



The British Association of
Aesthetic Plastic Surgeons

32ND ANNUAL
SCIENTIFIC
MEETING

6-7 October 2016



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32ND ANNUAL SCIENTIFIC MEETING

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CME Points	Thursday 6 October - 6.5 pts
	Friday 7 October - 7 pts
	Total 13.5 pts

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Programme

Thursday 6 October

08:00	Registration
08:15	Welcome <i>M Cadier</i>
08:15 – 10:15	Talks
08:20	Browlifting – the options <i>M Cadier</i>
08:30	Non-endoscopic brow lift <i>T Marten</i>
08:50	Endoscopic brow lift <i>J Stanek</i>
09:10	Midface non-surgical correction <i>J Few</i>
09:30	Thread lifts <i>Dr Jacques Otto</i>
09:40	Midface lifts – my technique <i>D McGeorge</i>
09:50	Midface lifts – my technique <i>N Kirkpatrick</i>
10:00	Panel Discussion
10:20 – 10:45	Coffee
10:45 – 13:20	Talks
10:45	Non-surgical peri-orbital rejuvenation <i>S Shah-Desai</i>
11:00	The role of fat grafting in facial prophiloplasty <i>P Tonnard</i>
11:20	Fat transfer for the peri-orbital region <i>T Marten</i>
11:40	Lip rejuvenation: more than a filler <i>P Tonnard</i>
12:00	Reduction rhytidectomy <i>F Bravo</i>
12:20	Simultaneous facelift and fat grafting <i>T Marten</i>
12:40	Panel discussion

- 13:00 **Free paper: The Contour of the Brazilian buttock**
A Nunes
- 13:10 **Free paper: Gluteoplasty Experience with 120 Consecutive Cases**
F Hamza

13:20 – 15:00 **Lunch / CCR tours / BAAPS focused Non-surgical Events**

15:00 – 17:00 **Talks**

- 15:00 **The clinical application of UltraSkin - (HIFU)**
I D Gürsoy
- 15:20 **Medical Rhinoplasty**
F Braccini
- 15:40 **Deviated noses**
O Gerbault
- 16:00 **Closed rhinoplasty – when and how**
F Braccini
- 16:20 **Secondary Rhinoplasty**
B Matti
- 16:40 **Piezo noses**
O Gerbault

17:00 – 17:30 **Tea**

17:30 – 18:30
(or later) **AGM**

19:30 **Close of Day**

20:00 **Annual Members' Dinner - The Great Hall, One Great George Street, SW1P 3AA**

Friday 7 October

08:10 **Welcome M Cadier**

08:15 – 10:30 **Talks**

- 08:15 **Liposuction technologies, an overview**
A Mosahebi
- 08:35 **Principles and Techniques on Buttock augmentation**
R Ribiero
- 08:55 **CoolSculpting, One System – Millions of Opportunities**
A Karidis

- 09:15 **Buttock Lifting with Mesh**
R Ribiero
- 09:35 **Abdominoplasty with Customized Transverse Musculoaponeurotic Plications**
J Renom
- 09:50 **Bariatric surgery current concepts**
S Woodcock
- 10:10 **Lessons Learned in a Decade of Weight Loss Body Contouring**
M Soldin

10:30 – 11:00 Coffee**11:00 – 12:50 Talks**

- 11:00 **Claiming your Territory in the Public's Mind**
T Simoes
- 11:15 **What are the market opportunities and potential threats to your cosmetic surgery practice in 2017?**
M Haycock
- 11:30 **How to develop a Practice**
A Richards
- 11:45 **Tax matters**
I Corrigan
- 12:00 **The BAAPS website**
C Nduka
- 12:15 **Cosmetic Surgery Regulation – an Update**
S Cannon
- 12:30 **Free paper: Smooth implant breast augmentation: Time for a rethink?**
M Pacifico
- 12:40 **Free paper: Aesthetics Ethics - Evaluating Suitability for Cosmetic Procedure**
A O'Connor

12:50 – 14:30 Lunch / CCR VIP tours / BAAPS focused Non-surgical Events**14:30 – 16:30 Talks**

- 14:30 **Breast Augmentation – an evolving art**
P Mallucci
- 14:45 **Triple Component Natural Breast Augmentation**
F Bravo
- 15:00 **Revision procedures in breast augmentation**
M Hamdi
- 15:15 **Mastopexy with and without implants. Some tricks.**
T Bernabeu
- 15:30 **Volume Redistribution Mastopexy**
M Hamdi
- 15:45 **ALCL – current position**
P Mallucci
- 16:00 **Panel discussion**

16:30 – 17:15 **Hackett Prize Papers**

Paper 1

Paper 2

Presentation of Prizes –

Posters / Travelling Fellowships / Hackett Prize

17:15 **Close of Day**



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Abstracts - Thursday

1 **Browlifting – the options**

Mr Michael Cadier BA MA (Oxon) MMBS FACS (Plast) Consultant Plastic surgeon and President of The British Association of Aesthetic Plastic Surgeons (BAAPS)

2 **Closed, Non-Endoscopic, Small Incision Forehead Lift**

Dr Timothy Marten, MD, FACS, Plastic Surgeon

Experience has also shown that it is not necessary to use an endoscope to mobilize and release the forehead and modify the corrugator supercili muscles if forehead anatomy is understood, the operation is appropriately planned, and transpalpebral approach to the corrugators is used. While an endoscope can be used for these purposes if desired, designing a procedure in which it is not necessary saves time, avoids problems related to the device itself (fogging, mechanical failure, etc), and avoids the costs of purchasing, leasing, and maintaining expensive related equipment. In addition, transpalpebral corrugator myectomy, when used in conjunction with closed mobilization and re-suspension of the forehead, not only provides a scheme for the performance of closed foreheadplasty without the need for an endoscope, but a method by which objectionable and unwanted medial brow elevation can be minimized or avoided.

3 **Endoscopic brow lift**

Mr Jan Stanek FRCS, Cosmetic Plastic Surgeon

Facial endoscopy started on the instigation of the American Society of Plastic Surgeons in 1992. The precursor of endoscopic browlifting can be found in Tessier's subperiosteal facelift which was developed by Psillakis. It was Nicanor Isse who formulated the principles of brow endoscopy in 1994 and the procedure was popularized by Daniel and Ramirez. The author presents his experience of endoscopic browlifting of more than 800 patients since 1994 to present day. In his practice the procedure has been well accepted with good and stable results. Complications are infrequent and revisions uncommon.

4 **Stackable Treatments in Facial Aging**

Dr Julius W. Few, MD, Director, The Few Institute

Facial aging is typically defined by three core components; loss of volume, atrophic skin change, and ptosis of vital facial anatomy. The ability to enhance the face requires consideration of all three variables for the most natural result. We have found that the use of absorbable suture suspension, placed non surgically, provides a missing link in the pursuit of non surgical facial rejuvenation. Several major issues have been addressed with the advent of the new, absorbable suture/cone based system. The newer version avoids the risk of delayed suture erosions while allowing for scalability. The ability to create a continuum, continuum of beauty, between fillers, lasers, neuromodulation, absorbable suture suspension, energy based tissue tightening, and aesthetic surgery creates a powerful set of tools that can be used in isolation or together to create powerful synergy-Stackable Treatments.

5 **Thread lifts**

Dr Jacques Otto MBChB MPharmMed MPilMedlaw MPraxMed DipForMed DipSedation, Cosmetic Doctor

6 **Midface lifts – my technique**

Mr Douglas McGeorge Plastic and Cosmetic Surgeon

Treatment of the mid-face remains a challenge, despite being, aesthetically, perhaps the most important part of the face. The area is not treated by a facelift. Lifting of the mid-face restores the tissues to the position of youth, taking away the tired, drawn look, yet mid-face lifting is not without its critics. It is technically more demanding and as a result fat grafting to disguise mid-face descent has become popular. This treats the symptom but not the problem, leaving patients with a fatter face. Described is a simple mid-face procedure, which has been the mainstay of my practice for 25 years. The potential pit falls are discussed.

7 Midface lifts – my technique

Mr Niall Kirkpatrick BDS MBBS MD FRCS FRCS (Plast), Consultant Craniofacial Plastic Surgeon

The youthful face is often defined by malar and lateral cheek fullness with associated submalar concavity, giving a smooth contour between the different subunits coupled with an aesthetically pleasing convex lower eyelid-cheek continuum. Key elements of midfacial ageing are gradual ptosis of the cheek skin below the infraorbital rim creating infraorbital hollowness, descent of the malar fat pad with loss of malar prominence, deepening of the tear trough and associated exaggeration of the nasolabial fold. This paper discusses the key anatomical concepts of midfacial ageing, the evolution of midface lifting techniques and indications and contraindications

8 The Art of Peri-orbital Rejuvenation: Subtlety is key

Mrs Sabrina Shah-Desai MBBS, MS, FRCS, Ed (Ophth), Consultant Ophthalmologist & Oculoplastic

Ageing changes in the peri orbital region reflect combined effects of gravity, bone resorption, decreased tissue elasticity, and redistribution of subcutaneous fullness. Resultant sagging eyelid skin & eyebrows, puffy lower lids, droopy eyelids, dark circles & hollow eyes can make one look sad, older, tired or even ill. For aesthetic purposes restoration of a youthful 3-dimensional topography should be regarded as the primary goal in peri orbital rejuvenation. Dermal and subcutaneous fillers, used either alone or as an adjunct to surgical and nonsurgical facial rejuvenation techniques, are an effective treatment choice for “lifting and filling” the peri orbital soft tissues. Traditional tear trough rejuvenation treatments for under eye dark shadows target the eyelid-to-cheek junction, aiming to restore a smoother contour by “plumping” the demarcating hollow between the eyelid and cheek. However the inner tear eyelid-nose junction, often resulting in tyndall effect or visible “sausage shaped lumps”. Infra orbital skin changes, which hollow the under eye area, are not amenable to traditional treatment options of deep filler placement at the junction of the eyelid & cheek. Mrs Shah-Desai has developed her own technique to volumize and hydrate the inner tear through and infra orbital skin, improving texture and quality of the very thin eyelid skin and gently rejuvenating the tear trough. The “Eye-Boost” offers

and new, natural looking treatment option in an anatomically challenging area. Mrs Shah-Desai will discuss the anatomical basis of peri-orbital rejuvenation. She will highlight clinically relevant soft tissue & bony anatomy and the importance of choosing appropriate fillers, correct injection techniques and planes to maximize aesthetic outcomes. Less definitely more and one size does not fit all tear troughs and temples. Mrs Sha-Desai will cover techniques of using HA fillers to improve under dark circles, puffy eyes, eyebrows & superior sulcus hollowing, hollow temples.

9 The Role of Microfat Grafting in Facial Contouring

Mr Patrick Tonnard, Plastic Surgeon

Background:

Congenital hypoplasia of facial bones has traditionally been treated by orthognathic surgery. However, the inherent invasiveness of orthognathic surgery often leads to a high complication rate. Facial fat grafting could be a less invasive method to correct facial deformities.

Objectives:

The aim of this study was to evaluate the results of microfat grafting for facial contouring.

Methods:

This retrospective chart review evaluated 166 patients who were treated with microfat grafting for maxillary and/or mandibular hypoplasia. Pretreatment and posttreatment photographs were compared regarding improvement of facial contour, and complications were recorded.

Results:

The follow-up period ranged from 4 months to 10 years (mean, 2 years 7 months). Thirty-eight percent of the patients had a refill procedure 6 or more months after the first procedure. A majority of the evaluated patients stated that they benefited from the microfat grafting, with ratings of excellent (50%), sufficient (48%), and poor (2%). Complications included visible fat lobules under the lower eyelid skin (7%), which was seen during the first 4 years and was resolved by changing the injection cannulae and technique, and fat resorption, which was seen in all patients, with a clinical range from 15% in the immobile malar area and chin region to 50% in the mobile lip area.

Conclusions:

Facial microfat grafting is a valuable alternative to more complicated advancement osetotomies being performed in patients solely for aesthetic reasons. The low morbidity and rapid recovery

make facial microfat grafting a welcome tool in the armamentarium of the modern facial aesthetic surgeon.

10 **Peri-orbital Fat Grafting: A New Paradigm for Rejuvenation of the Eyelids**

Dr Timothy Marten, MD, FACS, Plastic Surgeon

Traditional blepharoplasty procedures often do not address the changes that occur with age in the orbital area and can actually degrade the appearance of the eye. Fat grafting allows treatment of age-associated loss of peri-orbital volume not addressed by traditional blepharoplasty procedures. Fat grafting is an artistically powerful method to rejuvenate the orbital area that often provides a more healthy, fit, youthful and sensual appearance than traditional blepharoplasty procedures. In many instances fat grafting can replace or preclude the need for traditional eyelid surgery. Fat grafting provides the opportunity for comprehensive improvement of the orbital region, not just spot filling of the tear trough. Fat grafting is easier and faster to perform than eyelid fat trans-positioning. Patients with full faces often have regional atrophy in the orbital area and still can benefit from fat grafting. Fat grafting is often more important to rejuvenating the peri-orbital areas of the secondary surgery patient than traditional eyelid surgery itself. These benefits may offset the drawbacks of increased swelling, uncertainty of graft take, and a longer period of recovery.

11 **Lip rejuvenation: more than a filler**

Mr Patrick Tonnard, Plastic Surgeon

12 **Reduction rhytidectomy**

Dr Francisco G. Bravo, Surgeon

A well-defined jawline and a slim neck are essential components of young and attractive individuals. Ageing patients often present with thick heavy necks along with loss of definition of the jawline. A surgical rejuvenation procedure in which the main objective is to significantly reduce the volume under the jawline in order to improve mandibular definition and neck contour is presented. The submandibular region is divided into three zones according to the anatomical

structures treated and the main surgical maneuvers employed to achieve volume reduction.

Zone I - The submental area requires reduction of both the supra- and subplatysmal fat compartments, digastric muscle reduction, central hyoid bone release and platysma muscle plication.

Zone II - In order to achieve definition under the body of the mandible between the mental foramen and the angle, two structures should be reduced adequately: the jowl and the submandibular gland.

Zone III - The area beneath the angle of the mandible and ramus forming the retromandibular groove requires direct excision of fibrous and well-attached supraplatysmal fat, along with careful reduction of the tail of the parotid gland in selected cases.

13 **Simultaneous Facelift and Fat Grafting: Combined Lifting and Filling for Rejuvenation of the Aging Face**

Dr Timothy Marten, MD, FACS, Plastic Surgeon

Recognizing the components of the aging deformity of the face is essential to the planning of surgical procedures and to the recommendation of appropriate treatment. Careful analysis will reveal that most patient problems will fall into three broad categories:

- 1) aging and breakdown of the skin surface
- 2) facial sagging, skin redundancy, and loss of youthful facial contour
- 3) facial hollowing, wasting, atrophy and/or age related lipodystrophy.

Patients primarily concerned with surface aging of their face may not require formal open surgery and may achieve the type of improvement they desire through salon care and dermatologic surface treatments of the skin. Patients primarily concerned with facial sagging, skin excess, and loss of facial contour will achieve marginal, if any improvement however if surface treatments only are employed. They will require formal surgical lifts in which sagging tissue is repositioned and redundant tissue is excised if these problems are to be properly corrected and an attractive and natural appearing improvement is to be obtained. Patients with significant facial atrophy and age related hollowing and loss of facial fat will achieve suboptimal improvement from both surface treatments of facial skin and surgical lifts. Smoothing skin will not hide a drawn appearance

due to loss of facial volume, and it is difficult to create natural and attractive contours by lifting and repositioning tissues that have abnormally thinned and involuted with age. Restoring lost facial volume using fat injections is a powerful technique that is now acknowledged by most plastic surgeons and other physicians engaged in treating the aging face as the most important advance in aesthetic surgery in several decades or more. Properly performed, the addition of fat to areas of the face that have atrophied due to age or disease can produce a significant and sustained improvement in appearance unobtainable by other means.

14 Free Paper: The Contour of the Brazilian buttock

Dr Alexandre Nunes, Plastic Surgeon, Head Blanco Clinic

The culture of the model body varies with fashion. In my country gluteal contouring is highly valued. Through 19 years practicing liposculpture, treatment of gluteal fat grafting and cellulite treatment has always produced extremely satisfactory results. The author's aim is to demonstrate ways of filling the buttocks to highlight their shape. Method: Liposculpture gluteal contouring, including the flanks, jowl, cellulite treatment and fat grafting to the gluteus. The author conveys the importance of liposuction in certain areas on the outline of the gluteus maximus, the type of cannula, the use of VibroLiposuction Machine, VaserLipo and especially the area to be grafted. The treatment of cellulite is also addressed. What to do and what not to do, beyond the immediate and ongoing care of the patient. Results: All patients showed fat integration, without significant loss of the grafted fat. The body contouring around the gluteus was essential for the gluteus to stand out after the delimitation of the gluteus in their top, lateral and bottom positions following liposuction.

Conclusion: The contour of the gluteal region has permanent and reproducible results.

15 Free Paper: Gluteoplasty Experience with 120 Consecutive Cases

Dr Foued Hamza, Plastic Surgeon

Buttocks, are considered a symbol of beauty, and fat transfer in this area is one of the technique that can improve it. The augmentation

gluteoplasty with liposuction and fat grafting depends not only on the projection and the volume in a specific area but also, on the correction of proportions in adjacent areas. The female waist-hip ratio of around 0,7 is reachable through liposuction and fat grafting. A total of 120 females patients was included in this study between 2011 and 2015. Age ranged between 20 and 58 years old. The volume grafted to the buttocks ranged between 360 and 1300cc in each side. Post-operative results and complications were recorded, and satisfaction with buttock shape was estimated by a patient questionnaire and pre and post photographs.

Conclusion: this technique is simple with lower morbidity and excellent results. A good result depends on the harmonious combination of fat elimination by liposuction and fat grafting to the buttocks with long lasting results.

16 Sponsored: The clinical application of UltraSkin - (HIFU)

Dr Ibrahim Devrim Gursoy

17 Medical Rhinoplasty

Dr Frédéric Braccini, FPS

The surgical procedure of rhinoplasty is one of the most interesting and complex aesthetic surgeries. The main goal of aesthetic and artistic rhinoplasty is to achieve a natural look of beauty enhancement to create a harmonious face. There is no one standard rhinoplasty procedure, but many rhinoplasties that must suit to each individual patient. Rhinoplasties have evolved in the same way as other plastic surgery procedures. The medical options became very useful and we have developed since 2004 a new medical approach called « medical rhinoplasty », to correct the nose « like a sculpture » using hyaluronic acid injection and with or without botulinum toxin injection. The non-surgical treatment of the nose, or medical rhinoplasty, has become one of the prime procedures in the aesthetic treatment of the face. The medical rhinoplasty is a simple and very effective technique with immediate results. It can be used in those cases where patients are reluctant to undergo surgery, or as primary indication in the correction of minor nose defects. Results are satisfactory and no side effects have been reported so far. The absence of important mechanical constraints associated with the stability of the support of the nasal



pyramid (cartilage and bone) provide a particularly favourable 'bed' for fillers in this area. The duration of filling is more important here than on any other area of the face because of the immobility of the nasal zone and the solids supports).

18 Deviated noses

Dr Olivier Gerbault, Plastic Surgeon

19 Closed rhinoplasty – when and how

Dr Frédéric Braccini, FPS

Objectives

To define the interest of the so called « mini-rhinoplasty » in aesthetic nose surgery and to report the surgical technique.

Method

The experience of the author, based on more than 2000 mini-rhinoplasty surgical procedures is reported. The surgical procedure such as technical tips are reported.

Results

Mini-rhinoplasty procedure is indicated in patients with small deformities, particularly in patients with nasal hump or hyper-projected noses, with no deviation. The nasal tip should be normal or slightly drooping. The surgical technique is safe and reproducible.

Surgical aesthetic outcomes are excellent. This technique is also indicated in elderly patients willing a facial rejuvenation.

Conclusion

Mini-rhinoplasty surgical technique is a minimal invasive procedure with no complication in the postoperative period. The postoperative management of patients undergoing this procedure is of main importance.

20 Secondary Rhinoplasty

Dr Basim Matti FRCS, Consultant Plastic Surgeon

Rhinoplasty remains a complex operation due to the combined physical and psychological variation of patients involved. The underlying anatomy and changes after repeated surgery and scarring make the diagnosis more difficult and the treatment more complex. Therefore complete understanding of patient's motivations and expectations is essential to achieve a satisfactory result and to avoid further surgery.

Revision Rhinoplasty – Is a challenge to the novice and experienced surgeon as after multiple operations the patient becomes very concerned and focuses on a minute detail so that it is difficult to satisfy their demands. With the Internet discussion group it makes it more difficult to please some of these patients. Therefore careful assessment of the patient and a proper warning of the limitations that the operation will achieve improvement rather than perfection. Examples of the common presentations for secondary rhinoplasty technique and the current surgical treatment will be discussed as well as their limitations.

21 Piezo noses

Dr Olivier Gerbault, Plastic Surgeon

Abstracts - Friday

22 **Liposuction technologies, an overview**

*Mr Ash Mosahebi MBBS (Lon) FRCS
FRCS (Plast) PhD (Lon) MBA (Warwick),
Consultant Plastic & Cosmetic Surgeon*

23 **Principles and Techniques on Buttock augmentation**

Mr Ricardo Ribeiro, Plastic Surgeon

Buttocks are a key element in body contour surgery and there is a singular representation of beauty, especially among South American population. Demand for its augmentation is increasing sharply and become one of the most requested procedures. Using principles of liposculpture is possible to re-shape the entire female silhouette, using fat transfer, lipounderming and removing excess of skin. For the other hand, several patients are not eligible for this procedure due lack of donor site, for this reason gluteal implants are the unique choice for these cases, but it requires long-term learning curve. Both techniques are useful for buttocks augmentation; however, proper indication and right systematization must be followed. Author presents his personal experience, as well, long term evaluation with good results. According personal results buttock choose of proper technique is the key point in order to achieve best outcomes.

24 **Sponsored: CoolSculpting, One System – Millions of Opportunities**

Mr Alex Karidis, MD, FRCS

CoolSculpting is the leader in non-invasive body contouring. Results have proven to be both durable and consistent, with 3+ million treatments worldwide. Currently, applicators are available for treating an array of sites, such as abdomens, flanks, thighs, arms, chests, and backs.

The latest applicator innovations are the CoolMini for reduction of the submental area and other small bulges and the CoolAdvantage, a 3-in-1 applicator that dramatically improves convenience and comfort. With the significant advances in the CoolMini and CoolAdvantage applicators, even

more patients and more areas of the body can be safely and comfortably treated in almost half the time.

25 **Buttock Lifting with Polypropylene Mesh**

Mr Ricardo Ribeiro, Plastic Surgeon

Gluteal laxity is a common problem observed on female population; with the increase of demanding for buttocks surgery, the only way to treat this deformity was removing skin excess. However, mostly of patients do not agree in having visible scars and then we purpose a strategy using polypropylene mesh strips in order to correct it. Ninety healthy female patients between the ages of 20 and 50 years (mean, 26 years), who wished to remodel their buttocks from December 2004 to February 2013, were studied retrospectively. All 90 patients were treated with 2 strips of polypropylene on each buttock using the following procedures: 27 (30 %) patients were suspended with polypropylene strips; 63 (70 %) patients were treated with tumescent liposuction in the sacral "V", lower back, supragluteal regions, and flanks to improve buttocks contour (aspirated volume of fat from 350 to 800 cc); 16 (18 %) patients underwent fat grafting in the subcutaneous and intramuscular layers (up to 300 cc in each buttock to increase volume); 5 (6 %) patients received implants to increase volume; and 4 (4.4 %) patients underwent removal and relocation of intramuscular gluteal implants to improve esthetics.

Over an 8-year period, 90 female patients underwent gluteal suspension surgeries. Good esthetic results without complications were obtained in 75 of 90 (84 %) cases. Complications occurred in 15 of 90 (16.6 %) patients, including strip removal due to postoperative pain in 1 (1.1 %) patient, and seroma in both sub gluteal sulci in 3 (3.3 %) patients.

The results of this study performed in 90 patients over 8 years showed that the suspension with polypropylene strips performed as a single procedure or in combination with other cosmetic methods helps to enhance and lift ptosed gluteal and Para gluteal areas.



26 **Abdominoplasty with Customized Transverse Musculoaponeurotic Plications**

Dr Jose M Serra-Renom, Plastic Surgeon

27 **Bariatric surgery - current concepts**

Mr Sean Woodcock, MBBS, MS FRCSm, Consultant, Upper GI and Bariatric Surgery

My presentation will update the audience on what we currently know about how our common bariatric/metabolic operations work (gastric band, sleeve and bypass) and also take a look at some new procedures that are being trialled. I will end by highlighting the difficulty of funding body contouring in our patients who lose their excess weight.

28 **Lessons Learned in a Decade of Weight Loss Body Contouring.**

Mr Mark Soldin, Plastic Surgeon

It is always interesting looking back at one's practice. In this presentation Mr Soldin will discuss the evolution of the current techniques in his body contouring practice. Discussions with patients, decision making algorithms and operative videos will be included. How to avoid complications and patient dissatisfaction are at the heart of his practice and will be emphasised.

29 **Claiming your Territory in the Public's Mind**

Ms Tingy Simoes

How to compete in the crowded cosmetic surgery sector? How are patients choosing their providers, and what techniques can help you "stand out"? This presentation will unveil practical tips alongside relevant, real life case studies to offer delegates sneaky and lesser-known ways of staking a claim in the mind of the public. Combining Public Relations and social media initiatives through integration will boost the impact of any Marketing campaign exponentially, allowing you to become 'synonymous'

with your own unique talents and artistry. Attendees can expect to leave with an enhanced and effective knowledge of aesthetic plastic surgery publicity.

30 **What are the market opportunities and potential threats to your cosmetic surgery practice in 2017?**

Marcus Haycock, Business Consultant, Allergan

This short presentation will focus on the latest published data available for the UK Cosmetic Surgery Market. The speaker will discuss current market issues and insights, market drivers and trends. Understanding consumer attitudes towards appearance, their experience of surgery and anticipated future interest will also be highlighted. Factors influencing cosmetic procedure selection and attitudes towards non-surgical treatments will be an additional feature.

31 **How to develop a Practice**

Mr Adrian Richards, MBBS MSc FRCS (Plast), Consultant Plastic Surgeon

32 **Tax matters**

Mr Iain Corrigan, CertPFS, OneE Group

33 **The BAAPS website**

Mr Charles Nduka, Plastic, Reconstructive and Cosmetic Surgeon

34 **Cosmetic Surgery Regulation – an Update**

Ms Sue Cannon

35 **Free Paper: Smooth implant breast augmentation - Time for a rethink?**

*Mr Marc Pacifico, MD FRCS (Plast),
Consultant Plastic Surgeon*

Smooth implants are seldom used in the UK despite popularity abroad and modern data demonstrating good long term results. We reviewed 100 smooth implants for primary augmentation. All implants were placed via IMC incisions into dual plane pockets. Technique was modified from textured implant placement, requiring a learning curve. Post-operative massage was instituted and patients were reviewed at regular time points. Dual plane smooth implants have comparable long-term complications to textured implants with potential advantages of less traction rippling, "natural" behaviour and possibly a lower risk of ALCL development. Is it now time for them to make a comeback in the UK?

36 **Free Paper: Aesthetics Ethics - Evaluating Suitability for Cosmetic Procedure**

*Annemarie O'Connor - Director and
Specialist Clinical Psychologist,
The Body Clinic*

The Body Image Clinic is a specialist psychology clinic based in London that provides assessment and treatment for body image concerns and related difficulties.

Cosmetic practice - Despite codes of conduct and professional standards stating that suitability for a cosmetic procedure must include an assessment of a client's psychological state, how many practitioners assess? Know how to? Know when to refer on and who to?

Raising awareness - Body Dysmorphic Disorder (BDD) is estimated to affect between 1 - 2% of the population. It is equally common in men and women. Prevalence rates vary greatly, with some studies suggesting that around 15% of cosmetic surgery seekers are suffering from BDD or another mental health problem. Some international cosmetic populations range between 3%-53%. In two studies, 71%-76% sought and 64%-66% received some type of medical treatment for BDD (e.g., surgical, dermatological, dental). This population are much more likely to be dissatisfied with the outcome of their procedure and there

is evidence that cosmetic surgery can worsen symptoms of anxiety, depression and BDD. **Changing the way we work together** - Screening tools for anxiety, depression and body image worries are quick, effective and accessible. They are simple to interpret and can easily be included in standard registration information. Significant scores are not a contraindication for cosmetic surgery but they may indicate that a more thoughtful approach about the effect; expectations need to be addressed in more depth for some, and undergo psychological treatment for others.

37 **Breast Augmentation – an evolving art**

Mr Patrick Mallucci, Plastic Surgeon

38 **Triple Component Natural Breast Augmentation**

Mr Francisco Bravo, Plastic Surgeon

The author describes his methodology to achieve natural results after breast augmentation, based on three anatomic components of the non-operated aesthetically attractive breast: cleavage, shape and softness/movement.

Cleavage: A well-defined pre-sternal light reflection and a narrow distance between the vertical aesthetic lines of the breast are key components of attractive breasts. This may be achieved at the time of implant based breast augmentation through concomitant parasternal fat grafting.

Shape: A teardrop shape of the breast in the standing position is another characteristic of the natural non-operated breast. This morphology may be achieved surgically through the use of round moderate profile implants placed in a partial submuscular dual plane pocket.

Softness/Movement: A soft, pliable breast at palpation, with natural movement when the patient lies on her back or leans forward is often a forgotten component of the attractive and natural breast. In order to achieve this postoperatively, the use of smooth surface moderate profile round implants is proposed, along with an extended undermining cranially of the subpectoral pocket and a strict protocol to decrease the incidence of capsular contracture.



39 Revision procedures in breast augmentation

*Prof. Dr. Moustapha Hamdi MD, PhD
Department of Plastic and Reconstructive
Surgery – Brussels University Hospital*

Breast augmentation with implant is one of the most common aesthetic procedures. Most of the revision procedure could be done using one stage. Careful analysis of the problem is mandatory. Two-stage procedure is recommended when multiple surgeries were already done and resulted major breast asymmetry, which affected more than 3 of the following elements:

- Breast's base (foot-print)
- Infra-mammary fold (IMF)
- Nipple-areola complex
- Capsula forming grade III
- Major breast deformity

Maximum information over the previous surgery(ies) should be obtained. Precise description of the problem with the solution should be done with a clear written consent.

Surgical Tips:

- Preoperative marking
- Use a moderate size/height implant
- Use the previous scar but make it bigger when wider exposure is required.
- Change pocket whenever possible or capsulectomy
- Capsular flap might be used as additional coverage
- Work with sizers if possible
- Insert the implant and drain
- Use PolyUrethane implants
- Fat injection is an adjunct tool to improve resistant breast contour deformity.

When mastopexy is indicated:

- Use the periareolar or vertical scar to approach the implant
- Don't commit yourself to large vertical skin resection
- Skin tightening using skin stapler (tailor-tacking technique)
- Making and then skin deepithelialization
- Lower breast resection in heavy breast (pseudo-ptosis)
- Skin tightening and closure with vertical scar of short inverted-T scar.

When a staged procedure is indicated, a pexy/augmentation is necessary: the first procedure is usually the mastopexy including capsulectomy, gland shaping, scar revision etc. The goal of the first procedure is to create breast symmetry. The second procedure is implant insertion, which is

usually done within 3-6 month interval. In most of cases, the new implant will be inserted to a new pocket. In very selective cases, change of the implant can be first done if the implant should be changed from a retro-glandular to a retromuscular pocket. The time between implant change and mastopexy will allow better skin/gland adjustment (6 months) over the settled implant and even to revise the implant position if needed.

40 Mastopexy with and without implants - some tricks

Dr Teresa Bernabeu, Plastic Surgeon

The situations where we will require the use of mastopexy or breast reduction techniques are very varied. We have a large arsenal of Mastopexy techniques previously described by different authors, preserving one or other pedicle as blood supply for nipple areola complex. Sometimes it associates a dermoglandular flap or nipple areola graft. Each of these techniques has pros and cons, however as plastic surgeon we must know and master various option in order to offer our patients the best treatment and lasting results. In this presentation I discuss my experience with different techniques.

41 Volume Redistribution Mastopexy

*Prof. Dr. Moustapha Hamdi MD, PhD
Department of Plastic and Reconstructive
Surgery – Brussels University Hospital*

Mastopexy is a surgical procedure designed to improve the appearance of sagging or ptotic breasts. However, long-lasting outcome in mastopexy and breast reduction presents one of the greatest challenges to the plastic surgeon. Several attempts were done to maintain breast projection together with avoiding ptosis. However, breast recurrent ptosis occurs as a results of one or several factors:

- Inadequate gland resection in the lower breast part (heavy breast).
- Long vertical pillar
- Bad skin quality

To address these points:

- The lower breast was lifted up by a superior pedicle-mastopexy technique which based on a modified Ribeiro's technique. In this technique, a septumbased flap was used to fixate on the thoracic wall.

- This Septum-flap was rapped by a mesh in order to improve the projection of the breast and also avoid recurrent ptosis.

- At the same time, fat grafting was performed intra-and retro pectoral major muscle, as well as, subcutaneously at the level of upper breast.

-The skin is closure with a vertical scar technique.

Our results indicate that the technique manages to preserve the surgery outcome and maintain the breast form, projection and nipple position over a longer period of time and with minimal scarring compared to existing procedures. The surgical technique, tips and pitfalls will be presented.

42 **ALCL – current position**

Mr Patrick Mallucci, Plastic Surgeon

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Abstracts - Posters

1 High incidence of Paradoxical Adipose Hyperplasia After Cryolipolysis: a Case Series

Presenter: Michael Kelly - Plastic Surgeon
Co-Authors: Dr C Torres
Dr J Rodriguez-Feliz
B.A. E Kelly
Institution: Miami Plastic Surgery

Introduction

Paradoxical Adipose Hyperplasia (PAH) is a rare complication of cryolipolysis where the treated area gets larger rather than smaller. We report a series of 10 cases of PAH including the clinical characteristics and treatment of these patients.

Methods

Retrospective descriptive case series of 10 patients with PAH following cryolipolysis.

Results

All ten cases of PAH (8 males, 2 females) were of Hispanic background. Average age was 42.5 years and mean body mass index was 26.7 kg/m². Patients presented with a painless, enlarged area of subcutaneous tissue at the treatment site at approximately 2.85 months following cryolipolysis. Nine cases occurred in the abdomen with seven treated by the large applicator. Four patients were first-degree relatives with similar clinical presentations. Five patients were subsequently treated with liposuction, achieving good cosmetic results and patient satisfaction. Our incidence of 0.38% (8 PAH events in 2073 treatment cycles) was significantly higher than reported by the manufacturer (0.025%).

Conclusion

Hispanic, middle-aged men undergoing cryolipolysis on the abdomen with the large applicator seem to be at increased risk for developing PAH. Our incidence of PAH is much higher than previously reported. Liposuction can be helpful to treat this problem.

2 A Comparison of Postoperative Pain Between Subglandular and Submuscular Planes in Aesthetic Breast Augmentation.

Presenter: Aletta Carbone - Skin Oncology Fellow
Co-Authors: Mr O Titley
Institution: Queen Elizabeth Hospital Birmingham

In aesthetic breast surgery implants can be placed in subglandular or submuscular planes, further divided

into dual-planes. The submuscular plane is said to be more painful postoperatively. 97 consecutive breast augmentation were performed over 5-years using a standard technique. No regional anaesthetic blocks were given. This study compared postoperative pain scores for different planes of augmentation.

A retrospective review of postoperative analgesia use and patient reported pain scores in the first 16 hours postoperatively.

49 patients underwent subglandular augmentation and 48 patients dual-plane. There was no significant difference in pain scores between these groups. Also, there was no significant differences between different dual-plane techniques. Patients in the dual-plane group did not require a longer stay in hospital. Postoperative analgesia consumption was the same across all groups.

We found no difference in postoperative pain in patients undergoing breast augmentation using different implant pockets. Our study reviewed early pain scores and cannot comment on pain experienced once discharged from hospital. However, patients can be reassured that immediate postoperative pain is not related to implant pocket. It is suggested that patients undergoing dual-plane augmentation may benefit from regional anaesthetic blocks; we found no evidence to support such use for any particular patient group.

3 Full Thickness Burns Following Cryolipolysis: a First Reported Case and a Review of Adverse Events Described in the Literature.

Presenter: Nicholas Pantelides - ST4
Co-Authors: Mr S Rimouche
Mr R Murphy
Institution: Royal Preston Hospital

Introduction

Cryolipolysis is a non-invasive technique for body contouring, which is considered to have a better safety profile than liposuction. We report the first case of full thickness burns following cryolipolysis and review complications described in the literature.

Case report

A 26 year-old woman, with no medical co-morbidities, presented 11 days following a single session of cryolipolysis. She received treatment to the lateral and posterior aspect of both arms, lasting for 30 minutes. Subsequently, she developed erythema and blistering, which progressed to full thickness necrosis.

Discussion

More than 1500 cases of cryolipolysis are reported in the literature to date. The most common complications



are transient erythema, swelling, bruising and pain. Parasthesia and motor neuropathy have also been described, although all cases resolved spontaneously. There have been no cases of ulceration, skin blistering or scarring reported.

Our case suggests that cold exposure, coupled with the applied pressure from the suction cup, can cause irreversible tissue damage in certain circumstances. It highlights the need for standardisation of treatment protocols, to determine the maximum cooling intensity factor and treatment durations at each anatomical site.

4 Migrating Dermal Cheek Fillers Masquerading As Preseptal Cellulitis

Presenter: Elizabeth Hawkes - Oculoplastic registrar
Co-Authors: Mr C Mclean
Institution: Royal Surrey County Hospital

A 55 year old lady self-presented to the ophthalmology casualty department with bilateral peri-orbital swelling. Examination revealed bilateral, tender and erythematous palpable masses anterior to the orbital rim. Ocular examination did not reveal any signs of optic nerve dysfunction, and following MRI with gadolinium, a diagnosis of atypical preseptal cellulitis was made. She was initially treated with oral antibiotics. Subsequent focused questioning revealed that she had soft dermal cheek fillers inserted 8 years prior to presentation at another clinic. Therefore, the diagnosis was revised to filler migration. She underwent surgery via direct anterior and histological analysis confirmed hyaluronic acid. She was pleased with the cosmetic outcome and therefore discharged. Two years later, she represented to the Ophthalmology clinic with similar symptoms. She underwent further surgery to remove the residual filler material.

This is a rare case of dermal filler migration presenting 10 years after implantation. We illustrate the case with photographs, imaging and histological evidence.

5 Abdominoplasty and Small Bowel Obstruction: A Case Report

Presenter: Louise Glanvill - CT1 in Plastic Surgery
Co-Authors: Miss. Anita Jatan
Mr. Amir Sadri
Mr. Ian King
Miss. Joanne Atkins
Institution: Chelsea & Westminster Hospital

Abdominoplasty accounts for 3,000 UK procedures and 170,000 USA procedures annually with massive weight loss post bariatric intervention providing a significant proportion of the patient cohort.

Bowel obstruction is a recognized complication of

Roux-en-Y gastric bypass with three potential sites of internal herniation through iatrogenic mesenteric defects. Patients with greater degrees of weight loss, laparoscopic intervention, and previous pregnancy are at increased risk.

We present a case of acute small bowel obstruction secondary to internal hernia five days following elective abdominoplasty and rectus plication for massive weight loss after Roux-en-Y gastric bypass.

We postulate that elevated intra-abdominal pressure from a combination of patient positioning intraoperatively, rectus plication and abdominal binders may precipitate formation of internal hernias and/or obstruction of pre-existing non-symptomatic hernias.

In considering this case we propose a perioperative pathway for bariatric abdominoplasty patients, distinct from virgin abdomen patients, which:

- * uses a pre-operative patient diary to highlight abdominal symptoms indicative of subacute obstruction
- * uses pre-operative cross sectional imaging to exclude non-symptomatic internal hernia
- * consents patients for bowel obstruction as a risk factor
- * re-assesses risk vs benefit of rectus plication and abdominal binders in certain patients
- * considers quantitative measurements of intra-abdominal pressure postoperatively.

6 Public Perception On Funding and Litigation in Facelift Surgery

Presenter: Shazrinizam Shaharan - Plastic Surgery Registrar
Co-Authors: Dr C Rolle
Dr A Egan
Miss L Rabbitt
Mr J Chan
Dr K Joyce
Mr M Hynes
Ms V Malesevic
Professor J Kelly
Institution: University Hospital Galway

Introduction

NHS has carried out 1,137 facelifts in 2012-13 alone but in Brazil, facelifts have been performed on 14,000 patients free of charge from 1997-2012. The aim of the study was to explore public's perception on funding and litigation in facelift surgery.

Methods

A survey of service users called the Influence of Socio-Economic Factors on Attitudes towards Surgery was carried out in the Emergency Department, University Hospital Galway, Ireland from March 2015 to April 2016. Most studies focus on in-patient and out-patient

departments which would have created biased findings. Therefore, the rationale was to access a random sample from the public with representation of various medical issues from different social classes.

Results

277 respondents completed the questionnaire. 52% felt that patients should fund their own facelift surgery and 23% felt this surgery should be available in public hospitals. Those who felt the operation should be self-funded were more likely to be single working women in age group 25-54 with completed at least higher secondary school and earning \$12,000-30,000 per year. The number of respondents who is likely to proceed with litigation in the event of surgical complication is higher in people who felt that facelift should be provided by public hospitals (68%) compared to people who felt that it should be funded by patient's own saving (39%).

Conclusion

The findings bring together an insightful conclusions about the relationship between funding for aesthetic surgery, socio-economic factors and likelihood to litigate.

7 Implications For the NHS of Cosmetic Tourism Complications

Presenter: Menaka Paranathala - CT1 Core Surgery

Co-Authors: Dr P Hever
Mr N Cavale

Institution: King's College Hospital

Cosmetic surgery tourism is a burgeoning business. Complications are part of surgical practice, but accountability and provision made for dealing with complications is a key facet of safe practice.

We reviewed all patients admitted to one London NHS Trust with complications of cosmetic procedures undergone abroad by UK residents between July 2012 and July 2016. There were a total of 18 patients identified, with three presenting twice. Index procedures were performed in Tunisia, Turkey, Canada, Belgium, Spain, Poland, and the Dominican Republic, with multiple patients from the same centres. Procedures included buttock augmentation, abdominoplasty, liposuction, breast augmentation and reduction. Length of stay ranged from one to 19 days, with the average cost of hospital bed £265 per night. Average inpatient stay alone amounted to up to £5000, not including costs associated with medication, imaging, any procedures required, and outpatient appointments. All patients presented via the ED, itself costing £110-£160. Seven patients required surgical intervention including debridement, incision and drainage, and removal of implants.

The paucity of provision made for patients in the event of complications was striking. This leads to a huge cost to the NHS, financially and in resources, in the context of an already straining system.

8 Influence of Socio-economic Factors On Litigation Against Healthcare Provider

Presenter: Shazrinizam Shaharan - Plastic Surgery Registrar

Co-Authors: Dr C Rolle
Dr A Egan
Miss L Rabbitt
Mr J Chan
Dr K Joyce
Mr M Hynes
Ms V Malesevic
Professor J Kelly

Institution: University Hospital Galway

Background

Surgeons are fearful of litigation and often recoil from discussions about potential contributing factors, preferring to involve other authorities to deal with the issue. We attempted to explore some of the factors that may be associated with intent to pursue legal action in the event of a major medical error or complication. These included socio-economic variables (age, sex, educational attainment, funding of healthcare, gross income) and religiosity.

Methods

We surveyed 312 people who attended our Accident and Emergency Department as patients and companions between March 2015 and April 2016. This yielded an unselected broad cross section of respondents. Interviews were conducted using a 76 stem questionnaire that highlighted the demographic and social factors involved in patient's intention to pursue legal action after an unexpected adverse outcome.

Results

53% of males and 48% of females are likely to pursue legal action in the event of an unexpected complication. Younger patients with a University degree and without private healthcare seem more likely to proceed with litigation. A strong commitment to religious belief significantly reduces the likelihood of pursue legal action compared to those who do not belong to any religious denomination.

Conclusions

An unexpectedly high number of respondents admitted they are likely to pursue litigation against doctors in the event of an unexpected complication. It appears that certain groups in society are more likely to litigate and this study raises some interesting questions about patient's conceptions before they agree to surgery.



9 Severe Acute Foreign Body Reaction Caused By Polyglactin 910 (Vicryl) Sutures Following Bilateral Lower Lid Blepharoplasty - A Case and Review of Current Literature

Presenter: Vinay Itte - Registrar Plastic Surgery
Co-Authors: Mr S Nicholson
Mr M Riaz
Institution: Leeds General Infirmary

We describe a rare case of severe tissue reaction in both lower eyelids with 5-0 Vicryl sutures (Ethicon Inc., NJ, USA) to reset the orbital septum deep to orbicularis muscle and also further management of resulting ectropion.

A healthy 40 year old Caucasian female underwent bilateral lower eyelid blepharoplasty. One week later, she presented with progressing inflammation and erythema of lower eyelids with abscess formation. Immediate surgical incision and drainage revealed subcutaneous abscess collections in the vicinity of the vicryl sutures. Wound cultures were negative. We believe this was the possibly the result of a tissue reaction or atypical mycobacterial infection that has been reported sporadically in the literature. She had no previous allergy to vicryl and ectopic sutures on the forearm failed to elicit a similar tissue reaction. She underwent serial wound irrigation and a course of empirical intravenous antibiotics. The eyelid scarring resulted in ectropion required further corrective revision surgery.

Tissue reaction to vicryl has been observed in ocular surgery previously. Currently there are no reports of vicryl tissue reaction following blepharoplasty in the available literature, despite similar anecdotal descriptions.

10 The Combined Benefits of Facial Fat Grafting to Fill Out the Face and CO₂ Fractional Laser Treatment to Tighten the Skin

Presenter: Alexandre Nunes - Head Blanco Clinic
Institution: Blanco Day Clinic

Introduction

Applying a CO₂ laser improves skin quality, reduced wrinkles, and tightened skin. Fat grafting has become the flavor of the month among plastic surgeons, thanks to improved techniques that allow for greater survival of the grafted fat.

Method

The technique was used on patients coming from private practice. The choice of the depth of laser ablation microcolumns will be proportionately more aggressive, as wrinkles and skin aging are greater. The fractional

CO₂ Laser which was used incorporates radiofrequency to significantly reduces post-laser swelling. Filler - the use of microcannula for fat grafting, through the current technique of microcompartments.

Review

Multiple parameters offered by the current laser model allow, as the user gains experience. Fat grafting already has one of the greatest tools for reshaping the facial form, filling the naso-jugal groove, nasolabial folds, the jaw line and chin and especially the orbital depression.

Conclusion

Over the course of three years' use, the author can conclude that the fractional CO₂ laser is a safe laser, promoting rapid recovery and allowing skin restoration that is plainly visible, so that when recommended ahead of fat grafting, it brings a rejuvenating increase beyond that which would be expected for facial plastic surgery in isolation.

11 Immediate Nipple Reconstruction in Combination with Implant Reconstruction Using Dermal Sling

Presenter: Cynthia Tsang - Plastic Surgery Registrar
Co-Authors: Mr J Hardwicke
Ms J Skillman
Institution: University Hospital of Coventry & Warwickshire

The inferior de-epithelialized dermal flap with implant is increasingly used for immediate breast reconstruction. We have adapted the technique to provide concurrent immediate nipple reconstruction by recruiting the triangle of skin above the excised nipple as a modified C-V flap. The safety and efficacy of this technique has been assessed in 15 patients, of which eight were bilateral and seven were unilateral cases. All women retained their implants and nipple projection. One patient had a partial nipple flap necrosis. We suggest that this is a safe, reliable and original technique for immediate nipple reconstruction in patients undergoing immediate breast reconstruction with an inferior dermal sling and implant. Women treated have expressed particular comments that they have felt 'complete' and adjusted to their new reconstructed breasts more easily than they felt they would have done without concurrent immediate nipple reconstructions.

12 Rejuvenation Of Nasolabial Fold Using Triple Combination Therapy With Ha Filler, Botulinum Toxin A And Thread Lift: Early Results

Presenter: Hyung Suk Moon - Director
 Co-Authors: Dr J Lee
 Dr S Song
 Dr B Ahn
 Dr C Hwang Bo
 Dr Y Cho
 Dr T Park
 Institution: Secret Plastic Surgery Clinic

Purpose

The surgical intervention has been the standard for correction of prominent nasolabial folds, it may have possible peri-operative complications. Therefore, the minimally invasive rejuvenation is becoming increasingly prevalent.

Methods and materials

A retrospective review was performed from October, 2014 to November, 2015. A total of 53 patients were treated. The appropriate vector of the thread was marked. Two absorbable face-lift sutures (VOVline, BISTOOL Inc., Seoul, Korea) were inserted through the sub-SMAS plane from deep temporal fascia to nasolabial folds. Depression was treated with Restylane® (Q-Med AB, Uppsala, Sweden). Mean volume for correction was 0.8 cc/side. Botox® from a 100 IU vial was reconstituted with 2 cc of normal saline. 1 IU of toxin was injected into each levator labii superioris alaque nasi muscle. Patients were evaluated every 4 weeks for 12 weeks.

Results

All patients were satisfied. Consensus ratings by two independent plastic surgeons found that objective outcomes were divided among “excellent,” “good,” and “fair.” Only 7 of the patients had slight asymmetry that was easily corrected. Minor complication included small ecchymosis(10%) and, transient erythema(15%). Improvement persisted in most patients with follow-up of 12 weeks.

Conclusions

When correcting mild to a modest degree of nasolabial folds, our technique is simple, safe and effective.

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13 A 3-Year Experience of Breast Asymmetry Correction with Sunken Chest Using Anatomical Implants in An Asian Ethnic Group

Presenter: Hyung Suk Moon - Director
Co-Authors: Dr J Lee
Dr S Song
Dr Y Cho
Dr B Ahn
Dr C Hwang Bo
Dr T Park
Institution: Secret Plastic Surgery Clinic

Purpose

There is no reports to choose implants on asymmetric breasts for Asians. This study describes to select the anatomical implant effectively for the Asian who have breast asymmetry with sunken chest.

Methods and materials

A retrospective review was performed from April 2012 and March 2015. 38 patients were treated. Objective asymmetry defined by bra size showed a difference of two bra cup size being most frequent. The endoscopic transaxillary type 1 dual-plane approach was used. The projection was the primary variable, considering the tightness of Asian skin envelope. Next, volume and base diameter, implant height is also considered according to body proportion. The difference in the vertical level of nipple areolar complex or Inframammary fold was corrected to within 5 mm with the prior goal of adjusting the level of IMF same.

Results

The follow-up period varied from 6 months to 2 years. The mean BMI of patients is 18.09 kg/m². Natrelle 410 TruForm 2 (Allergan, Irvine, CA, USA) was used. The mean volume was 265 g. The mean increase of projection and volume are 1.02 cm, 69 g, respectively. All but three patients were satisfied with the results. No complications were encountered.

Conclusions

Our protocol resulted in excellent outcome in an Asian ethnic group.

14 Intravenous Multinutrient Therapy: All in Vain?

Presenter: Reza Nassab - Consultant Plastic Surgeon
Co-Authors: Mr A Harb
Mr K Kok
Mr A Soueid
Institution: Skin and Follicle

Introduction

The use of intravenous multinutrient therapy has become increasingly popular with widespread celebrity endorsement. The aim of this study was to evaluate the availability of this treatment and evidence supporting its use.

Methods

A search was performed using the term 'iv therapy London' and the first 50 sites were evaluated. A Pubmed search was also conducted.

Results

The results revealed 21 sites offering the procedure. Only 5 (24%) mentioned a doctor administered the treatment. There were only 2 sites (9.5%) that highlighted potential side effects of treatment. There were 10 hits that were news stories relating to the use of iv therapy. The majority of these were promotional and produced by a specific provider or clinic. There were some case reviews from journalists that had mixed results from treatment. The Pubmed literature review failed to show any high level evidence for the use of iv therapy.

Discussion

The administration of iv medication or nutrients should be a regulated procedure. There is little evidence to support the benefits of such treatment in the medical literature. More research is needed in this area to evaluate the use of iv therapy.

15 Two Stage Rhinoplasty For the Large Nose

Presenter: Reza Nassab - Consultant Plastic Surgeon
Co-Authors: Mr B Matti
Institution: Weymouth Street Hospital
1st Submitted Bergamo Rhinoplasty Course March 2016

The large nose poses a challenging problem when undertaking rhinoplasty. There is a high rate of pollybeak deformity, revisional surgery and dissatisfaction. There can also be patient uncertainty about the amount of reduction. We describe a graduated or 2 stage approach to rhinoplasty for the large nose.

The first stage of the procedure involves an overall volume reduction of the nose. Pretreatment with Retin-A may help in patients with sebaceous skin. This provides patients with an idea of the amount of reduction and adjustment to their new nose. Some patients will be happy with this result whilst others will seek further reduction.

The second stage performed after 12 months allows further reduction and refinement.

This 2 stage approach is useful in patients with a large nose. It may help avoid pollybeak deformity, dissatisfaction and allow for adjustment of the new nose.

16 Improving Follicular Transection Rate: Evidence-Based Comparison Between Manual, Assisted and Robotic Follicular Unit Extraction (FUE) Techniques

Presenter: Kenneth Kok - Consultant Plastic Surgeon
Co-Authors: Mr A Harb
Mr R Nassab
Mr A Soueid
Institution: Skin and Follicle

Introduction

Hair restoration surgery has two main techniques for harvesting hair, FUT (follicular Unit Transplantation) or FUE. There have been many advances in FUE techniques.

Methods

We compared the published evidence for all techniques and analysed their data.

Results

There is in fact little published evidence that directly compares all the techniques. There is evidence to suggest that even though experience plays a considerable factor in the success of the harvesting, fatigue diminishes accuracy. Assisted techniques makes harvesting quicker but does not overcome the human factors of failure. Robotic techniques provide a more accurate method, but we highlight its limitations.

Conclusion

There are increasing methods for FUE extractions. Each method has its benefits and limitations. More research in this field is required to ensure optimal outcomes.

17 Impact of Social Media On Aesthetic Perceptions in Patients

Presenter: Ali Soueid - Microsurgery Fellow
Co-Authors: Mr A Harb
Mr K Kok
Mr R Nassab
Institution: Skin and Follicle

Introduction

Social media and the shared photographs of patients, including close up photographs and “selfies” has changed how some people see themselves and has driven some towards aesthetic procedures they wouldn't have considered otherwise.

Methods

We analysed the published literature and conducted a survey of patients to describe the impact of social media on their choices of aesthetic treatments.

Results

Social media use influences the decisions and contributes towards the timing and choice of aesthetic treatments undergone by patients. Facial aesthetic procedures have increased in number of the past years. This is partly attributed to social media usage. A survey of 30 patients draws comparison with the published literature.

Conclusion

Social media influences timing and choice of aesthetic surgery procedures.

18 1.5cm Temporal incision to Complete Midface & Brow Lift without Endoscopy

Presenter: Alexandre Nunes - Head Blanco Clinic
Institution: Head Blanco Clinic

1.5cm temporal incision to complete Midface & Brow Lift without endoscopy

Introduction & objective

Plastic surgery is only truly successful if the result appears natural. Vertical facial elevations follow this philosophy. The midface technique is prevalent and the typical access route is via the eyelid. Video surgery facilitates the technique with a smaller incision on the scalp. The author will demonstrate non-endoscopic midface facial lifting through the same incision.

Method

Through a 1.5cm temporal incision, using a detacher, sub-periosteal detachment in superior & lower orbital regions is performed, then malar & zygomatic-malar detachment. Infraorbital nerve insertion is preserved. Suture with a “Casa Grande needles is threaded at the lower middle region and fixed in the temporal region, one or two threads for each hemi-face. Threads are fixed to the eyebrow & scalp, to perform the browlift. The middle & upper third are addressed simultaneously.

Results

Facial elevation was achieved and expressivity preserved. No patient faced the stigma of having facial operation. Surgery duration is minimal, due to reduced incisions & time for skin closure.

Comments

There is a learning curve to perform detachment without damaging the “danger zones” & infraorbital nerve.

Conclusion

The benefit of detachment without large incisions was achieved and is justified by repositioning of tissue with threads fixed in a vertically elevating position, providing natural results.



Speaker Biographies

Dr Teresa Bernabeu



CCT in Plastic Surgery, Ministry of Education, Spain (1987-1992)
Spanish state Medical University, Alicante (1977-1983)
Present post:

Consultant Plastic Surgeon. Vithas Medimar Hospital (Alicante. Spain)
Private practice (from 1998 to present)

With special interest in body lifts after massive weight loss, breast surgery and Cosmetic surgery.
Consultant Plastic Surgeon-Burn Unit And Plastic Surgery Department, General Hospital, Alicante. Spain (From 1994). Tenured Since 2005. On Unpaid Leave Since December 2007.
Editor of European Aesthetic Plastic Surgery Journal (magazine of the Spanish Association of Aesthetic and Plastic Surgery (AECEP)) From 2013 to present
This journal is published twice a year. Each issue consists of different sections and good scientific articles, where we can collect all of the latest developments in aesthetic surgery, communicate our findings and share our experiences.

Doctor Frederic Braccini



He practices in Nice, France ("L'Artistique", Medical Healthcare). He graduated at the Faculty of Medicine, University of Marseille (Senior intern, hospital assistant and clinical head physician).

He was associate surgeon to the American Hospital of Paris (2009-2011) and works in private activity in Nice since 2001.

Affiliated to the french medical council since 1998

Affiliated to the general medical council (UK) in 2014 and Switzerland Medical Council since 2015

He is an international expert in surgery and medicine aesthetic fields.

Numerous Teaching French Inter University diplomas (Paris, Nice, Lyon...)

Numerous private teaching course in Europe. He performs a lot of conferences all over the world (USA; Boston Harvard University, New York; India New Delhi, EAU Dubai ; South Africa Cap town; North Africa, Marrakech, Casablanca, Europe; France, Monaco, Italy; Bergamo, Milano, Napoli, Roma; Spain Barcelona, Sitges; Portugal Lisboa, Porto; Poland Varsovie Russia Moscow, Saint Petersburg; Switzerland, Geneva, UK, Coventry, Warwick...)

Current President of the Advanced Medical and Surgical Aesthetic Society (SAMCEP), Secretary for the French Society of Facial Plastic Surgery, he is also member of the European Academy of Facial Plastic Surgery and, the Rhinoplasty Society of Europe.

Since 2014, he joined the American Society of Plastic surgeons.

He organized a lot of congress and published many scientific studies and books on facial plastic surgery and aesthetic medicine.

He is the scientific co-director of Face2face congress, the Face Aesthetics Masterclass and the Nice Rhinoplasty course.

Francisco G Bravo MD, PhD



Dr. Bravo became a member of the Royal College of Physicians of Madrid in 1996, undertaking his plastic surgery training both in across Madrid, Barcelona, Paris, London, New York and Rome.

After completing a Clinical Microsurgery Fellowship at the renowned New York University Medical Center's Institute of Reconstructive Plastic Surgery, Dr. Bravo returned to Europe as Consultant Plastic Surgeon at the Erasmus Medical Center in Rotterdam.

He later settled in Madrid to become Program Director of Plastic Surgery at one of the largest surgical centers in Spain, the Doce de Octubre University Hospital, where he also served as Associate Professor of Surgery at the Complutense University Medical School. He now has shifted focus to his private practice after recently opening his clinic with an integrated operating suite in central Madrid.

Dr. Bravo is an active member of both the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons; and has served in the Executive Committee of both the Spanish Society of Plastic and Reconstructive Surgery and the Spanish Society of Aesthetic Plastic Surgery.

Julius Few, MD



Dr. Few is the architect of the Continuum of Beauty™, a life-long aesthetic approach to achieving natural-looking results by strategically blending cutting-edge surgical and nonsurgical treatments. A proponent of preserving individuality and enhancing nature through surgery and treatments, he believes that outcomes should be patient driven and result in natural-looking enhancements.

Dr. Few can be seen across leading media channels including CBS News, ABC News, 20/20, Good Morning America, CNN, NBC News, The New York Times, The Wall Street Journal, Crain's Business, Health Magazine, The Chicago Sun Times, The Chicago Tribune, WEB MD, Washingtonian Magazine, weighing in on topics ranging from injectables and less invasive cosmetic procedures to scarring and ethnic skin. Dr. Few has also been sourced to advise on possible plastic surgery used to change the appearances of notable figures such as Saddam Hussein and Osama Bin Laden.

Dr. Few received his medical degree from the University Of Chicago Pritzker School Of Medicine and completed his residency in general surgery at the University of Michigan

Medical Center, followed by plastic surgery training at Northwestern University. In addition, Dr. Few received special facial and eye cosmetic training in Honolulu, New York and Atlanta.

Dr. Few serves as a Clinical Professor for the Division of Plastic Surgery at the University of Chicago and Director of the Cosmetic Rotation. He is on staff at Northwestern University, where he is a Health Systems Clinician. In addition, he is a past president of the Illinois Society of Plastic Surgeons.

Dr Olivier Gerbault, Plastic Surgeon



Olivier Gerbault is a board certified plastic surgeon in a solo private practice in Paris, France. He's specialized in rhinoplasty since 2000 and wrote articles and a book with Gilbert Aiach with whom he has been working for many years. He wrote articles in scientific journals and books on rhinoplasty, especially on innovative techniques in rhinoplasty.

The main articles were written with his mentor, Rollin K Daniel. He has developed in 2013 a new instrumentation to ease and control bone surgery in rhinoplasty, and won distinctions in Europe and USA for this work on piezo surgery applied to rhinoplasty. Olivier Gerbault is a board member of the Rhinoplasty Society and the Rhinoplasty Society of Europe, but also active member of the ASAPS, ISAPS, and of the two French societies of plastic and aesthetic surgery. He coordinates also the IMCAS surgical program in Paris since 2008. He has been nominated visiting professor of the ISAPS in 2013. Olivier Gerbault is the co-organizer of the IMRhiS meeting with Jeffrey Marcus, in name of the two main rhinoplasty societies: the Rhinoplasty Society and the Rhinoplasty Society of Europe.

Ibrahim Devrim Gürsoy



He was born in Istanbul at 04/04/1976. In 1994, he started medical faculty education, Uludag University School of Medicine and graduated in 2000. Gazi University Faculty of Medicine, PhD at Medical Pharmacology 2006 – 2014. Medical Aesthetic Practice Prime SHCEK institutions in medicine between 2001-2009. In the field of medical aesthetics before is one of the founders of Light Beauty Centre. He has also worked at International Ankara Hospital Cosmetic Acupuncture unit.

Memberships;
President of MESTDER. Turkish Medical Aesthetic Doctors Assosiation. German Society of Mesotherapy, Aesthetic Medical Association, Ankara Association of Acupuncture and Complementary Medicine, Medical Hypnosis Association, Association of Medical Aesthetic, Anti-Aging and Aesthetic Medicine Association.

Dr Moustapha Hamdi, MD, PhD



Professor and Chairman of Plastic and Reconstructive Surgery Department, Brussels University Hospital, Brussels, Belgium.

Moustapha Hamdi was born in Syria. He was graduated from medical school of Damascus University. He did his training in general and plastic surgery in Brussels, Glasgow and Atlanta. He had worked as professor in Gent University for 10 years.

Currently, he is the head of department of plastic and reconstructive surgery in free university of Brussels. He is also a consultant in Edith Cavell Medical Institute.

Prof. Hamdi is an international speaker and organizer of many meetings and courses in breast surgery. His major expertise is breast reconstruction mainly with perforator flaps, however, he has also contributed to many chapters of aesthetic breast surgery.

He is not only President elect of the Royal Belgian Society for Plastic Surgery (RBSPS) and a member of the Belgian Board of Plastic Surgery but he is an expert member of the high council of Ministry of health in Belgium. He is also active within the scientific committee of the European Society of Plastic Surgeons (EURAPS); in addition, he is an honorary member in Australian, Colombian and Syrian societies and a member of the British (BAPS), International (ISAPS), American (ASPS and ASRM) and the World Society of Microsurgery (WSRM) societies.

Mr Foued Hamza



Dr Hamza has been practising cosmetic surgery for over 20 years. He studied medicine in Tunisia and then moved to Paris to specialise in cosmetic surgery at renowned establishments including Foch, Henri-Mondor and Saint-Louis Hospitals.

He specialises in body contouring procedures including buttock enhancement, liposuction and breast surgery, and he has developed new

techniques for improving the safety and care of his patients. He is a member of the SOFCEP, the SOFCPRE and the ISAPS, he is invited to speak regularly at global seminars about the latest industry advancements, participates in clinical studies and trains new surgeons in his signature techniques.



Marcus Haycock



Marcus is a successful and creative Business Consultant with over 14 years' experience working within the private surgical and non-surgical market. He consistently delivers a wide range of operational and strategic projects to independent aesthetic practices.

The projects range from improving clinic efficiency, profitability, strategic/marketing planning, staff management, financial analysis, and website development. He has a Business Studies Degree from Plymouth University and is a part qualified Management Accountant. He has written business articles and is a podium speaker at national conferences. He has held a variety of commercial roles within sales, marketing, national account management, coaching, training and management.

Mr Alex Karidis MD FRCS



Mr Alex Karidis is a highly respected and accredited cosmetic surgeon in the UK, running his own successful, private practice specialising in Cosmetic Surgery since 1997. Over the years and having performed countless surgical procedures, Mr Alex Karidis is dedicated to perfecting his techniques to deliver the highest standards of efficacy and patient satisfaction.

A huge part of his success as a cosmetic surgeon is due to listening and understanding what the patient wants whilst offering his honest advice and professional expertise. "It is our duty to be able to offer cosmetic surgery which is effective, safe and ultimately gives a natural result" - Mr Alex Karidis MD FRCS.

Mr Niall Kirkpatrick BDS MBBS MD FRCS FRCS(Plast)

Consultant Craniofacial Plastic Surgeon



Niall Kirkpatrick qualified in both Medicine and Dentistry from Guy's Hospital. Niall became a fellow of the Royal College of Surgeons and was awarded the degree of Doctor of Medicine from the University of London.

He is a Consultant Plastic surgeon and head of the Craniofacial Unit at Chelsea and Westminster Hospital. He is Honorary Clinical Senior Lecturer at Imperial College, London. He is also Honorary Consultant at Guy's and St Thomas' Hospital where he is a member of the national complex Neurofibromatosis-1 multidisciplinary unit. Niall was previously Consultant Plastic Surgeon at both the Royal Marsden Hospital and Charing Cross Hospital where he was a member of the Head and Neck Cancer Units. He is a past President of the Royal Society of Medicine Plastic Surgery Section. Niall is a core member of the North West London

specialist multidisciplinary team for the management of skin cancers. He is also an examiner for the Intercollegiate Board in Plastic Surgery. Niall is a Trustee, the Chairman and Medical Director of "Facing The World", an international children's charity providing Craniofacial surgery to children worldwide.

Patrick Mallucci



Patrick Mallucci graduated in 1989 from medical school to embark upon his surgical training. In 1993 he became a fellow of the Royal College of Surgeons of England. Having completed his general surgery he undertook his training in Plastic Surgery both in the UK and abroad, London, Oxford, Stoke Mandeville, Australia and Paris.

In 1996 he was awarded the higher post graduate degree of Doctorate in Medicine (MD) having spent two years at University College London developing the concept of scarless wound healing. He was awarded the Fellowship of the Royal College of Surgeons in Plastic Surgery, FRCS(Plast) in 1998.

Mr Mallucci is entered into the GMC Specialist Register for Plastic Surgery. He is a full member of the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) and the British Association of Aesthetic Plastic Surgeons (BAAPS). He is currently a Consultant Plastic Surgeon at The Royal Free and University College London Hospitals.

His Private practice is based at The Cadogan Clinic in Chelsea. Mr Mallucci has published comprehensively within the Plastic Surgery Literature throughout his career and presents his work internationally at Plastic Surgery Conferences and is most recently renowned for his extensive research into "The Perfect Breast" a paper that has been published worldwide. He is actively involved in teaching both at undergraduate and postgraduate level. He has also been highly involved with the media through BBC documentaries, news items and chat shows.

His broad training and international fellowships have enabled him to develop special interests within the broad field of Plastic Surgery – his specialist interests of aesthetic surgery include: breast and body contour as well as an interest in breast reconstruction.

Timothy Marten, MD, FACS



MTimothy Marten is a Diplomate of the American Board of Plastic Surgery and Founder and Director of the Marten Clinic of Plastic Surgery in San Francisco, California. He is an internationally recognized expert on surgery to improve and rejuvenate the face, and is a sought after teacher, speaker, lecturer and instructor in plastic surgery techniques.

He has received numerous professional, scientific and academic awards for his contributions to aesthetic surgery and he has published over twenty textbook chapters in addition to numerous scientific articles on facelift surgery and related topics.

Mr Matti



Mr Matti is a Senior Consultant Plastic Surgeon who practices in Harley Street, London. He is a full member of BAAPS as well as BAPS and also the Ex-Secretary of ISAPS. His main interest is facelift, rhinoplasty, breast surgery and liposuction. He has performed more than 3000 facelifts and over 2500 rhinoplasties, both primary and secondary.

His vast experience extends to difficult noses, as well as difficult faces, breast augmentation and abdominoplasty's. He is a well-known teacher for aesthetic and cosmetic plastic surgery, both in the UK and abroad. He is a frequent contributor to the meetings in the UK, BAAPS and BAPS for the last fifteen years. He is also a frequent contributor to the meetings abroad in Miami, New York, Chicago, Italy and Dallas for over 20 years. He has published and presented extensively in both the UK and abroad and he is a very keen teacher in the field of aesthetic plastic surgery.

Douglas McGeorge



Douglas McGeorge is the senior Plastic Surgeon at the Grosvenor Nuffield Hospital, Chester.

He was responsible for establishing the new plastic surgery department, at the Countess of Chester Hospital, before leaving in 2003 to continue his own practice.

Experienced in all aspects of aesthetic and reconstructive surgery, he specialises in cosmetic breast surgery and facial rejuvenation.

Although independent, he continues to teach aesthetic surgery and is active in maintaining standards at a national level. He is on the Council of BAAPS and was President between 2006-8.

He founded Science of Skin, marketing specialist scar and skin products based on scientific research.

Mr Ash Mosahebi MBBS FRCS FRCS(Plast) PhD MBA DABRM



His specialist interest is congenital, cosmetic & reconstructive breast surgery. He is also an active member of the regional skin cancer network. In addition to his specialist area, Ash has expertise in all aspects of cosmetic & laser surgery as well as non-surgical rejuvenation. Ash also deals with complex soft tissue reconstruction following accident or cancer surgery.

He is a Consultant Plastic Surgeon & Clinical Lead at Royal Free Hospital & Honorary Senior lecturer at University College London.

Mr Mosahebi qualified at Guy's & St Thomas Medical school in London. His Plastic surgical training was in London Deanery in some of the largest & busiest hospitals in UK. He has had further specialist training in reconstructive & aesthetic surgery

in New York & Belgium. He is a Consultant & Honorary senior lecturer at Royal Free Hospital, University College Medical School, London. He is an author a number of publications & has lectured extensively worldwide. He is involved in pioneering research work on regenerating new tissues through new biomaterials & tissue engineering. He is on editorial board of Aesthetic surgery Journal, council member of BAAPS, President of Royal Society of Medicine (plastic surgery section), on United Kingdom specialist advisory committee for plastic surgery.

He is also on advisory panel for Health education England regulation on non-invasive aesthetic treatments.

Annemarie O'Connor -



Annemarie O'Connor is the Direct and Specialist Clinical Psychologist at the Body Image Clinic.

Mr Charles Nduka



Charles Nduka studied at Oxford and Imperial College and became a Consultant Plastic Surgeon in October 2005 at Queen Victoria Hospital (QVH). Mr Nduka is also Honorary Senior Lecturer at Imperial College. Mr Nduka developed the multi-disciplinary facial palsy service at QVH in 2007 with colleagues in physiotherapy, speech and language therapy, maxillo-facial surgery, oculoplastic surgery, and psychological therapy.

In 2012 he co-founded the charity Facial Palsy UK. He maintains an active research interest particularly in surgical technology, assessment of facial expressions and the management of synkinesis. He maintains an active research programme having been funded by the Wellcome Trust, the Technology Strategy Board, Innovate UK and the National Institute for Health Research (NIHR).



Marc Pacifico MD FRCS(Plast)



Marc Pacifico has been described as one of his generation's rising stars in plastic surgery. His academic, surgical and practice achievements include, amongst others, coming top in the UK's consultant level plastic surgery examinations (being awarded the Gold Medal), the publication of over 50 international peer-reviewed papers, being a regular invited speaker at conferences and the opening of a private clinic, Purity Bridge, alongside his busy NHS and private surgical practices.

Marc Pacifico is a fully accredited specialist in plastic surgery, and is on the Specialist Register in Plastic Surgery with the GMC. He sits on the Council of the BAAPS and is a member of BAPRAS and ISAPS.

Caroline Payne



I obtained a First class BSc(Hons) degree in Genetics, with a medical degree at St Thomas's and Guys hospitals and a Masters degree at UCL. My Two fellowships specialized in Breast Reconstruction and in cosmetic surgery. I am currently Head of Plastic Surgery and Clinical Lead in Breast reconstruction at St Bartholomew's and Royal London Hospitals, with my specialist area in breast free flap reconstruction and post-radiation breast asymmetry.

Cosmetically I perform mostly breast procedures and body sculpting and corrective surgery after massive weight-loss. I have peer-reviewed publications, co-authored book chapters and been invited to lecture at national and international meetings on a variety of topics in aesthetic and plastic surgery. Out of work I enjoy taking part in Cycle races and last year climbing to the top of Kilimanjaro at 5895metres. This was a wonderful experience.

Dr Jose Maria Serra Renom



Founder and Head of the Department of Aesthetic Plastic Surgery at the University of Navarre Clinic. Professor of Aesthetic and Plastic Surgery at the University of Navarre. President and Chairman of the Spanish Society of Aesthetic, Plastic and Reconstructive Surgery (1997-1998).

First President and Chairman of the Educational Foundation of Spanish Society of Aesthetic, Plastic and Reconstructive Surgery (the SECPRE Foundation).

Corresponding member of the American Society of Aesthetic Plastic Surgery.

Founder of the Aesthetic Surgery section at SECPRE (SSAPRS).

Ricardo Cavalcanti Ribiero, MD, PhD

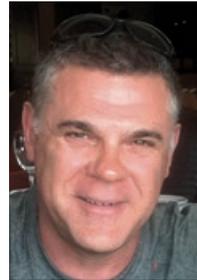


RICARDO RIBEIRO is Board Certified in Plastic Surgery by the Brazilian Board of Plastic Surgery. He finished his residence in Rio de Janeiro and fellowship in Microsurgery in Medical College of Georgia and Reconstructive Surgery at University of Utah.

Director and Full Professor of Plastic Surgery of Instituto Carlos Chagas, Head of Plastic and Reconstructive Division of Casa de Portugal. He has been participating in the most important meetings of Plastic Surgery around the world as an invited speaker and wrote 8 books, 30 books chapters and more than 70 scientific papers.

He is Full Member of Brazilian Society Plastic Surgeons SBCP, Corresponding Member of American Society of Plastic and Reconstructive Surgeons APRS, International Member of American Society of Aesthetic Plastic Surgeons ASAPS, International Society of Aesthetic Plastic Surgeons, ISAPS.

Mark Soldin



After qualifying as a Plastic Surgeon in South Africa 1998, Mark fine-tuned his reconstructive and cosmetic surgical skills working in a number of units in the United Kingdom. During this period he benefited from the knowledge and expertise of many internationally recognised surgeons.

He has been an NHS Consultant working at St Georges and Kingston Hospitals South London since then. He works in close collaboration with many colleagues and it was this collaboration with the busy Bariatric team at St Georges that helped develop his interest in Body Contouring surgery.

Over the last decade Mr Soldin has been very involved with Massive Weight Loss (MWL) body contouring. He chairs the BAPRAS SIG on MWL contouring and also the committee that formulated the National NICE accredited commissioning guidance published in 2014. He has been invited to lecture and demonstrate surgical techniques nationally and internationally. His publications on this topic span the spectrum from innovative techniques to quality of life measurement after surgery.

Mrs. Sabrina Shah-Desai



Mrs. Sabrina Shah-Desai is a leading Consultant Ophthalmic Plastic Reconstructive Surgeon, internationally recognized for her expertise in treating various eye health and cosmetic concerns, from reconstructive and rehabilitative surgery to aesthetic anti ageing treatments, using the latest devices and advanced innovative technology.

Combining the micro-precision of eye surgery, with the aesthetic concepts of facial plastic

surgery, Mrs. Shah-Desai is the 'go-to' expert for patients seeking natural looking bespoke surgical & non- surgical peri-orbital rejuvenation, scar-less eyelid surgery (ptosis & blepharoplasty) and revision cosmetic eyelid surgery. Mrs. Shah-Desai has developed 'Eye-Boost' - an innovative new treatment for bespoke tear trough rejuvenation. Mrs. Shah-Desai runs private practices in London, Brentwood & Barnet.

Ms Tingy Simoes, Managing Director, Wavelength



Tingy's career in healthcare Public Relations and specifically surgery spans close to 20 years. Her agency Wavelength Marketing Communications (www.wavelengthgroup.com) has represented some of the most wellknown entities in the sector, including the British Association of Aesthetic Plastic Surgeons (BAAPS), Britain's oldest surgical Royal College (comprising 23,000 surgeons across 10 specialties) and a wide number of international medical charities and businesses.

Tingy won an award for "Crisis Communications" for her handling of the PIP implant scandal, and was also commissioned to write the first-ever Public Relations manual for surgeons: "How to Cut it in the Media".

Mr Jan Stanek, FRCS



Jan Stanek qualified at Oxford in 1972 and completed his medical studies at the Radcliffe Infirmary. He obtained the FRCS in 1980 and left the NHS in 1984 to pursue a career in Cosmetic Surgery in private practice.

Since 1998 he has been involved in teaching at Brno University in the Czech republic as Visiting Professor. He continues to teach and lectures on various subjects

in the UK and abroad. He has authored numerous papers on the subject of cosmetic surgery , as well as several books, home and abroad.

His main interest is facial rejuvenation and facial endoscopy.

Mr Patrick Lambert Tonnard



Medical Degree, University of Gent(cum laude)

87-'90: Residence General Surgery, University of Gent (Pr Fritz Derom)

90-'93: Residence Plastic Surgery, University of Gent (Pr Guido Matton).

93-'94: International fellowships in plastic-, reconstructive- and craniofacial surgery at Univ of Bordeaux, France (J Baudet), Hosp Gea Gonzalez, Mexico City, Mexico (F.O.

Monasterio), Vanderbilt Univ, Tennessee, USA (P. Maxwell), Univ of Chicago St. Joseph hospital, Chicago, USA (G. Burgett).

1994-2006: Clinical professor, rhinoplastic surgery, Gent University Hospital

1994- present: Consultant Plastic Surgeon, St. Luke Hospital, Gent

1997: Founder and co-director of the private clinic Coupure Center for Plastic Surgery

2007: Founder and co-director of Esthetic Medical Center II (E:MC2), St.-Martens-Latem

Member of The Royal Belgian Society of Plastic Surgery (RBSPS), The Belgian Association for Burn Injuries, International Consortium of Aesthetic Plastic Surgeons (ICAPS), Royal Belgian Society of Surgery, Collegium Chirurgicum Plasticum (CCP), International Society of Aesthetic Plastic Surgeons (ISAPS), European Association of Plastic Surgeons (EURAPS), American Society of Aesthetic Plastic Surgeons (ASAPS), European Board of Plastic Surgeons (EBOPRAS).

Author of 36 Scientific papers in A1 and A2 peer reviewed international publications, four books and five chapters in international scientific books on facelift and fat grafting. More than 300 scientific paper presentations, invited lectures and courses on national and international meetings and courses.

Co-founder of the humanitarian mission organization "See & Smile"(www.seeandsmile.com)

Sean Woodcock MBBS MS FRCS



I qualified from St Bartholomew's Hospital in 1991, SpR in Manchester, research fellow at Harvard and a senior registrar at the Flinders Medical Centre, Adelaide before taking up my post as a consultant Upper GI and bariatric surgery in Northumberland. I am a council member for the ALSGBI and an ex council member of BOMSS. I have helped organise national bariatric meetings and numerous teaching events in laparoscopic and bariatric surgery. I recently commissioned as an officer in the RAMC. I am happily married with 3 children and love the great outdoors.



Trainee Programme

“The BAAPS is committed to supporting young surgeons in their aesthetic training. We encourage and wholeheartedly welcome trainees to a session that is designed specifically for them. It aims to provide practical talks by experts on how to perform common procedures and manage difficult situations in a cosmetic practice.”

Chair - Mary O'Brien

- 2.00 - 2.20 **Patients to Avoid**
Richard Price
- 2.30 - 2.50 **How I do a Mastopexy**
Marc Pacifico
- 3.00 - 3.20 **How I do a Breast Augmentation**
Caroline Payne
- 3.30 - 3.45 TEA
- 3.45 - 4.05 **How I assess a face for non surgical treatments**
Charles Nduka
- 4.15 - 4.45 **How to say no to a patient**
Richard Price
- 4.45 - 5.00 DISCUSSION
- 5.00 END

BAAPS Annual Members' Dinner

In the heart of London's Westminster lies a building steeped in history and grandeur – One Great George Street, this exquisite venue is the home of this year's BAAPS Annual Members' Dinner.

The building, designed by James Miller, is the headquarters of the Institution of Civil Engineers (ICE), the world's first professional engineering body.

Beginning with a champagne reception, your world-class, three-course dinner with entertainment will be a wonderful way to spend an evening taking in London with your fellow BAAPS Members and friends.

Start time is 20:00 and dress code is lounge suits/cocktail dress.

Should you need any further information, please contact 02074301840 or see us at the BAAPS Desk by the entrance to the Pillar Hall.



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Athrodax Healthcare Ltd

Biotec Italia SRL

Blink Medical Ltd

Blow Media

Bontempi

Cadogan Clinic

Cairn Technology

ClearPoint Medical Inc.

Crawford Pharma

Crisalix

Eurosurgical Ltd

Finishing Touches Group

Fusion GT

G&G Biotechnology Ltd.

GC Aesthetics

Globe AMT Ltd

Groupe Sebbin

Halyard UK

HEALGEL

Ideal Medical Solutions

igeek Ltd

Independent Practitioner Today

Jobskin Ltd

Company

Lipoelastic

MED SHR

Mentor

MGB Insurance Brokers Limited

Minerva Research Labs

MPower

Optiloupe

Paragon International Insurance Brokers Ltd

Private Healthcare UK

Q Medical Technologies,

Receptura International Compounding Pharmacy

Recova Compression Garments

Sedation Solutions

SINNTECH Medical Pvt Ltd

Skinade

SkinGen International

STERIMEDIX LTD

Surface Imaging Solutions Limited

Surgeon Insure

SurgiSol Ltd

Triangle Surgical

Viviscal Professional

Wisepress Ltd

Yoga Model

York Medical Technologies Ltd

Exhibitor Contacts

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Advantech Surgical	Ben Sharples	ben@advantechsurgical.com
Athrodax Healthcare Ltd	Paul Wirth	paul.wirth@athrodax.co.uk
Biotec Italia SRL	Marta Bedin	export@biotecitalia.com
Blink Medical Ltd	Michelle Ferguson	michelle@blinkmedical.com
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Bontempi	GianMaria Vagnini	gianmaria@bmedsurgery.it
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Independent Practitioner Today	Margaret Floate	margifloate@btinternet.com
Jobskin Ltd	Michelle Wright	michelle.wright@jobskin.co.uk
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MED SHR	George Ulmann	george.ulmann@medshr.net
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MGB Insurance Brokers Limited	Dominic Leckie	dominic.leckie@mgbib.com
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MPower	Waqar Ahmed	waqar@mortgagepower.co.uk
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Private Healthcare UK	Sejal Vara	sejalvara@privatehealth.co.uk
Q Medical Technologies,	Douglas Black	douglas.black@qmedical.co.uk
Receptura International Compounding Pharmacy	Kristina Ganzle	kristina.gaenzle@receptura.de
Recova Compression Garments	Eva Sanchez	eva.sanchez@recovapostsurgery.com
Sedation Solutions	Katie Heffer	marketing@sedationsolutions.co.uk
SINNTECH Medical Pvt Ltd	Raza Iqbal	raza@sinntechmedical.com
Skinade	Piers Raper	piers@bottledscience.com
SkinGen International	David Bryant	davidb@skingeninternational.com
STERIMEDIX LTD	Richard Walker	richard@sterimedix.com
Surface Imaging Solutions Limited	Nicolas Miedzianowski-Sinclair	nms@surfaceimaging.co.uk
Surgeon Insure	Janine Revill	janinerevill@surgeoninsure.com
SurgiSol Ltd	Stephen Knobel	stephen@surgisol.com
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Viviscal Professional	Cherelle Augustus	cherelle.augustus@lifes2good.com
Wisepress Ltd	James Davie	james.davie@wisepress.com
Yoga Model	Fabia Adriana dos Santos	fabiasantos@yogamodel.co.uk
York Medical Technologies Ltd	Karl Douglas	karl.douglas@yorkmedicaltechnologies.co.uk



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- Gynecomastia

Facial

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- Facelifts
- Reshaping chins and cheeks
- Rhinoplasty (augmentation)
- Rhinoplasty (reduction)
- Setting back prominent ears

Body

- Abdominal reduction
- Aesthetic genital surgery
- Endoscopic plastic surgery
- Liposuction
- Scars and keloids
- Hair transplant surgery

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Notes

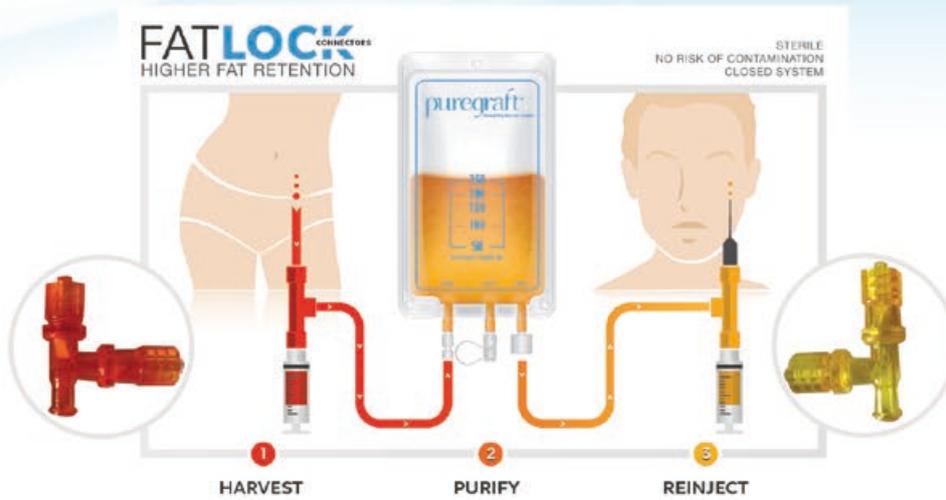


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1 TRIM



2 HYDRATE



3 LOAD



4 PROPEL

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GalaFLEX[®]

MESH

A *Bioresorbable
Surgical Scaffold*

Strength and Beauty. Inside and Out.



Biologically Derived

Produced by a safe and natural biological fermentation process, standard in pharmaceutical production



Monofilament

Designed to minimise risk of infection and encourage a healing response*



Strong

Provides a lattice for new tissue ingrowth and regeneration resulting in tissue 3-5x stronger than native tissue*



Bioresorbable

Naturally broken down to CO₂ and H₂O, with full bioresorption by 18-24 months*

* There are references for various data/research sources for these points

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