



the art *of*

AESTHETIC PLASTIC SURGERY

27/28 SEPTEMBER NATIONAL GALLERY LONDON
The British Association of Aesthetic Plastic Surgeons
Annual Conference 2022

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BAAPS

Conference Programme

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Dear Friends and Colleagues,

It is a great pleasure to welcome you to the BAAPS International Conference 2022.

This year we are fortunate to host our meeting and annual dinner at The National Gallery, London. Our esteemed faculty join us from across the globe, bringing together ideas, enthusiasm and inspiration in Aesthetic Surgery. This meeting will facilitate the meeting up of friends and colleagues with a shared vision for the advancement of aesthetic surgery and high quality patient care. It endeavours to provide opportunities to learn, share and debate current and future practice in an iconic setting, amongst friends.

I would like to thank the Organising Committee, Council and Secretariat for their invaluable commitment, energy and dedication to making this happen.

I would like to thank our esteemed Faculty, without who this would not happen.

Finally I would like to thank all of the delegates for joining us in London. I really look forward to meeting you!

Mary O'Brien
BAAPS President
Consultant Plastic Surgeon

Dear Delegate

Thank you for attending the BAAPS Annual Meeting 2022. It is our pleasure to welcome you to The National Gallery for a very exciting programme spanning the breath of aesthetic plastic surgery.

We are delighted to welcome our distinguished international faculty including Dr Jennifer Walden, Dr Dennis Hammond and Dr David Sieber (USA), Dr Roy de Vita (Italy) and Dr Nina Schwaiger (Germany). Alongside our esteemed UK faculty, they are participating in lectures and panels across the sessions.

The 2022 conference theme is 'The Art of Plastic Surgery'. We have sessions scheduled on facial surgery including rhinoplasty, periorbital surgery and combination/minimally invasive facial rejuvenation, body contouring surgery focusing on advancements in techniques and surgical safety, breast surgery looking at complex breast aesthetic techniques and finessing our results and a BAAPS Support session bringing together updates on the business of plastic surgery, breast implant product liability, MDR changes and surgical burnout.

Our Conference Dinner will be held in the Wohl Room at The National Gallery which holds some very prized works of the Gallery. Places can be booked via the BAAPS Office. Finally, thank you to Megan Lancaster-Smith and Jo Montgomery who have brought the whole event together for the BAAPS.



Marc Pacifico
Vice-President BAAPS
Consultant Plastic Surgeon



Nora Nugent
Elected Council Member
Consultant Plastic Surgeon

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INCISION



CPD Points: 27th September – 5 points 28th September – 5 points

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Council Members and Officers

BAAPS Officers:

Miss Mary O'Brien	BAAPS President
Mr Marc Pacifico	BAAPS Vice President
Mr Stephen Hamilton	BAAPS Honorary Treasurer
Mr Dan Marsh	BAAPS Honorary Secretary
Mr Paul Harris	Immediate Past President

Elected Members:

- Mr Naveen Cavale
- Mr Mark Ho-Asjoe
- Mr Patrick Mallucci
- Mr Reza Nassab
- Miss Nora Nugent
- Mr Alastair Platt
- Mr Thangasamy Sankar

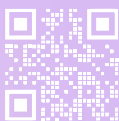
Honorary Advisors:

Mr Rajiv Grover	PR and Audit
Prof Ash Mosahebi	Research
Mr Anthony MacQuillan	Patient Information & Consent Forms
Mr Douglas McGeorge	Indemnity
Mr Manaf Khatib	Trainees
Miss Caroline Payne	Psychology Course & PR
Mr Mike Tyler	Professional Standards Committee
Mr Rajan Uppal	BAAPS Support Chair



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Conference programme

Day 1 Tuesday 27th September 2022

08:00 – 08:45 Registration 08:45 – 08:55 President’s welcome

FACE PROGRAMME

Chairs - Rajan Uppal and Douglas McGeorge

NOSE

- 09:00 – 09:12 Evolution of rhinoplasty
Julian Rowe-Jones
- 09:14 – 09:26 Let-Down Hybrid technique
Lucian Ion
- 09:28 – 09:40 Advantages and limitations of Piezo surgery in rhinoplasty
Jag Chana
- 09:42 – 09:58 Panel discussion on rhinoplasty
Julian Rowe-Jones/Lucian Ion/Jag Chana

BLEPHAROPLASTY

- 10:00 – 10:05 Introduction
Lucian Ion
- 10:05 – 10:17 Lower eyelid surgery refinements
Lucian Ion
- 10:19 – 10:31 The Difficult lower lid
Nina Schwaiger
- 10:33 – 10:45 Panel Discussion on blepharoplasty
Lucian Ion/Nina Schwaiger

10:45 – 11:15 COFFEE BREAK

MULTIMODAL TREATMENT APPROACHES

- 11:20 – 11:25 Introduction
- 11:25 – 11:40 Future aesthetic medical & surgical non- invasive & minimally invasive surgery of the face
Jennifer Walden
- 11:42 – 11:54 Combining surgery with technology: tackling the lower lids with TRL
David Sieber
- 11:56 – 12:08 Blending facelifting with energy based technology
Jennifer Walden
- 12:10 – 12:25 Panel discussion on technologies and face surgery
Jennifer Walden/David Sieber

12:25 – 12:45 HACKETT & PRESIDENT’S PRIZE PRESENTATIONS

12:45 - 13:35 LUNCH BREAK

Thanks to our sponsors



BODY CONTOURING PROGRAMME

Chairs – Anthony MacQuillan and Mike Tyler

LIPOSUCTION RELATED APPROACHES

- 13:40 – 13:52 Use of VASER in my body contouring practice
Jag Chana
- 13:54 – 14:06 Hi-Definition Liposuction: transition from traditional liposuction
David Sieber
- 14:08 – 14:20 Non-invasive body contouring
Reza Nassab
- 14:22 – 14:34 Deep Tension Lipoabdominoplasty
Dan Marsh
- 14:36 – 14:51 Panel discussion on liposuction
Jag Chana/David Sieber/Reza Nassab/Dan Marsh

14:55 – 15:25 COFFEE BREAK

ABDOMINOPLASTY RELATED APPROACHES

- 15:30 – 15:42 Complications after body contouring and how to avoid them
Nina Schwaiger
- 15:44 – 15:56 Abdominoplasty success in overweight patients
Dennis Hammond
- 15:58 – 16:10 Optimising outcome in abdominoplasty- Application of novel techniques.
David Ross
- 16:12 – 16:24 The lower bodylift – technique and refinements
Nina Schwaiger
- 16:25 – 16:40 Panel discussion on abdominoplasty
Nina Schwaiger/Dennis Hammond/David Ross
- Combination surgery – how much is too much?
 - When to go 360 degrees...and when not to
 - Difference in aesthetic abdominoplasty and body contouring after massive weight loss

16:45 THE NIAL KIRKPATRICK AESTHETIC EDUCATOR OF THE YEAR AWARD AND PRIZES

17:00 – 17:45 BAAPS MEMBER AGM

for BAAPS members only

19:30 – 23:00 ANNUAL DINNER

Wohl Room, National Gallery

Day 2 Wednesday 28th September 2022

08:00 – 08:45 Registration 08:50 Welcome & opening comments

BAAPS SUPPORT PROGRAMME

Chairs - Nora Nugent and Paul Harris

THE BUSINESS OF PLASTIC SURGERY

- 09:00 – 9:12 Medispa & plastic surgery practice integration
Jennifer Walden
- 09:14 – 9:26 Financial considerations in setting up/ building a plastic surgery clinic
Nick Rhodes
- 09:28 – 9:40 Introducing devices to a practice
Jennifer Walden
- 09:42 – 9:54 PR in aesthetic plastic surgery
Lynne Thomas & Jenny Pabila
- 09:56 – 10:08 Social media – power of the millennials, Gen Z
Jennifer Walden
- 10:10 – 10:25 Q & A/Discussion
- 10:30 – 10:40 BAAPS Support update
Nora Nugent & Rajan Uppal

10:40 – 11:10 COFFEE BREAK

- 11:15 - 12:00 Business of Plastic Surgery Panel Discussion
Paul Harris/Pat Mallucci/Reza Nassab/Bryan Mayou/Jennifer Walden
1. Future directions for aesthetic plastic surgery practice
 2. Lessons learned from my practice set-up and early years
 3. Business and practice tips & pearls of wisdom
 4. Bringing associates and partners into the practice
 5. Q & A

HOT TOPICS THAT AFFECT ALL OF US

- 12:00 – 12:12 Breast implant product liability – who does it lie with?
Fadzai Smith - DAC Beachcroft
- 12:14 – 12:26 After PIP & Brexit, how the new Medical Device Regulation (MDR) changes will impact UK plastic surgery practices
Elaine Sassoon
- 12:28 – 12:40 Surgical mid-life crisis and burnout
Mike Tyler
- 12:42 – 12:55 Q & A
- 13:00 – 13:10 Montgomery, Negus and Pickled Sharks
Joanna Staphnill on behalf of Incision
- 13:10 – 13:20 IMCAS Talk

13:20 – 14:10 LUNCH BREAK

BREAST PROGRAMME

Chairs – Marc Pacifico and Steve Hamilton

BREAST AUGMENTATION

- 14:12 – 14:24 An algorithm for patient stratification in breast augmentation
Dennis Hammond
- 14:26 – 14:38 Hybrid Breast augmentation
Roy de Vita
- 14:40 – 14:52 Rapid recovery breast augmentation
David Sieber
- 14:54 – 15:06 20-years of breast augmentation – more questions than answers?
Stephen McCulley
- 15:08 – 15:20 BIA ALCL - the medicolegal implications for consent in the UK
Keith Allison
- 15:22 - 15:37 Breast augmentation jousting Panel
Is it really possible to address all breast morphologies with round implants?
Panellists: Roy de Vita; Patrick Mallucci; Dennis Hammond; Dave Sieber, Stephen McCulley
- How to persuade your patients of the benefits of additional fat... and then pay for it?
 - Is it too risky to lower the IMC when using smooth or nano-textured implants?

15:40 – 16:10 COFFEE BREAK

COMPLEX BREAST

- 16:12 – 16:24 An algorithm for the treatment of breast ptosis in augmentation mastopexy
Dennis Hammond
- 16:26 – 16:38 A personal technique on mastopexy plus implant
Roy de Vita
- 16:40 – 16:52 Breast asymmetry – my philosophy
Roy de Vita
- 16:54 – 17:06 Management of the Infra Mammary Crease
Dennis Hammond
- 17:08 - 17:25 Breast jousting Panel
Panellists: Roy de Vita; Patrick Mallucci; Dennis Hammond; David Sieber; Stephen McCulley
- Symmetry - isn't it better to accept a normal degree of asymmetry?
 - Re-using implants – when is it acceptable?
 - What to do with a thin capsule - popcorn vs neo-pocket vs capsulorrhaphy or capsulectomy
 - What to do with a thick capsule - can we leave it behind, ignore it and create a neo-pocket or use it for capsular flaps?

17:30 CONFERENCE ENDS

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What have we done so far?

- COVID-19 Business Continuity Webinar Series
- Legal Webinar Series x 2
- Virtual Business Summit
- VAT & Aesthetics Advice Sheet
- Collaborations with financial and practice support service companies to bring additional benefits for BAAPS Members
- Medicolegal Expert Panel in Aesthetic Surgery
- Masterclass in Aesthetic Practice Management for Practice Staff

To join, simply contact office@baapssupport.co.uk
or Rajan Uppal (Chair, BAAPS Support)

BAAPS 
SUPPORT

Faculty members

Keith Allison

Originally from Birmingham I now live in Guisborough, North Yorkshire. I work as a full-time NHS Consultant Plastic Surgeon in Middlesbrough, Teesside. My practice involves the care of breast reconstruction, skin oncology and trauma patients and although I used to have a busy aesthetic surgery practice, from 2019 I exchanged this for an expert witness/medical negligence practice. I am a council member/trustee for BAPRAS and I sit on the PRASEAG helping to advise the MHRA. I have held various surgical training roles including being the immediate past chair of the oncoplastic breast TIG fellowship.



Jag Chana

Jag Chana is a Consultant Plastic and Reconstructive Surgeon whose career has spanned working in various centres including the Chang Gung Hospital in Taiwan, Mount Vernon Hospital and the Royal Free Hospital in London. He is now in full time Private Practice with a main interest in aesthetic surgery including rhinoplasty and facial rejuvenation. His scope of practice also includes body contouring procedures and Vaser liposuction. He was one of the early adopters of piezo-surgery techniques in rhinoplasty which has become mainstream in his rhinoplasty practice since 2015. Vaser liposuction is another area of interest where he has been using this technology in his body contouring procedures since 2008. As such he has a wealth of experience in ultrasonic techniques as applied to aesthetic procedures which are the focus of his presentations at this conference.



Roy De Vita

Roy de Vita MD, Consultant in Plastic Reconstructive and Aesthetic Surgery, is since 2002 the Chief of the Plastic and Reconstructive Surgery Department of the National Cancer Institute "Regina Elena" of Rome and he is also Coordinator of the Breast Unit of the same Institute.

His main field of clinical and scientific interest are reconstructive and aesthetic breast surgery, an area in which is widely published.

In his department he has performed more than 700 breast surgical reconstructive procedures per year including implant base breast reconstruction, both DTI and 2 stage, and autologous tissue, both microsurgical and pedicle flaps.

In private practice he performs more than 200 breast augmentations per year and 40% of these procedures are for revision surgery.

He is involved in educational programs worldwide performing live surgical demonstrations and giving lectures on this subject in the most important meetings all around the world.

Roy de Vita, M.D. is a member of the Italian Society of Plastic, Reconstructive and Aesthetic Surgery (SICPRE); American Society for Plastic Surgery (ASPS); Italian Society for Surgery (SIC).



Dennis Hammond

Dr. Dennis C. Hammond is a board certified plastic surgeon in Grand Rapids, Michigan. He received his undergraduate and medical degree from the University of Michigan in Ann Arbor, Michigan. Dr. Hammond completed his residency in general and plastic surgery in Grand Rapids, Michigan followed by two year-long fellowships. The first was in aesthetic and reconstructive breast surgery in Nashville, Tennessee under the direction of Drs. Pat Maxwell and Jack Fisher and the second was in Hand and Microsurgery in at the Medical College of Wisconsin in Milwaukee, Wisconsin. Dr. Hammond has published numerous scientific papers, book chapters, and has authored his own textbook entitled "Aesthetic Breast Surgery". Dr. Hammond has been an invited speaker at innumerable meetings and conferences around the world and has performed live surgery demonstrations on nearly every continent. Dr. Hammond has been in private practice for 28 years and continues to operate a busy aesthetic and reconstructive breast surgery and body contouring practice.



Paul Harris

Paul Harris is a recent Past-President of BAAPS having served on Council in various positions for over 10 years. He is a well-known plastic surgeon based in Central London, specialising in Aesthetic and Reconstructive Breast Surgery. At this year's conference, Paul will be contributing to the BAAPS Support session on the business of plastic surgery.

Paul worked for 15 years at The Royal Marsden Hospital where he led on creating a standalone plastic surgery department. He also became the hospital Medical Director of Private Care for three years. This was, and remains, the UK largest NHS Private Patient Unit (PPU) with an annual income of over £120 million.

Paul's experience in plastic surgery private practice has included standalone and group practice in Central London and the periphery. He is now mentoring several junior partners in the development of a new group based at The London Clinic. His experience in the business of plastic surgery has included five years on the board of a plastic surgery specific indemnifier (PRASIS) and ten years as the Medical Director of a surgical product distributor (IMS). He currently works with several industry partners including Mentor as a Global Advisory Panel member.



Faculty members (continued)



Lucian Ion
Mr Lucian Ion worked as Consultant Plastic Surgeon at the Chelsea and Westminster Hospital for over 12 years and in July 2012 he retired from NHS practice to dedicate his time to aesthetic surgery and associated treatments in full-time private practice.
He has focused much of his private practice work in rhinoplasty surgery covering both primary and secondary interventions, with an accent in using ultrasonic instrumentation for increased technical accuracy and consistency in surgical outcomes.
His interest in facial rejuvenation and neck contouring surgery has been significantly shaped by his work using 3D imaging, analysis and simulation to advance patient guidance and procedure customisation. He is a firm believer in the value of integrating technology in cosmetic surgery practice to expand understanding and push the boundaries of our profession to the benefit of our patients.



Patrick Mallucci
I have been a Consultant Plastic Surgeon in London since January 2000. I was appointed as a Consultant Plastic Surgeon at The Royal Free and University College London Hospitals for 15 years, and I am now in full time private practice in London. In 2017 I established Mallucci London, a multidisciplinary aesthetic clinic, combining both surgical activity with modern day technology and non-invasive treatments, providing a 360° approach to patient care. I trained in Plastic Surgery in London, Oxford, Brisbane-Australia and Paris. I have been actively involved in teaching at both undergraduate and post graduate levels throughout my career.
My main interest is in Aesthetic Surgery of the Breast. I have an international profile in this field being recognized as a global leader on the subject. My seminal and most important work has been on the definition of breast beauty. My original article - ‘Concepts in aesthetic breast dimensions: analysis of the ideal breast’ - was the first of 3 on this subject, and has changed the understanding and perception of breast aesthetics worldwide. The second, ‘Population analysis of the perfect breast: a morphometric analysis’ was awarded best international publication in 2017, and thirdly ‘Design for natural breast augmentation: the ICE principle’ has been adopted internationally as an accepted method for breast augmentation design and planning.
I continue to publish original articles and am invited to write book chapters extensively in this field. I lecture internationally on the subject of Aesthetic Breast Surgery, as well as lecturing. I have given many international masterclasses and operative workshops including all over Europe, the Middle East, Turkey, China, Russia and Ukraine, to illustrate my approach and principles. I hold international masterclasses at Mallucci London 4 to 5 times per year instructing small groups of international surgeons on the art of aesthetic breast surgery.
I sit on the council of The British Association of Aesthetic Plastic Surgeons (BAAPS).
I am a member of ASAPS and sit on The International Committee for ASAPS, including the ASAPS task force on ALCL. I am also part of the Breast Emergency Response Workgroup which advises the FDA amongst other objectives.
I have significant media experience, commenting both in the printed media as well as on television and radio. This has consisted of numerous chat show appearances, news programs, documentaries, and educational programs.



Dan Marsh
Dan Marsh MBChB PhD (Lon) FRCS (Plast) is a popular London based Plastic Surgeon, specialising in a wide range of cosmetic plastic surgery procedures from body contouring to facial rejuvenation. He is honorary secretary of the BAAPS, a member of BAPRAS and ISAPS as well as a Fellow of the Royal College of Surgeons.
Having initially trained at Bristol University Medical School, Dan completed his basic surgical training in London teaching hospitals before studying for his PhD at University College London. The next step was Plastic Surgery training which was completed in Stevenage, Cambridge, Chelmsford before Dan returned to London as a Clinical Academic Lecturer before sitting the FRCS (Plast). Further specialist training took Dan to the USA, Canada and back to London before taking up a Consultant post at The Royal Free, London.



Bryan Mayou
I opened the Cadogan Clinic in 2004, when conditions were easier. It was still difficult. It is now much more difficult and riskier. However, it may be necessary for surgeons to provide a reliable place to work. The Cadogan Clinic, unlike many others, has survived. I will tell my experience and point out opportunities and pitfalls to avoid.

Stephen McCulley
Stephen McCulley is Consultant Plastic & Reconstructive surgeon based in Nottingham in the UK since 2002. He graduated in the UK and completed his specialist training between Cape Town, South Africa and Nottingham.
He specializes in all aspects of Reconstructive, Oncoplastic and Cosmetic breast surgery. He is trained and performs both oncological and reconstructive aspects of breast surgery and has a special interest in Breast conserving techniques (namely Therapeutic Mammoplasty and local perforator flaps), microvascular autologous breast reconstruction, the planning of radiotherapy in reconstruction and breast asymmetry/chest wall deformity surgery.
Along with Breast and Plastic surgery colleagues he has developed the combined Oncoplastic service in Nottingham, which has become a leading centre for Oncoplastic Breast surgery research, teaching and development. The Plastic surgery unit has also championed improved efficiencies and outcomes in microvascular breast reconstruction.
He is co-founder of the annual ORBS (Oncoplastic Reconstructive Breast Surgery) meetings in Nottingham, running since 2008.



Reza Nassab
Mr Reza Nassab is a consultant plastic surgeon in private practice based in Cheshire. He is founder and medical director of CLNQ clinic based in Cheshire and Manchester. CLNQ is a clinic providing a range of surgical and non surgical procedures as well as medical and well-being treatments. Our clinics have a wide range of devices and emerging technologies. Mr Nassab has a specialist interest in breast and body contouring surgery. He also has an interest in minimally invasive procedures for facial rejuvenation.
He is a BAAPS Council member and member of BAPRAS, ISAPS and ASPS. Mr Nassab is an editorial clinical board member of the Aesthetic Surgery Journal. Mr Nassab has published numerous scientific publications in highly respected peer-reviewed international journals. He is also an editorial clinical board member for the Aesthetic Surgery Journal, one of the most respected international journals in the field of cosmetic surgery. He also has an interest in management having completed a MBA degree and has authored a book on healthcare management entitled ‘Applying MBA Knowledge and Skills to Healthcare.’



Jenny Pabila
Owner of Niche Public Relations. Jenny and Lynne Thomas have a decade of working in aesthetic PR. Their presentation will cover the definition and role of Public Relations in the Aesthetic/Plastic Surgery space; what constitutes a successful PR campaign & building a media profile.



Nick Rhodes
As a Consultant plastic surgeon working within the Yorkshire Region, Mr Rhodes developed the microsurgical breast reconstruction service at Bradford and Calderdale before being appointed as Medical director of the Coppergate Clinic in York.
He has hosted several BAAPS events at the clinic covering the practical aspects of aesthetic breast surgery and non surgical aesthetic procedures.
He is actively involved with the BAAPS aesthetic training program and is a mentor for trainees and newly appointed Consultants. Having first qualified as a dentist in 1989 he went on to develop his surgical skills in maxillofacial surgery along with head neck surgery before completing a degree in medicine in 1996.



Faculty members (continued)



David Ross

David Ross is an internationally recognized authority on abdominal wall reconstruction, repair of the post-partum abdomen and body-contouring surgery, particularly following massive weight-loss surgery. He is also a recognised expert in perineal reconstruction, establishing Colo-plastics as a sub-specialty with colleagues at St Marks Hospital. He has published key papers in these areas, and is regularly invited to lecture on the subjects both at home and abroad. In 2016, he co-founded the Abdominal Wall Reconstruction Europe meeting, now recognised as the premier conference uniting Plastic and Hernia surgeons from across the world.

For over 20 years, David was a Consultant Plastic and Reconstructive Surgeon at Guys’ and St Thomas’ Hospital NHS Trust and Kings College Hospital, London and Honorary Consultant Plastic Surgeon to St Mark’s Hospital for Colorectal Disease. In the past he was formally Head of Department, Head of Surgical Oncology and a Past President of the Section of Plastic Surgery at The Royal Society of Medicine.

David is the Plastic Surgery Section Editor for HERNIA Journal and also a Board Member of the European Hernia Society working group on rectus diastasis. He has a particular interest in the application of novel techniques and methods in AWR, including the use of mesh sutures and synthetic resorbable devices.

David established the Microsurgical Fellowship at St Thomas’ Hospital and thereafter, the Aesthetics Fellowship at The London Clinic, both of which continue to thrive.

David qualified in medicine at University College London in 1986. He obtained his MD for research into malignant melanoma at the RAFT Institute of Plastic Surgery.



Julian Rowe-Jones

Julian Rowe-Jones is Director of the Julian Rowe-Jones Clinic. He specialises in Rhinoplasty. He trained in London Teaching Hospitals including St Thomas’, Guy’s, King’s College, St George’s and Charing Cross and Chelsea and Westminster. He was awarded a facial plastic surgery fellowship in centres of excellence in Germany in 1996. He was Consultant Surgeon to The Royal Surrey County Hospital National Health Service Trust from 1998 – 2015. He has served as a Board member of the International Federation of Facial Plastic Surgery Societies and of Facial Plastic Surgery - UK. He has been the Chairman of The European Rhinoplasty Society and has chaired the fellowship committee of the European Academy of Facial Plastic Surgery. He is board certified in Facial Plastic Surgery by the European Board and International Board of Facial Plastic Surgery and is a European Board of Facial Plastic Surgery examiner. He has been a member of the clinical quality and outcomes sub-group of the Cosmetic Surgery Interspecialty Committee and currently contributes to the Royal College of Surgeons of England Masterclass on Professional Behaviours in Cosmetic Surgery. He is International Relations Chair of The European Board for Certification in Facial Plastic & Reconstructive Surgery. He has lectured and demonstrated rhinoplasty internationally and written multiple book chapters and papers on the subject.



Elaine Sassoon

Elaine Sassoon took up a Consultant Plastic Surgery post in Norfolk following training at Harvard, UCH and fellowships in Slovenia and the USA. During her seven years as head of the Breast Special Interest Group of BAPRAS she publicised and encouraged the adoption of perforator flaps for microsurgical breast reconstruction in the UK, ran courses, engaged with government to achieve adequate remuneration for these operations and influenced NICE guidelines to give women the right to the best treatment available, even if not available locally. She also helped to set guidelines for safe lipofilling and other procedures.

Since leaving the NHS in 2018, she has been fulfilling her passion for learning and among others completed a Masters in International Political Economy at the LSE, which led to her working within the regulatory sector for medical devices while maintaining a part time private practice in Aesthetic Plastic Surgery.



Nina Schwaiger

Dr. Schwaiger is born and raised in Vienna, Austria. After finishing her studies at the university of Vienna, Nina started her training in Plastic and Reconstructive Surgery at the University Clinic in Graz, Austria in 2006.

Before starting plastic surgery, she finished her general medicine training in Austria. She then moved to Germany to finalize the plastic surgery training program in Hannover and Cologne. During her training, she spent time in Sydney and worked as a medical research officer to investigate a new anastomosis device in microsurgery in 2005.

From 2010 until 2021 Dr. Schwaiger worked at the Dreifaltigkeits-Hospital, Wesseling, Germany where she worked under the lead of Dr. Dirk Richter, past-president of ISAPS. She passed her board exams in Germany in 2013. Her main interests include aesthetic surgery of the face and body, especially periorbital surgery. In 2015 and 2016 Dr. Schwaiger had the opportunity completing a fellowship with Dr. Bryan Mendelson in Melbourne.

She has co-authored several papers and book chapters about bodycontouring and periorbital/facial surgery over the last years and has been an invited speaker to many national and international conferences. In 2021 she has started to work in a Private Practice in Hannover, Germany.

David Sieber

Dr. David A. Sieber is a double board-certified plastic surgeon based out of San Francisco California. He completed a 5-year general surgery residency at Loyola University Medical Center in Chicago, then went on to finish an aesthetic surgery fellowship at UT Southwestern in Dallas Texas to further refine his skill as an aesthetic plastic surgeon. He is a national and international speaker primarily in face, breast, and body contouring as well as non surgical technology.

Dr. Sieber has 39 peer reviewed publications and has authored over a dozen book chapters. He serves on the Board for the Aesthetic Surgery and Research Foundation (ASERF) and is one of the co-chairs for the ASERF grant committee. Dr. Sieber is very involved with the Aesthetic Society as a part of the meeting planning and other committees. Lastly, he is a peer reviewer for the Aesthetic Surgery Journal (ASJ).



Fadzai Smith

Fadzai is an Associate Solicitor at DAC Beachcroft LLP and a member of the Clinical Risk team based in Bristol. She specialises in medical malpractice litigation, acting on behalf of insurers and their insured clients. Fadzai qualified with DAC Beachcroft in 2016 and has over 12 years of experience with personal injury and clinical negligence matters.

On a day to day basis, Fadzai deals with a mix of pre-litigated and litigated complex claims on behalf of clients ranging from Plastic, Cosmetic and Orthopaedic Surgeons to Ophthalmologists, Dentists and Chiropractors. Fadzai has particular experience in managing plastic surgery claims and non-surgical cosmetic claims. Fadzai regularly advises brokers and clinicians on client helplines as part of her usual practice.

Outside of work, Fadzai is avid science fiction and martial arts fan and is currently training for her second degree black belt in Tae Kwon Do.



Lynne Thomas

Owner of Flipside PR. Lynne and Jenny Pabila have a decade of working in aesthetic PR. Their presentation will cover the definition and role of Public Relations in the Aesthetic/Plastic Surgery space; what constitutes a successful PR campaign & building a media profile.



Mike Tyler

Mike is a qualified plastic surgeon on the GMC specialist register since 2000. For the past 21 years he has worked as a consultant in the NHS at Stoke Mandeville Hospital and run his private practice in and around Buckinghamshire. His NHS practice included running the regional burns unit for 10 years, providing a breast reconstructive service for 19 years and he continues to support the on-call rota in this busy unit. He led the Plastic Surgery Department at Stoke for six years and Co-Chaired the Division of Surgery and Critical Care for two years from March 2020. Mike is a past Chair of the London and South East Burns Network (LSEBN). In 2001 he was appointed Clinical Director of the charity, Restore - Burns and Wound Healing Research, clinically supervising 5 PhD theses and 2 Master’s degrees. He has been Chair of Trustees since 2018. Mike’s private practice focuses on breast surgery - both aesthetic and reconstructive, abdominoplasty, rhinoplasty and other facial plastic surgery. In 2018 Mike was elected to the BAAPS Council and currently leads the Conduct Committee. He was the founding Chair of the board of BAAPS Support and remains a board member.



Jennifer Walden

Dr. Jennifer Walden is a board-certified plastic surgeon who is fellowship- trained in aesthetic plastic surgery at The Manhattan Eye, Ear and Throat Hospital, where she previously served as its program director. Dr. Walden is the current President of The Aesthetic Society (The American Society for Aesthetic Plastic Surgery), and is its first female President in the organization’s 55-year history. She currently lives and practices in her hometown of Austin, the capital of Texas, where she owns and operates two medical spas as well as her own accredited office surgical center. Dr. Walden also owns and runs two medical spas in New York City in both Midtown and TriBeca. She has her own skincare line and e-commerce enterprise as well, and holds the academic title of Assistant Clinical Professor at the University of Texas Southwestern.

Dr. Walden has a special interest in facial aesthetic surgery, rhinoplasty, and minimally/non-invasive aesthetic procedures, as well as the entrepreneurship and business of plastic surgery and aesthetics. Dr. Walden resides in Austin, Texas with her 11 year-old sons who are in sixth grade, Houston and Rex, and their sweet pug, Peggy. She enjoys traveling, shopping, working out, getting creative and growing projects, digital technology, and being with her family at home in Texas.



Hackett Prize: Abstracts



Two abstracts submitted by BAAPS Trainees were shortlisted for the Michael Hackett Memorial Prize, congratulations to Miss Raina Rodrigues and Miss Rebecca Rollett! Both candidates sent in video presentations which were judged by a panel and the winner will present on the 27th September at 12:25.

Aesthetic Surgery Training- Past, Present and Future

Hackett number 1	Author: Ms Rebecca Rollett	Co-authors: Ms Nathalie Fennell Miss Kirstie Taylor Mr Joseph Ward - PLASTA Executive Committee
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Aesthetics is part of the plastics and reconstructive surgery syllabus and the FRCS(Plast) exam content. There are 100 indicative numbers of aesthetics procedures expected to be gained during 6 years of training (assisted/performed). The reduction of aesthetic cases within NHS is well known but there is also a huge reduction within training. Most deaneries do not offer formal rotations in aesthetics surgery, yet aesthetics is still a significant part of training.

We have analysed the National Trainee survey for the past few years and expect to have the 2022 data by the end of this month.

Results, from 2021 data

- 25% would like to have an interest in the aesthetic subspecialty
- 42% would intend to undertake aesthetic fellowship post CCT
- 65% never had the opportunity to operate on aesthetic cases
- 72% trainees would like a dedicated aesthetic surgery rotation

Professor Neil Mortensen (RCS England President) described the massive impact (from Covid) on surgical training as 'hugely worrying'

What is on the horizon for aesthetic training amongst NTN's?

- More recognised fellowships pre- and post CCT
- Formal standardised trainee teaching program (2021 SAC)
- More acceptance toward trainees wanting to establish future aesthetic practice
- Better access to private hospitals/lists/clinics

The Evolution of Female Lip Aesthetics: the Art Historian's and Plastic Surgeon's Perspectives

Hackett number 2	Author: Mrs Raina Rodrigues	Co-authors: Miss Deepika Bhojwani
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Background

Lip enhancement is a very popular aesthetic procedure. While objective measurements provide a basis for the assessment of beauty, its perception remains subject to evolving cultural, geographic, thnic and demographic influences.

Objectives

This study identifies key parameters that have defined attractive lips over time and thus influence patients' wishes.

Methods

In this observational study the lips of women traditionally considered beautiful in 143 iconic paintings from the Baroque period until today were analysed. Lip fullness ratio, lip to nose width ratio, Cupid's bow and vermillion definition, symmetry and shape were observed. The painter, patron and subject's ethnicity, era and relationships were also observed.

Results

The most significant finding was the change in ratio from equal lip fullness to a more recent thinner upper lip and a slightly wider lip. Consistent features identified included fuller lips, a fat or upwardly concave inter-labial groove, a defined Cupid's bow and an everted upper lip.

Conclusions

Appreciation of evolving aspects of key features of lip aesthetics with the use of objective terms and measurements allows for the improved communication of expected outcomes. It could provide guidance for the execution of enhancement procedures and an objective analysis of the quality of results.

Nurse programme

Tuesday 27th September - 2022 Monet Room

10:15	Registration open - Coffee in the Trafalgar Room	11:00	Welcome
PRE-OP CARE			
11:05	Pre-op red flags for anaesthetists and stopping of regular medications		
11:25	Pre-op prevention of post-op problems (pain, constipation, vomiting)		
11:40	Exhibitor talk - Clinisept + Skin Pre-op prep Ross Walker - Commercial Director at Clinical Health Technologies Ltd		
11:50	REFRESHMENT BREAK AND EXHIBITION		
POST-OP CARE			
12:10	What is 'normal' for the cosmetic post operative wound		
12:30	What is abnormal and considered a complication in the cosmetic post operative wound		
13:15	Sponsored Talk - The physical and psychosocial aspects of what you wear for the first four weeks post surgery Ciara Donlon - CEO & Founder of Theya Healthcare		
13:25	LUNCH AND EXHIBITION		
CONTENTIOUS ISSUES			
14:15	Advanced practice: Vac pumps, debridement, drainage and prescribing		
14:30	Scar management		
14:50	Manual Lymphatic Drainage: History, anatomy, indications, contraindications, patient benefit		
15:20	REFRESHMENT BREAK AND EXHIBITION		
15:45	Adjunctive treatments: "Selling or problem solving?"		
15:55	The value of networking		
WOUNDCARE			
16:00	Nutrition in wound care – practical advice to patients pre and post operatively		
16:20	Wound dressings update		
17:00	Questions & Close		
17:00 – 17:30 DRINKS RECEPTION IN THE TRAFALGAR ROOM			

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BAAPS Annual Dinner

The BAAPS Annual Dinner will take place on Tuesday 27th September in arguably the jewel in the crown of the National Gallery's collection! The Wohl Room is home to the Gallery's impressive collection of Venetian paintings, including works by Titian, Veronese, Tintoretto and Bassano, all hung against lavish damask walls beneath a spectacular glass ceiling, this will make an exceptional backdrop to this celebratory evening.

Starting with a champagne reception at 19:00pm, this lavish 3 course meal with wine will be followed by coffees and petit fours. We are very excited to announce the after dinner talk will be given by The National Gallery Director, Dr Gabriele Finaldi.

We look forward to seeing you all there!

Champagne reception – 19:30

Dinner – 20:00

Carriages – 23:00

Dress code: Cocktail dress/business suit

Tickets must be purchased from the BAAPS Office ahead of the 27th September 2022.

Poster Competition: Abstracts



The BAAPS Abstract presentations can be found outside the Lecture Theatre in electronic format. Please vote for the best abstract by placing the ballot in the box provided, include your full name, only one vote per name will be counted. The winner will be announced on Tuesday 27th September at 16:45 in the Lecture Theatre.

A novel application of the Haemostatic Net in Aesthetic Breast Surgery: A preliminary report

Abstract number 1

Author:
Dr Naveen Goddard

Co-authors:
Mr Marc Pacifico
Dr Gianluca Campiglio
Mr Norman Waterhouse

Obtaining optimum breast aesthetics can be challenging in secondary aesthetic breast surgery, particularly with poor quality skin and when patients refuse additional mastopexy scars. Most previously described techniques rely on internal work, which can lack precision in tailoring the skin over the implant.

Adapting the haemostatic net from its original use in facelifting surgery to the breast has allowed the authors to re-drape the breast skin, stabilise the breast footprint and re-support the inframammary crease in secondary breast implant cases.

This presentation reviews the authors’ initial experience in 24 women, their development of the technique, learning curve and outcomes.

This experience has led the authors to conclude that the application of the haemostatic net in aesthetic breast surgery has become an essential tool in their armamentarium.

Representation of plastic and cosmetic surgeons in British newspapers

Abstract number 2

Author:
Mr Mohammad Goodarzi

Co-authors:
Mr William Breakey
Mr Alex Jones
Mr Keith Allison

Background
The aim of this study was to investigate the use of the terms “plastic surgeon” or “cosmetic surgeon” in British newspapers.

Methods:
Based on readership volume, the top eight British newspapers were searched for articles written between 09/2016-09/2021 for their use of keywords “plastic surgeon” OR “cosmetic surgeon”. The names of the doctors referenced were searched in the GMC register to determine their speciality registration.

Results
A total of 2326 articles were read. 2107 (91%) articles were excluded as they did not refer to a specifically named doctor. Of the 219 articles remaining, 136 referenced “plastic surgeons”. 22 (16%) doctors referred to as “plastic surgeons” were not on the GMC speciality register for plastic surgery.

83 articles made reference to “cosmetic surgeons”. 39 (47%) were on the plastic surgery register but 11 (13%) were on other higher surgical registers [ENT (2) and ophthalmology (9)]. 18 (22%) cosmetic surgeons were registered as GPs and 15 (18%) were not on any speciality register.

Discussion
There is mis-representation of individuals performing cosmetic procedures as plastic surgeons. These misnomers compromise patient safety and prevent public awareness of the true scope of plastic and reconstructive surgery as a speciality in its own right.

Poster Competition: Abstracts

Guidance on the treatment of rare deep subcutaneous mycobacterium abscess following cosmetic procedures: A case series

Abstract number 3

Author:
Mr Umar Rehman

Co-authors:
Ms Pennylouise Hever
Ms Inez Eiben
Ms Jenny Geh

Background

Mycobacterium Abscessus (MA) is a drug resistant Non-Tuberculous Mycobacterium. MA can be associated with subcutaneous infections post cosmetic surgery and is difficult to diagnose and manage. Here we report a case series of three patients referred to a single institution with a diagnosis of MA associated subcutaneous infections following a cosmetic procedure performed either abroad or within the UK.

Methodology

Patients who had developed MA infections following cosmetic procedures and were treated at a single institute were reviewed. A retrospective review of the patients’ records was performed.

Results

Three patients who had developed MA subcutaneous infections post cosmetic procedures were identified. Index procedures included Botox injections, abdominoplasty, and lipofilling. All patients were treated with long term antibiotics with two patients requiring repeated surgical washouts and debridements. All patients received input from the infectious diseases and plastic surgical teams.

Conclusion

A low threshold of suspicion for MA infection should be placed in patients who develop cutaneous lesions post cosmetic procedures. Infection is associated with a poor response to routine antimicrobials and negative bacterial cultures. The management of MA subcutaneous infections requires a multi-disciplinary approach with input from the infectious diseases, plastic surgery, and radiological teams. This is a rare complication not previously described with Botox injections.

Non-surgical facial aesthetics: should this be incorporated into medical education?

Abstract number 4

Author:
Mr Umar Rehman

Co-authors:
Dr Frances Freer
Mr Mohammad Sohaib Sarwar
Mr Sukhpreet Dubb
Professor Peter A Brennan

Background

Non-Surgical Facial Aesthetics (NSFA) encompasses a range of minimally invasive procedures. There is no representation of NSFA in the undergraduate curriculum. The main aims of this study were to assess the understanding of final year medical students with NSFA competence and complications of common procedures.

Methodology:

An online survey was completed by 148 medical students across two English Universities. 106/148 (71.6%) of students were from University A and 42/148 (28.4%) were from University B.

Results:

47.6% (70/148) of medical students would consider pursuing a career in NSFA after graduating from medical school. 76.3% (87/148) and 80.7% (92/148) of students were not aware of the complications associated with the administration of dermal fillers and Botox injections respectively. Most medical students felt a single day training program in NSFA was sufficient to administer non-surgical rhinoplasty 67.8% (99/148) dermal fillers 67.1% (98/148) and Botox injections 68.5% (100/148).

Conclusion:

Despite a large proportion of medical students considering a career in NSFA the majority were unaware of the common complications. Incorporation of NSFA into undergraduate curriculum should improve enhance patient safety, effective management of complications and augment future learning and career progression. This may be achieved by through signposting, student-selected components and as part of structured head and neck teaching.

A comparison between piezosurgery and conventional osteotomies in Rhinoplasty on post-operative oedema and ecchymosis: A systematic review

Abstract number 5

Author:
Miss Janneta Kisel

Co-authors:
Miss Janneta Kisel
Mr Manaf Khatib
Mr Naveen Cavale

Piezosurgery has become increasingly prevalent in osteotomies. Studies have shown reduced postoperative morbidities versus conventional osteotomies. Oedema and ecchymosis are common complications of rhinoplasty, impacting patient satisfaction, wound healing, and recovery. We provide an up-to-date comparison of post-operative oedema and ecchymosis in piezosurgery versus conventional osteotomies.

A literature search was conducted using Pubmed, Cochrane, Science Direct and ISRCTN (International Standard Randomised Controlled Trial Number), including English publications between 2015-2020.

A systematic review was completed to compare oedema and ecchymosis alongside other outcomes such as pain, mucosal injury, and surgery time.

Eight randomised controlled trials (RCTs) met our criteria totalling 440 patients: 191 male, 249 female. Piezosurgery had a statistically significant ($p<0.05$) reduction in short-term oedema in 75% of the papers, persisting across the whole follow-up period in 50%. Similarly, ecchymosis scoring was initially statistically lower ($p<0.05$) in piezosurgery in 87.5% of the RCTs, persisting across the whole follow-up period in 75%. A reduction in pain ($p<0.05$) and mucosal injury ($p<0.05$) was seen in piezoelectric osteotomies, the surgery time varied.

Piezoelectric osteotomies reduce oedema and ecchymosis compared to conventional osteotomies, in addition to improving pain and mucosal injury. However, disadvantages such as length of surgery time and cost have been reported.

Post Pandemic Cosmetic Tourism in West Ireland

Abstract number 6

Author:
Miss Susan McCrossan

Co-authors:
Dr Ruby Wong
Mr Alan Hussey

Aims

To highlight the ongoing and perceived increased cosmetic tourism complications seen in West Ireland in the post pandemic era.

Methods

Case series of cometic tourist patients presenting with complications to Galway University Hospital (GUH), within the last year since COVID travel restrictions have been lifted.

Results

Fifteen female cosmetic tourists, average age 35years (range 17-60years) presented to GUH since October 2021-July2022 with complications. Ten patients travelled to Turkey, three to Lithuania, and one to Latvia and Brazil. Combined operations were undertaken in n=7 patients, with n=8 patients undergoing abdominoplasty and bilateral breast reduction respectively, n=2 undergoing liposuction, and n=1 undergoing revision breast augmentation, bilateral breast augmentation, brachioplasty or fat grafting to cheeks respectively. Complications included a dehiscence or surgical site infection(n=10), necrotising fasciitis(n=1), seroma(n=3), eschars(n=2), NAC necrosis(n=2) and haematoma(n=2). Treatment included general anaesthetic(n=5) and local anaesthetic operations(n=1), split-thickness skin grafts(n=2), NPWT VAC therapy(n=4), haematoma/seroma aspiration(n=2), explantation of breast implants(n=1). Intravenous antibiotics (n=5/33%) and oral antibiotics(n=10/66%) were prescribed. Twenty-Five hospital bed days and 31 out-patient clinic appointments have been used.

Discussion

It is well known in the aesthetic surgical community that cosmetic tourists, despite their best intention to seek safe surgery abroad, do so because it may be perceived as cheaper and have additional benefits such as a combined holiday experience and shorter wait lists. However, the downside of having less aftercare, purely because of the distance and travel, puts pressure on local hospitals and surgeons to cover the complications. Our case series of patients presenting in only ten months shows the bed days and resources utilised in looking after such complications, exacerbated by the recent relaxing of pandemic travel rules in which patients can now spend saved up money from the lockdown period on a quick trip abroad for cosmetic surgery.

Poster Competition: Abstracts (continued)

My beautiful belly button

Abstract number 7

Author:
Miss Charlotte Bendon

Co-authors:
Mr Mo Akhavan
Mr Dan Marsh

Background
The umbilicus is an important focal point for patients and surgeons. Studies on the ideal aesthetic and dimensions have focussed on the native umbilicus, and assessment by male-dominated panels. For the first time we asked actual women how they feel about their umbo, and what makes the beautiful belly button.

Methods
We distributed a questionnaire to 246 consecutive female patients who had an abdominoplasty between December 2017-2021. Patients rated 5 native- and post-abdominoplasty belly buttons and were asked about specific elements of the shape and appearance of their own umbo before and after surgery. A linear scale from 1-100 was used to determine patient satisfaction.

Results
62 women responded, expressing a preference for the vertical umbilicus before (46.8%) and after (45.2%) surgery, while the horizontal umbilicus was consistently the least popular. Shape was the most important feature in determining attractiveness, above protrusion and hooding. Most women reported having a T-shaped (33.9%) or oval/round (32.3%) umbilicus pre-op, and an oval/round (62.9%) following abdominoplasty. Despite this, satisfaction increased by 37%.

Conclusions
Women who have undergone abdominoplasty prefer a vertically orientated umbilicus with minimal protrusion. This is a unique study in defining the ideal post-op belly button aesthetic from the patient's perspective.

Determining the prevalence of Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) – a systematic review

Abstract number 8

Author:
Mr Joseph Ward

Co-authors:
Mr Tom Calderbank
Ms Chee Chee Tang
Mr Marios Konstantinos Tasoulis
Mr Aadil Khan

Introduction
Calculation of BIA-ALCL prevalence is challenged methodologically by a lack of population-level data for the number of breast implants in situ (denominator). Where cases are known (numerator), absence of a reliable denominator introduces uncertainty and hinders communication of risk with medicolegal implications. We performed a systematic review of published studies reporting BIAALCL cases in defined patient populations to develop the evidence base in this area.

Methods
A literature search was performed with full-length cohort, registry and cross-sectional studies reporting BIA-ALCL cases identified. Study quality was appraised using STROBE criteria and study characteristics, number of BIA-ALCL cases and population size were used to calculate BIA-ALCL prevalence per 100,000 implanted patients.

Results
33 articles incorporating 25 cohort and 4 registry studies satisfied the inclusion criteria. The mean STROBE score for included studies was 17 (low quality). The prevalence of BIA-ALCL was found to be 6.79 per 100,000 (1:14,727) implanted patients with implants of any-type.

Conclusions
Accurate determination of BIA-ALCL prevalence is of fundamental importance for valid informed consent prior to implant-related surgery. The development of breast implant registries will further improve accuracy of BIA-ALCL prevalence estimates.

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The ethics and responsibilities of social media usage by plastic surgeons: a systematic review

Abstract number 9

Author:
Mr Paul Oregi

Co-authors:
Mr Naveen Cavale

Aims
To understand how plastic surgeons use social media and whether this use is ethical.

Methods
PubMed, Cochrane and Medline were searched for studies assessing the ethics of social media use by plastic surgeons. 23 studies were included. Results were classified according to which principle of medical ethics was infringed.

Results
Autonomy: Use social media specific form when asking for consent, anonymise media and avoid coercion.

Beneficence
It is difficult to balance the benefit of posting photos for educational purposes with the risk of confidential information leak. Low number and poor quality of educational content on streaming platforms does not benefit patients.

Non-maleficence
Taking operative media could lengthen anaesthetic time and distract the surgeon from patients, which could lead to harm. Content posted should avoid trivialisation or sexualisation of patient experience.

Justice
Surgeons should not entertain their audience at the expense of patients.

Conclusions
Greater oversight of social media use by plastic surgeons is required to avoid patient harm and erosion of the public's trust in the specialty. Professional bodies should devise a course dedicated to the responsible use of these platforms, and a public health campaign could also be launched to raise awareness of red-flag behaviour on social media.

Poster Competition: Abstracts (continued)

Gigantomastia - A case series of how to treat different pathologies for an optimum aesthetic outcome

Abstract number 10

Author:
Miss Kirsty Smith

Co-authors:
Ms Orla Austin

Introduction
Gigantomastia is a rare disorder characterised by excessive breast growth over 1500g. We present cases showing different pathologies and their management challenges.

Case 1
12-year-old with breast growth from B to Z cup within one year. Menarche started at the time of rapid growth. Scans were normal. She was counselled and underwent a wise-pattern breast reduction with free nipple grafts.

Case 2
19-year-old with growth from a 28C to 32KK within 18 months. No recent hormone changes. Scans showed fibroadenomas. Counselling for mastectomy and reconstruction as an option occurred. She underwent a wise-pattern reduction, complicated due to minimal normal breast tissue and high vascularity causing excessive blood loss. Due to this one side was reduced per surgery. Histology showed pseudoangiomatous stromal hyperplasia(PASH) and fibromas. Excessive breast growth recurred within a year.

Case 3
36-year-old with rapid growth from F to JJ during her current pregnancy, the left excessively larger than the right. Initial management was observation for further changes until after pregnancy. Symmetry was the main challenge for her surgery.

Conclusions
The cases explore the challenges in managing different pathologies from a surgical and psychological aspect. We will discuss staged reduction and how we achieve optimum aesthetic results for each.

Establishing an Aesthetic Clinic as Plastic Surgery Registrars

Abstract number 11

Author:
Ms Nathalie Fennell

Co-authors:
Miss Rebecca Rollett

It is well known that starting an aesthetic practise in injectable treatments is a controversial subject for trainees in plastic surgery. Here, we share our experience of working in aesthetic medicine as trainees for 5 years. We provide practical advice for informing programme directors, appropriate declaration for ARCP and working together as trainees to support each other. We advocate an honest and open declaration of aesthetic work and promotion of a training environment to help others work alongside those who are more experienced.

Our experience has shown that with a conscious patient education effort we have developed a safe reputable practise, dealt with complaints and complications and developed significant experience of dealing with aesthetic patients.

With the advent of BAAPS Support looking to provide a forum for patients to find trusted plastic surgery and injectable providers we feel this topic is more relevant than ever. Additionally, promised legislation continues to be slow and the ethics of practitioners providing injectables questioned repeatedly. We suggest that plastic surgery trainees have a valuable skillset within the injectables world, which should be embraced for the benefit of patients. We hope that our practical experience will be useful to trainees setting up in aesthetic practise.

Correlation between Acellular Dermal Matrix (ADM) Volume and Breast Implant Size Selection among Patients Undergoing Prepectoral Direct-to- Implant (DTI) Breast Reconstruction Using Complete ADM

Abstract number 12

Author:
Mr Ho Sung Kim

Co-authors:
Mr Yoon Soo Kim
Mr Seok Kyung In
Mr Byeong Seok Kim
Mr Kim Kim
Mr Hong Il Kim
Mr Hyung Suk Yi
Mr Jin Hyung Park

Background
In prepectoral direct-to-implant breast reconstruction using the acellular dermal matrix(ADM)-assisted technique, breast volume asymmetry can occur. We hypothesized that ADM size influences implant size selection in prepectoral breast reconstruction with implant coverage using an ADM. We investigated factors influencing implant size selection and provide guidelines for surgeons.

Methods
A retrospective chart review was performed to identify all patients who underwent prepectoral direct-to-implant breast reconstruction between 2017 and 2020. We assessed patient characteristics, preoperative expected implant volume, ADM size, volume of implant used in surgery, and breast volume symmetry scale 6 months after surgery. We compared the breast volume symmetry scale score between a group in which the preoperative expected silicone implant size (ES) was used and a group in which a silicone implant of a smaller size than planned (SS) was used.

Results
Patient characteristics, including age, body mass index, and excised breast volume, were similar between the groups ($p > 0.05$). ADM size had a significant effect on implant size selection ($OR = 1.760$, $p < 0.01$). The breast volume symmetry scale score was higher in the SS group.

Conclusions
ADM size must be considered when selecting implant size in prepectoral direct-to-implant breast reconstruction using the ADM-assisted technique.

Assessing and comparing the safety profiles of the two main techniques used in gluteoplasty

Abstract number 13

Author:
Mr Paul Oregi

Co-authors:
Mr Naveen Cavale
Mr Manaf Khatib

Aims
To elucidate the safety profiles of the two main methods of gluteal augmentation: implants and autologous fat grafting.

Methods
PubMed, Cochrane and Medline were searched for studies focusing on the two methods of gluteal augmentation listed above. Five search terms were used and a total of 15 studies fulfilled the predetermined criteria. The data from these studies was then catalogued according to surgical technique and outcomes compared.

Results
Eight papers focused on gluteal implants and seven looked at autologous fat grafting. The most common complications associated with implant procedures were wound dehiscence (9.16%), excessive implant palpability (5.92%) and seroma (3.82%), with an overall complication rate of 25.2%. The most common complications in gluteal fat augmentation procedures were seroma (6.9%), infection (3.0%) and transient sciatic paraesthesia (1.0%), with an overall complication rate of 9.9%.

Conclusions
Overall, gluteal augmentation using autologous fat grafting leads to fewer postoperative complications than implants and allows for greater contouring of the buttocks and the surrounding areas. However, it can also be a far more dangerous procedure if certain recommendations are not followed. It is also not suitable for all physiques, requiring surgeons to advise patients individually on which method would be most appropriate for them.

Poster Competition: Abstracts (continued)

A systematic review of Processing Techniques used in Autologous Fat Grafting and related complications

Abstract number 14

Author:
Dr Sara Jasionowska

Co-authors:
Mr Benjamin Langridge
Mr Hasaan Khan
Dr Laura Awad
Ms Jajini Varghese
Professor Peter Butler

Background

Autologous fat grafting (AFG) is a versatile technique in reconstructive and cosmetic surgery. Graft processing is a key source of variability resulting in unreliable clinical outcomes, with no consensus on the optimal methodology. This systematic review identifies the evidence base supporting different processing paradigms.

Methods

A systematic literature search was conducted using the PubMed, SCOPUS and The Cochrane Foundation databases. Studies comparing AFG processing methods and reporting long-term patient outcomes were identified.

Results

Twenty-four studies were identified. Processing techniques included centrifugation, decantation, washing, filtration, gauze rolling, commercial devices and adipose derived stem/stromal cell (ASC) enrichment methods. Objective volumetric and subjective patient reported outcomes were discussed. Complications were infrequent; palpable cysts (0-20%) and fat necrosis (0-58.4%) were reported most. No significant differences in long-term volume retention between techniques were found in AFG for breast. In head and neck volume retention was greater in ASC enrichment (64.8- 95%) and commercial devices (41.2%) compared to centrifugation (31.8-76%).

Conclusion

Graft processing through washing and filtration, including when incorporated into commercial devices, results in superior long-term outcomes compared to centrifugation and decantation methods. ASC enrichment methods and commercial devices seem to have superior long-term volume retention in facial fat grafting but not in breast.

New tools for Cosmetic and Aesthetic Enhancements of cleft patients

Abstract number 15

Author:
Prof Mohamed Elshazly

Introduction

Scarring after cleft lip repair is a common cause for parent's and patient's dissatisfaction. Whatever the surgical technique, the scars remain. We tried to evaluate efficacy new tools to enhance the cosmetic and aesthetic results of the faces with repaired cleft lips.

Methods

120 patients with cleft lip scars divided into three groups had been engaged. The first group started laser three weeks post-operatively, second group started laser three months postoperatively, while the third group had applied creams only. The laser was applied for 5-7 sessions with 4 weeks apart. Vancouver scar scale VSS was used to evaluate scars for vascularity, pigmentation, pliability, and height. Micropigmentation had been applied for the white rolls and vermilions of 20 female patients using natural pigments with selection of the best color match for each patient, sessions repeated every 6 weeks for 3 times to fix the colors.

Results

Patients showed a great degree of improvement in their lip scar after laser sessions. Laser therapy induced improvement in the appearance of the lip scars in group I more than group II and III with mean scores of (44.17 ± 3.45) , (36.53 ± 4.43) and (30.40 ± 5.22) respectively. Micropigmentation had proved a very significant difference in lip appearance with very high patient satisfaction.

Conclusion

Fractional CO2 laser and medical tattooing are very significant ancillary cosmetic tools to improve cleft lip scars. The early use of this laser for 5-7 sessions is better than its delayed use, and the delayed use is better than not to use it. Micropigmentation for 2-3 sessions is very impressive in the final appearance of the repaired lips. Both techniques are ideal complementary methods for the comprehensive cleft care.

Long-Term Outcomes of Carbon Dioxide Laser Therapy on Epidermal Nevi: A Systematic Review

Abstract number 16

Author:
Mr Rhys Michael

Objective

To establish the long-term outcomes of carbon dioxide laser therapy on verrucous epidermal nevi and inflammatory linear verrucous epidermal nevi.

Methods

A literature search was completed using three databases: PubMed, Cochrane, and Web of Science. 65 papers were found using the search terms, of which 10 met the inclusion criteria. Four of these were retrospective-cohort studies and six were case reports. This was a total of 61 patients.

Results

Patients with verrucous epidermal nevi had mostly successful results when compared to patients with inflammatory linear verrucous epidermal nevi. 75.6% and 33.3% had good to excellent results respectively. Inflammatory linear verrucous epidermal nevi had higher recurrence rates (61.5%) than verrucous epidermal nevi (25%). Treatment to inflammatory linear verrucous epidermal nevi resulted in less adverse effects (30.8%) than verrucous epidermal nevi (40.7%). There were high rates of patients that were satisfied or very satisfied for both inflammatory linear verrucous epidermal nevi and verrucous epidermal nevi. This was 100% and 90.4% of patients respectively.

Conclusion

Carbon dioxide laser therapy is both safe and effective for verrucous epidermal nevi. Treatment for inflammatory linear verrucous epidermal nevi was not as successful, however patient satisfaction remained high perhaps because of an improvement to pruritis.

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1. FixNip LTD. Internal data, 2021. Biocompatible test.
2. FixNip LTD. Internal data, 2022.
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Poster Competition: Abstracts (continued)

Correlation Between Dermal Collagen I/III Ratio and Scar Formation after Breast-Conserving Surgery

Abstract number 17

Author:
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Co-authors:
Mr Yoon Soo Kim
Mr Byeong Seok Kim
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Mr Hyung Suk Yi
Mr Hong Il Kim
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Purpose
Despite developments of surgery, postoperative scarring is major concern. The amount of and balance between collagen types I and III (Col-I and Col-III, respectively) in skin tissue has been researched extensively. In this study, factors predictive of scar formation were investigated in patients who had undergone breast-conserving surgery.

Methods
A total of 39 patients who had undergone breast conserving-surgery and 12 months of post-surgical follow-up were included. Collagen content was determined by quantification of hydroxyproline. The amount of Col-I and Col-III, as well as the ratio of Col-I/Col-III(Col-R), were determined using immunohistochemistry and image analysis. The patients baseline characteristics and operative data were analyzed. Postoperative scar assessment was performed using the Vancouver Scar Scale(VSS). Patients with a VSS score of two or less were classified good scar group(GS), and the others were classified the bad scar group (BS).

Results
The mean content of Col-I and Col-III was 31.63 and 11.24, respectively. The mean Col-R was 3.85. Statistically significantly Higher amount of Col-III and Col-R was observed in GS and BS, respectively. Finally, a negative correlation between Col-R and VSS score was obtained.

Conclusion
The results of this study show that a lower Col-R might be indicative of good-quality scar formation.

Surviving a Pandemic: The Clinic Perspective

Abstract number 18

Author:
Ms Rebecca Rollett

Co-authors:
Ms Nathalie Fennell

Post pandemic enforce closure we have seen the introduction of new regulations regarding personal protective equipment (PPE), but what guidance is there for time to treat following COVID vaccination? With variable communication from many clinics; we explored the evidence.

With minimal scientific evidence available, we describe how we changed our protocols and used evidence-based literature to guide our current and future practice in non-surgical aesthetics.

For surgical procedures, the Royal College of Surgeons recommends at most one week between time of vaccination and having a planned procedure. The reason being, any fever and/or chills (which occur in up to 15% of second vaccines) should have resolved.

The Joint Council for Cosmetic Practitioners states there ‘may’ be an interaction with vaccines and fillers, although there are no such cases reported within the UK up to Aug 2022. This committee does not offer any avoidance on the use of fillers or toxin in combination with the COVID vaccine. However, during the midst of the pandemic high profile clinics were advising on the gap recommended between fillers and vaccines.

We followed the science behind vaccines and hyaluronic acid fillers and came up with some safe and fully insured guidance for our patients.

Use of Chemical Peel in Rhinoplasty: A comparative study of outcome and development of a skin thickness assessment scale

Abstract number 19

Author:
Mr Kavish Maheshwari

Co-authors:
Mr Rajan Uppal

Background
Although achieving good results with rhinoplasty need to focus on surgical maneuvers on the whole, nonsurgical aspects can improve the final outcome by treating the thickness of the skin and soft tissues. This study demonstrates the implementation of our novel skin thickness scale of the nose as well as methods to improve this.

Method
A retrospective cohort study was performed in patients undergoing rhinoplasty between 2017-18. All patients underwent an endonasal rhinoplasty. The skin thickness scale allowed in choosing the appropriate patient for chemical peels. They were divided into two groups, one with preoperative chemical peel using Trichloroacetic acid and another with none. Patient satisfaction was assessed by comparing Rhinoplasty Outcome Evaluation scores (ROE) before and after surgery.

Result
The study enrolled 36 patients over a span of one and a half years between 2017 and 2018. When compared between the two groups, the pre-operative scores were 6.2 and 6.9 between the peel and no-peel groups (p = 0.293). The average post-operative score was 13.3, which suggested a good overall improvement in patient satisfaction. When compared between the groups, it was 13 and 13.4 (p = 0.007), which suggested that overall patient satisfaction was higher in the patients in whom the peel was used. The difference in change of pre-operative and post-operative ROE was found to be statistically significant in favor of the peel group (p-value <0.01).

Conclusion:
We demonstrate that an acid peel is an essential part of rhinoplasty treatment in patients who have thick skin.

Quality and safety measures in plastic surgery practice during pandemics

Abstract number 20

Author:
Prof Rania Bakry

Co-authors:
Prof Mohamed Elshazly

Background
Global microbiological pandemics continues to be a major health problem worldwide and the latest COVID-19 pandemic was the most recent example of this challenging condition. The health sectors have a great responsibility and carries a heavy burden to manage and provide its services to large numbers of suffering patients. Although quality assessment is hard to apply everywhere to present safety environment during the pandemic, we tried to develop the best quality measures to continue introducing our services.

Methods
Virtual consultation sessions to select ideal patients had been applied a week before every scheduled surgical program to diminish patients’ physical attendance as much as we can. COVID-19 rapid antigen testing applied for all medical staff, patients and their families coming to the final physical examinations. Vaccines offered to all staff. A trained quality team had been added to our local teams to take care of these guidelines. Prepared plans were always ready to deal with and/or isolate any newly infected staff or patients during the surgical schedules.

Results
Rapid antigen testing and vaccination added great values to moving forward to regain activities and help our patients. Through the years 2021/2022, we had implemented 17 surgical programs. Attention to local infection rates and concomitant health crises were considered within the hospital facilities.

Conclusion
Field testing and implementation of quality guidelines can identify safety and create a peaceful environment for patients and medical staff to run surgical programs for our patients. Virtual connection was a very helpful tool to smoothly run the concerned programs with more safety and quality.

Poster Competition: Abstracts

Giant borderline Phyllodes Tumour of breast in a young patient: A case report

Abstract number 21	Author: Dr Andrew Hughes	Co-authors: Dr Andrew Hughes Dr Hannah Wise Mr Sharat Chopra Dr Ali Hussein Dr Melari Morgan Miss Donna Egbeare
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Introduction
Phyllodes tumours (PT) are extremely rare representing less than 1% of all breast tumours. The median age of presentation is 40 years. Although the majority are benign (64%) the remainder are either borderline or malignant.

Case report
Here we present the case of a 24-year-old woman who was diagnosed with a PT in August 2020. Treatment was surgical with no adjuvant chemotherapy or radiotherapy. The tumour was removed via simple mastectomy, measuring 110x65x115mm and weighing 747g. Histology demonstrated a mild stromal atypia with moderate hypercellularity and stromal overgrowth indicating borderline disease. Follow-up at six months demonstrated no radiological residual disease or recurrence and the patient continues to be under surveillance with 6-monthly clinic appointments and annual MRIs.

Discussion:
This is an unusual case not only due to the rarity of tumour type but also the presenting age, sixteen years less than the median age, and the histopathology type. Due to the rare tumour type and patient demographic, evidence-based management proved difficult.

Conclusion:
Rapidly expanding tumours even in younger patients must raise suspicion of PT. Due to the rare nature of PTs, optimal management and follow-up is still widely debated, highlighting the need for further research.

The effect of rhinoplasty on Patient Reported Outcome Measures (PROMS) of satisfaction with nose using FACE-Q™

Abstract number 22	Author: Ms Isobel Citron	Co-authors: Mr William Townley
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Aim:
To assess the effect of cosmetic rhinoplasty on PROMS using the FACE-Q™ tool.

Methods
Between July 2020 and February 2022 all patients undergoing rhinoplasty by a single surgeon were approached pre-operatively and 6 months post-operatively to complete the Face-Q™ “Satisfaction with Nose” module. Post-operative patients were asked to complete the FACE-Q™ “Satisfaction with Outcome” module.

Results
One hundred and sixty-five patients underwent rhinoplasty (147 primary, 18 revisions). Eighty two percent (n=135) completed a pre-operative “Satisfaction with Nose” module. Twenty four percent (n=40) completed the full pre and post-operative dataset. The mean pre-operative “Satisfaction with Nose” score was 32.88 (± 8.40). The mean post-operative “Satisfaction with Nose” score was 78.79 (± 15.49) and “Satisfaction with Outcome” score was 78.71 (±17.80). The mean change in score was 140%. Over 82% of patients were “very satisfied” or “somewhat satisfied” across all 10 aspects of the nose. The tip had the lowest post-operative satisfaction with 15% of patients “somewhat dissatisfied”. There were no COVID-19 related complications.

Conclusion
Rhinoplasty generates significant improvements in PROMS and satisfaction is high, an important positive finding for patients considering surgery. Routine collection of PROMS for rhinoplasty can inform practice and guide expectations as to its psychological impact.

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