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2023

Conference Programme

28 & 29 September
IET London: Savoy Place

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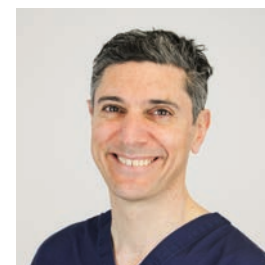


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The British Association of Aesthetic Plastic Surgeons Annual Conference 2023

Welcome



Marc Pacifico
BAAPS President
Consultant Plastic Surgeon

It gives me great pleasure to welcome you to the BAAPS Conference 2023. We have an incredible faculty from both abroad and from the UK to learn from, to debate with and to help challenge received wisdom in the field of aesthetic surgery and non-surgical approaches. I wanted to take this opportunity to say a big thank you to Nora Nugent, who has organised the conference and speakers, and to Meg and Jo in the BAAPS Office for not only their help with Nora for this conference, but for their continued hard work and help with all aspects of the Association.

I hope you enjoy the meeting, and hope you will be joining us for dinner at the Savoy on Thursday evening. Many thanks for coming to the Conference, and please hold the date for next year – September 26th and 27th 2024!



Nora Nugent
BAAPS Vice-President & Conference Lead
Consultant Plastic Surgeon

Dear Friends and Colleagues,

Welcome to BAAPS 2023! It is such a pleasure to welcome you to this year's conference at the IET London.

This year the conference focus is on 'Elevation'. We are showcasing innovation and advanced techniques across aesthetic facial plastic surgery and body contouring. Plastic surgery has always been at the forefront of innovation and the quest to improve, adapt and push forward to achieve more for our patients.

With this in mind, our programme is packed with fantastic lectures from innovators and leaders in the field of modern facial plastic surgery and body contouring. We extend a warm welcome to our international faculty – Dr Jerry O'Daniel (USA), Dr Mario Mendanha (Portugal), Dr Mindy Haws (USA), Dr Peter Rubin (USA), Dr Chia Chi Kao (USA), Dr Spero Theodorou (USA), Dr Michele Pascali (Italy) and Dr Wafaa Mradmi Alami-afilal (Morocco) and to our UK faculty – Prof Iain Whitaker, Mr Anthony MacQuillan and Mr Bill Townley.

Our Conference Dinner will be held at the wonderful and historical Savoy Hotel. Places can be booked via the BAAPS Office if you have not already done so. Thank you to Megan Lancaster-Smith and Jo Murphy who have worked tirelessly to ensure all aspects of the conference have come together seamlessly.

Thanks to our sponsors

INCISION



CPD Points:

28 September – 6 points
29 September – 6 points

The British Association of Aesthetic Plastic Surgeons Annual Conference 2023

02

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Council Members & Officers

Officers:	Elected Members:	Honorary Advisors:
Mr Marc Pacifico BAAPS President	Mr Naveen Cavale	Mr Rajiv Grover PR and Audit
Miss Nora Nugent BAAPS Vice President	Mr Alastair Platt	Prof Ash Mosahebi Research
Mr Stephen Hamilton BAAPS Honorary Treasurer	Mr Anthony MacQuillan	Mr Douglas McGeorge Indemnity
Mr Mark Ho-Asjoe BAAPS Honorary Secretary	Mr Patrick Mallucci	Mr Manaf Khatib Trainees
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Day 1: Thursday 28th September

08.30	AGM - BAAPS Members Only
09.00	REGISTRATION ALL DELEGATES
09.30	Opening address & welcome Marc Pacifico, President of the BAAPS
Body Contouring Surgery 01 Chairs: Mário Mendanha & Mindy Haws	
09.35	Safety combining and staging procedures in MWL surgery Peter Rubin
09.50	Can we offer aesthetic outcomes to obese patients? Wafaa Mradmi
10.05	DVT risk with body contouring including combination surgery & out of town patients Iain Whitaker
10.20	Panel discussion/Q & A
10.30	Hackett Memorial Prize Winner: Patient evaluation of Doxycycline sclerotherapy for the treatment of malar bags Kirsty Smith
10.40 Coffee break	
Body Contouring Surgery 02 Chairs: Peter Rubin & Rebecca Dunlop	
11.10	Aesthetic refinements to improve abdominoplasty results Anthony MacQuillan
11.25	Brachioplasty: precision excision Peter Rubin
11.40	Post weight loss mastopexy dermal suspension technique Peter Rubin
11.55	Use of radiofrequency in arm contouring; scarless brachioplasty Spero Theodorou
12.10	Panel discussion/Q & A
12.25	Rapid Fire: Preoperative optimisation for body contouring surgery (Joint session with nurse attendees) (All body contouring faculty) Chairs: Wafaa Mradmi & Mindy Haws
13.00 Lunch	

Aesthetic Facial Surgery 01 Chairs: Michele Pascali & Tariq Ahmed	
14.00	Customising sub-SMAS techniques for preservation facelifting Jerry O'Daniel
14.15	Ponytail lift/ponytail facelift: scarless beautification & global rejuvenation Chia Chi Kao
14.30	Functional facial nerve anatomy Anthony MacQuillan
14.45	Use of radio frequency in facial rejuvenation; treatment gap patient Spero Theodorou
15.00	Panel discussion/Q & A
15.20 Coffee break	
Aesthetic Facial Surgery 02 Chairs: Chia Chi Kao & Dan Saleh	
15.50	Reduction & augmentation – dual strategies for neck contouring surgery Bill Townley
16.05	Safe submandibular gland reduction Jerry O'Daniel
16.20	Neck rejuvenation: a gradual approach for an optimal cervico-facial angle definition Michele Pascali
16.35	Panel discussion/Q & A
16.45	Rapid Fire: Perioperative facelift management (Joint session with nurse attendees) (All facial faculty) Chairs: Jerry O'Daniel & Lucian Ion
17.30	Close of Day 1 Marc Pacifico, President of the BAAPS
19.00 Conference Dinner at the Savoy Hotel	

Day 2: Friday 29th September

08.30	REGISTRATION ALL DELEGATES
Aesthetic Facial Surgery 03 Chairs: Spero Theodorou & Sinclair Gore	
09.00	Brow fashioning not lifting: A new concept in periorbital rejuvenation Chia Chi Kao
09.15	Temporal lifting: how to optimize periorbital rejuvenation Michele Pascali
09.30	Marginal gains in face and neck rejuvenation Anthony MacQuillan
09.45	The gliding liplift: extending beyond the traditional bullhorn Jerry O'Daniel
10.00	Panel discussion/Q & A
10.15	Montgomery - 10 Years On: Consent and The Law Majid Hassan, on behalf of Incision
10.25 Coffee break	
Aesthetic Facial Surgery 04 Chairs: Jerry O'Daniel & Monica Fawzy	
10.50	Deep plane facelifting: why is it my favourite technique? Michele Pascali
11.05	Use of lymphoscintigraphy in the diagnosis of overfilled faces Spero Theodorou
11.20	Facelift deformity: prevention and correction Jerry O'Daniel
11.35	17 point injection point for pan facial fat grafting Chia Chi Kao
11.50	Panel discussion/Q & A
12.10	My graduated approach to dark circles and under eye hollow Chia Chi Kao
12.25	Deep plane facelifting and periorbital surgery: the right combo for a total facial rejuvenation Michele Pascali
12.40	Panel discussion/Q & A
12:55	BAAPS Prizes

13.00 Lunch	
Body Contouring Surgery 03 Chairs: Spero Theodorou & Rieka Taghizadeh	
14.00	Brazilian butt lift: how to make it safe, how to make it work? Wafaa Mradmi
14.15	Brazilian butt lift under local anesthesia; paradigm shift & safety Spero Theodorou
14.30	Brazilian butt lift: the same design for different body shapes? Wafaa Mradmi
14.45	Optimising trunk liposculpture; patient selection & technical tips Mário Mendanha
15.00	Panel discussion/Q & A
15.20 Coffee break	
Body Contouring Surgery 04 Chairs: Wafaa Mramdi & Mindy Haws	
15.50	Evidence base behind body contouring techniques Iain Whitaker
16.05	Combining 360 liposculpture with abdominoplasty Mário Mendanha
16.20	Low, high, medium and extreme liposuction: what are we doing? Wafaa Mradmi
16.30	ABC: advancing body contouring techniques and safety education in Europe Mário Mendanha
16.45	Bodyjet in body contouring surgery Anthony MacQuillan
17.00 Close of Meeting Marc Pacifico, President of the BAAPS	

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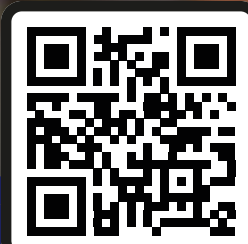
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- **Business Support**
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What has BAAPS Support done so far?

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complaints service**
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- ✓ **Held a Practice
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- ✓ **Created VAT & Aesthetics
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- ✓ **Negotiated increased
coverage for revision
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- ✓ **Established collaborations
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Faculty Members



Chia Chi Kao

Dr Chia Chi Kao is an internationally recognised, board-certified aesthetic plastic and reconstructive surgeon with over 22 years of experience.

Dr Kao is the founder of KAO Institute in Santa Monica, California which encompasses plastic surgery, aesthetic medicine and regenerative therapies. He is also the creator of the new and revolutionary Ponytail Lift™ and Ponytail Facelift™.

A graduate from the Medical School at the University of Washington in Seattle, Dr Kao completed a 5-year General Surgery program at the University of Washington and received his Board Certification by the American Board of Surgery in 1997. He became a clinical professor at the University's Center for Videoendoscopic Surgery and taught residents and fellow surgeons this technique. He then completed a three-year plastic surgery program at the University of Southern California.

Dr Kao is a Staff Plastic Surgeon at Saint John's Health Center in Santa Monica, a member of California Society of Plastic Surgeons and is certified by the American Board of Surgery and the American Board of Plastic Surgery. Dr Kao has been a regular nationally and internationally invited speaker for the International Society of Plastic Surgery (ISAPS), American Society for Aesthetic Plastic Surgery (ASAPS), Beauty Through Science (BTS), American Society of Plastic Surgeons (ASPS), and American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS).



Melinda J. Haws

Melinda J. Haws, MD, President of The Aesthetic Society, is a board-certified plastic surgeon in Nashville, TN. She holds fellowships with the American College of Surgeons, American Society of Plastic Surgeons, and American Society for Aesthetic Plastic Surgery. Dr. Haws earned her medical degree in 1991 from Southern Illinois University School of Medicine. Her training included a six-year combined general surgery/plastic surgery residency at Southern Illinois University. She later pursued a six-month breast and aesthetic fellowship at Nashville Plastic Surgery. After serving as an Assistant Professor of Plastic Surgery at the University of Nevada School of Medicine, Dr. Haws returned to Nashville in 2002 to practice alongside her friend, Dr. Mary Gingrass, specializing in breast enhancement and body contouring.



Michele Pascali

Dr Michele Pascali is a plastic and aesthetic surgeon from Rome. He is known for his original and advanced approach in facial surgery and in particular in facial rejuvenation including deep plane face lifting, mid-face lifting and rejuvenation of the periorbital region, using his most innovative techniques published in prestigious international journals in the field.

He is also considered one of the leading experts in revision or secondary surgery, which has been increasingly in demand in recent years and which represents a daily challenge.

As a founder and president of Plastic Surgery Academy, his aim is to provide education, and professional development to promote the advancement of science of aesthetic surgery field. For this reason, he organises masterclasses, courses and surgical events aimed at learning the most innovative techniques adopted by the most expert surgeons around the world.

Moreover, Dr Michele Pascali is the author and co-author of numerous scientific articles published in prestigious journals and he is always invited to the most important national and international congresses as a speaker and relator.

Faculty Members



Mário Mendanha

Dr Mário Mendanha is a board-certified plastic surgeon from Oporto, Portugal. He earned his medical degree at Faculdade de Medicina da Universidade do Porto in 2003, having received the prize Eng António de Almeida for the highest classification. He taught Biochemistry at the Faculdade de Medicina da Universidade do Porto, from 2003 till 2009.

He was responsible for the Plastic Surgery Unit at the Hospital Senhora da Oliveira from 2013-2015 and for the Breast Reconstruction Unit at the Hospital Escala Braga from 2013-2018.

In his career as Aesthetic Plastic Surgeon, he had a fellowship at the Plastic Surgery Institute Ivo Pitanguy in 2013 and complemented his training with many different references, namely Professor Ivo Pitanguy and Professor Ronaldo Pontes in Brasil, Dr Olivier Gerbault and Dr François Petit in France and Dr Alfredo Hoyos in Colombia.

He is a Total Definer Master and European Ambassador for Total Definer since 2018. He is the director of the Academia de Cirurgia Plástica since 2018, at Oporto. He is a member of several international organizations, namely member of the Board of ESAPS/EASAPS and Chair of the Scientific Committee of ESAPS/EASAPS



Anthony MacQuillan

Anthony is a plastic surgeon living in Bristol, UK. He is married with 4 children, 3 of them quite young still. A keen surfer, sea swimmer and runner he is currently trying to stave off middle age by attempting to stay fit. When time allows he likes reading military history and contemporary art. He is a member of the BAAPS council and is responsible for producing consent forms.



Wafaa Mradmi

Dr Wafaa Mradmi is a plastic, aesthetic and reconstructive surgeon.

After nearly 20 years of practice, her fields of expertise has specialised towards body sculpting, face and neck rejuvenation and aesthetic breast surgery. She is equally passionate by aesthetic medicine and non-invasive treatments for facial and body enhancement.

Dr Wafaa Mradmi is a cleft surgeon as well and an active volunteer surgeon in Operation Smile International, NGO that realise hundreds of cleft lips and palates and provides healthcare all over the world.

She is a national and international lecturer, currently President of the Moroccan Society of Aesthetic and Plastic Surgeon, SOMCEP, ISAPS active member and SOMCPRE active member.

Faculty Members



Gerald O'Daniel

T. Gerald O'Daniel, MD is a dual Plastic and Reconstructive Surgeon and Facial Plastic Surgeon in Louisville, Kentucky, USA. He has over 3 decades of experience performing state of the art aesthetic plastic surgery. He has a busy private practice that concentrates on facial aesthetic procedures, doing over 150 facelifts/necklifts per year. He is the medical director of O'Daniel Plastic Surgery Studio and the Louisville Surgery Center. In addition, he is a clinical assistant professor at the University of Louisville. He is a member of the ISAPS Educational Committee, Residents Education committee and Chair of the ISAPS Journal Club dedicated to teaching and advancing aesthetic surgeons worldwide. He is on the Editorial Board for Aesthetic Surgery Journal.

Dr O'Daniel trained in Plastic and Reconstructive Surgery at Washington University and Otolaryngology – Head and Neck Surgery at University of Louisville. He completed fellowship training programs in craniofacial and paediatric plastic surgery at Washington University, St. Louis Missouri, and Ghang Gung Hospital in Taiwan as well as a facial plastic and facial nerve fellowship with Dr Mark May in Pittsburgh Pennsylvania. Dr O'Daniel also did a research fellowship in collaboration with Dr Robert Acland at the University of Louisville. He completed an eMBA from Kellogg Business School, Northwestern University, Chicago Illinois.

Dr O'Daniel is known for contributions in plastic surgery related to face lifting, subplatysmal neck lift surgery, facial assessment, surgical planning and surgical anatomy of the face and neck. He is a leading advocate for adoption of the surgical net in aesthetic surgery for in the emerging concept of gliding procedures. Dr O'Daniel has performed 1000's of facial aesthetic procedures that have evolved into concepts and techniques that he has shared in numerous publications in plastic surgery journals and book chapters. He has been invited to over 200 national and international meetings to lecture, perform live surgeries and cadaver demonstrations. He has over 50 publications and book chapters.



Peter Rubin

J. Peter Rubin, MD, MBA, FACS, is founding Chair of the Department of Plastic Surgery, the UPMC Endowed Professor of Plastic Surgery, Professor of Bioengineering, and Professor of Business Administration at the University of Pittsburgh. Dr Rubin is well-recognised for his surgical skills and innovative solutions to complex clinical problems. He is Founder and Director of the Life After Weight Loss Surgical Body Contouring Program at the University of Pittsburgh. He is also Director of the UPMC Wound Healing Service Line. In addition to his active clinical program, Dr Rubin directs a basic science research program in the biology of adipose derived stem cells and serves as Co-Director of the Adipose Stem Cell Center at the University of Pittsburgh.

His professional leadership positions include current Director of American Board of Plastic Surgery, Immediate Past-President of the American Society of Plastic Surgeons, past President of the International Society of Adipose Therapeutics and Science (IFATS), Board Chair of IFATS, and past Chairman of the Plastic Surgery Research Council. Dr Rubin is the recipient of a Presidential Early Career Award for Scientists and Engineers (PECASE). He has served as editor for four textbooks, published over 220 peer-reviewed articles, and presented over 600 invited lectures.

Faculty Members



Spero Theodorou

Dr Spero Theodorou received his training in Plastic and Reconstructive Surgery at RUSH St. Luke’s Presbyterian Hospital in Chicago, Illinois. Upon completion he underwent an additional year of training in Aesthetic Plastic Surgery at the prestigious Manhattan Eye, Ear and Throat Hospital’s Aesthetic Surgery Fellowship Program Affiliated with New York University (NYU). The MEETH (Manhattan Eye, Ear and Throat Hospital) Aesthetic Plastic Surgery Fellowship has the distinction of being the oldest aesthetic surgery training program in the country and is internationally recognised in the field of cosmetic surgery. Dr Theodorou is presently teaching faculty at MEETH and at the prestigious ASAPS (American Society of Aesthetic Plastic Surgery), where he instructs plastic surgeons on the latest advancements in body contouring surgery.

Dr Theodorou is the founder and Surgical Director of bodySCULPT® - which is an AAAASF-accredited plastic surgery practice in Manhattan, New York City (NYC). In addition to authoring numerous publications on aesthetic plastic surgery he is the section editor for Liposuction for the prestigious Aesthetic Plastic Surgery Journal. He has lectured extensively in the US and internationally and has been selected by Thieme Publishing, Inc to write the first authoritative plastic surgery textbook on face and body contouring technology - “Emerging Technologies in Face and Body Contouring.”

Dr Theodorou is Chief Medical Officer at Inmode Corporation (Irvine, CA), responsible for the development of all InMode procedures, clinical studies, and training.



Bill Townley

Bill Townley is a plastic surgeon in London with a special interest in facial aesthetic surgery with particular expertise in deep neck work and rhinoplasty. He was formerly Head of Department at Guys & St. Thomas’ Hospitals where he leads the Facial Palsy service and has been instrumental in pioneering novel techniques for post paresis syndrome.



Iain Whitaker

Professor Whitaker read medicine at Cambridge University before completing a sub internship at Harvard Medical School & plastic surgery training in the UK, Paris, Louisville, Uppsala & Melbourne.

Iain is using his clinical experience and multi-disciplinary research team with skills in health informatics, natural language processing (NLP) and PROMs, working alongside BAAPS to optimise pre, intra & post-operative body contouring processes to optimise results and patient safety.

Iain is the founding director of one of Europe’s largest Plastic Surgery Research Centres (www.reconregen.co.uk). The recent Royal opening of his £2.5m research programme saw widespread international coverage.

Iain has published over 300 papers (H index 49, i10 index 133 and 5 books) with a grant income >£6m and been awarded the Mentor Prize in Aesthetic Surgery by BAPRAS. He served as the deputy editor of the Journal of Plastic, Reconstructive and Aesthetic Surgery (JPRAS) and is the Surgical Specialty Lead for Health & Care Research Wales. Iain’s selection as the first and only UK based AAPS / EURAPS Academic Scholar to form a transatlantic collaboration with Harvard Medical School is focused on cutting edge translational research to 3D print human tissues.

Iain is committed to maintaining strong links between the UK and Europe by leading a EURAPS Young Plastic Surgeons Scholarship Centre in Wales.

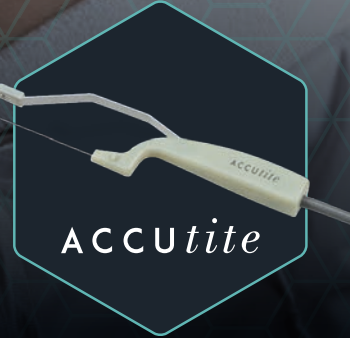
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The Aesthetic Plastic Surgery Nurses Conference



Roz McGinty

Roz has been Practice Manager & Plastic & Reconstructive Surgery CNS at Plastic Surgery W1 Ltd since 2001. Roz trained at University College London Hospital in 1995, completed her Batchelor of Science degree in 1998, specific burns and plastic surgery training in 1997 and became an Independent Nurse Prescriber in 2018.

Roz has gained extensive experience in plastic and reconstructive surgery; she initially worked at UCH/ Middx where she was exposed to the full range of complex reconstructive procedures. This included treating many of the victims of the 1999 Soho bombings.

In 2001, Roz joined David Ross to establish a wide ranging, comprehensive clinical practice at PSW1, where she runs the team and leads the nursing care of patients with both aesthetic and reconstructive needs. During this time Roz also led a Plastic Surgery & Orthopaedic field hospital , in Haiti, following the 2010 earthquake.

She is dedicated to the field of Plastic Surgery and passionate about the care of patients undergoing any form of aesthetic or reconstructive surgery. She is committed to excellence in clinical practice and has a particular interest and expertise in complex wounds and the development and use of state-of-the-art dressings. Patients are often referred to her for her specialist wound care knowledge.

This considerable experience has culminated in Roz co-founding the BAAPS Nurses & Associates Group together with Isobel Wood.



Isobel Wood

Isobel Wood BSc (Hons) RGN NIP

Owner/Founder The Cosmetic Surgery Coach and Isobel Wood Aesthetics

Isobel is Co-President of the BAAPS Nurses group. She is an experienced aesthetic surgery practice nurse but also a successful entrepreneur, author, aesthetic nurse specialist, patient advisor and advocate and experienced colleague and friend.

Graduating from St Bartholomew's in 1995 into ITU she went on to join plastic surgeon Brian Coghlan MD FRCS(Plast) in 1999 as private practice nurse. In 2001 she set up the cosmetic private practice of plastic surgeon David Ross MD FRCS(Plast) working concurrently as practice nurse and aesthetic nurse specialist, also caring for the private patients of the retiring John Bowen MD FRCS(Plast).

In 2011 she founded Isobel Wood Aesthetics with clinics in London, South Cambridgeshire and Suffolk and later started The Cosmetic Surgery Coach providing an independent patient advisory service for those seeking aesthetic surgical procedures. In 2021 her patient guide entitled "An Insiders Guide to Cosmetic Surgery" was published by Troubador.

The Aesthetic Plastic Surgery Nurses Conference

Day 1: Thursday 28 September – The Haslett Room

- 09.00

Registration & Coffee
- 09.30

Opening and welcome by the Co-Chairs of BAAPS Nurses & Associates

Roz McGinty BSc(Hons) RN INP
Plastic and Reconstructive Clinical Nurse Specialist and Practice Manager Plastic Surgery W1 Ltd

Isobel Wood BSc(Hons) RGN INP
Aesthetic Clinical Nurse Specialist Isobel Wood Ltd
- 09.40

Face and neck lift in action

Mr William Townley, Consultant Plastic Surgeon, FRCS (Plast)
- 10.10

Preparing the face pre op, optimising it post op

Lorna Bowes, CEO Aesthetic Source Ltd
- 10.40

Abdominoplasty in action

Mr David Ross, Consultant Plastic Surgeon, FRCS (Plast)

11.10 Coffee break

- 11.30

Ask any questions

Mr Norman Waterhouse, Consultant Plastic Surgeon, FRCS (Plast)
- 12.00

The value of compression garments after body contour surgery

Nadja Collin, Macom
- 12:25

Rapid Fire: Preoperative optimisation for body contouring surgery

(Joint session in main programme with BAAPS surgeons)

13.00 Lunch with BAAPS Members

- 14.00

Body contouring – an overview of surgical options following weight loss

Deborah Craig BSc(Hons) RGN Senior Nurse
Cosmetic Surgery, Nuffield Health Bournemouth

Louise Constable BSc(Hons) RGN Staff Nurse
Cosmetic Surgery, Nuffield Health Bournemouth
- 14.30

Post operative care of the liposuction patient from an MLD perspective

Karen Botha, Essential Feeling

15.00 Coffee break

- 15.20

Optimising wound care with skin hygiene

Ross Walker, Commercial Director at Clinical Health Technologies Ltd
- 15.40

Benefits of Nutraceutical supplementation pre and post operatively

Anita Eyles – Owner and Director Boley Nutraceuticals Ltd - Totally Derma
- 16.00

Wound care update and troubleshooting
- 16.45

Rapid Fire: Perioperative facelift management

(Joint session in main programme with BAAPS surgeons)

17.30 Programme close

Michael Hackett Memorial Prize: Winner

Three abstracts submitted by BAAPS Trainees were shortlisted for the Michael Hackett Memorial Prize. Congratulations to Miss Kirsty Smith, whose video presentation was judged by a panel and was awarded the Michael Hackett Memorial Prize. Miss Smith will present her abstract on the main programme on 28 September at 10:30am.

Michael Hackett Memorial Prize: Winner

Patient evaluation of Doxycycline sclerotherapy for the treatment of malar bags

Author:
Miss Kirsty Smith

Co-authors:
Miss Ciara Bowers
Mr Christopher West
Mr Nick Rhodes

Objectives

'Malar bags' result from soft tissue laxity and fluid accumulation of the superolateral cheek, bounded by retaining ligaments. Doxycycline sclerotherapy for malar bags has been offered in our clinic for 18 months. Past studies focused on plastic surgeon based objective assessment, with small numbers of patients. We aim to capture the patient's perspective with qualitative and quantitative feedback following treatment.

Materials and Methods

Existing clinic patients with malar bags were invited into the study. Pre and post injection photographs and FACE Q PROMs were performed at 0, 6 and 12 weeks. Qualitative feedback was sought at 6 and 12 weeks. Photographs were scored by a blinded assessor.

Key Results


The study included 30 patients. PROMs demonstrated improvement in 'aging appraisal' (41.6 vs 50.5), 'satisfaction with eyes' (40.1 vs 50.0) and patient perceived visual analogue scale (+0.36 vs -0.53). 'Appraisal of lower eyelids' resulted in a lower PROMs score (58.2 vs 48.4). Qualitative patient feedback revealed that 76.7% were 'pleased' or 'very pleased' following treatment, with 83.3% reporting improvement in symptoms.

Conclusion


Doxycycline sclerotherapy was well tolerated by patients who reported good improvement or resolution of their malar bags. This study supports the use of this treatment for Malar bags.

Inmode at

BAAPS 2023



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BAAPS 



Spero Theodorou
Chief Medical Officer
at Inmode Corporation
(Irvine, CA)

Thursday 28th September	
11.55	Use of radio frequency in arm contouring; scarless brachioplasty
14.45	Use of radio frequency in facial rejuvenation; treatment gap patient
Friday 29th September	
11.05	Use of lymphoscintigraphy in the diagnosis of overfilled faces
14.15	Brazilian butt lift under local anesthesia; paradigm shift & safety

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BAAPS Annual Dinner

The BAAPS Annual Dinner will take place on Thursday 28 September at the exquisite Savoy Hotel.

Starting with a champagne reception in the River Room, with views over the Embankment Gardens, followed by a beautiful 3 course dinner with wine in The Lancaster Ballroom, one of most historic ballrooms in London.

We look forward to a talk by Susan Scott, archivist, The Savoy sharing the wealth of history of this iconic London hotel.

We look forward to seeing you all there!

19:00 Champagne Welcome Reception

20:00 Dinner

10:30 End of Dinner

Please join us for an after party at Stereo, Covent Garden

Dress Code: Cocktail dress/business suit

*Tickets must be purchased from the BAAPS Office ahead of 28 September 2023.



IET London: Savoy Place
28th - 29th September
Table Number: 21




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Poster Competition: Abstracts

The BAAPS Abstract presentations can be found next to the BAAPS registration desk in electronic format. Please vote for the best abstract by placing the ballot in the box provided, include your full name, only one vote per name will be counted. The winner will be announced on 29 September at 12.55 in the Kelvin Lecture Theatre.

Abstract Number: 01

Breast Enlargement By Ex Vivo Expanded Stem Cell (Stemform™)-Enriched Fat Grafting

Author:

MD Frederik Koelle

Co-authors:

MD Aris Sterodimas

MD Frederik Penzien

Wainer Mamsen

MD, PhD Michiel Van Leeuwen

Introduction

Conventional fat grafting has low retention and often requires multiple treatments to reach a desirable breast enlargement.

Objectives

To improve the breast enlargement factor through fat grafting enriched with ex vivo expanded stem cell (Stemform™), and to safely deliver the improved enlargements to satisfy patients in a real-world setting.

Materials & Methods

Patients treated with Stemform™ for cosmetic breast augmentations between 2020-2023 were included. Patients had breast volume measurements before and three months after the treatment by 3D imaging (Quantificare). Safety was assessed by adverse events, and patient satisfaction was recorded at each visit.

Results

Twenty-two real-world patients were included. No adverse events were reported to be related to the treatment. The surgeons were able to enlarge the breasts with a median of 172.1% (IQR 146.8-235.0%) of the initial breast volumes with a fat graft retention of 92.4% IQR (IQR 81.1-106.8%). Patients reported that 93% would do the procedure all over if given the chance.

Conclusion

Stemform™-enriched fat grafts were safe and efficaciously enlarged the real-world patient's breasts by 172.1% with a fat graft retention of 92.4% in this patient cohort. A high patient satisfaction score was reported.

Abstract Number: 02

Stem Cell (Stemform™)-Enriched Fat Grafts Can Replace The Volume Of Breast Implants Following Implant Removal

Author:

MD Frederik Koelle

Co-authors:

MD Aris Sterodimas

MD Frederik Penzien

Wainer Mamsen

MD, PhD Michiel Van Leeuwen

Introduction

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Poster Competition: Abstracts

Abstract Number: 03

A Worldwide Review of Non-surgical Aesthetics Legislation: Are we living in the Wild West?

Author:
Miss Rebecca Rollett

Co-authors:
Miss Tahira Malik
Mr James Davies
Miss Nathalie Cain
Miss Haneen Abed

Legislation for non-surgical aesthetics is varied across the world, in the UK there is controversy around changes to the legal requirements for administration of injectables. We reviewed the international legalities in the context of our UK precedent posing the question: are we living in the Wild West?

We found that within Europe the UK is one of a few countries which allows non-healthcare professionals to legally inject botulinum toxin and fillers. Across Europe there is variable legislation around fillers however, botulinum toxin injections remain solely under the jurisdiction of medical professionals and in some countries nursing staff are required to be supervised in a clinical environment by a doctor.

Analysis of South, North America, the UAE and Australasia shows a vastly more stringent approach to the injectables market. Anecdotally there is a lack of adherence however, the legal framework is at least, in existence.

Legal frameworks exist for safety of our patients. In our surgical practice the UK legislation and accountability is some of the best in the world yet our data suggest the opposite in the non-surgical industry. Whilst our government has promised changes, we propose that the facts suggest that we remain the wildest of the West.

Abstract Number: 04

Fact or Fake News: what are AI Chatbots telling our patients about aesthetic surgery?

Author:
Miss Henrietta Creasy

Co-authors:
Miss Isabelle Citron
Miss Victoria Rose
Mr Edmund Fitzgerald O'Connor
Mr Asmat Din

AI natural language processing tools (NLPTs) integrate information from multiple sources into a form that is easily understandable. Patients are already utilising this novel, unregulated tool, for information relating to aesthetic surgery.

Three common NLPTs were used to assess the safety of the responses to questions that may be posed by patients exploring aesthetic surgery. Information was compared to official BAAPS guidance.

Responding to "How should I choose an aesthetic surgeon in the UK?" Chat GPT and Bing AI stipulated the surgeon should be a GMC registered, BAAPS member. Bard omitted these accreditations in its recommendations. When responding to "who are the best aesthetic surgeons in the UK" Chat GPT and Bing AI did not suggest specific surgeons. Bard suggested specific surgeons and generated fictitious patient reviews. When interrogated about complications to the three most common aesthetic procedures, Chat GPT was the most accurate mentioning over 70% of complications. Bard however mentioned only 40% of the complications associated with rhinoplasty.

NLPTs will revolutionise how patients interact with data. In addition to collating existing information, they can also generate new content. Plastic surgeons must stay ahead of the curve to maintain the safety and accuracy of information available to patients.

Poster Competition: Abstracts

Abstract Number: 05

Nasal Skin Thickness Scale: A Novel Grading System Illustrated With Chemical Peel

Author:
Miss Catrin Wigley

Co-authors:
Dr Jonathan Sutton
Mr Rajan Uppal

Background

Nasal soft tissue envelope (STE) has long been a challenge to the rhinoplasty surgeon. Variations in the thickness of the STE may occur between genders, ages and ethnicities, and has a direct impact on the overall outcome of the procedure. To our knowledge, no standard measurements for assessing the nasal STE preoperatively exists. We subsequently propose a clinical classification system for nasal STE thickness for assessment prior to rhinoplasty. We have illustrated this scale in use with the application of TCA peels preoperatively.

Method

An expert panel consisting of 6 rhinoplasty surgeons discussed factors that they considered to be of significance when assessing the nasal STE preoperatively. A Skin Thickness Scale (STS) was then formulated to grade patients from thin to a very thick nasal STE based on clinical examination alone. 48 patients were prospectively selected in preparation for rhinoplasty. All patients were graded according to the STS by the primary operating surgeon. All patients completed Rhinoplasty Outcome Evaluation scores (ROE) scores prior and at 6 months after surgery. We considered grades 3 and 4 as STE suitable for preoperative peel.

Results

We categorised 11 into group 1 STS, 13 into group 2 STS, 14 in group 3, and 8 in group 4. Ethnicity data was available in all cases. The mean average ROE preoperative was 7(range 6-12). Of the population 21 were of white ethnicity, 5 were South Asian, 4 Middle Eastern and 3 were Afro- Caribbean. Fifteen patients were considered as having thick skin (skin groups 3 and 4) and offered TCA peel as per standard practice. Of this cohort, 14 had agreed to the treatment. 6 patients in group 3 category received a TCA peel of 15% strength, and the 8 in the group 4 category received a TCA peel of 15% strength.

Conclusion

We subsequently present a simple, non-invasive grading system to classify patients according to their nasal STE. In our practice, we have found the tool particularly helpful in stratifying patients into those requiring perioperative optimisation in the form of TCA peels.

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Abstract Number: 06

A single-centre retrospective cohort study of a new to market smooth, round, opaque breast implant: early results with a maximum of follow-up of two-years

Author:
Mr Zhi Yang Ng

Co-authors:
Mr Calum Honeyman
Mr Taimur Shoaib

Objective

To evaluate preliminary results of a new smooth, round, opaque breast implant (PERLE™, GC Aesthetics®) from a single-centre UK aesthetic practice.

Materials and Methods

Retrospective cohort study of all patients undergoing breast implant surgery with PERLE™ at our centre between January 2021 and December 2022. Data on procedure performed, complications, and need for revision was analysed.

Key Results

Of 398 patients identified, 348 (87%) had PERLETM™ implants. Majority underwent primary augmentation (260), followed by 65 with augmentation-mastopexy and implant exchange in 23. To date, no patients have developed capsular contracture nor implant rupture with follow-up ranging between 4 to 24 months. The overall complication rate was 6% (21/348) due to scar revision (9), lower pole stretch (3), implant displacement (6), haematoma (1), infection (1) and dissatisfaction with final size (1); all required revision. Of note, the augmentation-mastopexy subgroup contributed to 14 of 21 overall complications.

Conclusion and Application

Our early, single-centre experience with PERLE™ implants suggests a safety profile and overall complication rate that is comparable with other modern implants (6% vs 5.2%). We will continue to monitor the safety and effectiveness of PERLE™ and discuss the reasons and evolution in choice of breast implant in our practice.

Abstract Number: 07

Cosmetic tourism and the curious case of a ‘testicle like swelling’ post Brazilian Butt Lift (BBL).

Author:
Miss Susan McCrossan

Co-authors:
Mr Eoin O'Broin

We present a case of a cosmetic tourist in her thirties who five years previously travelled to Bolivia for a ‘brazilian butt lift’ (BBL). Despite its popularity due to celebrities undergoing the operation, BBL procedures are not currently routinely offered in private practice in the United Kingdom or Ireland. Therefore patients seeking this widely discussed procedure find alternative means of sourcing a surgeon to do it for them, abroad.

Complications from such an operation include mortality secondary to fat embolism from fat being injected into the gluteal veins as well as morbidity including painful fat necrosis or skin necrosis from aggressive lipectomy of the donor site.

We present another type of complication, not currently found in the evidence; a lipomatous pendulant swelling of herniated fat through the fat injection site in the inferior gluteal fold, at the medial aspect, mimicking a testicle due to its shape, size and position. A distressing complication for a female patient both functionally (pain, difficulty sitting and crossing legs) and cosmetically (the implications of it looking like male genitalia). We report this as a currently undocumented but important complication of BBL surgery.

Abstract Number: 08

Burkholderia Cepacia Complex infection after hyaluronic acid filler injection into the breast : A Case Report and tips on management

Author:
Dr Alison Quah

Co-authors:
Dr Gloria Sim
Dr JiaJun Feng

Breast Augmentation is becoming increasingly popular. Patients seek fast results with minimal down time and turn to fillers of which Hyaluronic Acid (HA) is commonly used. Complications such as abscess requiring drainage have been described and offending bacteria are often skin commensals such as staphylococcus aureus (1). We describe a rare case of Burkholderia Cepacia complex (BCC) infection following HA injection to breasts and our techniques for management to achieve an aesthetic breast.

A healthy 47-year-old lady presented with bilateral breast swelling, skin necrosis and purulent discharge following injection of HA to bilateral breast. She was started on empiric antibiotics and underwent debridement of bilateral breast abscesses. Negative pressure dressing with continuous irrigation using granudasyn™ solution was applied to wounds. Intraoperative cultures grew Enterobacter cloacae and BCC and she was started on intravenous meropenem. Subsequent debridement and closure were performed. Breast parenchymal flaps were utilised using volume displacement techniques to achieve aesthetic breast shape. BCC has been isolated in medical products such as intravenous fluids, ultrasonography gels and can survive in unfavourable environments (2, 3). Adequate debridement, use of continuous irrigation and targeted antibiotics proves useful in source control. Oncoplastic techniques can be adopted to achieve aesthetically acceptable results.

Abstract Number: 09

Classification of Breast Implant Malposition

Author:
Dr Naveen Goddard

Co-authors:
Mr Marc Pacifico
Mr Paul Harris

Despite implant malposition being a well-recognised complication when using prosthetic breast implants for both reconstructive and aesthetic indications, no objective classification system has been devised to improve analysis, professional communication or treatment planning.

We prospectively analysed a series of 16 revisional aesthetic breast surgery patients (n= 32 breasts) to formulate a simple three tier implant malposition grading system which was retrospectively applied to a series of 100 patients with implant malposition (n= 189 breasts).

This presentation reviews the development of the classification system, use of the system during a surgeon’s pre-operative assessment and application of the classification to a large prospective and retrospective cohort of patients (n= 116 patients, 221 breasts).

We have created a universally applicable, simple and reproducible classification system for implant malposition which could also be applied to non-implant cases such as bottomed-out, inferiorly displaced breasts following reduction mammoplasty.

Poster Competition: Abstracts

Abstract Number: 10

Retrospective Analysis of 316 Cases: Incidence and Review of Adverse Events in On and Off License Use of Botulinum Toxin

Author:
Miss Haneen Abed

Co-authors:
Miss Tahira Malik
Mr David Izadi
Miss Rebecca Rollett
Miss Nathalie Cain

It is recognised that botulinum toxin is regularly used on and off license. We use predominantly Bocouture®; licensed for injection of glabella, forehead and crows feet lines. The published SPC (supplementary protection certificate) stipulates dosage and further details. Bocouture® has a low incidence of treatment related adverse events (AE) (Imhof et al. 2011).

316 treatments between 1 April 2022 - 30 June 2023 were reviewed. There were 76 off license treatments and 240 on license treatments. Off licence uses included: increased dose in frontalis and in orbicularis, direct injection under tail of eyebrow, injection of mentalis, lip elevators and depressors, injection of platysmal bands and intradermal injections for sweating (forehead and nose).

All patients were offered follow up appointments. A total of 20 AE were noted; 17 from on license usage (7%) and 3 from off license usage (4%). On license AE included heavy brow (n = 2), periorbital swelling (n = 1) and bruising (n = 14). The only off license AE was bruising (n = 3).

Our review demonstrated no increase in AE with off licence usage. Despite being retrospective, we feel our study adds value in reassuring injectors regarding off license usage of botulinum toxin.

Abstract Number: 11

Management of Vascular Occlusion in a Plastic Surgery Registrar Led Practice

Author:
Miss Haneen Abed

Co-authors:
Miss Nathalie Cain
Miss Rebecca Rollett

Vascular occlusion is frequently quoted as the most serious complication of injecting hyaluronic acid fillers. There are case reports of blindness due to injection of hyaluronic acid filler and of significant skin necrosis all owing to embolisation or external compression of vasculature in the face (Carruthers, 2014).

In five years, we have performed, across 6 injectors, over 1000 filler treatments. We designed a protocol for the management of suspected vascular occlusion involving identification, treatment and follow up.

The use of aspiration and ultrasound techniques has not been shown to reduce the incidence of vascular occlusion. In our experience avoiding high risk areas, use of cannulae, low volumes per injection, slow injection speed and close monitoring of a patient's response are good methods of reducing the incidence of this potentially devastating complication.

We present our experience of 2 vascular occlusions, one recognised at the time of injection in the lip and the other one hour after injection in the nose and the use of our protocol in both cases. Neither patient suffered long term consequences.

We propose that our safe injecting techniques, protocol for management and culture of sharing knowledge has contributed to our safe practice in hyaluronic acid fillers.

Poster Competition: Abstracts

Abstract Number: 12

Hyaluronic Acid Fillers for Full Face Rejuvenation: A Plastic Surgery Approach

Author:
Miss Haneen Abed

Co-authors:
Miss Tahira Malik
Mr David Izadi
Miss Nathalie Cain
Miss Rebecca Rollett

Most temporary fillers are synthetically produced hyaluronic acid cross-linked with 1,4-Butamediol diglycidyl-ether to produce an injectable product with varying degrees of plasticity, viscosity, cohesivity and elasticity. These are used in different parts of the face to replenish volume and improve signs of ageing.



The “5- and 8-point face lifts” have been marketed by injectable providers for several years, this reflects a standardised approach and dosage to all faces to provide a tightened lifted look.

Ageing results in complex but predictable facial changes at varying rates depending on both intrinsic and extrinsic factors for all individuals. In plastic surgery training, our understanding of this process allows us to appreciate these individual variations and facilitates our ability to design a filler-based facial rejuvenation approach.

We present 5 cases of full face rejuvenation using hyaluronic acid fillers, with before and after photographs. We have used computer generated images illustrating how facial assessment as taught in plastic surgery enables us to plan our approach for each individual, including selecting the best product for each part of the face. We believe that this approach, rather than the often advertised “one size fits all”, helps us to deliver appropriately rejuvenating and natural results for our patients.




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Abstract Number: 13

Botulinum Toxin Treatment of Masseters at the Point of Neural Aborisation

Author:
Mr Weiguang Ho

Co-authors:
Mr Zhi Yang Ng

Objectives

The off-label use of Botulinum toxin for bilateral benign masseteric hypertrophy is well-established in East Asians and of growing interest in the West. We have previously described a single-entry point injection technique for the above, targeted at the area of neural aborisation. Herein, we report our experience in patients of different ethnicities.

Materials and Methods

Prospectively collected data on 104 patients were retrospectively reviewed.

Key Results

98% of patients (mean age = 34.5 years) were female (n=102). Ethnicities included Chinese (n=73, 70.2%), Caucasian (n=21, 20.2%) and Middle Eastern/Asian (n=10, 9.6%). The average Botoxequivalent units (BU) used on each masseter were: Botox (Allergan) = 22B U (n=42), Dysport/Azzalure = 11 BU (n=56), and Boucuture = 27 BU (n=6). No major complications such as paradoxical bulging or inability to smile were reported; mild asymmetry and the lack of effect was noted in one patient each.

Conclusion and Application

Our data suggests the safety and reproducibility of our injection technique. The overall, average treatment dose required for each masseter was 17 BU. Compared to Allergan and Boucuture, less BU of Dysport/ Azzalure was required and its treatment effect seems to last longer.

Abstract Number: 14

Life-threatening infection propagated by remote migration of breast fillers – a comparison of techniques for removal of infected fillers

Author:
Dr Mei Ling Loh

Co-authors:
Dr Vigneswaran Nallathamby
Prof Kok Chai Tan
Prof Chee Liam Foo
Dr Janna Joethy

Introduction

Regulatory approval for breast filler injections is withdrawn in multiple countries due to unacceptably high complication rates. We present 2 rare cases of severe infection with extensive remote migration of breast fillers and compare 3 treatment approaches.

Methods

A 51-year-old female presented with infected, migrated breast fillers throughout her trunk, perineum and thigh. Percutaneous drainage was performed but she was readmitted 1 month later with worsening collections. She then underwent weekly debridement via short incisions in the inframammary folds (IMF), flanks, groin, and thigh. A 46-year-old female presented with necrotizing fasciitis from infected, migrated breast fillers throughout her trunk and genitalia. She underwent emergency debridement via a long incision from flank to groin. Residual filler was removed via IMF incisions.

Results

Filler migration is a nidus for rapid infection spread. Complete filler removal is imperative for infection control. Percutaneous drainage was inadequate due to filler viscosity and loculations. Drainage via short incisions required more procedures and longer treatment of 2 months, compared to 2 weeks with a long incision.

Conclusion

Removing infected, migrated fillers is a trade-off between scars and treatment efficacy. Smaller incisions improve cosmesis but limit exposure. Larger incisions allow rapid infection control and early wound closure.

Abstract Number: 15

Complication of bilateral breast reduction; The case of the unremovable drain.

Author:
Miss Susan McCrossan

Co-authors:
Mr Eoin O’Broin

We present the case of a female in her late teens who underwent bilateral breast reduction for 36 HH breasts, removing 1.3kg of breast tissue from each side, 24 hours previously

Routine procedure in our department includes one overnight stay and for this size of reduction, drains are placed bilaterally to be removed the next morning before discharge. Unfortunately, despite several members of the senior nursing and medical team attempting to remove the drain, the left sided breast drain was unable to be removed despite numerous techniques.

The decision to take the patient back to theatre to remove the drain was made. The assumption being that the drain was caught in internal pillar sutures. Intra-operatively the lateral aspect of the transverse wise pattern incision was opened and the most unusual case was found. The drain had knotted, not once but twice, onto itself (photographs taken), no suture held the drain, but the bulky nature of the double knot prevented the drain from being removed from the drain site. The drain was cut and the patient resutured

We hypothesise that the drain curled up amongst itself under the remaining breast and on removal the knots where pulled tight. We present this for awareness to check drains are laid out as flat as possible and to highlight this most unusual complication.

Abstract Number: 16

Large Composite Grafts for 3D nasal tip reconstruction

Author:
Mr Benjamin Wood

Co-authors:
Mr Awf Quaba

Reconstructing the nasal tip can be a challenge from both a reconstructive and aesthetic view point. The use of composite grafts should be considered by the plastic surgeon when faced with a nasal tip defect. Although the forehead flap is the gold standard, a successful auricular composite graft can restore form and function in a single stage incorporating skin, cartilage and an inner lining. Historically the limitation of an auricular composite graft for nasal tip reconstruction has been the size of the graft that can be confidently used; with grafts greater than 10mm being deemed not suitable and prone to necrosis.

We present our clinical experience demonstrating successful use of larger than 10mm auricular composite grafts for reconstruction of nasal tip defects in both a primary and revision setting. Although limited by an absence of statistical analysis, we discuss surgical techniques used to maximise graft take including meticulous 3D planning, atraumatic tissue handling, avoiding adrenaline, minimising use of bipolar, maximising bed/graft surface contact and accurate tension free opposition. A warm environment, no smoking and chloramphenicol ointment are key components to post operative care to maximise graft survival.

Poster Competition: Abstracts

Abstract Number: 17

DIEP Backlog:
Mission Impossible?

Author:
Miss Haneen Abed

Co-authors:
Miss Joanna Skillman

Background/Method

Autologous breast reconstruction access is limited and activity data shows wide variation of provision; to understand waiting times and effects on patients, a study specific questionnaire was developed and distributed with the endorsement of BAPRAS and ABS, through websites and the BAPRAS Breast Special Interest Group.

Results

24 of the 31 units providing autologous breast reconstruction in England responded. At least 2255 patients are waiting for autologous reconstruction (each unit providing 30/year) accounting > 3 years' work, without including any new referrals. Each unit had 2- 50 waiting to be seen or not yet suitable for surgery. Alarminglly, 30 patients developed cancer whilst awaiting risk reducing surgery. Surgeons felt frustrated with the slow restoration of pre – COVID theatre provision and low priority status of both risk reducing and delayed reconstruction.

Discussion

There is a huge backlog of patients denied reconstruction during COVID who have a 6 – 52 month wait for surgery. Meeting the demand will require increase in theatre capacity, numbers of plastic surgeons, centres providing autologous reconstruction including in the private sector, and increased collaboration with breast surgeons to offer appropriate breast conservation.

Abstract Number: 18

Mohs micrographic surgery with magnet suspension of Implantable Cardioverter Defibrillators

Author:
Dr Danae Trokoudes

Co-authors:
Dr Saqib Bashir

Patients with ICDs are presenting more commonly for cutaneous surgery given the prevalence of cardiovascular disease and increasing burden of skin cancer. The concern regarding surgery in these patients is Electromagnetic Interference (EMI), which can interact with the device. There is significant variability in the perioperative management of these patients. To our knowledge there are no previous studies evaluating the safety of magnet application for patients with ICDs undergoing cutaneous surgery.

A retrospective cohort study was performed to evaluate the safety of magnets in patients with ICDs. The dermatological surgical database was reviewed to identify patients with an ICD who had surgery between 2017 and 2021. We identified 16 patients with a total of 24 procedures. A magnet was used in 21/24 procedures and the electrophysiology team deactivated the ICDs in 3/24 procedures. All our patients had procedures above the umbilicus, most were head and neck tumours and they were treated with excision or Mohs micrographic surgery. The devices were interrogated post procedure and for a period of 30 days following procedure with no detection of a tachyarrhythmic event. As supported by the recent revised BHRS guidelines temporary magnet deactivation and programming off therapies are both acceptable methods of deactivation.

Poster Competition: Abstracts

Abstract Number: 19

Role of Vitamin D in development of clefts have been researched with few positive indications in the past

Author:
Dr Madhubari Vathulya

Introduction

The etiopathology of cleft lip and palate has been implicated to be multifactorial and a myriad of factors have been already researched including minerals, environmental pollutants and Vitamin B. But literature seldom shows any research on the implication of vitamin D levels on clefts and vice versa.

Materials and Methods

Serum levels of Vitamin D in clefts and a control population of children belonging to the Sub-Himalayan and Gangetic Plain regions belonging ages 12 and less were compared and results were analysed using two-way ANOVA and profile plots

Results

Cleft Children of ages 6 years and below had vitamin D levels significantly less than that of the control population while cleft children of age group, 6-12 years had lower levels of vitamin D levels(P= 0.001) as compared to control but not clinically significant.

Conclusion

The study implicates Vitamin Deficiency in the cleft population around this belt requiring prospective trials to establish a cause-effect relationship.

Abstract Number: 20

Evaluation of cleft palate surgical model in Plastic Surgery Residency Program

Author:
Dr Madhubari Vathulya

Introduction

To evaluate the use of Cost-effective and reusable cleft palate surgical models in the Plastic Surgery residency training Program

Materials and Methods

Ingenious Cleft palate model using a dental cast, foam and infant feeding tube (designed by the author) was used to train the plastic surgery residents of the department and a Likert scale was used to have their feedback.

Results

Ten residents evaluated the models. 9 out of 10 residents gave a score of 5 with regards to the appearance of the model while all of them gave it a score of 5 for the questions related to their usage in increasing the surgical anatomical knowledge and increase in surgical skill related to palatoplasty techniques.

Conclusion

The surgical models that were used in the study proved to be efficient tools and effective to achieve the goals for which they were designed.

Plastic surgery has transformed the lives of countless individuals. It offers not only aesthetic enhancements, but also the restoration of confidence and well-being. Unfortunately, there will always be potential for risk, if it is perceived that results are unexpected or under delivered.

For both patients and healthcare professionals, understanding the importance of informed consent in the context of plastic surgery is paramount.

Informed consent is a legal and ethical concept within healthcare. It embodies a patient's right to make informed decisions about their healthcare or specific treatment they receive. In the realm of plastic surgery, this means that patients must receive comprehensive information about the procedure, its potential risks, benefits, and alternative options before they agree to undergo surgery. This process empowers patients to make educated choices about their treatment, while also protecting surgeons and medical staff, with written acknowledgment and agreement of the potential outcomes.

In the context of plastic surgery, outcomes are often personal, subjective and tied to one's self-image. This is where patient-centred care and managed expectations are of utmost importance. Through encouraging open communication between patients and surgeons, informed consent enables

patients to express their desires and concerns. Additionally, surgeons can provide realistic insights into the procedure and its limitations, and have the freedom to make autonomous, beneficial decisions with the agreement of their patient.

When patients fully understand the potential risks and benefits, they are more likely to be satisfied with the results. There is also less of a warrant to accuse of medical malpractice. Documentation collected through this process serves as a crucial legal safeguard, acknowledging that the patient was aware of the procedure's nature and risks.

Without it, you could face claims against you, should your patient feel their expectations had not been met, whether unjust or not.

One particular client faced a consent-based allegation arising from a patient who suffered with Scleroderma and wished to have a second fat transfer treatment. She had previously been referred to another plastic surgeon by her rheumatologist, to treat an area of Scleroderma on her forehead. This treatment had gone well, prompting her to attend our client for a further procedure. Unfortunately, the second treatment did not go as well as the first, with the patient alleging that she had been left with a poor cosmetic outcome, an infection, migraines and psychiatric injury.

Although the allegations raised by the claimant

extended beyond consent, including an allegation that our client adopted a poor surgical technique, many of the claimant's issues could have been resolved from a comprehensive consent process. While our client was experienced in fat transfers, it was alleged that they had not disclosed their specific experience of treating patients with Scleroderma (which the patient believed to be comparatively limited). Had she been aware of our client's specific experience, she contended, she would have waited for another surgeon with the experience she desired to become available on the NHS. Our client could counter with the argument that Scleroderma patients are very rare, which has to be weighed against the patient having a previously good experience with a surgeon, who she had considered to have the level of experience she trusted. At this point, if she had chosen to see an alternative surgeon or not go ahead with the procedure, she may not have suffered the complications she did.

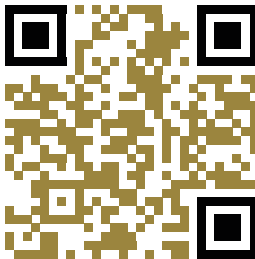
We help our clients by providing a regulated and secure contract of insurance, providing support and legal representations, if claims such as the aforementioned should arise. With unlimited 24/7 medico-legal advice from our medically

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Join us at **Table 12**, or scan the QR code to learn more about how we can help you or your practice.



Upcoming events from BAAPS Support

Featuring talks & panel Q&As from esteemed faculty across two days

Alan S Adams
The Clinic Coach

Mr Ahmed Ali-Khan
Consultant Plastic Surgeon, UK

Mr Paul Harris
Consultant Plastic Surgeon, UK

Dr Mindy Hawes
Plastic Surgeon, USA

Mr Reza Nassab
Consultant Plastic Surgeon, UK

Miss Nora Nugent
Consultant Plastic Surgeon, UK

Dr Jerry O'Daniel
Plastic Surgeon, USA

Mr Marc Pacifico
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Mr JJ Staiano
Consultant Plastic Surgeon, UK

Mr David Staughton
Practice Growth Consultant, Australia

Dr Spero Theodorou
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Mr Mike Tyler
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Masterclass in Aesthetic Practice Management for Clinic Staff

Behind every successful plastic surgeon is an amazing team!

Friday 29th September 2023 at the I.E.T London - Savoy Place

09.00 **Welcome & introductory remarks**
Rajan Uppal

09.10 **Recognising medicolegal red flags**
Nora Nugent

09.25 **Q & A**

09.30 **Avoiding HR headaches**
Marc Pacifico

09.45 **Q & A**

09.50 **Enquiry Handling**
JJ Staiano

10.05 **Q & A**

10.10 **Business Touch Points**
Paul Harris

10.25 **Q & A**

10.30 **Coffee Break & Networking**

11.00 **Ethical cross-selling of services within an aesthetic practice**
Reza Nassab

11.15 **Q & A**

11.20 **Responding to a patient with a clinical concern**
Mike Tyler

11.35 **Q & A**

11.40 **Marketing of an aesthetic plastic surgery practice**
Reza Nassab

11.55 **Q & A**

12.00 **Practice Team Training & Coaching for Improving Patient Conversion**
Michelle Staughton

12.20 **Q & A**

12.30 **End of Programme**

12.30 **Lunch in the Riverside Room**

Masterclass in Aesthetic Practice Management for Plastic Surgeons

Saturday 30th September 2023 at the Science Gallery London

09.30 **Registration opens**

10.00 **Welcome & introductory remarks**
Rajan Uppal

10.05 **Keeping your patients in your practice for nonsurgical services utilizing internal marketing**
Jerry O'Daniel

10.25 **Starting up in business: maximising IP & USP, structuring industry relationships**
Spero Theodorou

10.45 **Running an aesthetic practice**
Mindy Haws

11.05 **Panel discussion & questions**
Jerry O'Daniel, Nora Nugent, Marc Pacifico & Mindy Hawes

11.30 **Coffee Break & Networking**

11.50 **How to organise your sales for a £Million+ clinic**
Alan S Adams

12.10 **Aesthetic patient journey**
Nora Nugent

12.30 **Business touch points**
Paul Harris

12.50 **Panel discussion & questions**
Alan Adams, Nora Nugent & Paul Harris

13.05 **Lunch Break**

13.50 **Motivating your team**
Marc Pacifico

14.10 **Getting the best out of your practice**
JJ Staiano

14.30 **Effective time management**
Ahmed Ali-Khan

14.50 **Panel discussion & questions**
Marc Pacifico, JJ Staiano & Ahmed Ali-Khan

15.05 **Coffee Break & Networking**

15.35 **Marketing of an aesthetic plastic surgery practice**
Reza Nassab

15.55 **Helping Plastic Surgeons Build Their Perfect Practice**
David Staughton

16.15 **Credentialing your clinic/ practice/surgeon to patients**
Mike Tyler

16.35 **Social media for an aesthetic plastic surgery practice**
Rajan Uppal

16.55 **Panel discussion & questions**
David Staughton, Reza Nassab, Mike Tyler & Rajan Uppal

17.15 **End of Programme**

The Aesthetic Meeting 2024



May 2–5, 2024

Exhibits: May 3–5

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meetings.theaestheticsociety.org



BAAPS

2023 28 & 29 September
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1 Ranked 5th by brokerage, Insurance Times, October 2022

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We deliver high-quality products that empower women to feel confident and safe in their breast enhancement journey. We are committed to provide surgeons and patients high quality solutions to be their life-time choice.

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Andy Lamb

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Exhibitor Directory



Inmode

Inmode UK Ltd. is an aesthetic beauty company founded in 2008. We manufacture and market innovative aesthetic platforms that combine radio frequency and laser. The advanced technology in our InMode and BodyTite systems, enables practitioners to effectively perform body contouring, liposuction, skin rejuvenation, hair removal and other in-demand aesthetic treatments.

Inmode offer a variety of revolutionary non-invasive, minimally invasive and invasive options. We believe in providing practitioners with the tools they need to aid people in feeling their best. Our platforms help do this in the safest and most comfortable way possible. Inmode has focused on producing platforms with unique, leading-edge safety features. This positions them as a leader in high performing, safe and comfortable aesthetic machines.

Diana Costea Correa
Diana.costea@inmodemd.com
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Lipoelastic Ltd

LIPOELASTIC was founded in 2002, and established in London in 2016, where we opened our first boutique. We have expanded to more than 75 countries around the world.

LIPOELASTIC is a well-established, family-owned company that prides itself on producing high-quality compression garments. We produce, pack and dispatch our garments by hand. That is what makes LIPOELASTIC garments a premium brand.

All of our products have been designed in collaboration with surgeons who use them. We have worked with surgeons from all over the world.

Our qualified employees allow us to develop and produce high-quality compression garments for our customers. We strive to make the post-surgical journey as comfortable and pleasant as possible by making the most well-fitting garments. We can manufacture new product's and tailor them to customers' requirements.

LIPOELASTIC is now among the largest producers of compression garments in the world and a leader in Europe.

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Macom® Medical

macom® is the leading provider of high quality compression garments supplying to cosmetic and reconstructive plastic surgeons in the UK, Europe and the rest of the world. One of macom®'s expertise is in the manufacture of expandable post surgery bras as well as effective girdles in different torso lengths - standard and petite. Latest news includes merging advanced memory foam with compression wear technology built into the structured panels the garment. A real game changer for optimised healing after deep plane facial surgery and body contouring procedures.

Nadja Collin
nadja@macom-medical.com
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Mentor

MENTOR® was founded in 1969 and has a long, proud history in breast aesthetics, rooted in a commitment to high-quality breast implants and science-based innovations. We've maintained high standards of design, testing and safety, and we've earned the respect of the breast aesthetics community worldwide.

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Exhibitor Directory



Motiva Implants UK

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Motiva Implants® are proudly produced at two MDSAP-certified, state-of-the-art manufacturing facilities in Costa Rica and approved for sale in more than 80 countries. From its humble beginnings building prototypes in pizza ovens to listing on the Nasdaq Stock Market, the company has grown rapidly and expanded its product and technologies portfolio beyond implants to include such innovative solutions as the Divina® 3D simulating system, and Motivalmagine® Centers and surgical tools.

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PRASIS

PRASIS is a mutual, run exclusively by Plastic Surgeons for the benefit of the plastic surgical community. It is owned and governed by our members, all of whom are on the GMC Specialist Register for Plastic Surgery. PRASIS is strongly supported by the Chair and Clinical Board of Directors, the latter of which is responsible for the governance and strategy.

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Jane Richardson – National Business Manager
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Exhibitor Directory



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Joanne Kopec

Joanna.kopec@sebbin.uk; custserv@sebbin.uk

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Daniel Cohen

info@skinade.co.uk

+44 (0)8451 300 205

www.skinade.com

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Exhibitor Directory



Specialist Practice Excellence

Specialist Practice Excellence (SPE) is a Practice Growth Consulting Business based in Australia working with Plastic Surgeons around the world. SPE helps Plastic Surgeons grow their perfect practice and create their ideal life.

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David & Michelle Staughton

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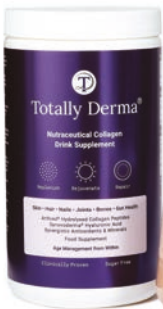
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1. Duteille F, et al. Aesthet Surg J Open Forum 2019;1(2): 1–10.