

# ISAPS<sup>®</sup> NEWS

OFFICIAL NEWS OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY

# 2

Volume 15 | Number 2

## INSIDE ■

Facial Fat Transfer:  
How I Do It

**Feature**  
Regenerative Facelift  
Surgery: Fact or Fiction?

**New!** ISAPS on Culture,  
Gourmet & Travel



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# MESSAGE FROM

## the Editor-in-Chief

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ARTURO RAMIREZ MONTAÑANA - MEXICO  
Editor-in-Chief, *ISAPS News*

## A LIGHT AT THE END OF THE COVID-19 TUNNEL?

I hope you, your families, and your staff are all doing alright. It is a great pleasure to present the second issue of *ISAPS News* of the year. For this issue we selected Facial Fat Grafting as our scientific subject, and I am pleased to share with you all numerous articles from various parts of the world on this topic. I would like to thank in particular Dr. Patrick Tonnard, Dr. Alexis Verpaele, and Dr. Steven Cohen for their amazing pieces on this subject. We have several other interesting articles in this issue, including a piece from Dr. Akin Yücel on the history of female aesthetic nudity, an article on car racing from Dr. Joachim von Finckenstein, and one from Past President Dr. Dirk Richter about the sport of sailing.

Many people are hopeful that we are beginning to see the light at the end of the COVID-19 tunnel, after more than three million people have died, hundreds of millions have been infected, and millions of people have been left with lasting effects. Finally, the vaccination process is underway – of course, some countries are further along in this process than others.

Without a doubt, as a result of the pandemic, some temporary changes have come to stay: telemedicine has exploited its usefulness during the pandemic and become an essential tool in our daily practice, just as home office has proven itself valuable, effective, and efficient for employees who are able to avoid the expenses and travel time of a long commute. On the other hand, virtual scientific events have seen spectacular success, but have also reminded us how much we miss being able to connect with friends and colleagues from around the world. This certainly is one of the greatest prices we have had to pay.

The good news is that even during the last year, many cities reported a rise in the number of aesthetic surgery cases. This has various explanations: people see themselves more often on video calls; they have money left over from vacations they were unable to take; and recovery time is no longer a huge problem with home office. But what comes after the pandemic? Will we go back to the old normal? It is likely that we will not. Although we are coming out of the critical stage of the pandemic, we will be entering a new reality. As I mentioned, some things have come to stay, but some things may change, and we need to be prepared. Businesses that were particularly hard-hit, like the hotel and travel industry, sporting events, airlines, and restaurants have already started to recover. As a result, our clients will begin spending their money elsewhere, in ways they were unable to during the pandemic.

Because of this, we have to be careful and maintain good financial practices and also successful business practices. The post-COVID era may have a negative impact on our specialty, so we must stay alert. I send you affectionate greetings and invite you to submit your articles for the next issue of *ISAPS News*, whose scientific topic will be High-Definition Liposuction. I also welcome you to contribute a lifestyle or cultural article of your choice.

Stay safe,



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

# MESSAGE FROM

## the *ISAPS News* Co-Chair

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

Dear Colleagues,

This issue of our newsletter is a turning point towards a broader exchange of experiences. Traditionally, we have been sharing society news and personal perspectives in surgical procedures, but now we are going to share more.

This is the first issue of *ISAPS News* in which you are going to find lifestyle topics such as pieces on regional foods, travel tips, and cultural curiosities, with our own members acting as reporters and writing about these topics. In this month's issue, I am excited for our readers to learn about some traditional meals from Spain and Argentina. I hope that our members from other regions will contribute recipes of their delicious local dishes in future newsletters. We challenge members from all countries to send in a brief description of their favorite meals.

We would like to create our own "restaurant catalog," a sort of *ISAPS Michelin Guide*.

As you read this issue of *ISAPS News*, I hope that you are able to travel around the world a little bit, even during a pandemic, through the unique personal perspectives of our friends, who have grown up and lived in each and every part of the world. I hope you enjoy their local insights.

Best regards,



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



# MESSAGE FROM

## the ISAPS President

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Dear friends,

It's been another busy quarter here at ISAPS HQ, but we have a lot to show for it: new strategic goals for the next five years in development, planning underway for a brand new ISAPS website, a growing events and education program, and most importantly, our big announcement that the ISAPS World Congress will go ahead this September 11-13 in Vienna, Austria!

As always, safety is our top priority at ISAPS and in line with current guidelines, places on site will need to be limited. We will stay committed to ensuring our congress is accessible to all of you, whether or not you can travel, by offering the congress in hybrid form. We have an amazing program planned with our usual scientific updates, expert panels, specialist master classes and, for the very first time, a full complex live surgeries program. Registration is going live this week so don't miss the chance to be with us, either in Vienna or online.

In the meantime, we have continued to expand ISAPS' extensive educational activities for our members, and I remain proud of ISAPS' ability to adapt to our new virtual world: not just through our ever-popular monthly Master Class series, but also our innovative 48-hour ISAPS WORLD program in March, our first online ISAPS Business School in April (both attracting more than 1,200 international delegates), and most recently our Regenerative Medicine specialist series, presenting the cutting edge of our specialty. That theme continues in our special articles in *ISAPS News* this month.

I am grateful to our Education Council and all our Chairs, faculty and contributors who continue to ensure we are offering the highest quality Aesthetic Education Worldwide® to our members. Through these endeavors we have also recently launched our [ISAPS Affiliate Program](#), allowing your practice staff to be part of our ISAPS community. You can now sign up your staff to give them continuous free ongoing access to ISAPS education for just \$100 per year.

Our residents have also remained a priority for ISAPS and beyond growing our three-year free residents membership program, we have continued with our monthly residents-only webinar series, allowing plastic surgeons starting out in their careers to learn directly from our more established experts. Any ISAPS resident can participate in these interactive sessions completely free of charge, so please spread the word.

Our ISAPS official courses are now coming back with hybrid events including the 12th International Eurasian Aesthetic Plastic Surgery course this week and our Athens course in July. You can stay up to date through our [ISAPS events calendar](#) on our website.

ISAPS continues to take the lead in compiling global data for our specialty, and I am excited to announce that our annual Global Survey is now live! Please see the link in this issue on page 7 and take part in the largest global survey in aesthetic surgery. ISAPS is the only organization compiling data for our field on this scale and there has never been a more important time to participate so that we can publish comprehensively on the impact of the pandemic on plastic surgery procedures worldwide. I am grateful for your participation and your support to collate as much data as possible. To thank you for your time and support this year, you will receive a personalized comparison report on the data you submit.

Finally, my thanks to all our contributors, and I invite you to join me in sitting back to enjoy another great issue of *ISAPS News*!

With my best wishes,

A handwritten signature in blue ink that reads "Nazim Cerkes". The signature is fluid and cursive.

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

# MESSAGE FROM

## the Education Council Chair

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

Dear ISAPS Members,

The first half of 2021 has been a busy one for the Education Council with multiple events. We launched a new monthly Master Class webinar series in January and February, and our first ISAPS WORLD virtual conference took place on March 27 - 28. This completely unique event covered five regional programs running for 48 hours and welcomed more than 1,300 participants from 91 countries. We are grateful to all our program chairs and more than 400 faculty members for putting this exceptional world-class lecture program together. Although we suffered some technical difficulties which affected the quality of presentations on the first day, our delegates appreciated the new format and more than 70% accessed programs across multiple time zones. The Education Council learned a lot of lessons from this challenging event which we will use to further improve our future virtual events.

The subsequent ISAPS Business School, organized by Dr. Renato Saltz, took place on April 17, bringing excellent practical tips for a successful aesthetic practice to more than 1,200 delegates. This meeting was open to both plastic surgeons and their staff teams and we were pleased to welcome more than 260 staff members to this first meeting of its kind.

Our Master Class series continued in April and May, and May also saw two additional events. Dr. Nazim Cerkes organized the first two-day ISAPS Hair Transplantation Course in Istanbul on May 8-9 and broadcasted the event live to international delegates. Then, on May 22, we launched another exciting new series in Regenerative Medicine. Our Part 1 Symposium was put together by Drs. Katarina Andjelkov, Steve Cohen and Tunc Tiryaki with a prominent faculty presenting the very

latest developments in the field. We received exceptional feedback from delegates on the quality of this program, so look out for Part 2, taking place soon in July.

We are now getting ready for our next Master Classes in June, July and August, and most important of all, we are busy planning an exceptional program to bring you at our ISAPS World Congress this September 11-13 in Vienna! In response to our members' feedback, the Board of Directors has decided to proceed with a hybrid congress, and we are excited to see the city opening up, ready to welcome us there. In line with COVID-19 restrictions we will have limited places to attend on site, but it will still be possible to attend virtually if you are unable to travel. Registrations and call for papers open this week so look out for these announcements in the coming days.

The ISAPS Education Council is dedicated to bringing the highest quality education to our members during these difficult times. We are looking forward to better days when we can organize more live events and see each other face-to-face more often again. For now, we hope to see many of you in September in Vienna.

Sincerely,



Ozan Sozer, MD



# GLOBAL SURVEY

is now live!

Join us in this  
worldwide project!

**ISAPS is the only organization to publish data on aesthetic procedures performed on a global scale.**

And this year, our Global Survey is a little bit different!

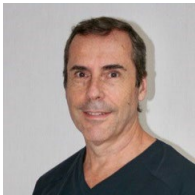
We value your participation in this important work, and to thank you for that, ISAPS will provide survey participants with **Individual Comparison Reports** so you can benchmark your own data with the overall findings from the study, giving you **valuable insights** about your own practice measures!

[CLICK HERE TO PARTICIPATE IN THE GLOBAL SURVEY](#)

# COMMITTEE REPORT

## ISAPS Communication Committee

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**FABIAN CORTIÑAS - ARGENTINA**  
Chair, ISAPS Communication Committee

### PUT THE BRAKES ON SOCIAL DISTANCING

A car advertisement from the nineties pushed young people to buy a brand new car before they got too old and forgot “what are all those buttons are for.” This is the same sensation many of us have today when dealing with Social Media, or SoMe. Millennials have grown up with SoMe as a part of their daily lives, but for many of us, SoMe is a new thing that is evolving quickly and requires time to learn how to use it properly.

The present situation, which has changed our lives greatly by moving us indoors, restricting our movements, and forbidding many things that we considered freedoms, also provides us with the opportunity to develop our e-communication. For example in March, ISAPS’ Education Council put on the first-ever ISAPS WORLD, an intensive two-day, fully-virtual aesthetic event. Throughout those two days we exchanged more than 130,000 impressions through our social media accounts. We could not see each other in person, but we were connected and sharing virtually through e-communication.

Today, SoMe has proven to be more important than ever, especially for an international society like ISAPS where our members and events are spread throughout the world. ISAPS’ Communication Committee is currently working on tutorials designed to help improve our performance on SoMe and to explain how it works and how to use it.

We on the Communication Committee invite all ISAPS members to share social media content with us, which our team will post on ISAPS’ official channels. Despite the pandemic and all we are losing, we have also gained broader wings in e-communication through which we can reach one another, wherever we are. Don’t be shy, don’t look for perfection - share your experiences, your thoughts, because the goal is to share with each other and put the brakes on social distancing.

Sincerely,



Fabian Cortiñas, MD



# COMMITTEE REPORT

## ISAPS Governance Committee



**IVAR VAN HEIJNINGEN - BELGIUM**  
Chair, ISAPS Governance Committee

## GOVERNANCE: WHAT IS IT?

Governance is a buzz word lately, associated with transparency, integrity, and the ethical behavior of companies and organizations. The goal of this new series in *ISAPS News* is to provide our members with some insight into governance and what it is all about. Let me begin with a (completely fictional) scenario to illustrate how governance tends to come about for societies like ours.

It starts with a group of doctors who meet regularly to exchange knowledge and scientific ideas. One night after their meeting, they talk about its success over dinner: “Why don’t we do this on a regular basis? Say twice a year?” Everyone likes this idea and they make plans for the next meeting. The success continues and they bring more friends. After witnessing the demand for such events, the group decides to organize themselves better in order to reach even more colleagues. And thus, a **not-for-profit, scientific medical society** is born.

The small group of **founders** decides to launch an annual meeting for their colleagues and specialty. One member takes care of the meeting venue and local organization, another finds presenters and prepares a program, a third sends out invitations, and another makes a website and handles social media. To cover the costs, this time the founders ask attendees to join the society for a small fee.

In the following years, the society becomes more successful, and the founders take on official positions, such as President, Secretary, Treasurer, and so on. They add other members to their new leadership group, the **Board of Directors**. To hold

their members to a higher standard, they and the society members agree to abide by a **code of ethics**.

Educational programs are increasingly well received and the society decides to help educate residents-in-training as well, so another new committee is set up. The society tries to represent all members, but with an expanding number of countries included, they cannot all be represented on the Board. A **nomination policy** is created to ensure proper representation.

Slowly but surely, these responsibilities become too much for the busy volunteer doctors alone and staff members are required. Once a senior staff member is appointed, other policies are needed: **financial policies, descriptions of tasks, GDPR-compliance policies, and IT policies**.

So far so good, but at a certain point things aren’t always running so smoothly – perhaps someone is too outspoken regarding an area of their specialty, and the Board decides that a **Declaration of Interest** is needed to avoid conflicts of interest. A **General Assembly** questions **nomination procedures** and the appointment of Board members. A **Nominations Committee** is formed to draft a **nomination policy**, as well as a **Bylaws Committee** to keep the bylaws on track.

Meetings become more successful, thanks to the new **Education Committee**, and membership applications increase, so a new staff member is hired to take care of membership and a more professional **customer relationships management**

**(CRM) system** is bought. A **Membership Committee** is established to oversee the process, to come up with attractive membership benefits, and to re-address the **membership levels**. More finances come in and a professional accountant is hired to support the Treasurer. **A Financial and Investment Committee** is set up to manage this process and a yearly audit is organized.

At the next General Assembly, the new Board is chosen according to protocol. Their first meetings are sometimes quite chaotic, as they are unaware of the **parliamentary rules** and official **code of conduct**. There had been no **board induction process** and no **Terms of Reference (ToR)** to guide them so it is not quite clear who is responsible or accountable for what. And so begins the journey to a clearer, more transparent **governance structure**.

This short illustration shows that even when an organization starts as a small group of friends where everyone has the best interests of members at heart, clear structures of governance are needed to support the group to stay organized and continue to succeed as it grows.

There are numerous definitions of governance, one of which is “the way rules, norms and actions are structured, sustained, regulated and held accountable.” Put even more simply, governance is the way a society is run. All of the emboldened words above have something to do with governance.

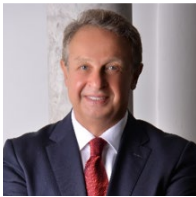
As Chair of the Governance Committee, I hope that this short story gives you some insight into governance and piques your curiosity about future items we will address regarding governance.

Sincerely,

Ivar van Heijningen, MD

# COURSE REPORT

## ISAPS HAIR TRANSPLANTATION COURSE – ISTANBUL, TURKEY



**NAZIM CERKES - TURKEY**  
ISAPS President

On Saturday, May 8 and Sunday, May 9, we had two full days of live surgery at the ISAPS Hair Transplantation Course in Istanbul. The virtual event featured four live surgeries, all of which were performed on different patients with unique features. These surgeries were performed by Drs. Sacit Karademir, Ilhan Serdaroglu and Irfan Aydin in the Clinica Surgery Center in Istanbul and broadcasted for delegates to view online (**Figure 1**). The different surgeries that were performed were mega session hair transplantation, female hair transplantation, beard restoration, eyebrow restoration, eyelash restoration, and hair transplantation from beard to scalp.

Apart from the live surgery portion of the event, the faculty hosted several lectures on the most recent advances in this type of surgery as well as the specific technical details of hair transplantation surgery. The international faculty included renowned speakers Drs. Alfonso Barrera, Dr. Carlos Uebel, Dr. Manoj Khanna and Dr. Gorona Epstein, who also connected online with participants and contributed to the

discussion. This meeting was a great opportunity to learn the most recent techniques on hair transplantation surgery. In case you missed the event, you can register to view the entire course On Demand for six months by [clicking here](#).



*Figure 1. Live surgery being transmitted to delegates at the ISAPS Hair Transplantation Course.*

# ISAPS JOURNAL

## MESSAGE FROM THE EDITOR-IN-CHIEF



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

Dear ISAPS Members,

I am pleased to share with you that our journal, *Aesthetic Plastic Surgery*, continues to break records. According to the publisher's report, those of you serving as reviewers have been able to reduce 'the first decision period' to an average of 13 days, breaking our own record and leading the pack among Springer's over 2,000 journals. The closest matching time is over twice as long. This first decision period refers to the time from the submission date of an article to the date when the Editor-in-Chief submits his first decision about the article. Possible decisions include minor revision, major revision, acceptance after review, rejection after review, immediate acceptance, immediate rejection, rejection and resubmission, and rejection and transfer.

This process includes my initial review, selection and invitation of the reviewers, review and submission of the suggestion by the reviewers, and my consideration of the recommendation made by the reviewers in reaching the first decision. As you can imagine, this course could be prolonged with minor delays in each step. However, by streamlining



the route with prompt responses from many of you, we have been able to tremendously shorten this process to the authors' liking.

Submissions to the journal have increased this year over last year, even though we already saw a significant increase last year. I would like to thank many of you who have supported our journal during this time. One area where we need reviewers the most is on genital surgery and gender reassignment. If you have expertise and interest in these fields, I would appreciate you getting in touch so that we can register you as a reviewer.

I invite those of you who are social media savvy to connect with us on our various journal sites. I wish all of you a great summer.

Sincerely,

Bahman Guyuron, MD

# REGENERATIVE FACELIFT SURGERY: FACT OR FICTION?

## HOW FACIAL FAT GRAFTING HAS REVOLUTIONIZED OUR FACELIFT PRACTICE



PATRICK TONNARD - BELGIUM



ALEXIS VERPAELE - BELGIUM



Interviewed by  
ARTURO RAMIREZ MONTAÑANA - MEXICO

*For over 20 years, Drs. Patrick Tonnard and Alexis Verpaele have been passionately running their aesthetic plastic surgery clinic in Ghent, Belgium. From the very start of their association they refined the techniques they were taught, but also developed a number of new techniques, some of which have gone around the world.*

**Ramirez Montañana:** Hi Patrick and Alex, you have both built up quite a reputation regarding your fat grafting techniques in the last few years. When did you first start using fat grafting in the face as a rejuvenation procedure?

**Verpaele:** Shortly after we heard Syd Coleman's talks about fat grafting in the nineties, we started experimenting with fat grafting. First, in the easier malar areas and perioral area, and later, after also having heard Alain Trepsat's experience, in the lower eyelids and periorbital area. Initially we experienced varying results, but with more experience we saw more consistent results.

**Tonnard:** Also, the ideas and findings from the facial aging studies by Val Lambros convinced us that adding volume

at the time of a facelift procedure was a very good idea.

**Ramirez Montañana:** Facial fat grafting has gained a lot of popularity over the last decades, but some surgeons are still doubtful about incorporating fat grafting as a routine method in their facial rejuvenation procedures. There are also troublesome complications described in the literature.

**Tonnard:** There are three kinds of problems associated with fat grafting. The first is a technical problem related to the right instrumentation for things like harvesting and the processing of fat. The second is also a technical problem, but is related to the surgeon: issues like how to deliver the fat particles, where to put the fat, and how much of it to put in. Finally, there is a conceptual problem that is related to experience. Fat grafting is an artistic sculpting process, and some surgeons have a better feeling for this than others.

**Verpaele:** It is also important that you graft the facial areas that are prone to deflation. In our experience, these are most often the infrabrow, malar, and perioral areas. Our last book, *Centrofacial Rejuvenation*, focuses mainly on these

procedures. Once you start looking for facial deflation, you will see it in virtually every aging face. This is why we routinely ask patients to bring photographs from when they were in their twenties and thirties – so we can compare them and explain the different aspects of facial aging.

**Ramirez Montañana:** How did you improve the consistency of your facial fat grafts?

**Tonnard:** A breakthrough in the consistency of our results came after we started using microfat instead of macrofat. Syd Coleman’s harvesting and injection cannulas originally had 2 mm diameter holes. This creates fat particles which are too big, especially under the delicate eyelid skin. According to research done by Kotaro Yoshimura from Japan, each fat particle bigger than 2 mm will have a central necrosis. Our microfat harvesting cannulas have holes of only 1 mm and I think this is key. Later we also moved to using sharpened holes to augment the harvesting yield.

**Verpaele:** Necrosis of fat will give you extra prolonged swelling due to the inflammation produced to clean up the dead tissue. Remember the pictures of early “lipostructure” patients who were swollen for months. Nowadays, with microfat grafting, swelling is limited to a maximum of 14 days, even for the lips or eyelids. If the smaller microfat particles survive better, there is less need for overcorrection, so healing is quicker and recovery is faster! We now use fat grafting routinely in almost every facial rejuvenation case, either on its own or most often combined with other lifting procedures, especially in the periorbital, midface and perioral area. In our opinion this centrofacial area ages more by deflation than by sagging.

**Ramirez Montañana:** You also started injecting microfat into wrinkles.

**Tonnard:** Indeed, this is the so-called SNIF procedure, or Sharp Needling Intradermal Fat Injection. Because the particles are so small, you can easily fit them through a 21- or even 23-gauge needle and inject the microfat intradermally into a wrinkle, like you would do with a filler. We routinely inject perioral and glabellar wrinkles with this procedure. For deep wrinkles, the nice thing is that you can combine this technique with resurfacing procedures like a deep peeling laser. So, you fill up the wrinkle from the inside and lower the depth of the wrinkle from the outside. The advantage of this combination procedure is that you don’t

have to go so deep, so the healing will be quicker and there is less risk of hypopigmentation.

**Ramirez Montañana:** There have been alarming reports of embolization with skin necrosis and even blindness after sharp needle injections of fillers and/or fat. Because of this, Syd Coleman stressed the use of blunt cannulas instead of needles.

**Verpaele:** This is true for subcutaneous injections. SNIF is an intradermal procedure and as there are no large bore vessels in the dermis, the chance of embolization is zero! Other precautions you can take include using vasoconstrictive adrenalin solution in the receptor area before the fat injection, injecting upon withdrawal, and never forcing the injection. If you experience too much resistance: back off! We have done this procedure safely thousands of times for more than 15 years without any problems.

**Ramirez Montañana:** So SNIF is not the same as a nanofat injection?

**Tonnard:** These have nothing to do with one another. SNIF is the intradermal injection of microfat to volumize wrinkles. Nanofat is another story. Nanofat does not contain any volumizing adipocytes because after the emulsification process, the adipocytes are mechanically destroyed, and we are left with the smaller cells of the stromal vascular fraction. These cells have regenerative properties. This is the aim of a nanofat treatment: regeneration of the skin which will be translated clinically into an effect on pigmentation and a better turgor of the skin. Thin, sun-damaged skin is the ideal indication for nanofat treatment. As most of our patients who consult us for facial rejuvenation surgery have this skin aging condition, nanofat injection is an ideal technique to combine with a classic facelift technique.

**Ramirez Montañana:** You recently changed your nanofat injection technique from needle injection into microneedling. Can you explain why?

**Verpaele:** The problem with large surface needle injections in the face is that it is very difficult to deliver the nanofat consistently in the same depth in or under the skin. A small change in needle inclination will deliver the nanofat a few mm deeper or more superficially. With microneedling, that problem is solved because you penetrate the skin with a consistent depth, depending on the length of your microneedle.

Microneedling has been popularized by Des Fernandez from South Africa. Dry microneedling triggers a scarless, non-inflammatory wound that results in epidermal thickening and increased collagen deposition. It also enhances the penetration of topical products. Gordon Sasaki did studies that show that the holes made by microneedling stayed open for about 30 minutes, but recent research has shown an enhanced permeability of the skin for up to 48 hours after microneedling. This is the rationale for using a nanofat cream after nanofat needling. The results we see after nanofat microneedling are impressive: the only disadvantage is that after pure nanofat needling, you have to wait for about six to eight months to see clinical results. To bridge this waiting period, we now add hyaluronic acid and botulinum toxin in our nanofat vial, so we can see a boost of the skin even after a few weeks.

**Ramirez Montañana:** How do you see the future of facial fat grafting?

**Tonnard:** Alex and I are strongly convinced that facial fat grafting is a major contribution to evidence-based facial rejuvenation. The three facets of facial aging are sagging, deflation, and structural changes to the skin like wrinkles and pigmentation. Facelifting has evolved from a pure skin tightening procedure to a subcutaneous face and neck sculpting technique with gentle re-draping of the skin. The evidence from scientific studies on the regeneration of skin through fat and nanofat is constantly growing worldwide. For the younger generation of plastic surgeons, there is so much interesting research to be done in this exciting field. We are currently involved in new research on the skin-healing capacity of nanofat after laser resurfacing or peeling. The combination of nanofat microneedling and laser resurfacing is also very promising (**Figures 1a, 1b**). Clinically, we see reduced healing time when using this combination and

reduced morbidity, which results in reduced redness after laser resurfacing or peeling when combined with nanofat microneedling and nanofat cream. Studies that will prove this quantitatively are ongoing. We will keep you updated!



*Figures 1a, 1b. Selfies from one of Tonnard's patients before and one year after regenerative facelift surgery. Treatment consisted of a simple MAC-list with two purse string loops, microfat grafting of the periorbital and perioral areas, and centrofacial laser resurfacing with full face and neck microneedling. The synergy obtained by the combination of techniques could not have been reached with the isolated techniques alone.*

**Verpaele:** Many things still remain unanswered with regards to fat grafting and its regenerative properties. The breakthrough was the discovery of the adipose-derived stem cell, but from then on everything we did not understand was attributed to stem cells. There was a real stem cell hype! Recent research has shown the importance of the acellular signaling function of intracellular hormones, cytokines, and extracellular vesicles. However, the real understanding of this process will take some more time.

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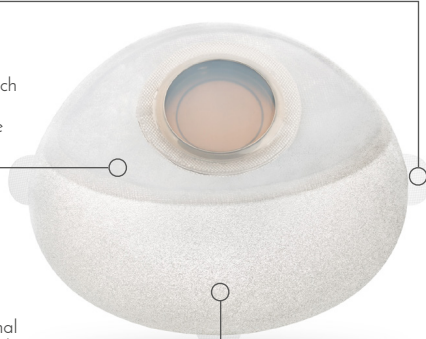
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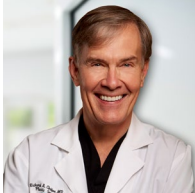
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# FACIAL FAT TRANSFER

HOW I DO IT



# FACIAL FAT TRANSFER



RICHARD CHAFFOO - UNITED STATES

Facial fat transfer has enhanced how plastic surgeons approach facial rejuvenation. Certain anatomic regions of the face need volume restoration and not simply “lifting” to restore a youthful appearance and shape. It is simply not possible to “lift” an empty space but more effective to “fill” it. Fat transfer to the face has a dual purpose: filling empty spaces due to aging but also improving skin quality in the long-term with the stem cells and other regenerative factors seen in adipose tissue.

During surgery, the donor sites for fat harvesting are injected with a routine tumescent solution containing 50 cc of plain 1% lidocaine and 0.5 cc of epinephrine (1:1000) in a liter of normal saline. Harvesting is performed using 10 and 20 cc syringes attached to a Coleman 14G X 10 cm blunt tipped harvesting cannula. The syringes are placed in an upright position, allowing the supernatant to settle out from the fat. The fat is then separated from the supernatant and transferred to 1 cc syringes.

Each syringe is attached to a Tulip rounded, blunt tipped cannula which has a single opening for fat injection. I prefer to use a 1.2 mm cannula for the temples, cheeks, chin, and geniomandibular areas. The lips, nasolabial folds, and tear trough areas are injected using a 0.9 mm cannula. The supraorbital region is injected using a 0.7 mm cannula. Lip rhytids are injected with a 23G needle as described by Tonnard and Verpaele.<sup>1</sup>

The blunt cannulas, which are connected to 1 cc syringes, are inserted through stab openings in the skin created with 18 g NoKor needles. Fat is injected with the cannula opening pointed towards the patient in a retrograde manner by creating multiple channels or tunnels and injecting only 0.1 cc with each pass. I first begin the fat injections at the temporal fossa by creating an opening in the scalp skin within the temporal hairline with an 18 g NoKor needle. I prefer placing the fat superficial to the deep temporal fascia up to the level of orbital rim anteriorly and the zygomatic arch inferiorly.

All fat injections in the face are done in a supra-periosteal plane except in the preauricular area placed in the subcutaneous plane. The supraorbital area is accessed through an incision along the lateral orbital rim. The malar area is injected through stab incisions in the nasolabial fold. Lip injections are done through stab incisions at the oral commissures. I usually inject 1-3 cc in each temporal fossa, 1-3 cc along each supraorbital rim, 3-7 cc in each malar/submalar area, 1-3 cc in each geniomandibular groove, 1-2 cc in each nasolabial fold, 1 cc in the upper lip, 1-2 cc in the lower lip, 1-3 cc in the chin, and 3-5 cc along the mandibular borders.

Fat transfer can significantly enhance the results of facelift surgery, as seen in this patient’s photos at six months. She underwent fat transfer to the temples, malar region, and lips (*Figures 1-4*).



Figure 1. Preoperative photo demonstrating temporal hollowing.

Figure 2. Postoperative frontal view with improved soft tissue volume to temples and midface.

Figure 3. Preoperative oblique view.

Figure 4. Postoperative oblique view.

*The author has no financial interest in any company or product named in this article.*

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# MY CONCEPTS AND APPROACH TO FACIAL FAT GRAFTING



STEVEN COHEN - UNITED STATES

Even the word fat does not sound elegant. Who wants to be fat? Who wants a fatter face? As surgeons, we know that fat is like liquid gold, but what does that mean? Does it mean that your fat is a “natural” filler, another option for minimally invasive facial rejuvenation? Do we simply place the fat as a surgical artist, wherever it looks nice? Certainly, in my own practice in the early 2000s I used fat as a natural filler to make faces look more beautiful because I was a surgical artist. I centrifuged the fat and used the Coleman approach. And interestingly, because of the variability of my results, I nearly stopped doing any fat grafting.

In 2001, an article was published by Zuk et al. that found stem cells in fat. I was fascinated by the idea of taking our own cells and using them for therapies like wound healing and for practices beyond plastic surgery: for patients suffering from myocardial infarctions or kidney and liver failure, and from other diseases like Crohn’s disease or diabetes. A light bulb went off in my head when I was first approached by a group that I had been working with on bioresorbable devices. This company was called Macropore Biosurgery and they were evaluating a new idea: using adipose-derived stem cells as therapies. I thought to myself, if we can find biologically active ingredients in plants (digoxin), why not in humans?

Those of us who began working in this field initially were scrutinized. A former president of ASAPS thought it was criminal to use stem cells. By this time, it was very much ok to treat fat in the breast in a similar fashion, but anything with stem cells was under a microscope, and folks were verbal about their opposition.

For me, the regenerative aspects of stromal vascular fraction have been very hard to prove. For a brief time, I was Director of Clinical Affairs on a consultant basis at Cytori and participated in global studies infusing stromal vascular fraction (SVF) into the coronary artery 24 hours after acute myocardial infarction. In

2003, I participated in an Institutional Review Board study of the first eight patients treated with cell-assisted fat grafting for facial aging. This was shortly after Ramon Lull had performed the first case of cell-assisted fat grafting in humans in a reconstructive hand case.

Now, my practice is focused entirely on aesthetics and I use nanofat on a regular basis, as well as platelet-rich plasma for tissue regeneration, in conjunction with many procedures, including laser resurfacing, microneedling, and as a component of anatomic and regenerative facial fat grafting.

Nanofat is primarily a term from Patrick Tonnard that describes adipocyte-free SVF in small quantities that can be injected through a 27-gauge needle. It is a type of SVF that is mechanically generated using small filters. After emulsification through a gradual reduction in the diameter of the transfer channels, filters are used to catch the fibrous tissue, making it easier to inject the SVF. Cell viability is very high at up to 96%. Other means of mechanically generating SVF produce higher numbers of cells. Tunc Tiryaki and I developed a small device called Nanocube, which is what I use to generate microfat and nanofat for facial fat grafting procedures. The nanofat is cell-optimized because instead of a filter, a series of cutting screens downsize the fat into smaller parcels retaining all of the fibrous tissue, which is an important niche where many of these cells reside.

My concept of fat grafting has changed from using fat as a natural aesthetic filler to something I call Injectable Tissue Replacement and Regeneration (ITR<sup>2</sup>). The name explains the concept. As we age, our soft tissue and bony matrix decay. The rate of decay can be altered by anatomical replacement and regeneration of both the lost tissues as well as the existing host tissues. Much like we can prolong our lives with diet and exercise, this technique likely makes our cells more youthful. As Michele Zocchi said, we may be altering our lifespans by

therapies that inhibit telomerase function and antagonize reactive oxygen species. In other words, we may actually be making our facial tissues more youthful both in appearance and physiologic function.

ITR<sup>2</sup> involves the precise diagnosis of all areas of facial volume loss from skin thinning and sun damage to superficial and deep fat compartment losses to areas of bone loss and/or pre-existing skeletal deficiencies. Once the treatment areas are defined, the patient is brought to surgery. The procedure can be done under local anesthesia, although I prefer intravenous sedation. It can also be combined with other procedures at the time of surgery.

### SURGICAL STEPS

**1.** Millifat is grafted to deep compartment losses and areas of bone loss and/or deficiency

- 18 g needle puncture in the nasolabial fold
- Insertion of an 18 g cannula, blunt, side injection port
- Cellbrush with 10 ml Cytori syringe
- After pyriform, deep medial cheek, medial SOOF, lateral SOOF, deep Malar fat, pre-skeletal on inferior zygoma and maxilla are injected with 3-8 ml per side
- 18 g needle incision for chin and jaw line Prn
- 18 g needle incision for temporal and lateral brow (2-4 ml)
- 18 g needle incision of the nasal tip for columellar millifat strut and dorsal augmentation
- 18 g needle incision at oral commissures for lips, 1-2 ml for upper lip and 1-2 ml for lower lip
- Buccal fat compartment is accessed through commissure incision tunneling submucosally into the space (1-3 ml)
- Upper eyelid, pre-periosteal-lateral incision is made below the tail of the eyebrow and fingertip occlusion of supraorbital and supratrochlear vessels while retrograde injection

**2.** Microfat is grafted to areas of superficial fat loss such as the peri-oral tissues and submucosal chin. Microfat is also used in the hands and in the neck, both subcutaneously and in the deeper horizontal rhytids, as well as in the chest and décolletage. Use the same needle incisions whenever possible.

**3.** Cell-optimized nanofat is microneedled with the 1.5 mm Hydra needle using a vigorous stamping technique throughout the entire face, neck and chest. Nanofat is placed in the lower eyelid through an 18 g needle incision and delivered by the 3 ml Cellbrush through a 20 g cannula. Nanofat is placed along the superior and inferior borders of the orbital retaining ligament.

**4.** A nanofat biocreem is made by centrifuging the nanofat and compounding it with a liposomal delivery agent to permit better skin penetration.

Patients are given antibiotics prophylactically prior to the procedure. Postoperative management includes the use of cell-optimized nanofat biocreem applied 2-3 times a day. In addition, we use TriHex Technology products to clear out the extracellular matrix of accumulated debris. Patients are instructed not to use ice directly on their face and, if needed, a Medrol dose pack is recommended. Healing generally takes a week, but patients who smoke may take up to three weeks for ecchymosis and swelling to resolve.

### CONCLUSION

Using 3D photometry, we tracked 29 patients who received isolated fat grafting with the ITR<sup>2</sup> technique. In patients under 55, facial volume curves showed about a 50-60%



Figure 1. 55-year-old patient before and one year after anatomic and regenerative fat grafting to the face using ITR<sup>2</sup>.

initial improvement, which went down to 25% at 4-8 months posttreatment and then climbed to 75% at 19 months after treatment (**Figure 1**). When multiple regression analysis was applied to this curve, weight gain or loss had no effect on outcomes nor did the amount of fat injected. In patients over 55, a gradual loss in facial volume occurred with about 30% improvement remaining at 19 months post-treatment (**Figures 2, 3**). These preliminary findings suggest we are actually altering the rate of tissue decay and prolonging the aging process by this approach.



Figures 2, 3. 63-year-old patient before and one year after anatomic and regenerative fat grafting to the face using ITR<sup>2</sup>. Patient received 30 ml of millifat, 10 ml of microfat, and 10 ml of nanofat and a deep plane mini facelift. Fat grafting was performed first, followed by the facelift.

*The author is the developer of Nanocube and benefits financially from this product.*



RONALDO RIGHESSE - BRAZIL

# FAST NANOFAT NEEDLING: MIXED TECHNIQUE

The application potential of adipose tissue's stromal vascular fraction (SVF), either for aesthetics or for regenerative purposes, is a matter of great interest. Although the enzymatic separation techniques produce a greater number of cells, these must comply with several governmental rules since they are not considered "minimal manipulation" processes. They are also more expensive and more time-consuming than other separation techniques.

Tonnard et al. described nanofat grafting in 2013.<sup>1</sup> This simpler and faster mechanical SVF separation method allows for intradermal injection with 27 g or even smaller needles. In order to accelerate the application of this technique, Verpaele et al. published an article on nanofat needling, in which they applied nanofat via a stamp device with 20 needles of 1.5 mm length attached to an 8 ml bottle.<sup>2</sup>

The stamp device is one of the ways to perform microneedling. This method has produced good results, although it does have some disadvantages such as skin perforation in only the vertical direction, slower product delivery, and fewer channels when compared to microneedling rolling devices.

The same company that produces the stamp device also

offers a rolling device with 64 needles of 1 mm length, which is coupled with a 5 ml bottle. The use of the rolling device allows the product to be delivered four to five times faster when compared to the stamp device. It also produces a greater number of channels that potentially stimulate more collagen production (*Figure 1*).

Stamp x Roller	
	
<b>20 needles</b> <b>1.5 x 0.13 mm</b>	<b>64 needles</b> <b>1.0 x 0.13 mm</b>
3-5 Taps /second 20 x 3 x 60 = 3600 channels/min 72.000 microchannels/20 min 8 ml - 20 min 1 ml = 150 s 1 min = 0.4 ml Just vertical	3-5 laps /second 64 x 3 x 60 = 11520 channels/min 230400 microchannels/20 min 8 ml - 6 min 1 ml = 45 s 1 min = 1.3 ml Multidirectional

Figure 1. Comparison of stamp and roller devices.

Perforation occurs differently when the two devices are compared (Figure 2). Additionally, the rolling device needle perforates the

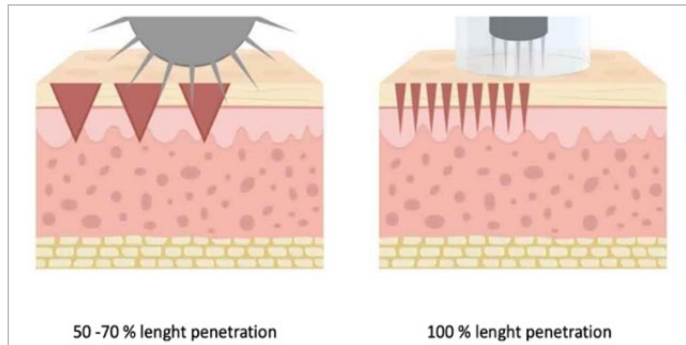


Figure 2. Perforation comparison of stamp and roller devices.

skin with only 70% of its length. Therefore, we proposed a mixed technique initially using the rolling device for approximately 90% of the process, and then the stamp device until the desired endpoint is obtained (Figure 3). In order to test the efficacy of the



Figure 3. Scar treatment endpoint using the mixed technique.

we analyzed the results. No visual difference between the two sides was observed.

mixed technique, we designed the following study: 20 patients were selected to receive nanofat needling treatment at the décolletage area. This group was then divided in half. One half was treated the conventional way, using a stamp device only, and the other half was treated using the mixed technique. After four months

The association of these two mechanisms allows for a faster procedure without compromising results. This is a major win since nanofat needling is usually an additional procedure rather than a stand-alone procedure: it often complements a facelift or lipoabdominoplasty. Thus, the total surgical time necessary is a big concern when trying to provide the safest procedure possible.

We have been using this mixed approach since 2019 (Figures 4, 5). Since then, we have treated 132 patients and 168 areas with the mixed technique, all of which have shown good results and no complications. The mixed technique has the same results as the stamp device technique and can be used to treat several different conditions. As this is a new area of study, additional research is required to measure its real efficacy and application possibilities.



Figure 4. Patient before and three months after the mixed technique had been applied to the front and periorbital zones, which are associated with superior and inferior blepharoplasty.

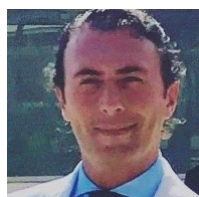


Figure 5. Patient before and three months after the mixed technique had been applied to treat melasma at the right periorbital zones.

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# FAT TRANSFER IN FACIAL SURGERY



GUGLIELMO RUFOLO - ITALY

## INTRODUCTION

To explain my method of facial fat transfer, I would like to share a case study. In this study, I performed a facial fat transfer procedure on two separate patients in order to enhance their aesthetic appearances. Both patients were satisfied with my method and were even more satisfied with the long-term results after a six-month follow-up.

## OBJECTIVES

The goal of this case study was to evaluate the eligibility of the fat transfer technique to improve the aesthetic profile of the face without damaging the patients' natural aesthetic beauty.

## METHODS

The procedure was performed on two young female patients, both of whom required enhanced facial contouring. I tried to follow a treatment plan using Coleman's technique to improve aesthetic projection and create a better buccal contour in each patient. I began the procedure with an early infiltration of tumescent solution, followed by lipoaspiration of the infiltrate. Next, I harvested the fat from the gynoid area. I started cleaning the solution of lipoaspirate, making sure not to damage any of the adipocytes. Using a Luer-Lock syringe, an intra-oral incision was made and 0.5 ml of fat



Figure 1. Preoperative evaluation of the first patient, with corrective marks on the jawline area.

was injected. I then evaluated the three key points' in the face that needed to be filled in. First, I filled in the upper portion near the buccinator muscle, followed by the inferior third of the face near the risorius muscle. Finally, a third point in the chin region<sup>2</sup> was injected to create a

natural enhancement of the profile without excessive facial contouring (Figures 1, 2).

## RESULTS

Both patients saw a more prominent jawline emerge as the result of the procedure, and were satisfied with the procedure. Their natural beauty was maintained and side effects were minimized. There was some small bruising close to the jawline after the procedure, but the patients experienced had no other complications and both were satisfied with the results.

## CONCLUSION

In terms of outcomes, I consider this study a success of the facial fat transfer technique. Both patients were satisfied with the efficiency and overall result of the procedure. The method I used avoided damaging any vascular vessels or nerves and prevented any infections from occurring, as well as succeeded in improving the overall aesthetic appearance of the patients.



Figure 2. Two-month follow-up of second patient, post-operation.

*The author has no financial interest in any company or product named in this article.*

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SUKHBIR SINGH - INDIA

# FACIAL FAT GRAFTING

## INTRODUCTION

Aging skin is characterized by a decrease in thickness, elasticity, and adherence to underlying tissue. The dermis atrophies as loss of ground substance, elastic fibres, and collagen occurs. The aging phenomenon commonly leads to sunken and other clinical conditions like hemifacial atrophy. Older patients may require the correction of specific areas or overall facial rejuvenation. Younger patients with clinical conditions like hemifacial atrophy present with sunken cheeks.

## METHOD

This procedure can be performed on an outpatient basis under local anaesthesia. Photographic documentation, with standardized lighting, angles, and facial expressions, is critical when planning the surgery and evaluating results. The most important principle in fat grafting is the atraumatic transfer of fat. Trauma to fat in the process of harvesting or placing fat affects the survival of the graft. Any blood that remains in the harvested fat also facilitates rapid degradation of the transplanted lipograft. There are essentially three steps in fat grafting: harvesting, transferring, and placing the graft.

## HARVEST

The fat should be harvested in parcels of readily transferable size. Common donor sites include the periumbilical, thigh, and trochanteric areas and the medial sides of the knee and arm. The first step is the infiltration of tumescent solution

through the access incision using infiltration cannula. A standard solution consists of 1 mg of epinephrine, 200 mg of lidocaine, and 5 mg of sodium bicarbonate in 1 L of Ringer's lactate solution. After waiting for about 20 minutes, harvesting begins through the same incision using aspiration cannula connected to a syringe. We only use syringes for aspiration to limit the negative pressure and avoid damage to fat cells.

## TRANSFER

Once harvesting is complete, the aspirate is stacked in racks and the syringes should stand for 30 minutes, during which the aspirate



Figure 1. Macro fat is converted to micro fat before the final transfer takes place.

separates into three layers. The top layer consists of free oil from ruptured fat cells and is decanted or blotted gently. The bottom layer contains tumescent fluid and blood and is drained. The middle layer consists of fat cells for grafting. Pure fat is gently separated, and larger fat particles are broken down into finer fat particles using Tulip connectors (**Figure 1**) and then transferred to 1- or 2-ml syringes. An alternative to this is the use of centrifugation to separate

fat, although Chajchir found that use of the centrifuge machine destroyed the adipose cells.<sup>1,2</sup>

### PLACEMENT

Regional nerve blocks are administered prior to graft placement. Small tracks are created to ensure the grafted fat adheres to the recipient site. Fat is then grafted from the deep layer to the superficial layer. Kuran recommends injection in parallel and crossing directions and at subcutaneous, intramuscular, and supraperiosteal levels for malar and buccal areas.<sup>3</sup> We always inject in multiple planes with a slight (25-30%) overcorrection since some re-absorption of the graft always occurs. Further injections may be required after three months to correct any residual deficit.

### POST-OPERATION

Excessive facial animation immediately post-procedure is discouraged to prevent fat migration. Patients should be seen in the first week postoperatively to check the donor and recipient sites. Some oedema and a minimal amount of bruising may be apparent, but will subsequently subside. If a repeat procedure is necessary, a waiting period of three months is prudent to allow the first graft to re-vascularize and to allow any oedema to resolve.

### COMPLICATIONS

Major complications include under-correction and over-correction. Under-correction may result from excessive resorption of the lipo-graft, and is generally easier to treat than over-correction. Additional fat may be grafted at a separate sitting to complete the correction. Removing excess fat is more difficult as the host tissue infiltrates into the graft. Bleeding complications are usually limited to transient mild ecchymosis and are associated with the use of sharp needles for fat injection. Superficial ecchymosis tends to resorb rapidly.

### CONCLUSION

Overall, fat grafting is a safe and effective procedure for facial correction, and recovery is immediate. The results depend on the amount of atraumatic care taken during harvesting, transfer, and final placement of the fat graft. Pre- and postoperative images are a must for patient follow-up (**Figures 2a, 2b**).



Figure 2a. Patient pre-operation with markings.

Figure 2b. Patient post-operation with contour correction.

*The author has no financial interest in any company or product named in this article.*

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1. Duteille F, et al. Aesthet Surg J Open Forum 2019;1. (2) 1-10;

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#ThePowerofOne

# ISAPS CULTURE



**SANGUAN KUNAPORN - THAILAND**  
ISAPS Parliamentarian

## SAY THE NAME, AND HISTORY WILL LAY BEFORE YOU

Several historic events, cultures, or civilizations are often referred to around the world by either formal or informal names. Formal names are used as reference among scholars in fields of politics, education, economics, etc. But informal names, whether with positive or negative connotations, are used by ordinary people, often created by journalists or commentators to attract public interest.



Figure 1. A Turkish bath.

work of fiction written in the Middle East and India between the eighth and 16<sup>th</sup> centuries, which now evokes an entire

If we think of such names, we find that countries, cities, regions, and even foods have been referred to by such formal and informal names, which may infer multiple meanings. *Arabian Nights* is an ancient

image of the region. *Turkish baths* refer to an ancient practice, but also speak about the civilization itself: they refer to the way that people used to live and interact with each other during the Ottoman period during the 15<sup>th</sup> century (**Figure 1**).

The term *French Revolution* refers not just to the event, but to the beginning of a global regime change from absolute monarchy to democracy (**Figure 2**). *Russian Roulette* refers to a gambling scene in which one's life is at stake, that probably emerged from Tsarist Russia during the 18<sup>th</sup>



Figure 2. The French Revolution.

or 19<sup>th</sup> century. *Victorian* encompasses an entire form of construction and fashion influenced by Queen Victoria during the time of British colonialism.



Figure 3. A pair of Siamese twins.

*Siamese twins* not only describes two children who are born physically connected, but also reminds us of a time when medical advances were unable to perform separation surgery on conjoined twins (**Figure 3**). The 1918 *Spanish Flu* was a novel strain of influenza that caused more deaths than WWI, but although the origin of the disease was not in Spain, the country became associated with it simply

due to more reporting of the disease. *Brazilian waxing* is a method of removing all or almost all of the hair on a woman's genitalia, but also symbolizes the fashion of swimwear and sexy lingerie in the late 20<sup>th</sup> century. The 1997 *Tom Yum Kung Crisis*, an Asian currency crisis that began in Thailand before spreading to other Asian nations, received its name from a famous Thai dish that similarly spread around the world. Most recently, Wuhan, one of the largest cities in China, was recognized as the first city hit by the novel coronavirus outbreak at the end of 2019. This in turn led to the popularity of the terms *Wuhan virus* or *China virus*. These terms have thankfully been revoked.

These names, no matter how ancient or modern, are used by people around the world. The simple act of using one of these terms leads us to remember endless stories of history. It is one key element of adapting for survival and evolving humanity. Who knows? One day, the name ISAPS may be associated worldwide with not just an organization, but as a leader in global beauty: ISAPS Beauty.



**DIRK RICHTER - GERMANY**  
ISAPS Past President

# THE IMPORTANCE OF BALANCE

Every demanding job requires a balance, a hobby, a sport. For me, this is sailing, a sport where you can and must disconnect and at the same time experience nature and the forces of nature (Figure 1). Many things are similar in sailing and aesthetic surgery.



Figure 1. Like surgery, sailing requires dedication and skill.

You need a good crew to get to port quickly and safely, much like you need a good team in surgery. Every move has to be perfectly executed and you have to be able to trust each other. Any mistake, no matter how small, can

lead to disaster and harm either boat and crew or patients.

During my presidency in particular, I repeatedly tried to take short sailing trips to recharge the batteries (Figure 2). I am glad that I found this form of recreation for myself and that my partner, Maria, who is also a plastic surgeon, shares this passion (Figure 3). However, at sea you always have to face new challenges and grow with your tasks. Respect for the forces of nature is just as important as respect for the human organism and the many rough patches a patient goes through in the course of treatment.



Figure 2. Richter enjoys sailing as a way to recharge.

It is wonderful when you can share a passion not only with friends, but with colleagues who are friends. It is in this spirit that the “Sailing Plastic Surgeons” association was formed years ago. About 15 plastic surgeons from all over the world belong to this exclusive sailing club, which meets regularly and usually sails regattas together in beautiful places. This group includes the following members, who are all ISAPS members: Darryl Hodgkinson, Jim Grotting, Joca Goes, Eric Auclair, Tunc Tiryaki, and Nic Vedder, among others.

Together we have sailed in several regattas: for me, the best experience was sailing together with Darryl Hodgkinson in 2016 on his carbon racing yacht, Victoire, a TP52. We sailed for five days in changing weather conditions including strong winds and experienced everything, even rescuing other regatta sailors. I was especially honored that Darryl let me helm his boat through the finish line and we emerged as the winners of the race. Darryl is certainly one of the best sailors in the world with incredible experience in racing. He has won what is probably the most difficult race, the Sydney to Hobart Yacht Race, on his boat several times and collected many trophies for it.

I wish many of my colleagues the luck to find the right balance for themselves in this demanding profession. Maybe it is sailing?



Figure 3. Richter and his partner, Maria, atop his boat, aptly named Bootox.



JOACHIM VON FINCKENSTEIN - GERMANY

# CAR RACING

Especially doctors are known to have a second passion besides their profession: as musicians, chess masters, or successful athletes.

During my medical studies, I was an amateur racing driver. After some successful results in local rallies, my parents reacted



Figure 1. von Finckenstein and his wife with their restored gullwing Mercedes.

astonishingly positively and even supported my further competitions. (Un)fortunately, in the decisive moment before buying a Porsche for more driving success, Niki Lauda had his infamous accident on the Nürburgring, where he nearly lost his life and

afterwards became disfigured. From that moment on, my parents refused to support me further. This set me back to medical life, where – as some of you might know – I became a plastic surgeon near Munich in Germany.

Once I earned the money to fulfill my expensive hobbies, I began my racing career anew, but this time with cars I had dreamt of having when I was young. After participating at some harmless vintage car events, I dared to try big, important, demanding competitions. Nowadays, features of well-known races exist in the layouts of the past, like at the Oldtimer Grand Prix in Germany, LeMans Classic in France, Rallye Monte-Carlo Historique in Monaco, and Laguna Seca in California. Some races do not exist anymore for modern cars, but have been remade in the old layout: the Tour de France Automobile, the Mille Miglia in Italy, and the Carrera Panamericana in Mexico.

Lucky me: I am supported by my wife, Christina, who shares my passion for racing and has become the best co-pilot I could imagine. The dream I turned into a reality was a gullwing Mercedes: not restored in a better, more modern way but

rather, just as it was in times of production, as it was originally built for motorsport (**Figure 1**). With this mythic car we have driven some of these incredible races. For the rallies where more agile motion is required, we have fun with an Autobianchi Abarth, which is small, maneuverable, efficient, and handsome.

The culminating point of our racing “career” was participating in the Carrera Panamericana (**Figure 2**): a race first organized in the fifties to inaugurate the uninterrupted Mexican highway leading from the U.S. to Guatemala, which was reactivated for vintage racing cars in the nineties. A nine-day race covering Mexico from south to north for over 6,500 km. On certain 15- to 40-km long stretches, we had to drive as quickly as possible. VIPs like Pink Floyd were part of this race, as well as racing champions who competed just to add a win to their track record. You can get an impression of the Carrera Panamericana [here](#).

What is that exciting about racing? Besides the thrill of speed, the competition with others to explore the limits of physics, it is also the psychology of the intelligent splitting of a race: to finish first, first you have to finish...



Figure 2. At the Carrera Panamericana.

Motorsport is different from all other sports: apart from the opportunity to get to know awesome people sharing the same hobby and discover impressive areas of the world that few are lucky to experience, the sport can be practiced even in higher level conditions, when you are getting older. This makes it much different from other sports like tennis or football, where age is a limiting factor. You are welcome to [follow us during our next race](#).



AKIN YÜCEL - TURKEY

# APHRODITE OF KNIDOS

## INTRODUCTION OF FEMALE NUDITY INTO ART

Aphrodite, or Venus, depending on whether you use the Greek or Roman name, is probably the only goddess of the Olympian Pantheon who still reigns today. Aphrodite is a global cult symbol of feminine beauty, love, and sexuality. The figure of Aphrodite can be seen in the logos of many

plastic surgeons and plastic surgery societies all over the world. We are all familiar with her nude figure from ancient Greek and Roman statues and from Renaissance paintings. However, previously, Greek sculptures had been dominated by male “heroic nudity.” Aphrodite of Knidos, created by Praxiteles of Athens around the 4th century BC, is one of the first life-sized representations of the nude female form in Greek history (Figure 1).



Figure 1. A Roman marble copy of the Aphrodite of Knidos.

Praxiteles had been invited to Knidos (Figure 2), a city of ancient Caria located on the southwestern coast of Turkey, to make a statue for the Temple of Aphrodite. He sculpted both a nude and draped statue of the goddess. In those times, Greek statues were colored, in contrast to the marble Roman copies. His nude statue was so realistic that the Island of Kos, who had ordered the statue, found it indecent and purchased the draped one instead. Knidos kept the nude one, which brought fame to Knidos as a tourist attraction. There were even coins issued that depicted the statue. Unfortunately, the Knidian Aphrodite was possibly removed to Constantinople and lost after a fire in 475 AD.

The story of the statue’s origin is interesting. Praxiteles was alleged to have used the courtesan Phryne as a model.



Figure 2. The city of Knidos.

Phryne was a very famous courtesan in Athens until she was slandered by a jealous lover, accused of impiety, and put on trial. She was almost sentenced to death, but her advocate removed her robe, and the judges changed their decision in awe of her beauty (Figure 3). She was instead exiled to the Temple of Aphrodite in Knidos, where Praxiteles saw her naked while swimming and fell in love. According to the story, he got the temple’s permission to use her as a model for the statue.

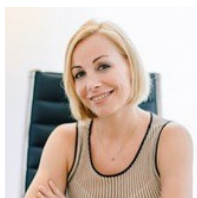
Before the Aphrodite of Knidos, nudity was a heroic uniform assigned only to men. Praxiteles changed this by creating a statue designed to be viewed by men, which established the standards of female nudity and inspired many copies. His Aphrodite - Venus iconography still remains popular today.



Figure 3. The trial of Phryne.



# ISAPS GOURMET



PATRICIA GUTIERREZ ONTALVILLA  
SPAIN



ALEJANDRO RUIZ VALLS  
SPAIN

## PAELLA VALENCIANA

One of the most iconic dishes in Spanish cuisine, and probably one of the most renowned recipes throughout the world, Paella Valenciana (**Figure 1**) has been surrounded in controversy for some decades now regarding the ingredients used.

Paella Valenciana has historically been linked to Valencian culture. The Kingdom of Valencia was an important agricultural region in



Figure 1. Paella Valenciana. Photo credit: Jerónimo Roure Pérez.

Spain, particularly in regards to rice production in the Albufera, since the sixteenth century. However, the term Paella Valenciana does not appear in any texts until the nineteenth century. Its origin is, as with many popular recipes from around the world humble in its beginnings. Farmers working in the rice fields used some of the crops they harvested as their meals. Depending on the season some ingredients were used instead of others, but the classic ingredients considered to be part of the authentic Paella Valenciana are chicken, rabbit, duck, snails, local green bean varieties called roget beans and tavella beans and legumes typical of the region known as garrofon,

or lima, beans. Debate exists as to whether or not artichokes are part of the list that comprises the sacred ingredients, but their addition is generally accepted during artichoke season. Paella Valenciana can be made in a fire stove, but purists defend that the flavor brought up when cooked under the fire of orange tree logs is unmatched. In Valencia, it is traditional to eat Paella Valenciana on Sundays (**Figure 2**).

As an interesting side note, the word paella actually refers to the special cooking pan used to cook the rice, not to the recipe itself. A countless number of rice recipes are cooked using a paella, but for Valencians, the authentic Paella Valenciana will not admit any other ingredients besides those from the aforementioned list. Nevertheless, numerous delicious rice recipes aside from Paella Valenciana can be enjoyed in Valencia and Alicante!



Figure 2. It is a Valencian tradition to have Paella Valenciana on Sundays.



**LUIS MASTRONARDI**  
ARGENTINA

# ARGENTINIAN ASADO

Anyone who thinks that making an “asado,” or barbecue, is just putting beef on the grill could not be more mistaken. In Argentina, asado is synonymous with getting together, whether with family, friends, or colleagues, and is one of our national prides. The event’s main protagonist is the grill master, known as the “parrillero.”

Asado is a ceremony that begins by starting the fire and lighting the charcoal and wood chips under the grill. This is a pleasant and inspiring solitary moment during which the parrillero is usually accompanied by his own thoughts and a glass of Malbec, a variety of Argentinian red wine, while staring at the fire and watching as the charcoal turns into burning embers. After the beef and offal have been on the grill for some time, the guests start arriving. They usually stop by to greet the parrillero and share a glass of wine. Never, ever, would they dare to give any instructions nor offer suggestions to him. As parrillero, you play solo from beginning to end.

The time for everybody to gather around the table has arrived. The parrillero will usually sit at the head of the table for strategic reasons: he must be constantly coming and going to and from the grill to bring the different cuts of meat to the table (**Figures 1, 2**). The climax of the gathering has arrived as the different guests taste and savor the demanding but pleasant masterpiece crafted by our main character. This ritual usually begins by serving chorizo followed by well-known offal such as chitterlings, sweetbread, blood

sausage and kidney. These are followed by the main course and our national pride: a slice of crusty Argentinian beef (**Figure 3**). All of these delicacies are savored alongside a sip of a good Malbec, as guests enjoy the company of family and friends. This moment embodies Argentina’s customs and traditions that fortunately have been passed from generation to generation.

Finally, the role of our protagonist comes to an end when, seated at the table, one of the guests cheers and calls out loud for “a round of applause for the parrillero!”

Our main character thanks his guests with gratitude, and with the feeling of a job well done, finally sits down to enjoy his well-deserved meal.

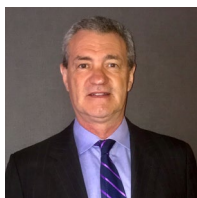


*Figure 3. The main event: Argentinian beef.*



*Figures 1, 2. Various cuts of meat are prepared for a traditional asado.*

# ISAPS TRAVEL



**GUSTAVO ABRILE - ARGENTINA**  
ISAPS National Secretary

## IGUAZÚ FALLS: WONDER OF THE WORLD

The majestic Iguazú Falls are located inside Iguazú National Park, a nature preservation area that covers 67,720 hectares in the far north of the Argentinian province of Misiones (*Figures 1, 2*).

Located in the middle of the Paranaense Forest, the falls themselves are actually a system of 275 waterfalls located



*Figure 1. The location of Iguazú Falls in South America.*



*Figure 2. Iguazú Falls from above, as the fog hits the water.*

about 17 kilometers from the mouth of the Iguazú River in the waters of the Paraná River. Here, the borders of Argentina, Brazil, and Paraguay meet in the following cities: Puerto Iguazú, AR, Foz do Iguazu, BR, and Ciudad de Este, PARA. Two-thirds of the falls lie on the Argentinian side of the border, with the rest on the Brazilian side.

Iguazú Falls was formed as the result of a volcanic eruption. The falls are 2.7 km (1.7 miles) wide. Their height varies between 60 and 82 m (200 - 269 ft) and the average water flow is 1,800 m/s. Much of the water from the falls flows into the Devil's Throat - a long chasm that is 82 m high, 150 m wide and 700 m long. This abyss is in the shape of a U (*Figure 3*).

**Iguazú National Park shelters a natural heritage that includes:**

- Native flora of more than 2,000 species, including luxurians, bromelias, orchids, palms and other trees that provide the animals of Iguazú with a place to climb and fresh fruits

- Local fauna such as monkeys, coaties, and deer, just to mention a few
- 450 species of birds including toucans, magpies, teros (southern magpies), parrots, and the incredible apus-apus (common swifts), which are found exclusively in the Iguazú Falls área (**Figure 4**)



Figure 3. Iguazú Falls from the air, showcasing the U-shaped Devil's Throat.

- 80 species of mammals, including five types of felines which hide as they move throughout the forest using camouflage
- Countless varieties of insects, most notably an abundance of colorful butterflies
- Numerous waterways which are patrolled by crocodiles, turtles, and herons as they eat the local fish

**Reasons to choose Iguazú Falls as your next destination:**

**Strategic Location:** Puerto Iguazú is located in the heart of South America, in the Triple Frontier region of Argentina, Brazil and Paraguay.

**Connectivity:** Iguazú is easily accessible by air, with three international airports all within a radius of 50 km that see around 50 flights a day.

**Safety:** Argentina and Puerto Iguazú, AR have been certified with the Safe Travels seal by the World Health

Organization in 2020. COVID-19 prevention protocols have also been enacted.

**Tourist Attractions:** Puerto Iguazú has hotels and lodges located in the heart of the jungle, as well as ecoventure programs and activities that offer direct contact with nature. There is a wide range of attractions for visitors whether they are looking for adventure, wildlife, relaxation in nature, or friendship.

**Gastronomy:** Puerto Iguazú stands out for its cuisine, offering regional gourmet dishes as well as national and international cuisine. The cuisine features native elements like tropical fruits and yerba mate, river fish, and the best Argentinian wines.



Figure 4. A toucan sits among the trees in Iguazú.



## SAFETY APPLIED TO GLUTEAL AUGMENTATION WITH HA BODY FILLERS



WEDNESDAY, 23RD JUNE



16:00 UTC

### KEY LEARNING POINTS

- ISAPS **SAFETY GUIDELINES** IN AESTHETIC PLASTIC SURGERY
- ADVANCED INJECTION TECHNIQUES FOR GLUTEAL AUGMENTATION WITH **DEMONSTRATION**
- **COMPLICATIONS ASSOCIATED TO BODY FILLERS:** HOW TO AVOID AND MANAGE THEM

### MEET THE EXPERTS

#### SPEAKER AND MODERATOR



**DR. FRANCESCO MARCHETTI**  
PLASTIC SURGEON



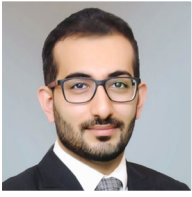
**TERESA GALERA**  
MEDICAL MANAGER

#### ISAPS GUEST

SAFETY GUIDELINES IN AESTHETIC PLASTIC SURGERY



**DR. LINA TRIANA**  
PLASTIC SURGEON  
ISAPS PRESIDENT-ELECT



SAMARTH GUPTA - INDIA

## ART AND SCULPTURE WORKSHOPS FOR RESIDENTS

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### ENHANCING THE CANVAS OF AN AESTHETIC SURGEON THROUGH SKILLFUL STROKES OF BLOOD

True to the words of Leonardo Di Vinci, *“Study the science of art. Study the art of science. Develop senses - especially learn to see. Realize that everything connects to everything else.”*

The world has seen many stalwarts in the form of legendary artists and surgeons who have firmly believed in the amalgam of art and science. A surgeon rightly knows the anatomy and the contours of the human body; however, it's the art that surrounds it which imparts value and life to any living entity. With rampant awareness about the novelty of the art of aesthetic surgery, I strongly feel that while training plastic surgeons, the curriculum should sensitize its students to appreciate the various nuances of the art of figure sketching and sculpture through introduction of an interactive art session as part of their training module.

In 2005, the Division of Plastic and Reconstructive Surgery

at Ondokuz Mayıs University in Samsun, Turkey started an art program with 13 doctors from their department in collaboration with their affiliated university's art department.<sup>1</sup> The students involved not only improved their pre-operative markings but also enhanced their post-operative outcome. These types of training courses enable dynamic young surgeons to pay closer attention to minute details of the human anatomy which are often overlooked from an aesthetic point of view while operating. In addition, it also appeals to their conscience in order to rejuvenate and enhance the god-gifted anatomy of their patients to the best of their abilities.

“My eye is much better informed as I have seen many of the structures from the inside. A portrait bust takes me much longer since becoming a surgeon, as I see so much more detail than I used to,” said Lisa Sacks, a consultant plastic and

reconstructive surgeon from Bristol, England who also happens to be an ace sculptor and is well-renowned for her handling of bronze.<sup>2</sup> The subtle and creative art of sculpting can help trainee surgeons gain more knowledge about the fundamentals of body contouring and breast surgeries. This in turn will help them be more careful when applying dressings. It will also help them chalk out a detailed and meticulous anatomical outline while working with the scalpel. Learning how to draw a human face by splitting it into proportions is a definite way to improve one's aesthetic sense as well as observational skill. With a basic understanding of the principles of art and sculpture, an operating surgeon takes into consideration the real time tactile depth perception.



Figure 1. Enchanting Lines. Watercolor on size A3 cold pressed paper.



Figures 2, 3. A recent oil piece painted by Gupta on a 60" x 30" canvas entitled Sunlit Veil.

This leads to caution in tissue handling, as it invariably affects the final aesthetic outcome.

Along with such art programs, plastic surgery programs should also propagate advanced human photography including still

life photography, as it would help plastic surgery residents develop a more microscopic mind-set. It is well-known that nothing goes unnoticed by the lens of a photographer.

Personally speaking, art has played an instrumental role in helping me choose plastic surgery as a career. In my free time, I draw anatomical sketches, especially of the face (Figure 1). This aids in understanding facial proportions and the intricacies of underlying structures that leave an impression over the skin surface. Moreover, art is a form of meditation that not only helps me maintain my inner peace but also increases my concentration levels amidst heavy surgery hours. My favorite medium is oil on canvas, although I love experimenting with watercolors, charcoal, and pen and ink (Figures 2-4).



Figure 4. Bare. Watercolor on size A3 cold pressed paper.

To conclude, I will quote the timeless Bhagavad Gita, Chapter 10, Verse 11: "Out of compassion for them, I situated within the heart, certainly destroy the darkness born of ignorance with the radiant light of knowledge."

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# AN AESTHETIC SURGERY FELLOWSHIP IS MORE THAN WATCHING SURGICAL TECHNIQUES

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PATRICK TONNARD - BELGIUM

I recently had a discussion with a young plastic surgeon who had just finished his training and was a candidate for a three-month fellowship at our plastic surgery center in Gent, Belgium. Unlike the other fellows we have had, he did not want to come for the whole week, but rather, only for the operating days. The young surgeon was not really interested in meeting with patients pre- and post-op. Instead, he only wanted to see the surgical techniques.

His reasoning for this was that he did not have enough time and he was too busy with other things. I personally do not agree with this attitude, and after a long discussion I advised him to read Simon Sinek's book, *Start with Why*<sup>1</sup>. In this book, Sinek explains that we often are interested in the 'what' and the 'how' but less in the 'why.' Answering the why question, however, gives you a much more powerful perspective than just explaining what you do and how. And this is true in many aspects of life and society: business, work, personal relationships, and so on.

The answers to the what and how questions come from the analytical left side of the brain, the neocortex. This is also the part of the brain that uses language to express itself. On the other hand, the answer to the why question comes from the older, limbic part of the brain, formerly called the right brain. This is the emotional, intuitive, and creative side of the brain. The challenge with this is that this part of the brain does not use language, so it becomes a bit more difficult to express why you do something. The people and businesses who are able to formulate an answer to this why question belong among the

most successful in history. Sinek discusses a few examples of this: Martin Luther King, Jr. with his *I Have A Dream* speech, and Apple CEO Steve Jobs<sup>2</sup>, who envisioned giving everybody a personal computer in the palm of their hand<sup>3</sup>. These two men were only talking about the why and not so much about the what and how...

Sinek also explains that there are two ways to influence human behavior: you can manipulate it, or you can inspire it. The most fruitful and long-lasting method to learning something is via inspiration. So why is it not a good idea to complete an aesthetic fellowship by only attending the surgeries? The young surgical fellows we train nowadays live by the modern adage: "I want it all and I want it now!" It is nice to be confronted with their enthusiasm and eagerness, but it simply does not work like that. Let me share with you my personal experience when I was in training in plastic surgery. I followed and still follow many great plastic surgeons and I have learned four important things.

The first thing I realized is that **I do not know**, and that is easy to accept because when you start, you quickly learn that you do not know anything. The second lesson is harder to accept, and it took me several years to realize: **I have to learn a lot**. This learning process is not a passive absorption procedure where knowledge is offered to you on a silver spoon. It is an active search for knowledge, based on an insatiable hunger and scientific curiosity, which involves learning techniques and experiences which are different for every single plastic surgeon.

The third thing I learned is **the right personal technique**. The



technique you learned during your training may not be the best technique for you. Each aesthetic surgeon has their own style of surgery and this style must be perfected and incorporated into your own practice. Finally, and this insight came only in the last decade, I reached a fourth phase, that of **love**. Not the romantic sort of love, but the love that inspires you to give something else what it needs. A 3-star Michelin restaurant in Belgium brands itself with the one-liner: “The secret ingredient is always love.”<sup>4</sup> It is that secret ingredient that I am referring to in our passionate aesthetic surgery kitchen.

I consider myself a scientific artisan worker. But what does this mean? Being an artisan plastic surgeon does not just mean I am doing things with my hands. It means “**knowing**,” especially knowing the order in which things need to be done. You can close a surgical wound as an artisan or as a manual laborer – both work with their hands. For the artisan plastic surgeon, what is most important is what you cannot see. You cannot see the feelings of your patients. You cannot see the years of learning that developed your experience as a plastic surgeon. You cannot see the number of surgical steps you have to undertake to achieve the correct result. Each step is authentic and nothing is superfluous.

Like Antoine de Saint-Exupéry said in his magical novel, *The Little Prince*, “That what is most essential, is invisible to the eyes.”<sup>5</sup> To perform a facelift, for example, you have to complete, let’s say, 150 to 200 steps, each of which leads into the next. Any modification of a single step will bring greater or lesser quality to the final result. Understanding and mastering this takes years of dedicated craftsmanship. That is why aesthetic surgery training takes a long time. This is also why I think our job will never be digitalized or industrialized. A single machine can never execute an aesthetic surgery as well as a well-trained aesthetic surgeon can. A custom-made aesthetic procedure is highly dependent upon the surgeon performing the operation and incorporates all the ideas, techniques, and surgical skills that the surgeon has mastered and learned during his many years of surgical training. Therefore, we should honor the predecessors who contributed to our specialty. If we can move our surgical results towards perfection, it is because we are standing on the shoulders of giants.

Surgery in general, especially aesthetic surgery, is not just a technical skill you can learn from a book or by watching some surgeries. You need personal training guided by a dedicated teacher, and

even then, it takes years to incorporate the techniques you have learned into your personal armamentarium. Finally, there is also the delicate and subtle relationship between master and pupil. The iconic tenor Luciano Pavarotti summarized this relationship as follows: “There are no great teachers or no great students. It’s the meeting of the two together...”<sup>6</sup> Often, we fail to realize that mastery is not about perfection. It is about a process, a journey. The master is the one who stays on the path day after day, year after year.<sup>7</sup> Mastery is also about the willingness to try again and again even after failure. Communicating this attitude towards the pupil is a difficult, time-consuming, but very rewarding responsibility when it succeeds.

In contrast to traditional artisan craftsmanship, our patients are alive. Their skin and subcutaneous tissues will change over time as the aging process continues, but the important bond between the artisan surgeon and their patient will never be broken. Patients will come back for maintenance, for skin improvement, or even for regenerative therapies because of that unbreakable bond between the patient and their surgeon called trust. This is an emotional bond that has to be taken very seriously. Some patients will forget what you said. Others will even forget what you did. But no patient will ever forget how you made them feel. And that is what aesthetic surgery is all about. This is why a good relationship with your patient will last forever.

I see my work as a humble attempt to create successful masterpieces and my main goal is to advance in this art of scientific artisanal craftsmanship. However, not all of the greatest artists’ paintings are masterpieces, and similarly, not all of our surgeries will be masterpieces. But the intention changes everything! Good aesthetic surgery should emit sensuality, beauty, balance, and authority. To obtain this, you must look into yourself to find a delicate balance of dedication, enthusiasm, and professionalism. This is also a requirement for the people you work with (your fellows, nurses, and secretaries), as each patient’s treatment requires a multifactorial team approach.

To all the young fellow plastic surgeons who think they can simply jump into an operating room, watch a surgery, and quickly master the technique: it is more complicated than this... Aesthetic surgery is a physical process with a spiritual component. In this process, the patient is a vehicle for seeking out perfection, although this will never be achieved. There is beauty in imperfection, because that is a superior type of beauty... As Salvador Dalí once said: “Have no fear of perfection! You will never reach it.”<sup>8</sup>

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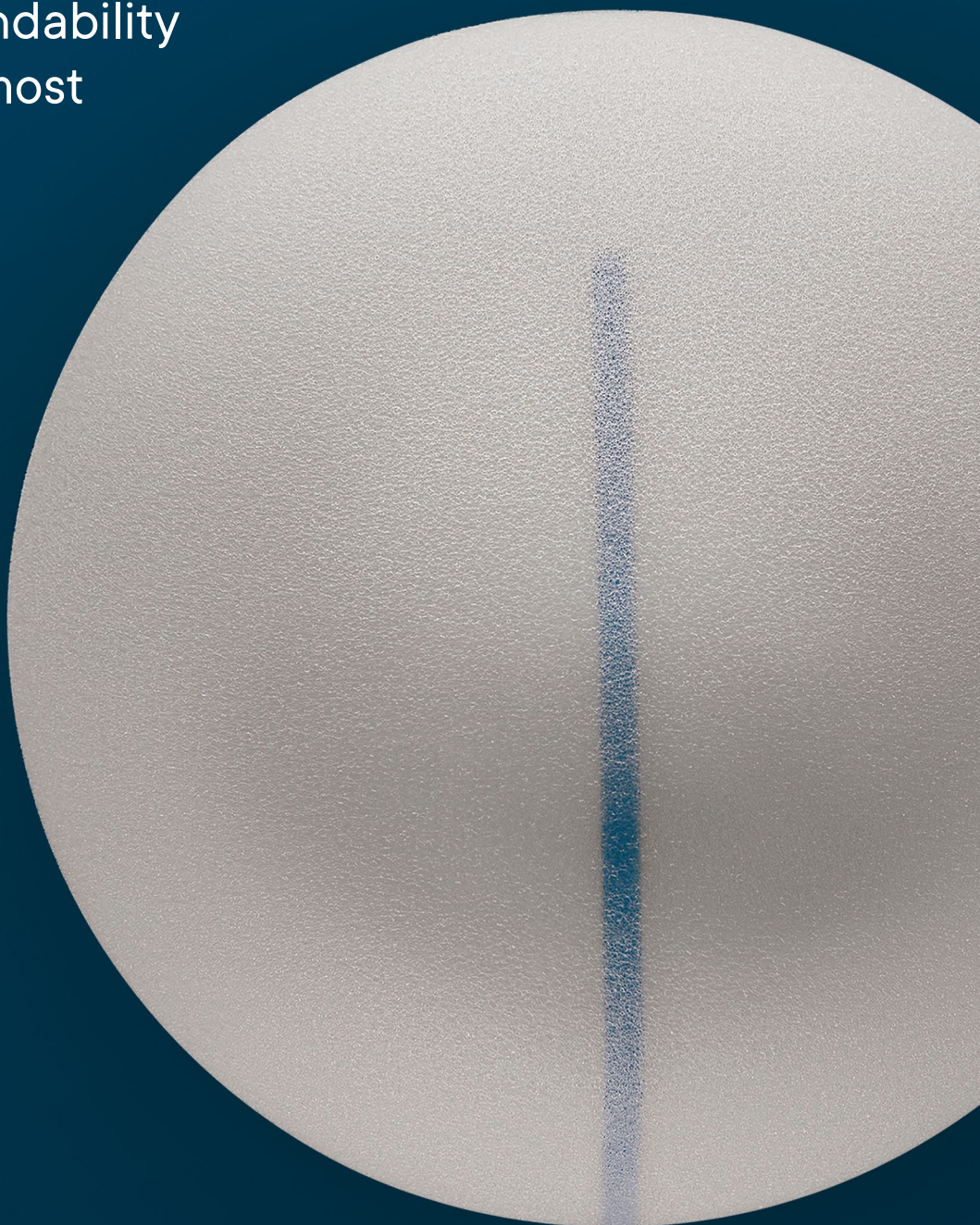
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# POLYTECH

# IN MEMORIAM

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## DR. PAUL EDELMANN, MD (1955 – 2021)



**DR. PAUL EDELMANN**

*written by Gottfried Lemperle*

Our sympathetic colleague from Frankfurt, Germany, Dr. Paul Edelmann, died at 65 years old from a massive pulmonary embolism on February 8 while preparing for his first surgery. His untimely passing shocks us all, makes us realize once again how little control we ultimately have over our lives, and reminds us how grateful we must be for every given day.

Paul Edelmann was a person whom everyone liked right away and whose patients felt comfortable in his proximity and care: self-contained and modest, warm-hearted and always friendly, loved by his wife and two children and his thousands of patients, tolerant, always collegial and humorous, but also direct and enthusiastic, as his many comments in the patient forums show. Always on the safe side, he did not use artificial fillers or silicone implants because of possible complications; he remained faithful to saline-filled breast implants even after their rehabilitation.

Born in Düsseldorf in 1955 and raised in the tranquil town of Grevenbroich, he passed the medical state examination in Mexico and the ECFMG examination in the USA in 1981, then qualified in Germany as a physician and earned his doctorate at the University of Düsseldorf. He became a specialist in surgery and then a specialist in plastic surgery after a broad

training in Johannesburg, South Africa, at the Bergmannsheil in Bochum, and at the Main-Taunus-Kliniken in Hofheim.

As early as 1985, he started a private practice in the heart of Frankfurt with the patient motto “safety first.” Paul didn’t have to rattle off; he recruited his patients “by word of mouth” - and they loved him (rating 4.9 out of 5). His terrific wife, Hille, managed their practice from the beginning and initially supported him as a scrub nurse. Paul was a fighter all his life, but never took himself seriously, devoting all of his efforts to his patients and family. And Paul was afraid of nothing: in 2012, he fulfilled his lifelong dream of crossing the Atlantic from Mainz to Miami in his single-engine Cessna 210P.

As a member of Interplast-Germany, e.V., Dr. Edelmann led five Interplast missions between 2005 and 2013 to the city of Tomsk in Siberia, a largely closed stronghold of military research, where he operated on children with clefts and other deformities. His last mission took him to Sierra Leone in 2017. He is survived by his admirable wife and office partner Hille and his two children. His daughter Nicola is a urologist in Berlin; his son Lars is an orthopedic and trauma surgeon in Switzerland. All of us who knew Paul more closely will fondly remember his always positive and warm-hearted nature.

# IN MEMORIAM

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## DR. JOSE JURI, MD, PHD (1934 - 2021)



**DR. JOSE JURI**

*written by Gustavo Abrile & Juan Jose Juri*

**O**n March 18 of this year, Dr. Jose Juri died at the age of 87. His wife and life partner, Nora, and their children Justo and Juan Jose say goodbye to him with deep regret.

With an implacable personality, Juri was a son and brother, a husband and father, a horseman, a payador and reciter, a physician-psychiatrist and plastic surgeon, a poet and philosopher, a draftsman and sculptor, a magician and conjuror, and a teacher to hundreds of students. He was a creator, innovator and transgressor, an artist and an esthete.

A doctor by vocation, Juri graduated from the University of Buenos Aires in Argentina, where he specialized in psychiatry. As a surgeon at the Hospital Guemes of the Province of Buenos Aires, he completed his training as a plastic surgeon at the Hospital de Quemados of the city of Buenos Aires.

Throughout his life, Juri served in many prominent positions, including as the founder and Director of the Plastic Surgery Clinic and Jose Juri Foundation and as the Director of the Superior Course of Plastic Surgery of the National University of Buenos Aires. He was also the official Rapporteur in various international congresses in the United States, Canada, Japan, Italy, Mexico, Peru, Chile and Uruguay.

Juri was incredibly active in the field of plastic surgery, developing 20 original techniques, authoring 15 published works, and collaborating on more than 15 books relating to the specialty. He received both national and international awards for his work and contributions to the field, and was named doctor honoris causa by various universities.

As a tutor and teacher, Juri left a mark on all who had the joy of accompanying him on his way. He was generous when it came to sharing his knowledge, which took him a lifetime of dedication and work to acquire, and taught us that meditation and reasoning lead to creation and knowledge. It now remains for each of his students to share his knowledge and work towards his dream of an Argentinian School of Plastic Surgery, open to all.

His family, his students, and his colleagues offer eternal admiration and gratitude, and we will miss your demanding and defiant smile, your innumerable anecdotes, your wisdom, and your characteristic mischief. Goodybye to an intense, restless, tireless spirit.

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## February 2021 - April 2021

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Dates: June 17, 2021  
Location: Moscow, RUSSIAN FEDERATION  
Venue: VIRTUAL  
Topic: Breast Surgery: Advanced Level - Complications - Part 1 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)  
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## ISAPS COURSE EURASIAN AESTHETIC SURGERY

Dates: June 17-19, 2021  
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Contact: Seven Event Company  
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Website: [www.eurasian2021.org](http://www.eurasian2021.org)

## 1ST ISAPS BALKAN SYMPOSIUM - AESTHETIC SURGERY TRENDS

Dates: June 19, 2021  
Location: Belgrade, SERBIA  
Venue: Hotel Mama Shelter  
Format: In person  
Contact Name: Katarina Andjelkov, MD, PhD  
Email: [kandjelkov@belprimeclinic.com](mailto:kandjelkov@belprimeclinic.com)  
Website: [www.faraway.rs/isaps-balkan-meeting-registration/](http://www.faraway.rs/isaps-balkan-meeting-registration/)

## WEBINAR - USE OF SURGICAL NET IN FACIAL AESTHETIC SURGERY

Date: June 26, 2021  
Time: 13:00 UTC - 15:00 UTC  
Topic: Use Of Surgical Net in Facial Aesthetic Surgery  
Speakers: Fausto Viterbo, MD, PhD & Andre Auersvald, MD  
Moderator: Ozan Sozer, MD  
Link to register: [www.isaps.org/master-class-webinar-series-2021/](http://www.isaps.org/master-class-webinar-series-2021/)

## ISAPS ENDORSED - LEADERS OF TOMORROW VIRTUAL: BREAST RECONSTRUCTION

**Sponsored by Mentor**  
**Target Audience: Senior Residents and recent graduates of no more than (1) one year as specialists**

Dates: June 28 - July 1, 2021  
Location: Mexico City, MEXICO  
Venue: VIRTUAL  
Operative Director: Jose Mauricio Villegas  
Academic Director: [Gustavo Jimenez Munoz Ledo](#)  
Tel: +52 554370 4871  
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Program: [CLICK HERE](#)

## ISAPS SYMPOSIUM - GEORGIA 2021

### Rhinoplasty, Face and Body Aesthetic Surgery

Date: July 2, 2021  
Venue: Biltmore Hotel  
Location: Tbilisi, GEORGIA  
Format: In person  
Contact Name: Alexander Kutubidze, MD, PhD  
Tel: +995 577 40 17 28  
Email: [akutubidze@aol.com](mailto:akutubidze@aol.com)  
Website: @ISAPSSymposiumGeorgia2021 - Coming Soon!

## ISAPS COURSE - GREECE

Dates: July 8-10, 2021  
Location: Athens, Greece  
Venue: Radisson Blu Park Hotel  
Contact person: Vicky Delidimitriou  
Email: [vdelidimitriou@noufio.gr](mailto:vdelidimitriou@noufio.gr)  
Tel: +30 210 - 2775219  
Fax: +30 210 - 2714437  
Website: [www.isapscourseathens2020.gr](http://www.isapscourseathens2020.gr)  
Organizing Secretariat: NOUFIO [www.noufio.gr](http://www.noufio.gr)

## ISAPS SYMPOSIUM - AESTHETIC PLASTIC SURGERY (APS) 2021

Dates: July 10 - 11, 2021  
Venue: Live Virtual Meeting (Streamed live from COEX, Seoul, KOREA)  
Theme: Finesse with Evidence: A Virtual Gathering  
Email: [ksaps@innon.co.kr](mailto:ksaps@innon.co.kr)  
Website: [www.apskorea.or.kr](http://www.apskorea.or.kr)

## ISAPS REGENERATIVE MEDICINE VIRTUAL SYMPOSIUM II

Dates: Saturday, July 24, 2021  
Time: 12:00PM UTC - 4:30PM UTC  
Information coming soon! Save the date!



**WEBINAR - ALL YOU NEED TO KNOW ABOUT NECK LIFT**

Date: Saturday, August 7, 2021  
Time: 13:00 UTC  
Topic: All You Need to Know About Neck Lift  
Speakers: Francisco Bravo, MD, PhD & Ozan Sozer, MD  
Moderator: Vakis Kontoes, MD, PhD  
Registration: [REGISTER NOW!](#)

**ENDORSED COURSE - INDIE AESTHETIC SURGERY SUMMIT**

Date: August 28-29, 2021  
Venue: Virtual  
Contact: Susan Russell  
Tel: +1-435-602-1329  
Website: [www.indieaestheticsurgerysummit.com](http://www.indieaestheticsurgerysummit.com)

**ISAPS VIENNA WORLD CONGRESS**

Dates: September 11-13, 2021  
Location: Vienna, AUSTRIA  
Venue: ACV  
Email: [registrar@isaps.org](mailto:registrar@isaps.org)  
Website: [www.isapsvienna2021.com](http://www.isapsvienna2021.com)

**ISAPS ENDORSED - 8<sup>TH</sup> LIVE SURGERY COURSE**

Dates: September 23-25, 2021  
Location: Marbella, SPAIN  
Venue: Hotel Barcelo Marbella  
Contact: Carolina Lerussi  
Tel: +34 952 77 53 46  
Email: [carolina@cirumed.es](mailto:carolina@cirumed.es)  
Website: [livesurgery.cirumed.es](http://livesurgery.cirumed.es)

**ISAPS ENDORSED COURSE - ADVANCED TECHNIQUES IN FACIAL REJUVENATION: MASTERY OF THE SUB SMAS AND DEEP NECK LIFT**

**Advanced Techniques in Facial Rejuvenation: Mastery of the Sub SMAS and Deep Neck Lift**  
Dates: September 25-27, 2021  
Location: Saint Louis, MO, USA  
Venue: PASE Learning Center  
Contact: Karen Erwin  
Tel: +1-314-977-7400  
Email: [Karen.erwin@health.slu.edu](mailto:Karen.erwin@health.slu.edu)  
Website: [slu.edu/medicine/pase](http://slu.edu/medicine/pase)

**ISAPS F.A.S.T. PROGRAM - MOSCOW - PART 2**

Dates: September 25, 2021  
Location: Moscow, RUSSIAN FEDERATION  
Venue: VIRTUAL  
Topic: Body Surgery: Advanced Level - Complications - Part 2 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)  
Registration (English Version): [REGISTER HERE](#)

**WEBINAR - AESTHETIC ASPECTS OF BREAST RECONSTRUCTION**

Dates: Saturday, October 9, 2021  
Time: 13:00 UTC  
Topic: Aesthetic Aspects of Breast Reconstruction  
Speakers: Gregory Evans, MD, FACS & Eric Santamaria, MD  
Moderator: Moustapha Hamdi, MD, PhD

**ISAPS COURSE - HUNGARY**

Dates: November 4-6, 2021  
Location: Debrecen, HUNGARY  
Venue: Kölcsey Convention Center Debrecen  
Contact: Dr. Csaba Molnár  
Tel: (+36 1) 299 0184  
Email: [convention@convention.hu](mailto:convention@convention.hu)  
Website: [www.isaps-debrecen2020.hu](http://www.isaps-debrecen2020.hu)

**ISAPS F.A.S.T. PROGRAM - MOSCOW - PART 3**

Dates: November 27, 2021  
Location: Moscow, RUSSIAN FEDERATION  
Venue: VIRTUAL  
Topic: Facial Surgery: Advanced Level - Complications - Part 3 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)  
Registration (English Version): [REGISTER HERE](#)

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SEPTEMBER 11 - 13, 2021

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