Faculty abstracts

Rui Avelar

Fluorouracil (5-FU), a new option in treating biofilm formation?

5Fluorouracil is a tale of a chemotherapeutic that turned out to be very effective in preventing device infection and biofilm formation. It introduces a new mechanism of action that goes beyond the simple explanation of cellular proliferation inhibition and may have an added advantage in the battle against anti-infective drug resistance formation, a serious concern of the CDC.

A1 May 28, 11:00

Peter Bjerring

Long-pulse Nd:YAG laser treatment of periocular veins (dark circles)

Visible lower eyelid veins may give an impression of “dark circles” around the eyes and are a concern to patients of all age groups. The superficial facial veins start from the bridge of the nose, cross the low eyelid and drain into veins of the lateral forehead. Especially in patients with fair or transparent skin the veins are clearly visible as dark or blue circles around the eyes. Previously, treatment has been difficult due to lack of an efficient and safe procedure. Treatments such as sclerotherapy may lead to blindness and surgery may leave scars. The long-pulse Nd:YAG laser (1064 nm) is the currently used treatment for these veins. Treatment can either be performed using fixed laser settings or visually guided settings where the clinical endpoint is vessel closure. Recent clinical data show that the Nd:YAG laser is both safe and effective for the treatment of periocular veins with no purpura and no need for post-treatment care.

A1 May 27, 08:00

Peter Bjerring

Intense Pulsed Light - Current treatment indications and new developments

The IPL technology has improved immensely during the last 20 years. The new high-end clinic devices now feature optimized optical filters which have improved chromophore selectivity, and inventions such as square optical pulses as well as programmable optical pulse trains have increased both treatment efficacy and safety. The new sub-millisecond pulse technologies allow for effective and safe treatments of all clinical indications where the pulsed dye laser previously was the gold standard.

IPLs may be either highly sophisticated clinic devices – often platforms with combination of Nd:YAG lasers and IPLs. These devices cover most clinical laser indications and may replace a vast array of dermatological lasers. In the other end of the spectrum are the home treatment IPL devices which are mainly developed for unwanted hair control and for rejuvenation.

A1 May 27, 09:00

Peter Bjerring

Biofilm formation in injected dermal filler materials

Injection of soft tissue fillers plays a substantial and increasing role in aesthetic treatments of the face. Adverse events are now increasingly recognized, and recently, it has been suggested that bacteria biofilm may be the cause of a significant part of these.

A biofilm is a group of microorganisms which stick to each other on a surface. These adherent organisms are embedded within a self-produced, protective matrix of extracellular polymeric substance (EPS). Biofilm extracellular polymeric substance is a polymeric conglomeration generally composed of extracellular DNA, proteins, and polysaccharides. The microbial cells growing in a biofilm are physiologically distinct from planktonic cells of the same organism, which, by contrast, are single-cells that may float or swim in a liquid medium. Biofilm formation on tissue fillers injected intradermally and subdermally in the face appears to correlated to the longevity of the injected filler.

Most importantly, biofilm infections cannot be detected by ordinary bacterial swabs and tests and they are resistant to antibiotics once established - but can be prevented using prophylactic antibiotics.

A1 May 27, 16:00

Giovani Botti

The place for canthopexy and orbicularis oculi support

Canthopexy can be used to simply uplift the lateral commissure, but it becomes an essential tool in correcting scleral show and ectropion, especially if coupled with spacers, midface lift, fat grafting, etc. In the majority of cases we should resort both to a “deep” canthopexy, based on the anchoring of the lateral tarsal extremity to the bone and to a “superficial “one, consisting in the fixation of the orbicularis muscle to the orbital rim. Thanks to this approach we can also completely change the eye shape and slant. This procedure is nothing but simple and many details must be taken into consideration in order to obtain the best results.

C1-C3 May 27, 10:30

Giovanni Botti

The lid-cheek junction: diagnosing and treating tear-trough and malar bags

At the level of the lid-cheek junction we can find two main aesthetic defects, both not easy to treat: the “tear trough” (congenital or acquired) and the malar bags (ageing related). Several techniques have been proposed to correct them, but every case should be carefully examined in order to find out the best specific procedure. For example, if one considers to resort to a midface lift, a tear trough deformity should be treated by a subperiosteal midface lift with supero-medial pull and direct orbital

rim anchoring. On the other hand, malar bags deserve to be treated with supraperiosteal undermining followed by skin-orbicularis- SOOF repositioning. Many other valid options can be considered as well.

C1-C3 May 27, 10:30

Giovanni Botti

How to perform a mastopexy augmentation safely (video)

In this video a straightforward technique of mastopexy with implants will be shown, together with its specific pre-operative markings and the final result.

C1-C3 May 27, 16:00

Giovanni Botti

Mastopexy augmentation: how to optimize results and minimize complications

Coupling breast volume augmentation with “envelope” reduction is often rather complex. We will try to understand when a virtually scar-less volume increase with gland remodelling can be enough, when instead a periareolar mastopexy is needed and when a vertical scar becomes necessary. Complications and their solutions will also be taken under consideration

Room 26 May 28, 16:30

Mark Clemens

Breast Implant Associated ALCL: Epidemiology, Etiology, Treatment, and Outcomes

Breast implant-associated anaplastic large cell lymphoma (BI-ALCL) is a distinct clinical entity that can present in patients receiving either reconstructive or cosmetic breast implants. Presenting symptoms include onset of a delayed (> one year after implantation) fluid collection around the implant or a mass of the capsule. Optimal screening tools include ultrasound or PET/CT scan with directed fine needle aspiration. Diagnosis should be made prior to surgical intervention. Tissue and fluid specimens from suspected cases should be sent to pathology with a clinical history and to “rule out ALCL”. Treatment has progressed in recent years and most commonly includes implant removal and total resection of the tumor including capsule, mass, and involved lymph nodes. The role of adjunctive treatments such as chemotherapy, chest wall radiation, anti-CD30 immunotherapy, and stem cell transplant for advanced disease is under investigation. Further research is warranted to determine potential malignant drivers, disease progression, and optimal treatment strategies in advanced disease.

A1 May 28, 11:00

Gavin Corcoran

What commitment and responsibility do the industry have to support education and understanding of BIA-ALCL

Patients, Physicians and industry scientists share a common interest in understanding the pathogenesis and appropriate treatment of BIA-ALCL, with an ultimate goal of prevention of the development of the condition. Given the rarity of the condition, a complete understanding of this disease requires transparent and open communication between industry and physicians. In addition to investigating the pathogenesis and appropriate treatment through this collaboration, appropriate communication to treating physicians and patients is an additional key outcome.

This presentation will outline the efforts that Allergan has undertaken to contribute to the understanding of this disease and appropriate education of physicians and patients.

A1 May 28, 11:00

Ivica Ducic

Chronic Pain Following Breast Surgery: Incidence and Treatment Options

Post-operative breast pain can be a complex problem with various causes. If acute, surgical complications soon after surgery are likely cause, often resulting from an infection, hematoma, seroma or implant-soft issue envelope mismatch. Chronic breast pain can be related to biomechanical reasons like capsular contracture, scarring, post-radiation, but mostly appears to be of a neurogenic nature. At least half of women presenting to general breast clinic are due to breast pain or new nodularity. When present, chronic breast pain can interfere greatly with sexual activity (reported at 48% of patients), physical activity (36%), social activity (13%), and working or school (6%).

Careful delineation of the most likely cause for chronic breast pain after aesthetic or reconstructive breast surgery remains important first step in treatment of these patients. Once more common acute or chronic post-operative variables were addressed or ruled out, nerve injury algorithm can be applied for neurogenic breast pain. The type of the surgery, aesthetic vs reconstructive, implant vs autologous tissues, may also dictate likely cause of breast pain. If nerve involvement, depending on the mechanism of nerve injury, ranging from traction-stretch injury related neuropraxia, direct mechanical nerve trauma, to a radiation-induced neuritis, will determine if and what surgical intervention is warranted. Aside from commenting most often involved nerves, the timing and the type of surgical intervention suitable for the treatment of the underlying cause will further be discussed.

A1 May 28, 10:00

Mario Goisis

Practical tips and indications for use of PRP in aesthetic procedures

A preliminary study comparing nanograft plus PRP vs hyaluronic acid plus PRP for the correction of facial wrinkles Dr Mario Goisis Abstract: Objective: to compare the efficacy of nanograft plus PRP vs hyaluronic acid (HA) plus PRP for the correction of wrinkles on frontal area, nasolabial and lacrimal sulcus. Materials and methods: 24 patients aging from 32 to 57 year underwent fat graft with a new conception closed system, allowing to filter the fat faster and easily mix it with prp in the optimal 80:20 proportion. The fat was then disrupted and transformed in Nanograft with the Tonnard technique. Beside, the PRP was mixed with HA using a tube with a closed system. On every patient, one side of the face has been corrected by means of nanograft plus PRP and the other using HA plus PRP. 3 patients underwent correction of frontal wrinkles, 18 of lacrimal sulcus, 3 of nasolabial sulcus. All patients have been evaluated by means of clinical and photographic examination 2, 6 and 12 weeks after correction. Results: After 12 weeks on each patient the two methods showed comparable effectiveness. Both nanograft plus PRP and hyaluronic acid plus PRP provided satisfactory correction of wrinkles on treated areas. Both the techniques are executable with ease, being nevertheless the PRP plus HA is a faster technique. Conclusions: this is a preliminary study showing the effectiveness of both nanograft plus PRP with hyaluronic acid plus PRP for the correction of facial wrinkles. Further studies have to analyze results and regenerative capabilities on longer time follow up period. Resume: nanograft plus prp and Hyaluronic acid plus PRP are effective regenerative medicine treatments. In this study we compare the two methods on 24 patients. The preliminary study showed good results in reduction of facial wrinkles.

C1-C3 May 28, 14:15

Per Hedén

Facial beautification and rejuvenation – experience from treatment of twins

The traditional of evaluating outcome of an aesthetic procedure is to compare before and after pictures, and to do quality of life questionnaires. A striking way of comparing outcome, especially long term is also studies where one of two identical twins has been treated. A few studies involving surgical outcomes treating identical twins have been published where e.g. the short scar facelift appeared to have less favourable outcomes compared to traditional incisions. In this presentation examples of treatments, both surgical and non-surgical of only one of a set of identical twins will be exemplified. When it comes to aesthetic treatments of males and females the aesthetics are also different and in the male beautification/rejuvenation enhancement of male features creating a more masculine face obviously differs compared to female beautification where more femininity is desired. In the males focusing on enhancing cheek bones and jaw is the primary target where as females need more focus on lip and eye region.

A1 May 26, 15:00

Per Hedén

Deep neck sculpting - video demonstration

most demanding parts of the procedure. A traditional facelift with high SMAS elevation will indirectly improve the neck but for many patients problems relating to deep structure in the neck will remain after such a procedure. To only do liposuction or platysmaplasty is not sufficient to fully rejuvenate

many neck problems. Dissections deep to the platysma for sub plastysmal fat removal, digastric muscle trimming and sub mandibular gland resection may be indicated in certain patients. This part of a facelift is more demanding and also related to higher risks. Special consideration in doing especially sub mandibular gland resection must be considered. In this video deep neck sculpting including sub mandibular gland resection will be demonstrated.

C1-C3 May 27, 10:30

Per Hedén

The implant selection process and preoperative use of customized sizers

Implant selection respecting biological conditions and the breast morphology is of great importance for successful outcome in breast augmentation surgery. In the last decades we have moved from volumetric thinking to a dimensional analysis of the breast, which helps to minimize complications and improve outcomes. Selecting the appropriate implant involves deciding the base plate of the implant (width and height) and then considering shape and projection in relation to patient desires and the envelopes characteristics. With this process an ideal implant can be selected for each individual patient but as biological tissues have certain plasticity this could be smaller or larger. Surgeons must consider patients desire but should not accept implants that do not fit the patient's biological condition. This process is relatively straightforward and could be communicated with patients in front of the mirror. In spite of this patients have great difficulties in perceiving what the actual outcome of the procedure will be. The use of 3D imaging has helped tremendously in conveying outcomes for the patients giving the patients much more confidence in the final outcome. This is however not enough to create trust in the result for many patients and the use of sizers is therefore of great importance. However, putting an implant in a sports bra will underestimate the actual width of the new breast even if the projection can be illustrated. To use standardized sizers is not accurate when it comes to volume and dimensions of the breast. A new technology (Preplant®) has therefore been developed. This involves moulding of a customized breast sizer of the exact volume of the selected implant. The benefit of this procedure is that right width and shape of the sizer can created using a hard plastic cup to mould the sizer in specially manufactured bra (Ipomia®). This bra and sizer system provides the patient with a much more accurate prediction of the actual outcome. In a study of patient's preferences it has been demonstrated that a large portion of patients will prefer to go clinics who offer this system. Once the component silicone material has cured in the sports bra with the external hard plastic cups, the external hard plastic cups are removed and the patient can go home with her Ipomia® sports bra and the Preplant® to evaluate reaction from the surrounding and get a feeling for how the new breast shape would fit her clothes and social situations.

C1-C3 May 27, 16:00

Planned implat: anatomical moderate height 335 gram


Place selected external "shaping" shell on top of PREPLANT


Remove the shaping hard plastic cups

Per Hedén

How to minimize implant contamination

The aetiology of BIA-ALCL is not clear but a relation to implant texturing has been confirmed. One theory about the development of late seroma and ALCL is biofilm formation relating to contamination of the implant surface. With a textured surface biofilm formation is more likely. Other problems relating to biofilm formation could be non-adhesion of macro textured implants and double capsule formation. To minimize implant contamination and optimize tissue integration of macro textured implants several measures are of great importance. The surgical technique should preferably be performed through a sub mammary fold incision and the location of this is of importance to optimize the aesthetic result of the scar. This approach allows for exact dissection using pro-active haemostasis of a snug fitting implant pocket with the exact dimensions needed for the selected implant. Blunt dissections should be avoided. Before commencing the procedure a thorough sterile wash of the surgical field is of great importance and a meticulous sterile technique during the procedure. Coverage of the nipple areola complex with adhesive film e.g. Tegaderm® is advisable as secret from the NAC may contain Staphylococcus epidermis. I. V. antibiotics should be administrated preferably 20 minutes before the start of the procedure covering gram-positive cocci. Having created the exact implant pocket, irrigate the implant pocket first with saline to wash out debris and small blood cloths, followed by antibiotic irrigation. Several different regimes for this irrigation have been described and used. Implant insertion should be done using a “no-touch technique” where only the surgeon with freshly changed gloves (a double glove system is recommended) touches the implant. To minimize contact between implant and skin surface a Keller Funnel is advisable. Fingers are only used to control the position of the implant by the surgeon followed by direct suture and closure of the wound. All these steps of minimized contamination of the implant will be demonstrated in this presentation.

A1 May 28, 11:00

Per Hedén

Secondary correction of buttock implant malpositioning with mesh support - VIDEO demo

Implant malpositioning is well described and discussed in breast implant surgery but much less frequently presented in the literature relating to buttock implants. Method of choice for buttock implantation is intramuscular positioning and importance of creating a pocket of appropriate size and selecting an implant respecting the boarders of the gluteus maximus muscle is of great importance for favourable outcomes. If oversized implants are used, or an oversized pocket is created implant malposition can occur after intramuscular buttock implantation. It is also important to minimize bouncing movement postoperatively to avoid implant malpositioning during the healing phase. Correction of implant malposition necessitates implant extirpation and creation of a new pocket or modification of the capsule. Only capsuloraphy is an option to minimize the displacement but capsuloraphy may be sufficient to create good support. In breast implant surgery it is today common to use mesh support or ADM for implant malposition but the use of mesh/ADM in buttock implants is uncommon. In this video the use of TigrMatrix® meshe support to minimize implant malposition will be demonstrated.

A1 May 28, 14:15

Allen Huang

The lower lid & tear-trough

The tear trough deformity and periorbital rejuvenation is one of the most challenging areas to treat. There are many modalities to consider, such as fillers, toxins, surgical options or a combination of all of the above. Achieving good results with just fillers alone depends on a good injection technique as well as the choice of filler material. Many cases do not present themselves with just a tear trough deformity but include factors such as poor bone structure, herniated lower lid fat pads, skin laxity and volume loss. Evaluating and choosing the right patient for this treatment is also crucial in setting patient expectations and achieving more than satisfactory results. As the periorbital area is delicate and difficult to treat, complications occur frequently with filler injections. Common complications include bruising easily, edema, lumpiness and irregularities. In certain cases, satisfactory results would be achieved immediately after injection, but patients will complain of lumpiness or irregularities during the follow-up session one month later. Traditionally, fillers are placed medially above the orbital rim as well along the area of hollowing. Dr Huang will reveal his unique concept of treating the tear troughs, his choice of filler material, and explain in detail the sequencing of his multi-layer injection technique. His distinctive injection technique has been refined many times and this concept can be used to treat majority of cases with a decreased rate of the common complications associated with tear trough filler injections.

A1 May 27, 11:30

Allen Huang

Achieving lower face balance and harmony with fillers on Asian faces

Creating a beautiful and sexy lip is a popular treatment in the West. It is not a highly requested treatment when it comes to Asian patients as they generally have quite a full lip. Research has shown however that nice lips and a beautiful smile rank highly as an attractive trait and it's also important to consider how we can treat the perioral area when it comes to Asian faces. Assuming the patient is averse to lip fillers, what are the other options do we have to achieve facial balance and harmony? Length of the upper lip, lip protrusion, excessive gingival display, muscle strength and a weak chin for example, are all factors that influence the appearance of the perioral region. In this presentation, evaluation methods and how a more proportionate lip and a great smile can be achieved just using fillers alone in the perioral region without injecting the lips, will be explained.

A1 May 27, 11:30

Jan Jernbeck

Platysma and simplified axillary hyperhidrosis treatment

With ageing the platysmabands become more visible. Platysma can be treated with neck surgery or reduced with neurotoxin. Except from the signs of ageing it also has an origin along the mandibular border closer to the depressor muscles causing a descent of the corner of the mouth. Indications are reducing the visible platysmabands medially and laterally and elevating the corners of the mouth. The platysmabands are identified by the patient putting tension to the platysma muscle. The bands are then pinched and injected with 5-10 units of Azzalure per injection site. It is important to do the correct analysis of the platysmaband, which can vary from different sides.

Treatment of sweat glands in the armpit can be performed successfully with neurotoxin. The sweat glands are in clinical practice located in relation to the hair bearing area. Treatment can be performed with multiple injections or as shown in this video injected with a long needle or a Pix'L cannula. With this technique you only need a couple of places to puncture the skin and you can either inject perpendicular or with a fanning technique. The technique is demonstrated in this video.

C1-C3 May 28, 12:00

Mark Jewell

Lipolysis with injectables (Kybella, Allergan)

Kybella (deoxycholate) represents a novel way to diminish localized subcutaneous fat deposits in the sub-mental area through a series of injections. This drug is pharmacologic-grade deoxycholate and is supplied in 2 ml vials. Patient selection is important, as a determination of the location of the fat in the subcutaneous plane is where Kybella is effective. Some individuals may have sub-platysma fat that would not be treated with Kybella, but require a surgical procedure to remove. Additionally, skin laxness and platysma bands must be assessed. The best candidates for Kybella have good skin tone and moderate amounts of submental fat.

The treatment area is 1cm below the mandibular border and is planned with a grid pattern. A typical injection per treatment zone is 0.2ml. Patients are pre-medicated with ibuprofen. Following the injection, there is a robust amount of tissue swelling and firmness. The most common adverse event is localized ecchymosis. Swelling resolves in 5-7 days and a repeat injection session with Kybella may be planned 4-6 weeks later. It typically takes 3 injection sessions to produce a clinical outcome with Kybella. Kybella offers patients who have mild/moderate submental fat an opportunity to improve the neckline without surgery. The entire treatment cycle from start to finish involves at least 3 injection sessions and takes 6 months.

C1-C3 May 28, 09:00

Mark Jewell

Forehead treatment with Neurotoxin

Aesthetics of the forehead with respect to transverse wrinkle lines where the frontalis muscle is located remain an important cosmetic use of neurotoxins. This in addition to treatment of the procerus, corrugator, and orbicularis comprise 95% of what patients seek to improve with neuromodulators.

Attention to injection location and the amount of the various neuromodulator drug is important to achieve an individualized outcome in both male and female patients. Location of injection zones determines effect and also risk of adverse events such as brow/eyelid ptosis. Patient goals of neuromodulation/softening of lines versus complete forehead paralysis must be considered. Most females do not want their normally arched eyebrows flattened. Similarly, male patients do not want their normally flat-appearing brows to become ptotic. For this reason, avoidance of injection near the orbital rims helps avoid mistakes in treatment which produce adverse events and patient dissatisfaction with outcomes. Each neuromodulator drug has specific nuances with regard to dosing and zone of effect in the forehead. Familiarity with dosing regimens and dilutions is essential to producing great outcomes during treatment sessions. The use of templates to record location of injections and treatment notes helps minimize variations in outcomes.

C1-C3 May 28, 12:00

Mark Jewell

Ultrasound lipolysis and skin tightening - Ultherapy

High-intensity focused ultrasonic energy (HIFU) represents a unique technology to tighten skin, subcutaneous collagen layers (SMAS), and to ablate subcutaneous adipose tissue. What's attractive about this technology is that is avoids damage to epidermal layer and precisely focuses the thermal ultrasound into deeper layers. Ulthera (Merz) has an imaging component that helps the operator see the area to be treated and to avoid treating too deeply over bone. The HIFU raises the local tissue temperature to 55-60C and produces "micro-zones" of thermal effect which causes collagen to tighten and fat ablation.

Ulthera treatments can be individualized in various face areas, such as brow, cheeks, jawline, neck, and décolletage. The treatments are well-tolerated, but typically require premedication with ibuprofen or oxycodone. It takes approximately 180 days for the ultimate outcome from a single Ulthera treatment session.

Ultherapy represents an opportunity for younger patients with relatively tight facial structures to mitigate the signs of facial aging. For older patients, Ulthera offers a way to improve facial aesthetics in a subtle fashion. Ulthera works well in addressing lateral brow position in both male and female patients.

Experience with determining where to best place the HIFU into the tissues and dosimetry is important to achieving a great outcome. Excellent photographic documentation is required to show patients their outcomes. Ulthera requires a treatment provider who is skilled in reading the diagnostic ultrasound image that the system provides and precisely using the correct transducer focal length to achieve the best outcome.

C1-C3 May 28, 14:15

Bertrand Lacotte

MVTL a unique vertical breast reduction technique (including video step by step demonstration)

Goals of a mammaplasty are a beautiful and long lasting conical shape, a satisfactory reduction of the volume of the breast, safety of the procedure and minimal scarring. All vertical techniques are not possible for all breast and the author is explaining is choice and presenting his own vertical technique based on a central wedge resection with no undermining of the skin, the MVTL he has performed for more than 20 years and extend to large case with an average size of the reduction of 800 gr/breast and a maximum at 4Kg850 / breast. In this interactive educational course, the conceptof the MVTL is developped and the procedure is demonstrated step by step with slides and videos. Results and complications and tricks are discussed.

Room 23 May 27, 07:00

Bertrand Lacotte

Vertical scar mammoplasty - analysis of different concepts

The Vertical Technique means nothing else than a mammaplasty finishes with a Vertical Scar. The scar is the signature of the operation but underneath the scar, there are different concepts. Since 1924, many vertical’s techniques have been described and most of them should be divided in 2 groups. Two concepts are used according the different surgeons, explaining the limits of the technique in large case for one group.

A1 May 28, 09:00

Hong-Ki Lee

Axillary breast augmentation with endoscope

The most important factors that women are seeking after breast augmentation are soft feeling and natural beautiful shape of the breast. The beautiful shape of breast can be accomplished when the implant has position that is harmonious with the breast parenchyma and the nipple. Soft breast after breast augmentation means the situation the capsule around implant is thin enough to let the original softness of the implant be felt through the breast tissue. For a long time, transaxillary breast augmentation procedures have been tried all over the world to obviate scar on the breast mound with some specific reasons according to each ethnic group. But some of the doctors said that with transaxillary approaching method they cannot control the position of implant in the dissected pocket with high rate of malposition and bleeding, which may result in capsular contracture. Even in anatomical implant, it has been believed that only IMF incision is suitable operative approach for safe insertion of implant without gel injury and setting the orientation of anatomical implant. But with accumulation of experiences and advancement of technology of endoscopic vision, now we can make more delicate control of dissection and manipulation of neurovascular and muscular structure. With understanding of some basic principles of transaxillary approach, we can have a definite control of implant position and no visible scar on the breast mound even with anatomical implant. Now we can discuss how to have a consistent result with anatomical implant using transaxillary incision approach with endoscope.

C1-C3 May 27, 13:45

Hong-Ki Lee

Understanding, avoiding, managing filler complications

In Oriental, the most common request among filler injection treatment patient are to have augmentation of forehead, glabellar area, nose, nasolabial fold and anterior cheek area. In Western, the most common request are malar cheek bone, chin augmentation to camouflage the ethnic deficiency. Nowadays there have been reported much more complications related with filler injection from oriental society. We should find out the reason. The target anatomic areas for the oriental are mainly at the central part of face like forehead, glabella, nose, nasolabial fold, in which complicated network of vasculature course their way to nourish the target tissue. So oriental patient in nature can be a high risk group of patients. There are two reasons of vascular compromise. First is external vascular compression by the filler. Second is blockage of the vessel by intravascular injection of the filler. Injection into the arteries can lead to necrosis over a large area of skin, and the risk is greater to the end arteries. The most severe side effect of intravascular injection into arteries is blindness and stroke.

Suggested Methods to prevent vascular compromise

1. Detail information of filler material should be understood.
2. In depth knowledge about the anatomy should be learned.

3. Small volume, Slow, Retrograde injection with aspiration confirmation before injection should be carried out.

4. Check the skin color in a 30 min. after injection in any cases.

5. Prepare and Use Hyaluronidase whenever the questionable case happened.

A1 May 27, 16:00

Hong-Ki Lee

Masseter treatment

The masseter m. arises from the zygomatic arch, and attaches to the mandibular angle and the ramus of the mandible. It consists of three layers according to depth - superficial, middle, deepest. The superficial layer is the largest, and three layers of the muscle fibers are overlaid, forming the thickest layer at the lower portion. Therefore, the botulinum toxin injection should be performed into the lower portion, where the area is the thickest. Injections should be made deeply into the lower 1/3 of the masseter. A shallow toxin injection into the masseter m. causes a change in facial expression, with the most frequently reported with reduction in the width of the mouth upon smiling due to spreading of the toxin into the risorius m. located in front of the masseter. The line connection ear lobule and the cheilion are references and divide into superior and inferior masseters. The injection points are located below this line. Injection points are placed inferior to the masseter because it has well-developed muscle fibers and is the most prominent area. Additionally, cheek bones appear more prominent due to atrophy of the lower part of the cheekbone when injections are made into the upper area. 10–40 U is injected at each side, depending on the volume of the masseter. 20 U is enough for a width and thickness of 3–5 cm. As an exception, 25–40 U could be injected for a man with a width of over 5 cm or thicker.

C1-C3 May 28, 12:00

Peter Lennox

Fat grafting in revisional breast augmentation surgery

Revisional breast augmentation surgery poses many challenges, and requires mastery of multiple techniques to achieve predictable satisfactory results. Autologous fat grafting is one technique that can be utilized in the right settings to optimize outcomes.

Goals and Objectives:

General review of autologous fat grafting in breast surgery.

Review of harvesting techniques and processing for autologous fat grafting in breast surgery.

Video of technique for autologous fat grafting in revision breast augmentation.

Discussion of outcomes of autologous fat grafting in revision breast augmentation.

C1-C3 May 27, 16:00

Peter Lennox

Modified inverted T technique how to optimize

Inverted T scar breast reduction has fallen out of favour in many centres, with the concern that the long term results are unstable and that the scars are unacceptable. However, a number of these criticisms may be due to technique. Modification of technique, including pedicle, areas of resection, markings and final scar placement, can all influence outcome.

Goals and Objectives:

Review of history of inverted T breast reduction and criticisms of technique and outcomes.

Review of patient selection and goals of procedure.

Review of techniques to optimize outcomes in inverted T reduction mammoplasty.

A1 May 28, 09:00

Steven Levine

How to get started in facial rejuvenation surgery - perspective from a young plastic surgeon

Starting an aesthetic surgery practice requires learning a skill set that often is not taught well in formal residency programs. This talk identifies sucessful strategies to build an aesthetic practice. This includes reveiwing how to learn and hone new techniques as well as how to continually modify the techniques you use. We will also address modern pressures on advertising and how to decide whether to incorporate technology into your practice.

C1-C3 May 27, 08:00

Steven Levine

SMASectomy and plication a good an simple alternative to high SMAS lifting

Multiple facelift techniques exist that can deliver excellent results. I will review why I use a combination of SMASectomy and plication techniques. We will discuss indications for each as well as technical execution. The talk will focus on how to achieve reliable and consistent results and stress that the biggest difference between surgeons in aesthetic judgement rather than techique.

C1-C3 May 27, 10:30

Mark Magnusson

The bad aesthetic result: how to deal with it

The patient with the bad aesthetic result can arise from within your practice or without and each will fall broadly into one of 3 categories.

1. A patient with a good or average result that remains unhappy: This is a failure of patient selection.

2. The patient with a minor and identifiable problem: This is a patient that requires reassurance and an action plan.

3. The patient with a significant complication: This is the smallest group and requires a concerted and maintained positive relationship with the practice.

The goals of managing the bad aesthetic result are to correctly identify the underlying problem, correct it where possible and to avoid converting this patient into an unhappy or dissatisfied patient which is a different and possibly more difficult problem.

For the experienced practitioner, most patient dissatisfaction in aesthetic surgery is due to a breakdown in communication, poor patient selection and less so due to technical errors and misadventure. Managing the unhappy patient must therefore start with the vital skills of good communication, relationship building and most importantly assessing the motivations for treatment.

The patient selected for treatment should have a realistic and achievable goal that is identifiable and real. The patient should be self-motivated and have expectations that match what you are capable of delivering.

There are contributing factors that contribute to the development of an unhappy patient including punctuality, cost and the qualities of the facility.

These elements will be discussed.

A1 May 26, 11:00

Mark Magnusson

Nasal reshaping

The aesthetic result from well performed injections for nasal reshaping can create be gratifying for the patient. This treatment is well established in some areas especially in SE Asia where racial skeletal features lead to poor midfacial and consequently nasal projection. The goals are frequently nasal augmentation.

The caucasian nose can also be treated with good effect although the treatment goals are often different. Refining the orbito-nasal curves, smoothing the “exposed” nasal skeleton, camouflaging a nasal hump, supporting the plunging tip and alar base.

Acceptance of this treatment is however plagued by a real incidence of serious adverse events such as tissue necrosis and blindness.

There are a number of key elements for maximizing the safety and efficacy of this treatment which will be demonstrated in the video.

1. Intimate understanding of the anatomy of the region and anatomical changes of aging

2. Understanding of the aesthetic goals

3. Appropriate product choice

4. Slow injection with low extrusion forces

5. Micro-boluses, moving needle or cannula. Consider retrograde injection

6. Undertreat

7. Safest treatment zones: In the midline: radix, nasal bony, cartilaginous dorsum and on the nasal spine and superficially in the columella. At the bony margin of the pyriform aperture at the nasolabial angle.

8. Risk zones include the nasal tip and straying from the midline onto the lateral nose.

9. Close observation during injection: Blanching, excessive pain, visual change

10. Monitor after injection

There are no “safe” areas for filler injection. There are safer techniques.

A1 May 27, 11:30

Paolo Montemurro

The IMF

There are four types of incisions used for augmentation mammoplasty: inframammary, axillary, periareolar and umbilical. Each of these choices has pros and cons: some surgeons use some or all of these options, whereas others have a preference based on training, experience or habit. The IMF incision is probably the most common incision used for breast enlargement with implants. This incision provides the best exposure for creating an implant pocket precisely and with the least amount of bleeding (and the highest likelihood of controlling this bleeding should it occur), avoids the course of the nerve to the nipple in most cases, does not cut through breast tissue and/or ducts (thus reducing the risk for lactation problems) and leaves a short scar that is inconspicuous in most cases, hidden in the natural inframammary crease. Moreover, since inframammary crease incisions do not cut through the bacteria-filled ducts like periareolar incisions do, or the bacteria-filled armpit sweat glands like axillary incisions do, there is potentially less bacterial contamination of the breast implants, and a resultant drop in the potential for infection or capsular contracture.

Also, in the event of a complication, the same incision can be used and no “new” scars are left. This does not always apply to other type of incisions.

C1-C3 May 27, 13:45

Ernst-Magnus Noah

Dual plane II dissection

In 2001 John Tebbetts published his work about dual plane breast augmentation and opened a new area of implant positioning. (PRS Vol. 107 No. 5 -1255). Taking the inframammary approach most of us did interfere with the relation of breast tissue and muscle tissue, freeing up some breast tissue to shape the lower pole. Tebbetts achievement was to give a systematic algorithm of how much breast tissue should be dissected from the pect. major muscle in which breast types. He divided his technique in 3 categories. Type one: minimal dissection of muscle breast tissue; type two: dissecting the gland up to the NAC border, Type 3 even further dissecting of the breast up to the upper border of the NAC. In all types the muscular attachments were freed up to the sternum. By this approach the breast tissue can slide upwards. A momentum specially needed in slightly ptotic breast. The dual plane technique is standard for most of us nowadays. Even further dissecting of breast tissue is advocated my other well-known breast surgeons and named dual plane 4 or extended dual plane technique. Even sutures to reattach the gland to the elevated pect. major muscle were advocated.

In firm breasts dual plane 1 os the way to go, sliding the breast tissue further up in ptotic breasts is a way to approach waterfall deformity, but do we really need dual plane 2? Should we dissect first the subglandular space or first the muscle. In this video talk the surgical technique is presented as well as exemplary cases for dual plane 2 dissection.

C1-C3 May 27, 16:00

Patricia Ogilvie

Non-surgical treatments in men and women - what is the difference

The average human male face differs from the average female face in size and shape of the jaws, cheekbones, lips, eyes and nose. It is possible that this dimorphism is determined by sex steroids such as testosterone and oestrogen, and several studies on the perception of such characteristics have been based on this assumption, Gender skin differences of skin characteristics are mainly constituted by the presence of terminal beard hair in male and its adnex structures, the sebaceous glands. Moreover, male facial skin is thicker, leading to differences in wound healing and the dynamic of visible ageing processes. In contrast to these defined differences, treatment approaches have not specifically addressed the differences of male compared to female facial shape and skin in the past years. The presentation will outline the gender specific differences and their impact on the choice and the execution of the non-surgical treatment options as well as the perceived attractiveness in male compared to female faces.

A1 May 26, 15:00

Patricia Ogilvie

Lip treatment - and the perioral area

TThe lips, the perioral area, and the lower face are subjected to a variety of age-accelerating triggers leading to radial lip lines, labio-mental lines (the so called Marionette lines), radial cheek lines, deepening of the mental crease, and the loss of definition of the jaw-line. The muscle relaxing effect of neurotoxins in this area are despite its beneficial effect not formally approved indications for treatment of age-related wrinkle formation in this area of the face. The presentation will summarize the anatomy of the area and will provide essential knowledge of the key target structures for Botolinum toxin application in the perioral area in order to optimize treatment outcome and minimize undesired side effects. Moreover, empirical data and published consensus recommendations on dosage and recommended injection points will be shared to enable injectors to use Botolinum toxin off-label either as a stand-alone treatment option or in combination with injectable fillers.

C1-C3 May 28, 12:00

Tracy Ann Perry

The biology of capsule formation between tissue and artificial materials

Implantation of a device such as a breast implant elicits a foreign body response. The natural inflammatory response is characterized by recruitment of fibroblasts, which lay down collagen fibers, forming a circumferential capsule around the implant. The pathophysiology of capsule formation is multifactorial, and is based on the material properties and structural dimension of the breast implant shell surface, the surgical procedure, the inherent predisposition of the patient to the foreign body response, and the age of the capsule. Problems arise when the capsule becomes “pathologically active”.

One such problem is capsular contracture which occurs when the normal healing process fails or when a pathological change is initiated by tissue trauma or an exogenous trigger. Highly aligned collagen fibers are associated with a greater force of contracture, such as around a smooth breast implant. Clinical data supports enhanced tissue integration into a textured surface resulting in disorganization of the collagen fibers within the capsule. Greater tissue integration directly reduces the potential for the capsule to contract while providing improved stability of the implant.

Preclinical capsule formation reflects clinical performance in that structural modification of the surface texture can markedly alter the pathophysiology of the foreign body response. Furthermore, nonclinical performance data derived from in vitro cell-based studies suggests there is no unique immune cell activation associated with either Biocell particulates or a chemical extract derived from an intact Biocell breast implant.

A1 May 28, 11:00

Riikka Veltheim

Ablative laser peeling: A good supplement to aesthetic plastic surgery

A good skin condition gives a strong influence of youth and beauty. CO2 laser resurfacing is a great tool to rejuvenate different skin conditions. It is efficient in direct rejuvenation of the skin and wrinkles but we can also use it earlier in age in prevention of aging and in skin problems as acne and sun damage. CO2 laser gives relatively safe way for aesthetic resurfacing of the skin and is the only laser technology at the market giving induction of collagen synthesis with true skin tightening effect. In my presentation I will share my personal clinical experience of this ablative fractional laser skin resurfacing. With right information and right expectations the patient satisfaction is extremely high. There is a learning curve and we should respect the potency of this treatment witch leads us a safe way to get great results. In trained hands resurfacing of the neck can be performed safely in conjunction with resurfacing the face. Knowledge of CO2 laser gives us a good supplement to our work as aesthetic plastic surgeons. Having CO2 laser in our offices makes us able can offer a more holistic way to treat your client's wishes.

A1 May 27, 08:00

Michael Zangani

Complement and alternatives to laser treatments of pigmentations

Hyperpigmentation disorders of the skin are common and can be the source of significant psychosocial distress for patients. The most common of these disorders are melasma and post inflammatory hyperpigmentation. Sunscreen use and minimizing sun exposure are crucial in all cases. Topical applications are the mainstay of treatment and include, retinoids, hydroquinone, and their combinations.

A1 May 27, 08:00

Michael Zangani

Complement and alternatives to laser treatments of acne and rosacea

Rosacea is a multifactorial skin disorder that usually affects middle-aged persons. The disease most likely represents a vascular anomaly or Demodex, a microscopic mite that is a normal inhabitant of human facial skin. The mainstay of treatment for inflammatory lesions has been oral antibiotics, but topical metronidazole and ivermectin also may be effective. Because recurrences are common after discontinuation of therapy, doses should be tapered as tolerated. Antibiotics are more effective for inflammatory lesions than for erythema and telangiectasia. Isotretinoin may also be effective for inflammatory lesions, edema and rhinophyma in some resistant cases, but its use is limited by its side effects and teratogenicity.

Acne vulgaris is a common skin disorder that can affect individuals from childhood to adulthood, most often occurring in the teenage years. Acne can have a significant physical, emotional, and social impact on an individual. Many different treatment options are available for the treatment of acne

vulgaris. Commonly used topical treatments include benzoyl peroxide, antibiotics, azelaic acid, and retinoids. Systemic treatment is frequently used and includes the use of systemic antibiotics, oral contraceptives, antiandrogens, and retinoids. Other treatment modalities exist such as the use of superficial chemical peels as well as using laser and light devices for the treatment of acne.

A1 May 27, 09:00

Karen Zupko

Evidence based management and marketing

While clinicians are held to high standards in presenting evidenced based medicine in talks and articles- --marketers and managers are not. In this presentation, you will find documented facts and figures on everything from email open rates to social media to reviews and rating sites to help you make better decisions regarding marketing investments. The necessity of tracking and asking patients about how they made their choice to see you is key. Tips for asking patients to post reviews are offered.

A1 May 26, 11:00

Karen Zupko

Why do you lose patients?

Alert! Dropped leads mean that you will never have a chance to assess whether the patient is waving a red flag which Dr Stevens will talk about. And, for sure dropped leads mean that prospective patient will never be dissatisfied with a clinical result as outlined by Dr Saltz. These Prospective patients will be lost due to a lack of an organized response system in your office, a failure to use technology to track incoming calls and web inquiries, and staff who are 'bothered' by answering questions and who fail to understand client service.

A lead, according to noted web designers for aesthetic surgeons and Real Self, can cost between $70.00 and $200.00 to generate. And, of course that doesn't take into account the cost of the lost services. In this session, you'll see the results of over 100 "mystery patient calls and contacts" to the offices of leading plastic surgeons and dermatologists. And, we'll share recommendations for improving lead response in your practice.

A1 May 26, 11:00