbook in history ***(Figure 1)***.

We can affirm without any doubt, that artistic anatomy was born by **Andreas Vesalius** (1514–1564) who involved **Johannes Stephanus van Calcar** (ca.1499–1546), a disciple of Titian, to prepare the plates of *De Humani Corporis Fabrica* (The Structure of the Human Body), first issued in 1543. Since then, a series of great artists contributed to the astonishing development of anatomical illustration.

In a sort of mutual exchange, anatomists were attracted to art, while painters and sculptors were fascinated by anatomy. In an effort to correlate art and anatomy, a magnificent series of atlases have been produced over the centuries, with the aim of studying and examining the human body in detail, in particular the face and hands, to illustrate muscles and their function, and to emphasize limb movement.

The famous Venetian painter **Paolo Veronese** (1528–1588), seems to have devised the amazing dissection scene for *De re Anatomica* (On anatomy), published in 1559 by **Realdo Colombo** (ca.1510–1559), where the author is sectioning a cadaver in front of numerous students and physicians.

In 1685, the Dutch anatomist **Govard Bidloo** engaged the Belgian painter and printer **Gérard de Lairesse** (1640–1711) to prepare 105 large copper engraved plates, drawn after nature, to illustrate his *Anatomia Humani Corporis* (Atlas of Human Anatomy), which is regarded as one of the finest examples of baroque style ever published.

Giovanni Battista Piazzetta (1682–1754), was a renowned Venetian painter who designed the illustrations for *Septemdecim Tabulae* (Seventeen Plates) by **Giovanni Domenico Santorini** (1682–1737), a very talented anatomist, who served as Professor of Anatomy in Venice from 1703 to 1728.

For his superb large folio atlas on the lymphatic vessels, *Vasorum*

Lymphaticorum Corporis Humani Historia et Ichnographia (On the History and Iconography of the Lymphatic Vessels of the Human Body) issued in 1787, **Paolo Mascagni** (1755–1815), Professor of Anatomy in Siena (Tuscany), engaged **Ciro Santi**, a celebrated artist, who left his hometown of Bologna to establish himself in Siena, and to personally assist with the cadaveric dissections, precisely preparing the images.

THE BIRTH OF COLOR PRINTING: THE MEZZOTINT METHOD

Anatomical illustrations were basically non-colored, apart from a few examples of hand-colored plates. However, things changed completely in the first decade of the 18th century, when the German-born artist, painter, and engraver, **Jacob Christoph Le Blon** (1667–1741), who had studied painting in Rome in the workshop of **Carlo Maratta** (1625–1713), had the idea of using three copperplates, inked differently, one in yellow, the second in blue and the third in red. To obtain additional colors, he superimposed the copperplates and printed them three times. This process was called "*mezzotint*"[1]. In 1719, Le Blon established a company in London called the *Picture Office*, to commercialize his method and patent his procedure. Surprisingly, the response from the public was modest and the company was bankrupt.

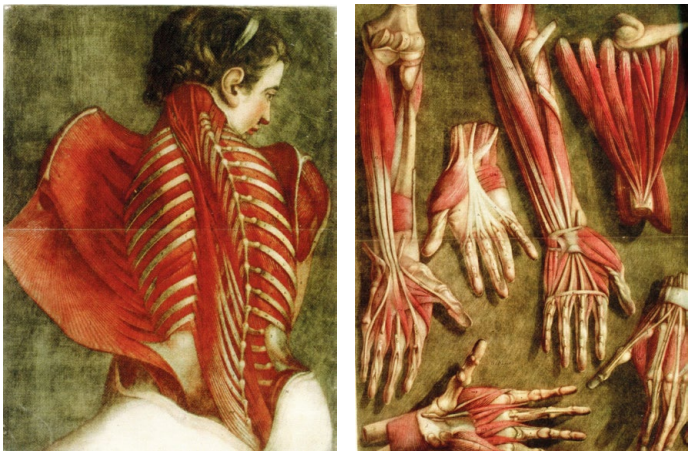
In 1735, he moved to Paris, where contrary to his experience in London, the mezzotint-colored process flourished rapidly. In 1737, Le Blon obtained a 20-year *privilège du roi*, what is now referred to as a patent, for his invention of the three separate copperplates. He received numerous orders, including a project for A Treatise on Anatomy.

To fulfill these requests, he employed several artists, among them **Jacques Fabien Gautier d'Agoty**, of the Gautier family of engravers. In 1741, once his first print was ready, Le Blon died suddenly and Gautier applied immediately for a 30-year *privilège du roi*, claiming that he had invented the procedure, having added a fourth plate, black, to the three colors originally used by Le Blon. Despite this, he could not obtain the patent and was obliged to purchase it from Le Blon's heirs.

Thus, at Le Blon's death, the art of colored printing was continued by **Jacques Fabien Gautier d'Agoty** (ca.1717–1786), anatomist, painter, and printmaker. He drew, engraved, and printed a series of books in color, and published them, assisted by his five sons, Jean Baptiste, Louis, Edouard, Arnaud Eloi, and Fabien. While the rights for mezzotint prints were shared with others, he succeeded in obtaining the *privilège du roi*, only for printing anatomical and natural history books. He prepared a varnished version of the images to resemble oil paintings, offered at an additional cost.

In 1745, Jacques Fabien issued his first set of eight images of the face, neck, head, tongue, and larynx, with the title *Essai d'Anatomie en Tableaux imprimés* (An Anatomical Account with Printed Plates), followed a year later by a second group of 12 larger prints, *Suite de l'Essai d'Anatomie en Tableaux imprimés* (Continuation of the Anatomical Account with Printed Plates), showing the muscles of the pharynx, torso, arms, and legs.

Finally, in 1746, Jacques Fabien assembled the two works of twenty colored plates under the collective title *Myologie Complètte* [sic] *en Couleur et Grandeur Naturelle* (Complete Myology in Color and Natural Size)[2]. The plates, printed in a large scale, are particularly impressive, showing the dissection of the facial muscles, the floor of the mouth, the oral cavity with the jaw excised, and the famous flayed angel *(Ange Anatomique)*, which shows a deep dissection of the female body from the back ***(Figure 2)***, and the images of the hand and upper limb ***(Figure 3)***.



Figures 2, 3. Mezzotint-colored illustrations (from Gautier d'Agoty JF, Duverney JFM. Myologie Complètte [sic] en Couleur et Grandeur Naturelle. Paris, Gautier, Quillau Père et Fils and Lamesle, 1746–1748) showing (from left to right) the dissection of the female body from the back, nicknamed the flayed angel, and the dissection of the hand and upper limbs.

Illustrations were intended to dazzle more than to instruct. In preparing the amazing work, Gautier made the drawings, using the mezzotint technique. whereas the cadaveric dissection and the text were by **Jacques François Marie Duverney** (1661–1748), surgeon and demonstrator in anatomy to Louis XV,

King of France, at the *Jardin du Roi* (Royal Garden). Jacques François was the brother of **Guichard Joseph Duverney**, (1648–1730), Professor of Anatomy, and author of one of the earliest comprehensive textbooks on otology *Traité de l'Organe de l'Ouie* (Treatise on the Organ of Hearing), first printed in French in 1683.

Gautier issued two other important anatomical works. In 1748, *Anatomie de la Tête en Tableaux Imprimés* (Anatomy of the Head with Printed Plates), with eight mezzotint, varnished, life-size plates[3], to show the intricate network of blood vessels, brain, face, and neck. It was followed in 1754 by *Anatomie Générale des Viscères, en Situation de Grandeur et Couleur Naturelle avec Angéologie et la Néurologie, de Chaque Partie du Corps Humaine* (General Anatomy of The Viscera in Color and Actual Size, With Angiology and Neurology, of Each Part of The Human Body) with 18 mezzotints, varnished, life-size plates[4]. To provide dissections and text for the second work, Gautier chose **Antoine Mertrud** (died 1767), surgeon to the King, and demonstrator in anatomy at the *Jardin du Roi*, due to the death of Duverney in 1748. *Anatomie Générale des Viscères* includes several spectacular images, with the first two sets representing a full-length injected female body, the complete body of a man, and an entire skeleton with nerves and arteries ***(Figure 4)***.

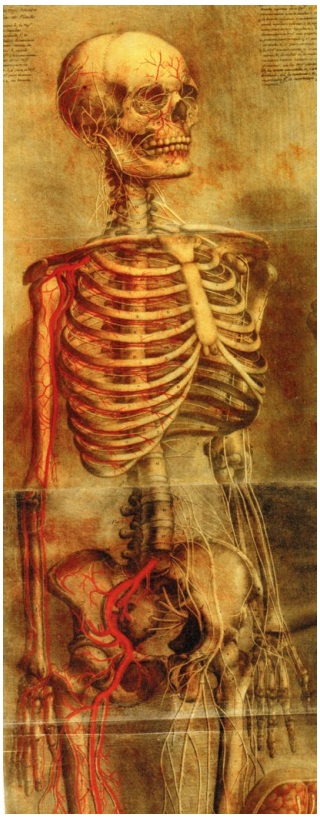


Figure 4. Mezzotint-colored illustration showing the entire skeleton with nerves and arteries. From: Gautier d'Agoty JF, Duverney JFM. Anatomie Générale des Viscères. Paris, Gautier and Delaguette, 1754.

The second son of Jacques Fabien, **Arnauld Éloi Gautier d'Agoty** (1744–1783), continued the tradition of the mezzotint technique developed by his father by obtaining the *privilège du roi*, the exclusive right to publish colored prints.

In 1773, he issued *Cours Complet d'Anatomie Peint et Gravé en Couleurs Naturelles* (A Comprehensive Course of Anatomy Drawn and Engraved in Natural Colors)[5]. It was originally planned in five parts: osteology, myology, splanchnology, angiology, and neurology. However, probably due to the premature death of the author, the work remained incomplete and only *Myology* was published. *Cours Complet d'Anatomie*, has 15 beautiful, unvarnished, colored plates, 13 of them dealing with the muscles of the human body. They are preceded by two plates depicting Venus and Apollo in a standing position, representing the 18th century ideal of beauty, drawn by **Jean Girardet** (1709–1778), first painter to King Stanislas of Poland. For dissections and text preparation, he referred to **Nicolas Jadelot** (1738–1793), Professor of Anatomy and Physiology at the University of Nancy.

The series of myological plates was inspired by the Dutch anatomist Bernhard Siegfried Albinus (1697–1770) and they show the different muscular layers of the human figure, front and back ***(Figure 5)***.

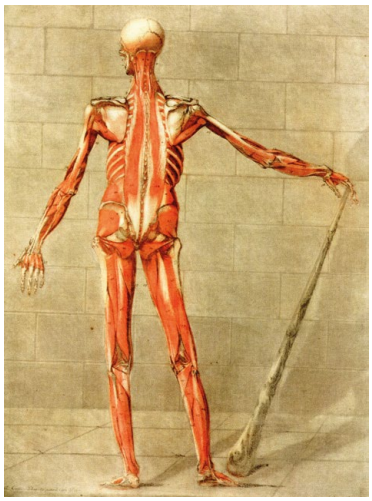


Figure 5. Mezzotint-colored illustration showing the muscular layers of the entire human body from the back. From: Gautier d'Agoty AÉ, Jadelot N-J. Cours Complet d'Anatomie Peint et Gravé en Couleurs Naturelles. Nancy, J-B. Leclerc, 1773.

FELIX VICQ D'AZYR – ANOTHER WAY OF COLOR PRINTING: THE AQUATINT METHOD

Towards the end of the century, **Felix Vicq d'Azyr** (1748–1794) issued an atlas in-folio, *Traité d'Anatomie et de Physiologie* (Treatise of Anatomy and Physiology), with 35 splendid colored plates of the brain[6], in line with the trend initiated by the Gautier family of colored anatomical representations. The pictures of the brain, drawn and engraved by **Angélique Briceau Allais** (1767–1827), are probably the finest and most delicate images of that organ published until then. They are of remarkable quality, a unique example of refined intaglio technique, and, thanks to the pale ink used – and to the aquatint method – they look more like watercolor drawings than engravings, in contrast to Gautier's plates, freely depicted with the strong colors of the mezzotint technique, made to resemble oil paintings ***(Figure 6)***.

Only Volume One, devoted to neuroanatomy, the result of his own investigations, was published, as Vicq d'Azyr died at the early age of 46 in 1794, before completing a further

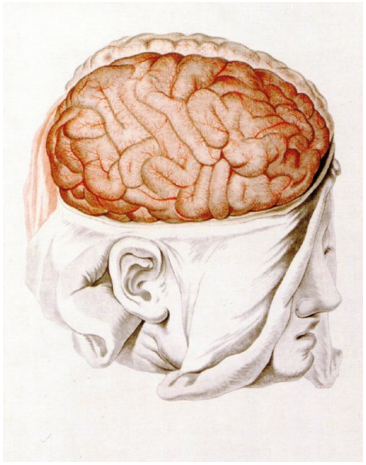


Figure 6. Aquatint coloured illustration of the brain. From: Vicq d'Azyr F. Traité d'Anatomie et de Physiologie. Paris, A. Didot l'aîné, 1786.

volume.

The son of a physician, Vicq d'Azyr studied medicine at the University of Paris, from where he graduated in 1774. He showed great interest in comparative anatomy and published numerous scientific works on this subject. As an anatomist, he was a proponent of coronal sections of the brain and made important contributions to the study of the brain. He described the substantia nigra, the mammillo-thalamic tract, the fibers connecting the external granular layer with the external pyramidal layer of the cortex, eponymously named Vicq d'Azyr bundles, and the basal ganglia. He was the permanent Secretary of the *Société Royale de Médecine*, and the personal physician to Queen Marie Antoinette.

More information and images regarding anatomical illustrations, the art of color-printing, along with the general history of plastic surgery, are to be found in the following book, now in press: Mazzola RF and Foss C, *Plastic Surgery. An illustrated History*[7].

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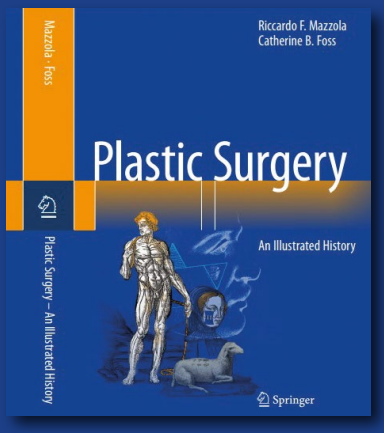
3. Gautier d'Agoty JF. Duverney JFM. *Anatomie de la Tête en Tableaux Imprimés*. (Anatomy of the Head with Printed Plates). Paris, Gautier, Duverney and Quillau
4. Gautier d'Agoty JF. *Anatomie Générale des Viscères, en Situation de Grandeur et Couleur Naturelle avec Angéologie et la Néurologie, de Chaque Partie du Corps Humaine* (General Anatomy of the Viscera in Color and Natural Size, with Angiology and Neurology, of Each Part of the Human Body). Paris, Gautier and Delaguette, 1754
5. Gautier d'Agoty AÉ, Jadelot N-J. *Cours Complet d'Anatomie Peint et Gravé en Couleurs Naturelles* (A Comprehensive Course of Anatomy Drawn and Engraved in Natural Colors). Nancy, J-B. Leclerc, 1773
6. Vicq d'Azyr F. *Traité d'Anatomie et de Physiologie* (Treatise of Anatomy and Physiology). Paris, Amb. Didot l'aîné, 1786
7. Mazzola RF, Foss C. *Plastic Surgery. An illustrated History*. Springer Nature, 2022 (in press)



We are pleased to recognize a new book written by the ISAPS Historian, Dr. Riccardo Mazzola (Italy) and Catherine Foss (US), on the history of plastic surgery.

This book offers a detailed history of plastic surgery procedures and their development from the ancient world, through the Middle Ages and the Renaissance, up to World War II. The origin of plastic surgery is essentially the story of wound management – the frequent struggle that primitive man engaged in to heal his injuries. The narrative chronicles the rise and fall – and rise again – of the discipline through the centuries. It illustrates the birth of modern reconstructive and aesthetic techniques and emphasizes the ingenuity that plastic surgeons demonstrated to improve wound defects and refine facial disfigurements of various origins, congenital or acquired. In addition, the work underscores the enormous impact that the study of human anatomy had on the evolution of surgery.

Chapters discuss the birth and spread of aesthetic surgery, seldom referenced in modern scientific writing. Richly illustrated with hundreds of images drawn from the personal collection of the primary author, the book is an outstanding contribution to the annals of surgery. Not only does it honor the publications and artworks that have recorded these unique achievements, it also recognizes the great innovators of the past whose reconstructive and aesthetic work forms the basis of today's surgical successes.

***Plastic Surgery – An Illustrated History* is a must-have resource for plastic, maxillofacial and aesthetic surgeons. Any student of surgery, medical history, or medical illustration will be interested in this work.**

The book can be pre-ordered from **springer.com**, on Amazon, or from Barnes & Noble. Publication date is October 13, 2022. ISBN: 978-3-031-12002-2.

AMIN KALAAJI, MD, PHD – NORWAY
ISAPS National Secretary

A BRIEF HISTORY OF THE NORWEGIAN SOCIETY FOR AESTHETIC PLASTIC SURGERY – WHAT CAN WE LEARN?

Since its establishment in 1984, and throughout its history, the **Norwegian Society for Aesthetic Plastic Surgery** has experienced challenging times and times that were more productive.

Especially in the beginning, it is difficult for smaller societies to become established alongside the stronger main societies. In Norway, as in many other countries, the smaller aesthetic societies aim for assimilation within the larger societies, while keeping their pasts alive.

This affected the Norwegian Society for Aesthetic Plastic Surgery too and resulted in low activity for some time during the 1990s. However, at the start of the 2000s, our society experienced a revival. Activities within the Society expanded and served not only our immediate members but also overall aesthetic and plastic surgery education in Norway in a positive way.

There were many challenges during those years, from the establishment of the Society to marketing and image creation, effects of the influence of the main societies, and education and organization. Additionally, we were faced with having to work with medical authorities and undertaking more regulations in terms of who was allowed to perform aesthetic surgery and the ethics of these surgeries, the parameters of which are relatively strict. For example, we are not permitted to show on our website the before and after photos of patients who underwent surgery.

As much as we rely on history, we must realize the unique differences between local and international societies, especially when it comes to topics like education, regulation, and the advancement of plastic surgery itself.

As a society, it is important to understand our individual history and to collect original historical documents, which include the accomplishments and challenges encountered over the years.

Still, plastic surgeons all over the world face the same challenges, and our belief and hope are that you will find yourself considering these important challenges and solving the unique obstacles your societies may be facing in your own country.

I hope this brief article compels you, and your local aesthetic society, to reflect on the history and origins of the past as they relate to the "bigger picture."

In order to preserve the history of the Norwegian Society for Aesthetic Plastic Surgery and, with luck, to influence you to do the same, we have published a book so we can look back on our humble but impactful beginnings, allowing us to partake in the actions of larger, worldwide societies such as the International Society of Aesthetic Plastic Surgery (ISAPS).

If you would like to learn more about the Norwegian Society for Aesthetic Plastic Surgery, **click here**.

GERMAN ISAPS MEMBERS IMPLEMENT PARTNERSHIP WITH SÃO TOMÉ AND PRÍNCIPE ESTABLISHING THE DEVELOPMENT FOR FUTURE MISSIONS

MARTIN SCHREIBER, MD – GERMANY

After meticulous planning and numerous meetings with political staff and health providers across the country of São Tomé and Príncipe in the Gulf of Guinea, a team of ISAPS members started a new cooperation in the region, by introducing the undeveloped field of plastic, reconstructive, and hand surgery with the local facility, Hospital Ayrez de Menezes, in São Tomé this past June.

The team included Cypriot Physician, Dr. Iakovos Georgiou of the Plastic Surgery Division from Bergmann Hospital in Potsdam, Germany, and me, Dr. Martin Schreiber, ISAPS member and board-certified plastic and hand surgeon. Together we implemented an interprofessional, intercultural, and interdisciplinary health care partnership with the local staff of the public hospital, to offer treatment options for severely injured, or disabled patients, who would otherwise never receive proper treatment in their home country.

Starting with our first mission in June 2022, we spent almost 30 hours performing multiple surgeries, plus countless additional hours examining more than 40 new patients and following up with the outpatient clinic and the ward. We received substantial support from the local anesthesiologist, Dr. Elisabete Barros, who prescreened the first operative patients for the team and was in close pre-visit contact with me and Dr. Georgiou to organize this mission.

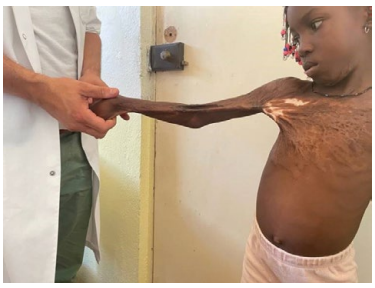


Figure 1. Skin contractures and threatening functional deficits in a patient we treated.

Surgeries for the start of the mission were on severely burned patients of all ages with difficult skin contractures and threatening functional deficits. Another group of patients included children with congenital malformations of their hands, mostly syndactyly on one or both hands, who could be successfully operated on by our team ***(Figures 1–6)***.

Various other afflictions filled the surgery room quickly including huge, benign soft tissue tumors, chronic wounds, and general plastic surgery which is not offered throughout the country.

After eight days in surgery, we had the opportunity to provide multiple options for aftercare and share our experience and knowledge with highly motivated

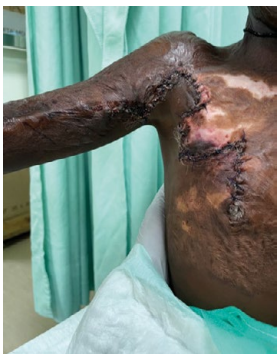


Figure 2. Another case of skin contractures and threatening functional deficits.

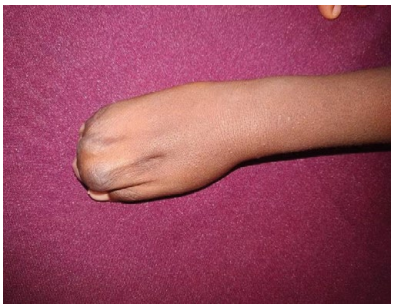


Figure 3. A patient with congenital malformations of the hands.

Figure 4. Another patient we treated for congenital malformations.

Figures 5, 6. Result of successful congenital malformation operation.

local staff from the General Surgery, Anesthesiology, and Child Care units, on how to follow up on patients and screen others for the upcoming missions ***(Figure 7)***.

The experience that this mission gave us, shows that there are future indications implicating the opportunities our precious field of plastic, reconstructive, aesthetic surgery, and hand surgery offers for the poverty-stricken among 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 & Principe offers great hospitality and untouched natural beauty. Since it is in an isolated location in the middle of the Guinean Gulf the island, it has yet to prove its ability to draw the attention of people around the world, to promote tourism, and therefore boost the national economy. National GDP counts for 1,900USD/person (ranked 148), and the human development index ranks 135th.

Our team was supported 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 7. The team: Drs. Martin Schreiber, Iakovos Georgiou, Elisabete Barros, and staff from General Surgery, Anesthesiology, and Child Care units.

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1.3%	6.6%	0%

Low Incidence of Capsular Contracture[1]	Low Incidence of Wrinkling[1]
3.6%	1.3%

REFERENCES:

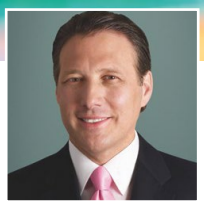
1. Summary of the Safety and Effectiveness of Mentor's MemoryShape Mammary prosthetist in subject who are undergoing primary breast augmentation, primary Brest reconstruction or revision. MemoryShape Post-approval cohort sturdy (formerly Contour Profile Gel Core Study) Final Clinical study report. PMAP060028/R0215, 2015. Data on File..

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 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.mentorwwllc.eu.

THE NAVEL:
HOW I DO IT



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THE BEAUTIFUL, MYSTERIOUS & SEXY UMBILICUS

The umbilicus is a natural scar, and the periumbilical area is characterized by a round or ellipsoid shape with a slight depression of 2.5–3.0 cm in diameter. It represents an essential feature in the overall body contour and consequently exists as one of the most aesthetically recognized landmarks on the abdomen. The umbilicus lies along the midline at the level of the intervertebral discs between the third and fourth lumbar vertebrae and is considered the only admissible scar on the human body. Given that the umbilicus aids in defining the median abdominal sulcus, it is considered the greatest aesthetic component of the abdomen. Thus, the effect of the umbilicus on the aesthetic appearance of the abdomen remains key – its position on the abdominal wall and its shape and depth represent important factors influencing conceptions of beauty and psychological well-being. For all these reasons, the re-creation of a beautiful, mysterious, and sexy umbilicus after abdominoplasty remains a challenge for the body contouring surgeon after an abdominoplasty.

Despite the undeniable importance of the umbilicus, very few studies exist within the literature about its true anatomical position. Dr. Ricardo Ribeiro, from Rio de Janeiro, and I have studied and tried to create a perfect umbilicus after abdominoplasty for the past 30 years. In 2019 we published our anatomical results after carefully measuring the anatomical position of the umbilicus in 100 nulliparous Latin-American women. The aim of the study was to establish a quantitative index by evaluating skeletal landmarks surrounding the anterior wall of the abdomen to determine the normal anatomical position of the umbilicus in that population.

After anthropometric measurements, calculations, and ratio analysis, we arrived at the following conclusions:

- The distance between the xiphoid and umbilicus, and umbilicus and pubic symphysis, demonstrates an average ratio of 1.10:1.
- The distance between the umbilicus and the anterior superior iliac crest, and the distance between both iliac crests, demonstrate a ratio of 0.53:1 in patients where the umbilicus is located medially.
- Although the correct anatomical localization of the umbilicus is medial, its symmetry depends on many factors (age, fat distribution, bone characteristics, anterior abdominal wall alterations, etc.), illustrating why we rarely observe this particular anatomical landmark in its ideal position.

UMBILICAL PLACEMENT AND FIXATION

We recommend very specific shape, size, and location for the umbilicus in most patients while performing an abdominoplasty. They have defined the exact location, width, length, and depth of the new umbilicus ***(Figures 1, 2)***, based on measurements and ratios between the xiphoid process, symphysis pubis, and anterior superior iliac spine to the umbilicus all recorded in a large South and North American population.

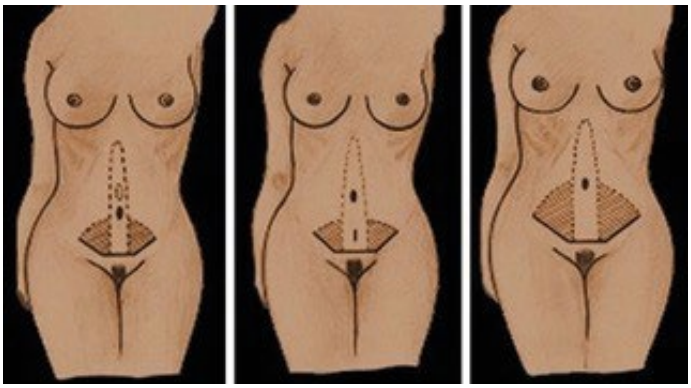


Figure 1. Different placement of umbilical scar is based on the amount of supraumbilical skin present before lower abdominal skin resection.

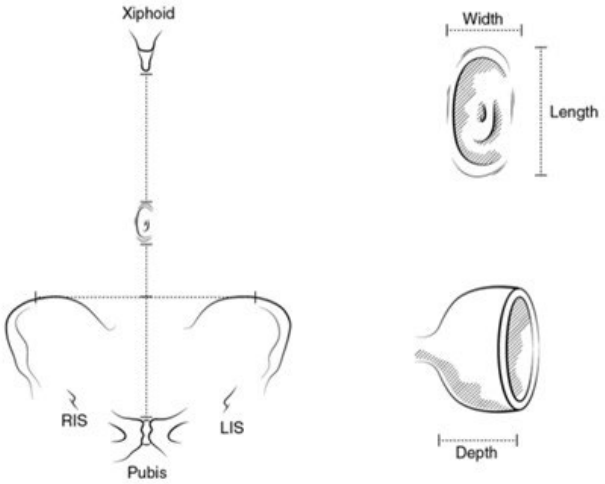


Figure 2. Xiphoid and pubic bone illustration.

The umbilicus is first secured to the abdominal fascia at 12, 6, 3, and 9 o'clock after completion of the rectus diastasis plication. In case one cannot remove the entire lower abdominal flap, it is better to turn the old umbilical scar into a vertical scar at the infraumbilical lower abdominal midline area. A short infraumbilical midline scar is always better tolerated by the patient rather than a tight suprapubic closure with possible

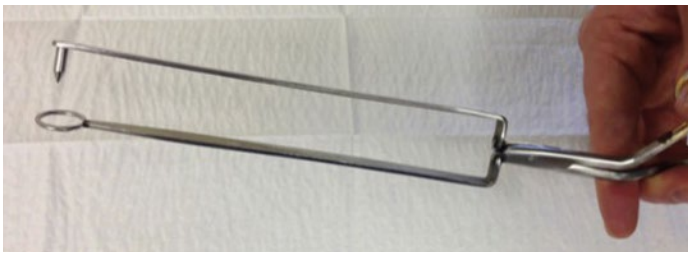


Figure 3. Umbilical locator.

pubic hair migrating cephalic, resulting in hair growth in the lower abdomen. The author's recommendations are to avoid flexing the table, avoid pulling the supraumbilical flap too hard and avoid "forcing" the supraumbilical flap. The umbilical scar should be placed where it wants to go.

Width 1–2cm (1.65cm)

Length 1–2.5 cm (1.38 cm)

Depth 1–2cm (1.42 cm)

The first component of the umbilical locator ***(Figure 3)*** is secured to the umbilical stalk with 4-0 nylon sutures at 12 and 6 o'clock ***(Figure 4)***.

The second component of the umbilical locator is in place after abdominal closure ***(Figure 5)***. The midline has been defined by the triangulation technique ***(Figures 6a, 6b)***, with silk sutures at xiphoid and pubic bone locations.

Before and after the combined procedure: abdominoplasty, liposuction of the back and flanks, and mastopexy. Arrows from top to bottom outline the improved contoured flanks, small

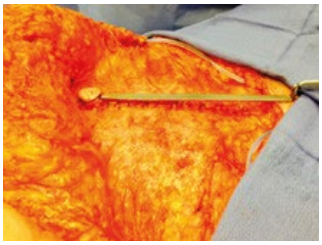


Figure 4. Umbilical locator is secured to the umbilical stalk with 4-0 nylon sutures at 12 and 6 o'clock.

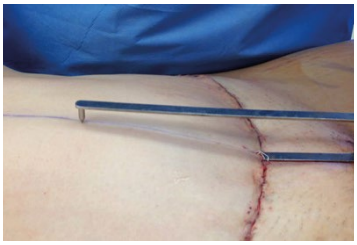
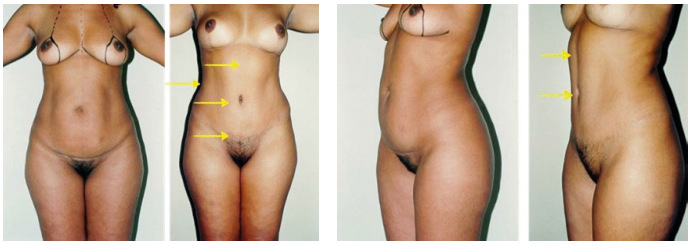


Figure 5. Second component of the umbilical locator is in place after abdominal closure.



Figures 6a, 6b. Midline has been defined by the triangulation technique.

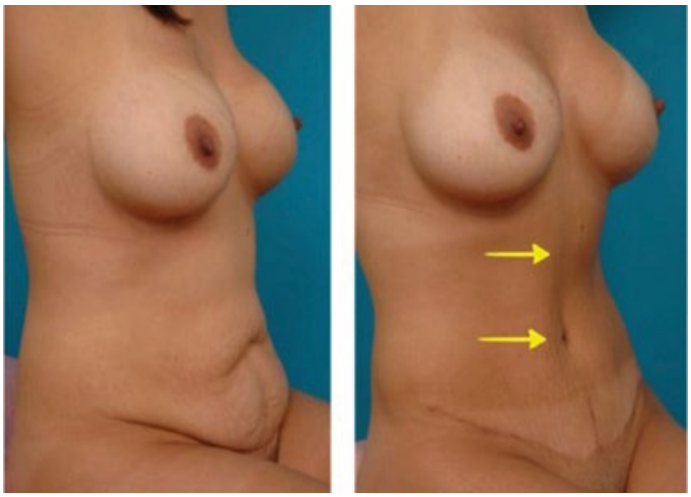


Figure 7. After the combined procedure.

"mysterious" umbilicus, lower abdominal inconspicuous scar with excellent symmetry, and simultaneous lifting of prepubic area, restoring pre- pregnancy "natural anatomy."

You can see the before and after "sit-down position" after the combined procedure: abdominoplasty, liposuction back and flanks, implant exchange, and capsulotomies ***(Figure 7)***. Arrows from top to bottom outline the supraumbilical midline sulcus, a small, "mysterious" umbilicus. The length of the lower abdominal scar is determined by the location and length of the most lateral skin fold, and the infraumbilical short vertical scar from the previous umbilical location is strategically placed below the top of the bikini line ***(Figure 8)***.

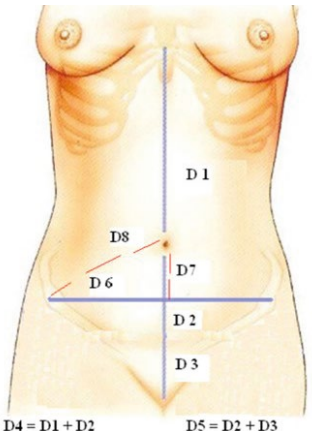


Figure 8. Points of reference and segments measured in the abdomen.

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HOW I DO IT: THE INVERTED-V UMBILICOPLASTY

MATTHIAS SPIEGL, MD – AUSTRIA

INTRODUCTION

Although it's only a scar that formed after birth, the umbilicus is a regional landmark with significant aesthetic importance. We as plastic surgeons encounter the need to reposition the umbilicus in various situations, but most often during abdominoplasties. The main scar in a very well-executed abdominoplasty is situated so low that it can be concealed with swimwear or lingerie, but the umbilicus will always be visible. While a wide range of varieties exists, studies have shown that the "ideal" navel should be non-protuberant, oval, and not too large[1].

To be more precise, an aesthetically pleasing umbilicus should have a superior hooding with a vertical orientation and should be positioned in the midline at the superior level of the iliac crest[1,2]. The navel plays an important role, and I found the technique I am describing here to be safe and generate consistent, natural-looking results.

SURGICAL TECHNIQUE

The following technique describes an umbilicoplasty in the setting of an abdominoplasty, whereby the umbilicus remains anchored to the deep abdominal fascia but is transposed through a newly formed aperture in the upper abdominal skin flap. After the standardized (subscarpal) raising of the skin flap and resection of skin excess, the new navel position is determined after temporary skin closure in the midline with a Backhaus Towel Clamp. The new position is marked as a gently curved inverted "V". The skin is incised, and the resulting inferior-based "V" flap is thinned.

After tunneling through the subcutaneous fat and Scarpa's fascia, the Backhaus Towel Clamp is removed, and the upper abdominal skin flap is elevated again. Subscarpal fat around the aperture is removed in a vertical manner to pronounce the midline sulcus of the Linea alba. Up next, the umbilicus is anchored to the abdominal wall to prevent prolapse. After standard closure of the abdominoplasty, the umbilicus is tunneled through the aperture. A V-shape is excised off the caudal edge of the umbilicus to accommodate the V-shape flap from the abdominal skin. The wound is closed in two layers with subcuticular absorbable sutures (e.g., Vicryl 4-0) and a nonabsorbable running suture (e.g., Prolene 5-0) ***(Figure 1)***.

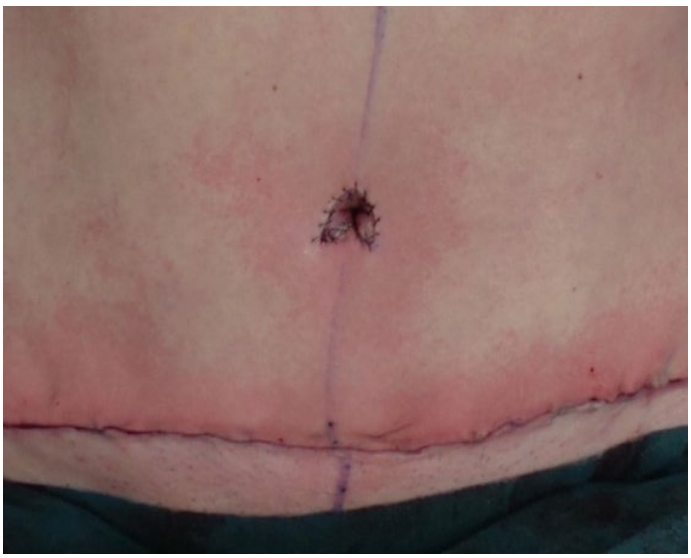

Figure 1. On table result.

CONCLUSION

In my opinion, the inverted-V umbilicoplasty as described above creates a belly button that comes close to the "ideal" one as described in literature. I never had complications with this technique in primary abdominoplasties, with or without diastasis recti repair, and only one partial necrosis after sublay mesh hernia closure (no revision surgery needed). Because of the V, the caudal suture is very well hidden from the patient`s point of view and due to the anchoring to the abdominal wall, a superior hooding is created ***(Figures 2, 3)***.

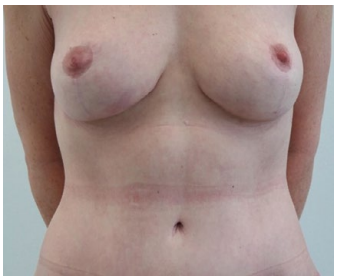

Figure 2. One-year follow-up.

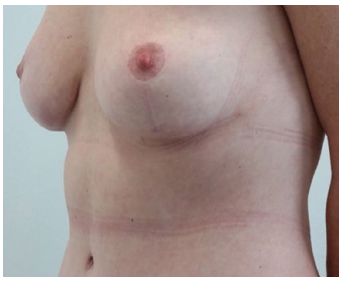

Figure 3. One-year follow-up.

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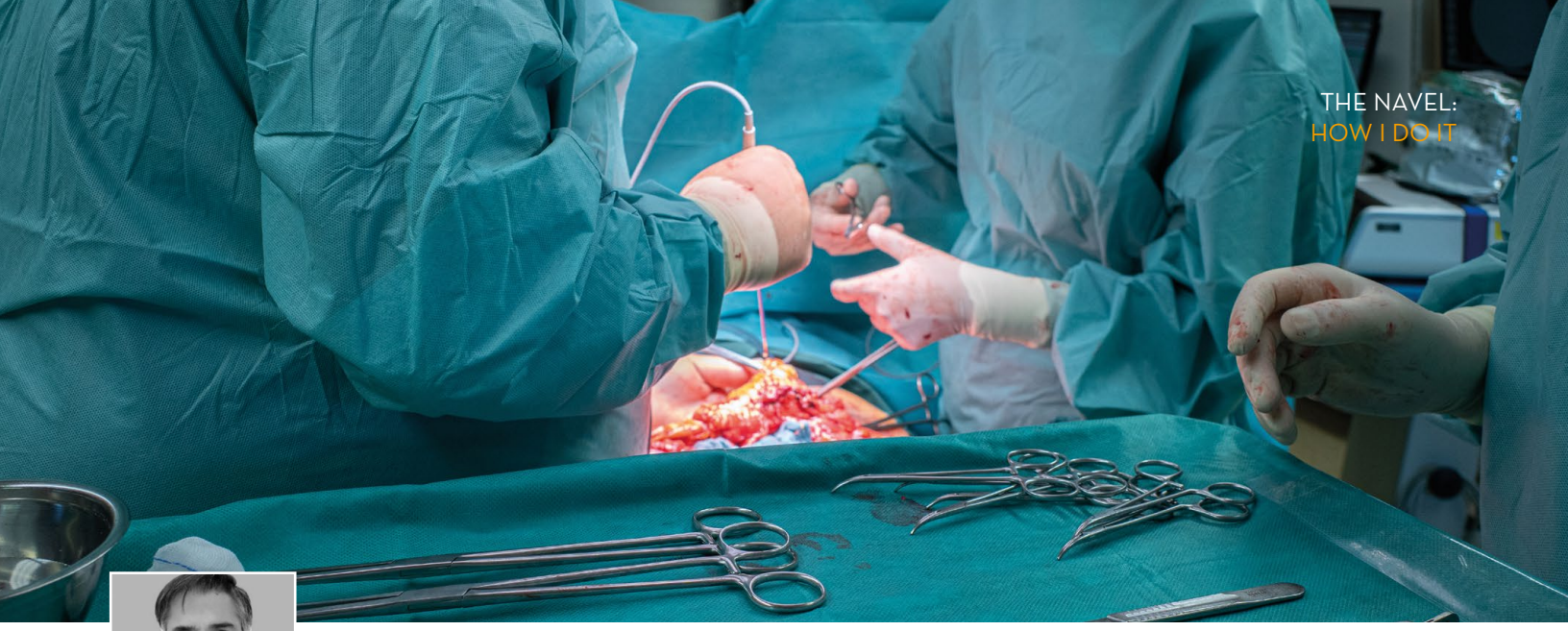

GIULIANO BORILLE, MD – BRAZIL
ISAPS Social Media Committee

PREVENTION OF UMBILICAL SAGGING AFTER LIPOSUCTION

Although liposuction is very effective for reshaping fatty deposits, the skin may remain lax and may not shrink properly over time. The sagging of skin after liposuction may occur based on skin quality, the amount of fat removal and the capacity for the skin to be re-draped into the "new" shape, exposing the deeper muscle layer. The more fat that is removed, the larger the imbalance between continent (skin) and content (fat).

This lack of proportion may produce distortions in the shape of the umbilicus due to the excess skin remaining in the upper abdomen. Sagging of the umbilicus or horizontal deformities are not primary umbilical issues, but rather are issues with midline skin laxity cephalad to the umbilicus.

In order to "reshape" the umbilicus with control, and to help with skin re-draping in an aesthetically pleasing manner, I have created a fixation technique of the supra umbilical tissue associated with suction-assisted liposuction (SAL).

THE METHOD FIXATION OF THE UMBILICUS

After the liposuction, a modified Reverdain's needle is used to perform double suturing for umbilical suspension using 3-0 nylon sutures. These cable sutures are bolstered in the umbilicus and in the upper midline ***(Figure 1)***.

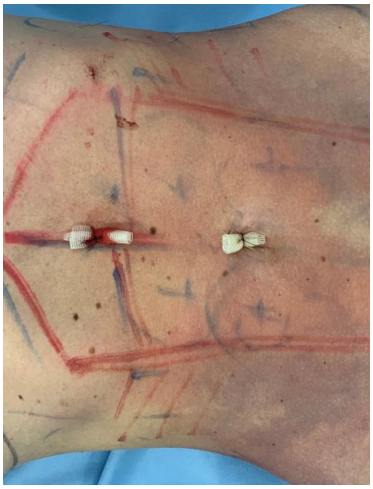

Figure 1. Bolstered sutures.

The needle is inserted through the skin at the level of the linea alba in the upper abdomen and then guided towards the umbilicus where the liposuction access site was previously made. This length is approximately 10–15 cm.

After the tip of the needle is removed through the umbilicus, a 3-0 nylon suture is passed through the hole in the needle, then the needle is pulled upwards towards the superior entrance point, exiting out the previous entrance of the needle. Ultimately, there are two cable sutures on each end. The two ends are then tied over a petrolatum gauze bolster for two weeks.

COMPRESSION

Compression is one of the main points of medium-definition liposuction. After liposuction and umbilical fixation, hand-crafted cotton, foam, and gauze pads are placed on specific sites of the abdomen to produce specific pressure points of contact between the skin/subcutaneous and the underlying fascia for 30 days ***(Figure 2)***.

Figure 2. Abdominal compression pad.

It's important to stress that the bolstered sutures do not work as a real fixation themselves, but rather by immobilizing the supra umbilical tissue immediately after surgery. During this period, the customized pads are compressed and guide the fibrin/clot early adhesion system until it becomes a more stable connection tissue based on realigned fibrosis in the midline.

This is a very reliable approach and the outcome at two weeks predicted success in terms of the umbilical position at nine months in 96.7% ***(Figures 3-5)***. Although the main idea for umbilical fixation was initially pursued to prevent sagging of the umbilicus after liposuction, we also observed an improvement in the umbilical shape in most patients, which seems promising.

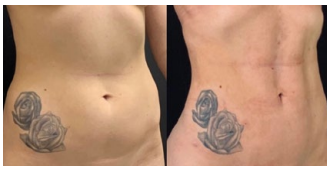

Figure 3. Pre- and post-op (2 weeks).

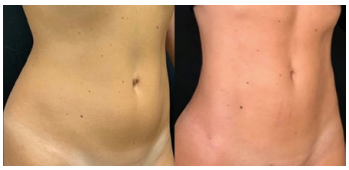

Figure 4. Pre- and post-op (9 months).

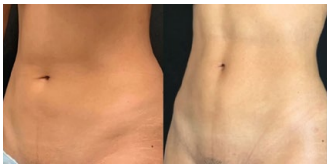

Figure 5. Pre- and post-op (12 months).

UMBILICUS DURING ABDOMINOPLASTY

FRANCISCO VILLEGAS, MD – COLOMBIA

UMBILICUS DURING ABDOMINOPLASTY

The umbilicus is a key point in the final results of abdominoplasty, the shape and position of the umbilicus and its proportionality are very important in abdominal aesthetics.
During conventional abdominoplasty, the umbilical stalk is exteriorized through an incision placed in the location of the original umbilicus allowing the surgeon to do only minor changes to the native positioning.

Since 2005 I have been using umbilical amputation, umbilical ring closure, and neoumbilicoplasty with a skin graft in almost all my abdominoplasty cases. This approach has been part of the well-known procedure, TULUA abdominoplasty, during primary or secondary abdominoplasties ***(Table 1, Figure 1)***.

After unrestricted (or liberal) liposuction, I perform an *"en bloc"* resection of the infraumbilical pannus along with umbilical stalk amputation, as well as umbilical ring closure, transverse plicature of the abdominal wall, and incision closure. The umbilical reconstruction is started as a critical point as follows: the new umbilical position is determined, according to the golden proportion 1:1.62 where 1 is determined by the distance from the anterior commissure of the *labia majora or base of the penis* to the incision, and 1.62 corresponds to the distance from the incision to the neoumbilicus. During this step, a Fibonacci sterile caliper is useful but not indispensable. Frequently the V distance is 6 cm, then the umbilicus must be created anew, about 9.7 cm above the closed transverse skin incision ***(Figure 2)***.

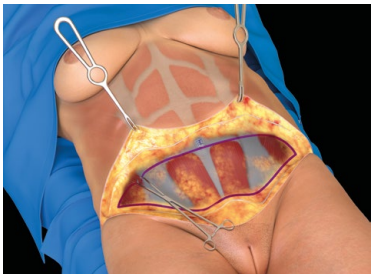

Figure 1. TULUA abdominoplasty: After unrestricted tumescent liposuction, an en bloc resection of the infraumbilical pannus has been performed, the umbilicus has been amputated and a transverse plication is depicted in purple on the abdominal wall.

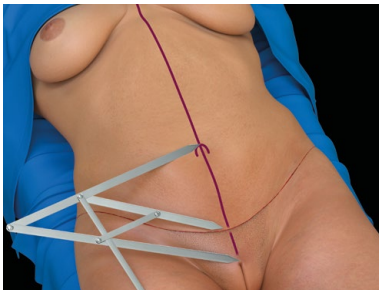

Figure 2. Neoumbilicus placement: After layered closure of the abdominoplasty incision, a golden proportion caliper is demonstrating adequate planning of the new umbilicus above the incision which is 1.62 times the distance from the scar to the anterior vulvar commissure.

Neoumbilicoplasty is made by an inverted U-shaped incision 1.5 cm in diameter. A 2.5 cm wide depression is formed around the U incision using scissors for direct defatting around it until the linea alba is visible and palpable. After these maneuvers, the dermis of the incised "U" is firmly sutured to the linea alba using six buried stitches of 2-0 USP polyglycolic acid suture. The remaining raw area on the fascia corresponds to the bottom of the new umbilicus and is grafted with a full-thickness skin graft sutured with 3-0 plain catgut sutures ***(Figure 3)***.

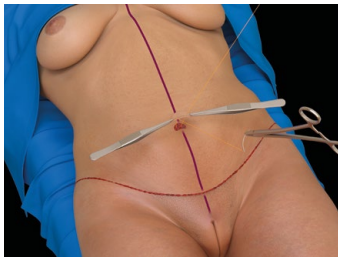

Figure 3 Skin graft neo-umbilicoplasty. An inverted U incision is sutured to the midline abdominal wall, a full thickness skin graft is fixed with absorbable sutures to the linea alba.

A non-adherent petrolatum-based dressing is used over

the graft. In about 10% of cases, there is a delay in graft take. In a multinational study evaluating 845 patients, umbilical appearance results scored a mean of 1.78 of the maximum of 2 possible points.

This new umbilicus has distinctive advantages and some disadvantages ***(Table 2)***.

Neoumbilicoplasty with a skin graft during abdominoplasty is my recommendation to get better and more consistent results in abdominoplasty, because the surgeon can shape and accurately position the new umbilicus based on the Fibonacci sequence creating visually appealing proportions in the abdominal appearance ***(Figure 4)***.

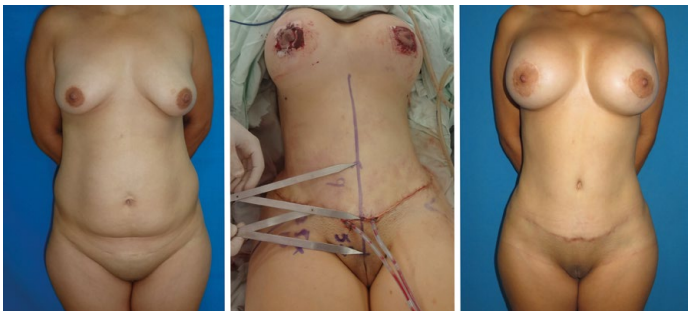

Figure 4. Neoumbilicoplasty during TULUA abdominoplasty.
Left: Pre-op picture showing a 30-year-old female.
Center: After liposuction, panniculectomy, amputation of the umbilicus and skin closure; the ideal position of the new umbilicus is planned using a golden proportion caliper.
Right: Six months post-op; note the importance of well-designed shape and position of the new umbilicus for optimally aesthetic results. The patient had also, breast implant-based, peri-areolar mastopexy.

Table 1 / Box 1 – TULUA acronym based on abdominoplasty modifications, compared with lipoabdominoplasty and conventional abdominoplasty

LIMITED DISSECTION LIPOABDOMINOPLASTY		TULUA ABDOMINOPLASTY	CONVENTIONAL ABDOMINOPLASTY
Vertical plication	T	**T**ransverse plication	Wide vertical plication
Supraumbilical tunnel dissection	U	**U**ndermining halted at the umbilicus	Wide dissection
Liposuction	L	**L**iposuction (without restrictions)	Without liposuction or limited ("danger zones")
Umbilicoplasty by stump exteriorization	U	**U**mbilicoplasty with a skin graft	Umbilicoplasty by stump exteriorization
Low scar position limited by no supraumbilical dissection	A	**A**bdominoplasty with low transverse scar placement	Abdominoplasty with scar location according to flap tension

Modified from: ***Villegas F.*** *TULUA Lipoabdominoplasty: no supraumbilical elevation combined with transverse infraumbilical plication, video description, and experience with 164 patients. Aesthetic Surgery Journal. 2020;41(5):577-94.*

Table 2 / Box 2 – Advantages and disadvantages of neoumbilicoplasty during TULUA abdominoplasty

ADVANTAGES	DISADVANTAGES
The new position of the umbilicus is determined by the surgeon.	Malpositioning of umbilicus is possible.
Proportionality between scar, umbilicus, and xyphoid could be aesthetically pleasing.	Slight upward migration of the umbilicus is expected.
Scars of the neoumbilicus and graft are deep in the bottom of the new umbilicus.	In about 10% of cases, a skin graft take could be delayed.
The use of a careful technique to perform the neoumbilicoplasty can produce very satisfactory results.	Performing the neoumbilicoplasty is the most difficult part of the TULUA abdominoplasty.
It is very useful to correct umbilical hernias while doing an abdominoplasty.	In thin patients, or when the epigastric flap is aggressively tinned the umbilicus will appear flat.
It is very useful to treat long and poorly positioned umbilici, such as in post-bariatric patients.	
Most of the results scored highly satisfactory.	

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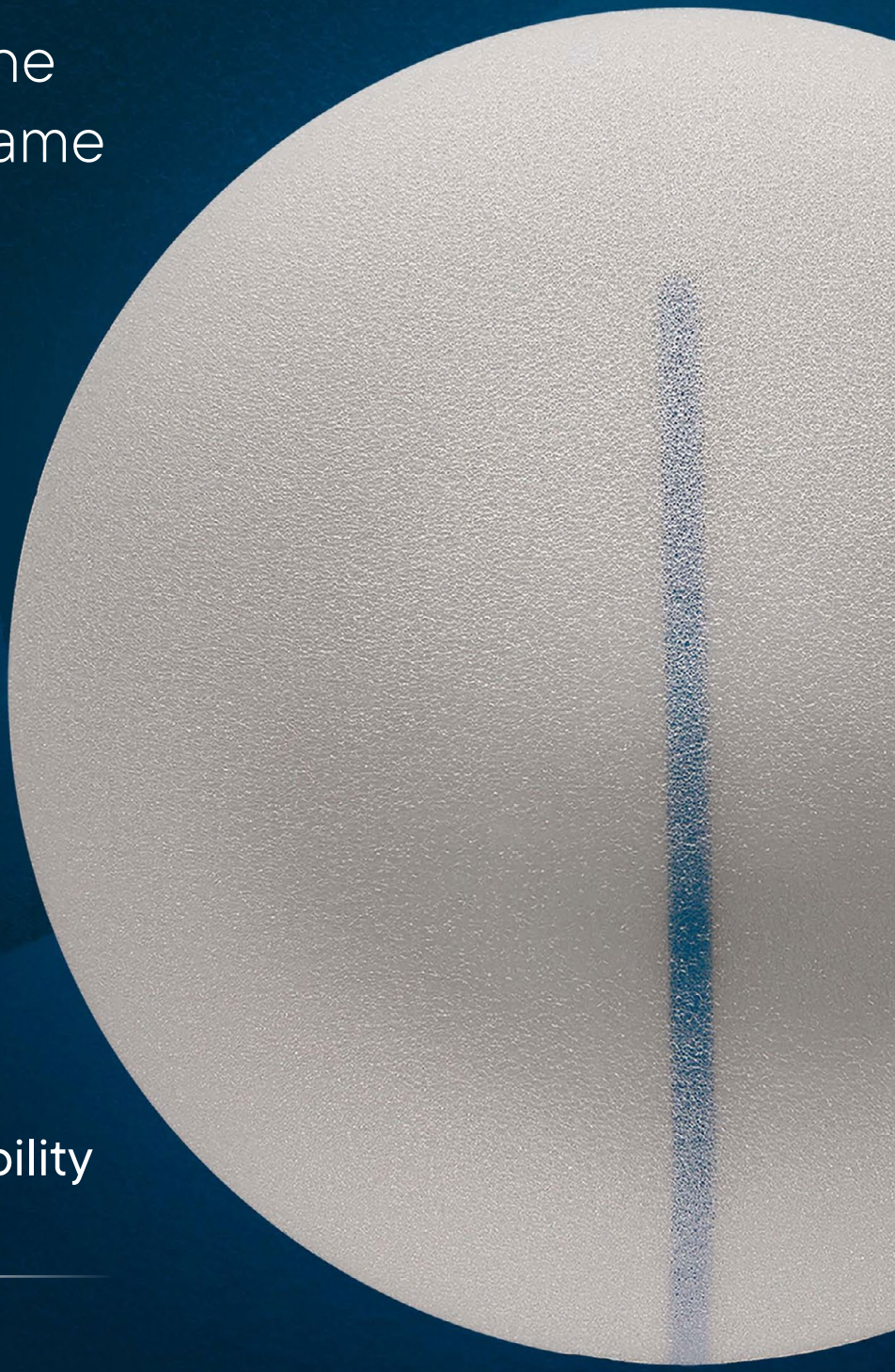

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ANATOMY OF GLUTEAL SUBCUTANEOUS TISSUE IN DIFFERENT SKIN CONDITIONS AND ITS IMPACT ON HYALURONIC ACID INJECTIONS

CARMELO CRISAFULLI, MD – UNITED ARAB EMIRATES

The use of hyaluronic acid for buttocks augmentation is a growing trend as it is a good alternative to provide immediate and predictable results. Furthermore, it is a viable option for thinner patients or those who do not want to go through surgery and prefer a less invasive method.

Anatomical knowledge is a key factor to achieve optimal and safe results. Likewise, the ability to adapt the technique is important to the patient's needs and skin condition.

During my last four-year clinical practice in the UAE, I have injected more than 1,500 syringes into many types of skin, from young to old patients, with excellent and durable (1–2 years) results and no severe complications.

ANATOMY OF BUTTOCKS FAT LAYERS

The subcutaneous fat layer of the buttocks is composed of superficial (SAT) and deep (DAT) adipose tissues that are separated by a membranous layer of connective tissue called Fascia Superficialis ***(Figure 1a)***.

In SAT, the adipocytes are organized by fat lobules in close contact, while in DAT the fat lobes consist of lobules more spaced by interstitial tissue with a major predisposition toward displacement.

Between the fat layers, we find retention ligaments in the transition areas between the *gluteus maximus* and *gluteus medius* muscles and the lateral part of the trochanter, as well as perpendicularly oriented *fibrous septa*, anchoring the dermis to the superficial fascia, and responsible for skin elasticity.

The DAT instead is a less elastic tissue with oblique fibrous septa connecting the superficial and the deep fascia above the muscle.

Although the ideal candidate for the procedure would

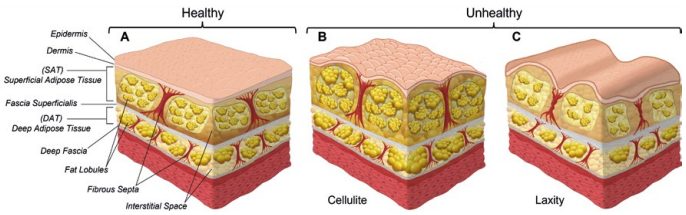

Figure 1. Anatomy of subcutaneous tissue. A: Healthy; B and C: Unhealthy conditions.

have healthy skin, this is not common. In general, we usually treat patients with unhealthy skin: fibrous cellulite or laxity with loose tissue that may present stretch marks following childbirth or a rapid change in BMI, ***(Figures 1b, 1c)***, respectively.

INJECTION APPROACHES

Similar to implants, fillers are heavier than fat and need a supporting base. There is no general strategy or volume because the patient's skin must be considered when it comes to HA injection.

In the case of water retention such as cellulite, adipocytes and lobules are larger, thus reducing the interstitial space ***(Figure 1b)***. In this situation, my strategy is to inject into the DAT layer allowing the fibrous septa to relax from below and reduce the superficial depressions of the skin while giving volume.

In contrast, loose tissue presents a reduction in collagen and connective tissues with more interstitial space in both the SAT and DAT layers ***(Figure 1c)***. This implies the need for a greater filler volume, but with an elevated risk of ptosis due to the poor elasticity of the tissue that cannot support its weight.

In mild laxity treatable cases, I prefer a multilayer approach, injecting preferentially in the upper third of the buttocks and avoiding boluses that concentrate the filler's weight. We should consider that pronounced laxity is an exclusion criterion.

For unhealthy skin cases, it is better to have a stepwise strategy in two or more sessions every 2–3 weeks to achieve the desired result. During this period, in my experience with the HYAcorp MLF2 product, the filler has perfectly integrated into the adipose tissue and has a minimal risk of migration.

Even when dealing with patients with healthy skin, I use a multilayer approach, starting by injecting the SAT to take advantage of its elasticity. This allows a greater expansion with less product due to the compactness of the lobules which prevents its dispersion.

The filler finds support in the superficial fascia that pushes it upwards conferring projection. Once maximum tension is reached in the superficial layer, injecting the deeper layer helps create a support structure at the base that further improves the result.

Treatment of Hip Dips in the trochanteric area is different. At the base we find the gluteal fascia which continues laterally with the *tensor fascia latae* ***(Figure 2a)*** and caudally with the *iliotibial band* and a single, thinner layer of fat.

The choice of the access point is crucial. To reach the lateral depression I prefer to enter from the lower trochanteric area, that way it is easier to avoid injecting the filler into the tendon with a high risk of migration into the groin area. In this direction, the cannula encounters the fibrotic tissue perpendicularly, breaking it and generating breaches between the fibers that allow support for greater volume and therefore greater skin expansion. This way, we can obtain better and safer results even with deep stretch marks ***(Figure 2)***.

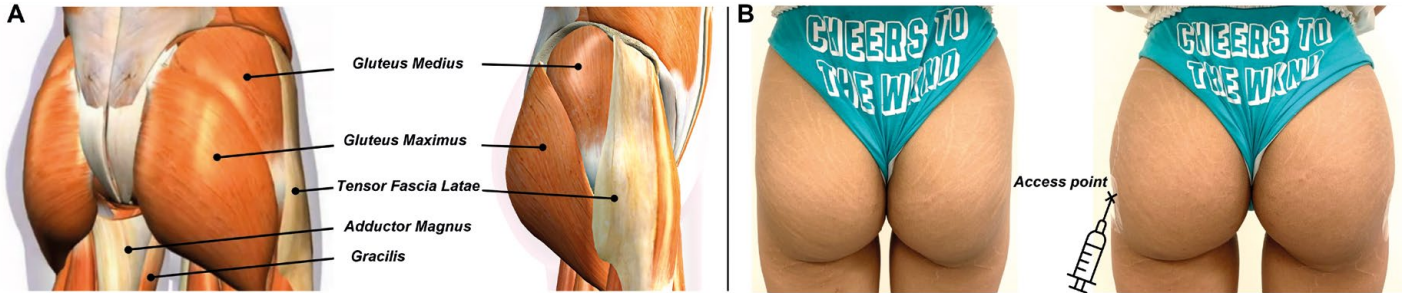

Figure 2. A: Gluteal anatomy; B: Hip Dips correction.

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ISAPS CULTURE

PAUL AUDI, MD – LEBANON
ISAPS National Secretary

THE AFTERMATH OF THE BEIRUT PORT EXPLOSION: AUGUST 4, 2020, AT 6:00 PM

I was home on August 4, 2020. At 6:00 pm, I heard a loud bang, and seconds later a longer explosion ***(Figure 1)***. All the aluminum sliding doors and glass in the house were blown away in front of my eyes. I looked outside and saw a huge orange mushroom in the air, and the atmosphere was foggy ***(Figure 2)***. Something unusual had happened.

I checked the house and despite the destruction, my kids and my wife were safe. My brother-in-law called me; he had been wounded by the fallen glass in his home. I asked him to meet me at the hospital emergency room.

On my way to the hospital, I started to realize the magnitude of this explosion, my garage door was also blown away, and all the streets of the city were covered by shattered pieces of glass. Almost all buildings were blown away.

Finally, I reached the hospital entrance, it was impossible to go inside the emergency room. At least 200 wounded people were waiting at the hospital door, with blood all over them, the emergency room was backed up; the scene was really apocalyptical, doctors and nurses were all treating patients, and superficial and minor injuries were stapled.

Figure 1. A few minutes after the second explosion, the orange mushroom starting to spread.

I went up to the hospital recovery room, lined up four stretchers, brought any necessary items, and started taking care of wounded patients. More serious cases, like eye rupture, radial arteries, or nerve injuries were immediately taken to the operating room.

Figure 2. The moment of the explosion, an orange smoke plume, and white mushroom cloud traveled at supersonic speed.

It was 6:30 pm, and wounded patients kept coming non-stop. I cannot recall the number of patients that I sutured by myself, but I do remember it did slow down around 4:00 am.

This non-nuclear blast was the third in magnitude after the bombs of Hiroshima and Nagasaki, something inconceivable. It produced a 140-meter-wide crater and an earthquake of 3.3 magnitude. This shockwave traveled at supersonic speed demolishing neighborhoods within a 10 km radius. To give you an idea: my clinic, located two and a half miles away from the explosion site, a half-inch steel bar was bent by the blast, my windows were dislodged, and my office door blew off and landed a few meters away.

It is during these trying times that we realize the humanity in people. I highly appreciated the rapid, supportive response and messages from all the ISAPS community and the big family, it was heartwarming. We were especially thankful that ISAPS President Dr. Dirk Richter at that time and Dr. Kai Schlaudraff were able to help unblock medical and financial emergency support.

Also, thank you to the American and Brazilian colleagues for sending medical and surgical supplies. It was just amazing how the whole world responded to mend this devastating catastrophe that in a few seconds killed 218 people and wounded more than 7,000.

Figure 3. Port of Beirut after the explosion. Grain silos were heavily damaged as well as many vehicles.

Although I lived through the terrible Lebanese war in the '80s and '90s, this unexpected explosion was something never seen before, 2,750 tons of ammonium nitrate detonated and damaged more than half of the city. One of the largest non-nuclear explosions in history, in a country that was once the Switzerland of the Middle East.

Figure 4. In downtown Beirut, hand-drawn pencil portraits of all the explosion victims with their first names.

The Beirut port explosion added disaster to an already suffering population ***(Figure 3)***, as the country was hit by an unprecedented economic crisis and inflation, which caused the Lebanese currency to lose 16 times its value.

I wanted to share my experience and that of my fellow citizens, because I really believe that like the phoenix that rises from his ashes, with time, our beautiful Lebanon will be reborn and will come back again ***(Figure 4)***.

LET US MEET AGAIN

LUIS MASTRONARDI, MD – ARGENTINA

The COVID-19 pandemic changed our lives, both personally and professionally, for almost two years. However, far from staying inactive, we became resilient and learned new ways to meet through new platforms. Nevertheless, in-person scientific meetings such as ISAPS symposia and conferences ***(Figures 1, 2)*** almost disappeared during the pandemic. We never thought that it would be so long until we would meet our colleagues and friends again.

So, we must pose the question, do we really need to meet to see each other in person? Surprisingly, many

Figure 1. Iguazú Aesthetic Meeting. Argentina.

times, participation at scientific events was challenged or even labeled as an expense. And while it is true that we can meet via video conferencing, which became the normal way to interact during the pandemic, let us not forget the importance of in-person participation in these events, for that is what enriches us both scientifically and socially. It is not an expense at all, but an investment, where knowledge becomes limitless.

In fact, is there something more nurturing for a physician than listening to, sharing, or even learning from other colleagues' success stories or mistakes? Should we take for granted that a technique is infallible even though it was not shared nor discussed with other colleagues? There

Figure 2. 2nd ISAPS Days Belgrade. Serbia.

is always room for improvement, and we should never take opinions as criticism but rather as an opportunity to enrich our work and raise the bar of our specialty.

These discussions and interactions give us the chance to connect with our colleagues through the field of knowledge; a field in which new friendships will flourish along the way.

It is said that "Education is the premise of progress, in every society" ... even if it finds us on or off the podium, in an auditorium, or simply sharing a cup of coffee. We should never stop challenging, discussing, sharing, or praising the work of our colleagues.

So, while it is true that we can exchange ideas and knowledge via a camera, it does not replace the depth and inspiration that comes from in-person meetings.

We should never stop pursuing knowledge. We should never stop meeting.

"I keep six honest serving-men
(they taught me all I knew);
Their names are What and Why and When
And How and Where and Who."

Rudyard Kipling

ISAPS GOURMET

FABIAN CORTIÑAS, MD – ARGENTINA
Co-Chair, *ISAPS News*

MISS EMPANADA

Figure 1. Meat for empanadas.

Figure 2. Hermetically closed to preserve its juicy content

Empanadas are one of our Argentinian traditional foods and certainly one of my favorites. It consists of a flat, thin dough that is filled with meat ***(Figure 1)*** and hermetically closed to preserve its juicy content ***(Figure 2)***.

These are an essential component of our national holidays but can be found throughout the year, in different regions with varying recipes, but preserving their traditional recipe ingredients. In fact, many Argentinian provinces have their own regional versions, adding or removing the filler components.

Within more populated cities, the empanada may be a fast lunch or an adequate meal for a meeting with friends, while in other areas it is more of an integral part of the Argentinian cultural heritage and a precious dish.

It is at a hand of all social classes and ages: the empanada is a popular and well-respected dish. All restaurants called "Parrillas" (grills), have it offered as part of their entrees, and therefore anyone who visits our country can get a taste very easily.

While the pasta is cut into round pieces, the filling is made with beef, onion, red pepper, green onion, salt, pepper, cumin, and other spices ***(Figure 3)***,

Figure 3. Empanada filling: beef, onion, red pepper, green onion, salt, pepper, cumin, and other spices.

Figure 4. A recipe that I got from a patient many years ago.

Figure 5. Crispy empanadas from the oven.

depending on the region. I like to cook a recipe that I got from a patient many years ago ***(Figure 4)***.

The preparation can take a while because everything must be cut into small pieces and cooked according to their specific times. Usually, the filling is made the day before and left in the fridge until the time of assembly and cooking.

Empanadas can be cooked in the oven or can be fried, the ones from the oven are soft with a meaty filler while the fried ones are crispier and juicier ***(Figure 5)***.

I hope you can enjoy this traditional food on your next visit to our country!

ISAPS TRAVEL

ANEESH SURESH, MD – INDIA

SPITI VALLEY – A WORLD WITHIN A WORLD

The ardor and magnetic attraction to a particular place, because you saw a captivating photograph, is inexplicable. Your inner voice keeps calling you to that 'special place' and the simmering desire doesn't let you sleep until that moment transpires. Spiti Valley has been that 'special place' for my soul.

We are lucky to have the mighty and ever-magnificent Himalayas as the crown of our country. You get to float amongst the clouds and get lost in this heaven, a piece of heaven that God has gifted to us mortals. So, when I and my friends decided to head to Spiti in April to avoid the peak tourist season that begins in May every year, we were in for an enriching experience. Spiti, "the middle land" between India and Tibet, is a cold desert mountain valley located high in the Himalayas. The barren hills, icy clear lakes, and dramatically perched abodes give you an 'out of the world' experience. Due to its geographic proximity to Tibet, Spiti has a huge Buddhist influence. The century-old monasteries and gompas with their fluttering prayer flags, stacks of 'mani' stones, echoing chants of 'Om Mane Padme Hum,' and monks having a leisurely walk in this surreal backdrop certainly tickles your senses.

Figure 1: The rustic and quintessential entrance to Tabo Monastery.

The entrance to the magical land of Spiti begins at Tabo, home to the most important monastery of the Trans-Himalayan Buddhist culture. Renowned as the 'Ajanta of the Himalayas,' it houses the quintessential thankas (scroll paintings), frescos (watercolor paintings), murals, and statues. The simple unassuming exterior has fortified the stories and traditions through the centuries ***(Figure 1)***. The

monastery is surrounded by the evidential mountains, a helipad, and a meandering river full of green and brown pastels. Our stay at Tabo was capped by a serendipitous tale of capturing the eye of the Milky Way through my lens without realizing what I had accomplished ***(Figure 2)***.

Figure 2: A glimpse of the 'magical eye' of the Milky Way.

The next stop took us to the picturesque 'Kye Monastery' located on top of a small hillock. The monastery is famous for its 'pasada style' architecture, with multiple stories contributing to the monastery-fort role ***(Figure 3)***. Every moment you stay there makes you wish that time stood still. As you walk around the courtyard, you come across monks who brave the harsh weather with only a maroon robe wrapped around their upper bodies. The maroon 'dhonka' symbolizes the fearlessness of one who is on the path of enlightenment. A ritual that is hard to miss is the 'Monks Debate' and is a fascinating sight to behold. Behest with loud statements, indomitable energy, and handclapping, these debates are held in the monastery's courtyard and are a way of gaining wisdom and quelling any misconceptions ***(Figure 4)***. If lucky enough, you can spend a night sharing a piece of a monk's routine at this monastery.

Figure 3: The omnipresent Kye Monastery.

Figure 4: Monks debate in full show.

As we moved higher up in altitude, the air achieves a rarity just like the towering Buddha statue at Langza. After spending a day fossil-hunting and sleeping under the cascading Milky Way, we moved on to the next leg of this already memorable expedition. What made this trip unforgettable and a 'once in a lifetime' affair, was the misfortune of getting caught in a snowstorm while trekking from Langza to Hikkim. With nothing to guide our senses except courage and the compass-like precision of our local friend Tenzin, we safely reached Hikkim. The hospitality of the people of Spiti is second to none. Despite arriving unannounced at a local family's home due to unexpected circumstances, we were taken care of like their own. Our bellies were filled with delicious food and our hearts soaked in those wonderful memories Spiti gave us.

Spiti is home to the highest post office at Hikkim, and the highest motorable village of Komic. So do not forget to send a postcard to your near and dear ones from Hikkim, or take a short detour to the village of Komic situated at a staggering 15,027 feet above sea level. The last leg of our journey through Spiti took us to Dhangkar, translating literally to 'a fort on a cliff' which is perched on a slope at the confluence of the Spiti and Pin rivers giving it a spectacular setting ***(Figure 5)***. The monastery here is in ruins but still worth a visit. It also has a freshwater lake offering an idyllic camping site ***(Figure 6)***. Our trip concluded with a return to Tabo and then heading back to what we now see as our mundane lives.

Figure 5: Dhangkar Monastery perched on top of a cliff-like rock formation.

Figure 6: A short hike from the monastery leads you to idyllic Dhangkar lake.

It is nothing short of spectacular to experience the elements of ice and water gravitating along as you ascend higher through the icy thin air, or see the brown mystical mountains change overnight to white-capped peaks and spend the night under the blanket of stars at the expense of warm drinks and cozy beds. It is a destination that should embellish every travellers' itinerary.

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ISAPS PRESIDENT
SPECIAL THANK YOU TRIBUTE

It is hard to believe the time has come to say farewell to our remarkable President, Dr. Nazim Cerkes, as he hands over the reins to his successor, Dr. Lina Triana, at this year's World Congress. Dr. Cerkes has shown an incredible amount of dedication and tenacity in his role at ISAPS. His leadership has benefited our beloved society in so many ways. His love of what he does, and his commitment have been invaluable. There are many wonderful things to say about Dr. Cerkes, and we wanted to share just a few of the sentiments from his ISAPS family who wish Dr. Cerkes continued success on his journey.

"The student has become the master"

James Grotting, MD – United States

In 1990, I had the great privilege of being a young Assistant Professor at the University of Alabama at Birmingham when both Dr. Nazim Cerkes and Dr. Renato Saltz were clinical fellows. Little did I know then that these two young plastic surgeons would become world-renowned contributors to our great specialty, and both serve as President of ISAPS. Truly, in both cases, the students have become the masters!

Nazim, as you celebrate the end of your ISAPS presidency, I want you to know how incredibly proud I am to have played a small role in your early education and to now be able to learn so much from you every time I am with you. Moreover, I appreciate your great friendship and the sacrifices you have made to spread your knowledge and wisdom everywhere in the world. Congratulations on a stellar career that I know will continue for many more years to come!

James Grotting

"You are a leader and YOU have contributed so much to ISAPS"

Foad Nahai, MD – United States
Former ISAPS President

Our ISAPS President, always smiling, always pleasant. You always have a 'can do' attitude, and there's nothing too hard or too much for you. You are an outstanding surgeon and you've made contributions to our specialty. You are a leader and YOU have contributed so much to ISAPS. We all love you, and we all enjoyed working with you, and look forward to an excellent meeting and onward we go at ISAPS.

Foad Nahai

"Great things were done during your presidency"

Ozan Sozer, MD – United States
Chair, ISAPS Education Council

My Dear Friend,

It was not too long ago we were discussing all the things you wanted to do for ISAPS during your presidency. In a blink, the two years are over. Time flies when you are having fun. I am so happy and honored that I was on your side during those two years. I am grateful that you trusted me as the Chair of the Educational Council, it has been an honor for me to work alongside you. Great things were done during your presidency. Your dedication and hard work are exemplary to all of us. Thank you for your leadership, but most importantly thank you for being my friend.

Best wishes,

Ozan

"You have done an amazing job as ISAPS President"

Renato Saltz, MD, FACS – United States
ISAPS Board of Directors, Former ISAPS President

Dear Brother,

Our friendship and mutual admiration go back to 1989 when I first met you as the visiting Fellow at the Division of Plastic Surgery at the University of Alabama at Birmingham, where I was completing my Residency in Plastic Surgery.

Since then, we have become great friends and have developed many passions together – teaching, traveling, and making new friends and colleagues worldwide while serving our National Societies and ISAPS together.

Most importantly we watched our children grow, saw our practices develop, our projects/dreams come to life, and our careers and societies become a reality.

Because of you, I met many Turkish colleagues who became dear friends whom I affectionally call brothers. I was honored to introduce their talent at many meetings worldwide, they are my extended Turkish Family. Because of you I traveled all over Turkey and fell in love with your country and your culture. Because of you and your selfless leadership, Turkish plastic surgeons are now known worldwide, and their contributions are recognized and countless.

No one is happier than me to see your coronation at the Istanbul Congress. You have done an amazing job as ISAPS President and kept our society together and growing at a very fast pace despite a world pandemic. Thank you for your service, thank you for your leadership of Turkish and world plastic surgery, and most importantly, thank you for your love & friendship!

Sincerely,

Abi Renato

"More leaders like you are needed to make a better world"

Arturo Ramírez-Montañana, MD – Mexico
Editor-in-Chief, ISAPS News

Thank you, Mr. President: Suat Nazım Çerkeş, MD, born November 6 in İstanbul, Turkey.

Many wonderful things come to mind when I look back on our friendship, so I'll try to express my gratitude by writing some of the things that describe 'you'.....

- Tireless
- Fair
- Appreciative of Life
- Sea Lover and Admirable Sailor
- Passionate
- Outstanding Leader
- Explorer
- Knowledge-Seeker
- Always Generous
- Passionate to Teach
- Unbreakable
- Unbelievable Host
- World-Class Guy
- Man with a Big Smile
- An Outstanding Example for your Friends and Colleagues and Proud of Many Eternally Grateful for your Friends, Patients, and Colleagues

More leaders like you are needed to make a better world. Thanks for the time, the great effort, and the dynamism that you applied to our Society. We all learned from you in so many ways, including how to navigate smoothly in turbulent times.

It's been a pleasure to work beside you during the last eight years as part of the Board of Directors, most recently as your Secretary.

We'll all miss you.

Sincerely,

Arturo Ramírez-Montañana

"Thank you, very much"

Lina Triana, MD – Columbia
ISAPS President-Elect (2022–2024) and Chair, ISAPS Women Surgeons Committee

Nazim, thank you for being our leader during these past difficult Covid years. Thank you for being who you are, such a kind person. Thank you for making ISAPS bigger, and for promoting education worldwide, which I know is one of your passions. Thank you very much.

Lina Triana

ISAPS Welcomes New Members

July – September 2022

You can find all degrees of the new members in the membership directory at: https://www.isaps.org/member-directory

Argentina
Dr. Barbara Villanustre

Australia
Dr. Shagun AggarwaL
Mr. Edwin Morrison

Austria
Dr. Nina Fuchsjäger
Dr. Hanna Luze
Dr. Long-Yang Sheng

Bahrain
Dr. Ali Husain
Dr. Mohamed Shehab

Bangladesh
Dr. Abu Faisal Ariful Islam Nobin
Dr. Ma Hamid

Belgium
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Bosnia and Herzegovina
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Dr. Nikolina Nikodinovic

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Dr. Adel Bark
Dr. Jairo Casali
Dr. Luis Contin
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Dr. Attaolah Heidari
Prof. Ali Jamshidi
Dr. Saeed Marzban
Dr. Farhad Mollahosseini
Dr. Amir Motabar
Dr. Jalal Motamedi Far
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Venue: Practical Anatomy and Surgical Education
Email: sarah.dawson@health.slu.edu
Tel: +1 314 977 7353
Website: PASE: SLU

ISAPS SYMPOSIUM UK – BREAST AND BODY
Dates: October 13–14, 2022
Location: London, United Kingdom
Venue: ExCeL London
Contact: Aimee Moore
Email: isaps-symposium@easyfairs.com
Tel: +44 20 3196 4375
Website: www.ccrlondon.com

ISAPS SYMPOSIUM – AESTHETICSTANBUL 2022 4TH AESTHETICS PLASTIC LIVER SURGERY SYMPOSIUM
Dates: November 4–6, 2022
Location: Istanbul, Turkey
Venue: Fairmont Qasar, Istanbul
Email: buket@doctorbacademy.com
Telephone: 0090 549 810 24 61
Website: Program – Aestheticstanbul

ISAPS SYMPOSIUM – APSI CHARLES PINTO CME
Dates: November 9–10, 2022
Location: Amritsar, India
Contact: Ravi Kumar Mahajan
Email: drravikmahajan@gmail.com
Tel: +91 9417 394 400
Website: apsicon2022.in

ISAPS SYMPOSIUM – 57TH BAKER GORDON EDUCATIONAL SYMPOSIUM
Dates: February 9–11, 2023
Location: Miami, FL, United States
Venue: Hyatt Regency Hotel
Contact: Mary Felpeto
Email: bakergordonsymposium.com/contact
Website: bakergordonsymposium.com

ISAPS SYMPOSIUM – AESURG 2023
Dates: March 1–5, 2023
Location: Pune, India
Venue: Aamby Valley City, Lonavala
Email: aesurg2023@gmail.com or ashish@aestheticsmedispa.in
Tel: +91 99 2360 0302
Website: www.aesurg.in

ISAPS OLYMPIAD CONGRESS 2023
Dates: August 31–September 2, 2023
Location: Athens, Greece
Venue: TBC
Email: registrar@isaps.org

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