

DAY 1

Scientific Tracks
& Abstracts



3rd European Conference on

SURGERY, PLASTIC RECONSTRUCTIVE & AESTHETIC SURGERY

March 25-26, 2019 | Budapest, Hungary

DAY 1

March 25, 2019

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Session Chair
Mathew Nicholls

Virginia Mason Orthopedics and Sports Medicine, USA

Session Co-Chair

James K. DeOrio
Duke University, USA

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Experiences in 80 month sealing veins: a follow- up study conducted on 2200 truncal saphenous veins in 1150 cases

U Th Zierau
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We report about 80 month results of a prospective comparative study of VenaSeal® closure in the treatment of 2200 saphenous veins in 1150 patients. The present research paper sheds light on the advantages and disadvantages and presents the 80 month results of a single- center ambulatory clinical study with prospective design. In the base, all varicose veins should be treated actively. This we can find in nearly all guidelines worldwide. Since 20 years by now, varicosis has been increasingly treated endovenously. Before this, the varicose veins were treated radically with the stripping method, a 110 years old radical surgery method. At the start, the rather inconvenient VNUS® Closure Plus procedure and the more convenient linear laser procedure were used and these were followed in 2006/2007 by the bipolar RFITT® catheter, the VNUS® Closure Fast system and the radial laser. Thus, in the course of the last few years, plenty of experience has been gathered with endoluminal therapy, quality criteria have been defined and standards for the different techniques have been developed. In addition, 16 years ago, far from the beaten tracks of radio wave and laser, the development of a fascinatingly simple, yet nevertheless highly effective method of sealing veins: the VenaSeal® closure technique was initiated. After CE approval had been granted in the autumn of 2011, a number of vein centers in Germany and Europe started using the VenaSeal® system. Today there is an approval in all countries, also in USA since 2 /2015. The author has applied Venaseal for the first time in a great saphenous vein on 1st. Aug' 2012.

Biography: Dr. U Th Zierau completed study of medicine at Humboldt - Universität Berlin from 1982 - 1988, bachelor of medicine 1987, promotion and doctor of medicine 1988, assistant in surgery / vascular surgery in Charité Berlin from 1988 - 1994 (Prof. Wolff, Prof Bürger), specialization in vascular surgery in vein - center Mühlberg Klinik Malente and university of cologne 1994 - 1996, chief of department vascular surgery at hospital Gransee from 1996-1997, own practice in vascular surgery and phlebologie since 2/1997 in Berlin, since 2012 also in Rostock. Dr. Zierau one of the first vascular surgeons who were allowed to work by means of catheter technology in the arterial system. This was due to the special training in the Chartitè, as well as to a study visit to the Stanford University in USA.

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NARA Socks Project aiming at a spread of compression therapy and a revival of local industry

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Background: In Japan "Monozukuri" stands for the manufacturing industry and its spirituality and culture. It is not only making things but also Japanese traditional technique in pursuit of advanced production by the craftsmen. Koryo-cho with a population of 30 thousand called "Town of Socks" is the largest producer of socks traditionally here in Japan (Fig.1). These manufacturers are highly reputed for their technical skills and capabilities, and supply products to such overseas luxury brands. However, due to the large quantity of imported products to Japan, the production volume has dropped greatly from the peak period. And Japan is a country with many disasters because of island. It is necessary to enlighten to prevention of thrombosis at the time of disaster to the people. I asked medical institutions, stocking manufacturers and university students in local for cooperation (Fig.2,3). As a result, one elastic stocking was completed (Fig.4). The purpose of the activity is enlightenment of prevention of thrombosis and reconstruction of local industry.

Methods: The research period is from January 2017 to March. There are 30 objects (M14/F16, 34.5±9.3). We investigated changes in the circumference of the leg below the knee and improvements in the blood circulation of the legs before and after using the compression stockings with sonogram and investigated a compression pressure while wearing the stockings (Fig.5).

Results: The results revealed that the circumference of the leg below the knee showed a decreasing tendency after wearing the compression stockings. The peak velocity of the popliteal vein tended to increase 20 min after wearing the compression stockings (Table 1).

Conclusion: The compression stockings seemed to be effective for promoting venous return and preventing deep vein thrombosis of the lower limbs in healthy people. I am hoping to reduce the suffering caused by human thrombosis and revive the local industry.

Biography: Takahiro Imai, MD is a graduate of Saitama Medical School in 1999. Dr. Imai trained at the Hokkaido University Graduate School of Medicine in Sapporo, Sapporo at the Department of Cardiovascular Surgery during his residency. Japan is a nation of many islands prone to a lot of natural disasters. The Great East Japan Earthquake struck in 2011. The 9.0 magnitude earthquakes caused a huge tsunami and the death is reported to be over 16,000. Each time a disaster occurs, the importance of wearing compression stockings is taken up. Those events triggered and now he is directing the "NARA Socks Project" aimed at enlightening the prevention of thrombosis to Japanese citizens and restoring the local industry.

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The splenectomy in special cases

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The purpose of this presentation is to highlight the feasibility of laparoscopy in spleen trauma and to present the case of a patient with extreme splenomegaly, where the spleen occupied the entire abdomen. The first case is that of a boy 11 years old fallen from a height of 6 meters, with a rupture of spleen in the hilum. Although laboratory tests were normal at admission, immediate surgical decision making allowed to finish the operation via laparoscopy, performing the four trocar technique (video presentation). Inpatient stay was five days, the child being discharged after vaccination, to prevent postoperative severe infections. The second case is that of a 63 years old patient with hairy cell leukemia, whose spleen stretched from the diaphragm to the cervix. Although during preoperative treatment it was not possible to obtain an acceptable coagulation correction, the operation went without inoperative incidents. These two cases emphasize the importance of adapting the specific surgical technique to each individual patient, judging every single case in detail, that of a good collaboration with the haematology department as well as that of surgical decision making to get the best possible results.

Biography: Mihaela Leşe has completed her PhD from Iuliu Hațieganu University of Medicine and Pharmacy Cluj-Napoca, Romania and Postdoctoral Studies from University of Medicine and Pharmacy, Carol Davila Bucharest, Romania where she obtained her degree in Advanced Laparoscopic Surgery and Surgical Oncology. She is the Chief of the operating block at the Baia Mare Emergency County Hospital, Romania. She has published the monograph "Abdominal drainage" and published more than 20 papers in reputed journals. She has been serving as an Editorial Board Member of reputed journals. She is also Co-author of two important medical records: The Resident's Book of Surgery and Palliative Care at Home.

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Pancreatic cancer threat: Do we have a chance for the future?

Ryska M

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Ductal adenocarcinoma of the pancreas is currently a major health problem in so-called developed countries. Our population reaches the first place in incidence in Europe in the last statistics, which will double by 2030. Radical resection, in combination with adjuvant chemotherapy, is the only treatment with curative intent. Significant disease progression at the first symptoms of the disease results in poor treatment success. It is therefore very important to follow the rational diagnostic and therapeutic procedure and to include as soon as possible the patient's multidisciplinary team into a suitable group: primary resectable, borderline resectable, non-resectable (locally advanced or metastatic) and to initiate adequate therapy. The second purpose of the present communication is to introduce the reader to the likely attitude of the patient present at different stages of the disease and the treatment groups.

Biography: After Faculty of Medicine in 1978 he joined as an internal aspirant at the Surgical Clinic of the Faculty Hospital in Prague, in 1984 he worked for 4 months at the Surgical Clinic in Uppsala, Sweden, and from 1984 until 1992, a clinic assistant. In 1991 he graduated from a postgraduate surgical school at Hammersmith Hospital in London. In 1992 he habilitated from surgery (Friedly surgery in the treatment of choledocholithiasis) and until 1994 he worked as an assistant professor of surgery at the Surgical Clinic of the 3rd Medical Faculty of Charles University). In 1994 he joined the IKEM Cardiovascular and Transplantation Surgery Clinic and after completing a four-month internship at the Virchow University Surgical Clinic in Berlin under Prof. P. Neuhauser started a liver transplant program at IKEM. In 1997 and 1998, he completed his monthly study stays in Mt. Sinai Hospital in New York and UCLA in Los Angeles. In 1998 he founded the IKEM Transplantation Surgery Clinic, where he worked as its head until 2004. Since 2004, when he was appointed Professor of Surgery, in 2005 he founded the Surgical Clinic of the 2nd Medical Faculty of the Charles University and the University Hospital Prague. For 4 months he was the Chief Medical Officer of the 6th Army Hospital of the Czech Army in Kabul (2008). Since 1 July 2010 he has served as Deputy Director of the Prague National Institute for Science and Education. From 12/2011 to 7/2014 he was a member of the Government Council for Science, Research and Innovation. From 1.4. 2014 is the chair of the newly established Agency for Health Research.

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A new concept and design for an alloplastic total TMJ prosthesis using PEEK LTL 20% BA

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The TMJ (temporomandibular joint) is a complex joint, with distinct anatomical and functional characteristics, difficult to treat. Many authors, from the early twentieth century, reported techniques for TMJ reconstruction, aiming at returning its shape and ideal function. Many prototypes have been developed in pursuit of the ideal prosthesis, which adheres to the principles of biomechanics and biocompatibility, with good long-term results and lower cost. Based on 6 years 8 months of experience (2012 to 2018), with 12 patients with 19 surgeries, (bilateral and unilateral), who underwent TMJ reconstruction using full custom prosthesis in PEEK LTI20%Ba on PEEK LTI20%Ba, with a new design, shorter and lighter than the prosthesis found in the market. With a new surgical technique performed, less traumatic, less surgical time, than the technique performed by others surgeons used in the world. Among the new materials, highlights PEEK LT120%Ba, is a polymer derived from petroleum (Invibio, UK), thermoplastic, biocompatible, inert and high stability and resistance. Successfully used as the material of choice for orthopedic implants and spine. This study demonstrates the feasibility of a custom prosthesis in PEEK on PEEK LT1 20%Ba, with the protocol developed by Genovesi, W 2012.

Biography: Dr. Genovesi is an Oral & Maxillofacial Surgeon at TMJ arthroscopist since 1988, He is Head of TMJ Fellow program at Sao Luiz - Rede D'or Hospital. Also, he is Head of Oral & Maxillo Facial at Hospital 9 de Julho from 1990 till 2019. He developed Doublé anchor technique for disc displacement & developed TMJ prosthesis In PEEK. He is Coordinator of TMJ program at AMO from 2000 to 2007.

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Informed consent in orthopaedics

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Background: Informed patients' consent is a legal prerequisite endorsed by multiple regulatory institutions including the Royal College of Surgeons and the General Medical Council. It is also recommended that the provision of written information is available and may take the form of a Patient Information Leaflet (PIL) with multiple PILs available from leading British orthopaedic institutions. PILs may empower patients, improve compliance, and improve the patient experience. The national reading age in the United Kingdom is less than 12 years and therefore PILs should be written at a readability level not exceeding 12 years old.

Aim: We aim to assess the readability of PILs currently provided by United Kingdom orthopaedic institutions.

Patients and Methods: The readability of PILs on 58 common conditions provided by seven leading orthopaedic associations in January 2017, including the British Orthopaedic Association, British Hip Society and the British Association of Spinal Surgeons, was assessed. All text in each PIL was analysed using readability scores including the Flesch-Kincaid Grade Level (FKGL) and the Simple Measure of Gobbledygook (SMOG) test.

Results: The mean FKGL was 10.4 (6.7 to 17.0), indicating a mean reading age of 15 years. The mean SMOG score was 12.8 (9.7 to 17.9) indicating a mean reading age of 17 years.

Conclusion: Orthopaedic-related PILs do not comply with the recommended reading age, with some requiring graduate-level reading ability. Patients do not have access to appropriate orthopaedic-related PILs. Current publicly available PILs require further review to promote patient education and informed consent.

Biography: Seewoonarain S is an Orthopaedic Trainee in the United Kingdom having graduated from Imperial College, London.

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How to create post-operative comitance in advanced strabismus due to thyroid disease

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Surgical management of strabismus due to thyroid eye disease is challenging and confusing. The aim of the surgical treatment is to restore binocular single vision in the primary and reading positions. Frequently incomitance persists in other different positions of gaze despite of using conventional, adjustable or intraoperative relaxed muscle positioning techniques. A 25 year old male presented with a vertical diplopia due to severe hypotropia affecting the right eye. He gave a history of thyroid disease since 5 years. Examination revealed a right hypotropia of 35 degrees with total inability to raise his eye and defective abduction. Moderate upper lid retraction and exophthalmos was recorded. The presentation showed the management of those cases using nonconventional surgical techniques to reach post-operative comitance in all positions of gaze.

Biography: Mahmoud Aly Rageh has completed his MSc in Ophthalmology from Cairo University in 1983. He was a Fellow at Huggonier Center, Lyon University, France in 1984. He has completed his MD in Ophthalmology from Cairo University in 1992. He has published more than 20 articles in different scientific journals. He is the former Head of Pediatric Ophthalmology Unit at Research Institute of Ophthalmology, Cairo, Egypt. He has been an Editorial Board member At EC Ophthalmology Journal. He is the Chairman of the Board and the Head of Pediatric Ophthalmology Department at Al Ain Eye Center, Cairo, Egypt (Private Sector). He is also a Visitor Consultant at Dar al SHIFA Hospital, Kuwait city since 15 years.

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Recurrent orbital bone sub-periosteal hematoma in sickle cell disease: A case study

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Background: Sickle cell disease is a common inherited hemoglobinopathy and is associated with high morbidity and mortality. Vaso-occlusive crises commonly occur in individuals with SCD that results in high morbidity due to end-organ ischemia and infarction. These include splenic infarction, pulmonary involvement, acute chest syndrome, and orbital compression syndrome. Ocular manifestations of SCD include anterior segment ischemia, secondary glaucoma, angoid streaks, retinopathy, and retinal artery occlusion. Commonly reported causes for the incidence of sickle cell disease are extreme temperatures, wind speed, and rainfall. This study has conducted an investigation of recurrent orbital bone sub-periosteal hematoma in a sickle cell patient that was exposed to high altitude areas.

Case presentation: A 12-year-old boy with SCD developed a recurrent sudden periorbital pain and swelling during a visit to high altitude area. The family reported two similar attacks previously. The patient recovered completely with timely initiated conservative treatment. The case study is about homozygous SCD with previous history of similar attack of painful periorbital swelling that resolved after conservative management. This condition was associated with proptosis, diplopia, and restriction of eye movement. Magnetic resonance imaging of the orbits showed right orbital roof subperiosteal mass adjacent to the orbital wall, which was identified as a subperiosteal haematoma, inducing proptosis. The patient was discharged after 7 days with follow up.

Conclusions: Infarction of orbital bones during vaso-occlusive crises in SCD presented acutely with a rapidly progressive painful periorbital swelling. Hematomas frequently complicate the condition, along with the inflammatory swelling that may lead to the orbital compression syndrome. The condition is sight-threatening and necessitates prompt diagnosis along with appropriate management. This condition mandates prompt initiation of conservative treatment and close monitoring of the optic nerve functions to prevent permanent visual loss in young patients.

Biography: Abdulhameed Alghamdi is working as a assistant professor of Ophthalmology at Taif University in Saudi Arabia.

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Sutureless strabismus surgery: Experimental and human studies

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The use of tissue adhesives in strabismus surgery is known for more than 40 years. However, few reports have been published and most of them were experimental. All techniques described the use of tissue adhesives to weaken an extra ocular muscle either by recessing it or to apply a suture less faden operation. To our best knowledge, no study applied tissue adhesives to strengthen an extra ocular muscle. Our presentation will show that the use of iso-amyl-2-cyanoacrylate is considered as one of the least harmful and effective tissue adhesive in strabismus surgery. A comparative histologic studies of strabismus surgery with and without sutures using the ordinary and electron microscopes were carried. Our surgical techniques to weaken or strengthen an extra ocular muscle will be presented at the conference.

Biography: Mahmoud Aly Rageh has completed his MSc in Ophthalmology from Cairo University in 1983. He was a Fellow at Huggonier Center-Lyon University, France in 1984. He has completed his MD in Ophthalmology from Cairo University in 1992. He has published more than 20 articles in different scientific journals. He is the former Head of Pediatric Ophthalmology Unit at Research Institute of Ophthalmology, Cairo, Egypt. He has been an Editorial Board Member at EC Ophthalmology Journal. He is the Chairman of the Board and the Head of Pediatric Ophthalmology Department at Al Ain Eye Center, Cairo, Egypt (Private Sector). He is also a Visiting Consultant at Dar Al Shifa Hospital, Kuwait city since 15 years.

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Femtosecond laser usage in the initial stages of learning cataract surgery

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Femtosecond laser technology controversial in experienced anterior segment surgeons, however, it's increased the procedure simplicity and security margins in formative stages. Femtosecond technology as a training resource allows: a teaching-learning process back to forward, starting with phaco/aspiration; a perfectly rounder capsulotomy that ensures excellent lenticular stability; lower use of energy during surgery in this stage of learning, constituting a kindly technique with the corneal endothelium; ensures self-sealing wounds and watertight anterior chamber during the surgery; more independence that reinforces self-esteem; it's ideal in complicated cases; allows to hit the refractive target from the first stages of learning.

Biography: María Elena Vergara, MD, develops her activity in the Uruguayan Republic University since 2000. In 2009, she started working in Clinical Hospital of Montevideo, currently as an Associated Professor. She has developed numerous teaching techniques betting on multidisciplinary clinical and basic integration to improve surgical clinical training for medical students.

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Sessions - 02

**Breast Surgery | Cosmetic Surgery | Trauma Surgery
| Burn surgery | Surgical & Non- Surgical Aesthetic
Procedures**

Session Chair

Kenneth A Marshall

Harvard Medical School, United States

Session Co-Chair

Ahmed El sissy

Qatif Central Hospital, Saudi Arabia

Session Introduction

- Title: Modified wise pattern in mastopexy augmentation**
Giuliano Borille, Brazilian Society of Plastic Surgery Board, Brazil
- Title: Breast reduction or pexy: Simpler and better**
Badr Abdulrauf, King Faisal Specialist Hospital & Research Centre, Saudi Arabia
- Title: Breast Augmentation, 7 Pearls that improved my Practice**
Marcelo Uriarte Mayorga, La Paz, Bolivia
- Title: Contemporary liposculpture techniques for male patient: How I mark? How I performe?**
Hüseyin Kandulu, Kandulu Face and Body Institute, Turkey
- Title: New method for the treatment of keloid of the ear**
Ahmed El sissy, Qatif Central Hospital, Saudi Arabia
- Title: Efficacy of platelet rich plasma on micrografting towards epithelization process**
Saiful Anwar, General Hospital-Brawijaya University, Indonesia
- Title: Scar treatment with fat graft**
Al Zamil Sabreen, Sabreen Al Zmail Clinic, Kuwait
- Title: Trapeze flap for correction of post burn finger contractures**
Jalal Hamasalih Fattah, College of medicine-HMU, Iraq
- Title: Lipofilling in burn scars**
Georges Ghanime, Lebanese University, Lebanon
- Title: MACS-midface-lift is more effective than subperiostal midface-lift to correct the nasolabial fold during face-lift surgery**
Edvin Turkof, Dr. Turkof Plastische Chirurgie Wien, Austria
- Title: Upper eyelid Aesthetics**
Shahram G. Sajjadi, Aestheticon International Centre for Plastic Surgery, UAE
- Title: Facial fat-grafting is an art: the AArtS-graft (Autologous adipose regenerative technique- structural graft)**
Gimena de los Rios, University of the Republic of Uruguay, Uruguay
- Title: Correcting the Jowls in rhytidectomy: a direct approach**
Enrique Garcia-Murray, Angeles del Pedregal Hospital, Mexico



Modified wise pattern in mastopexy augmentation

Giuliano Borille

Brazilian Society of Plastic Surgery Board, Brazil

The wise pattern was originally described for use in reduction mammoplasty not just as a keyhole opening mark, but as a skin pattern design adapted from a brassiere pattern. Personally, the author uses this approach for both breast reduction or augmentation. In a way, he strongly believes that even breast reduction surgery shares some principles of augmentation mammoplasty. As we can see in the filling of the upper pole and in the increase in the projection of the mammary cone. However, sometimes, the lack of density of the mammary parenchyma and the skin excess can contribute to the distortion of the drawing when the template is marked on the skin. This may result in an inadequate shape of areola, generally slightly elongated and distorted to varying degrees. Given to this situation, he has developed a second device to correct any casual distortions of the preoperative design that is applied to the wise pattern. This technique can save time, since it is not necessary to adjust the areola after structuring and assembly of the breast and allows a shape of the areola always circular, symmetrical and reproducible. This technique can be applied in mastopexy with or without breast implants, providing a symmetrical planning, less time consuming and predictable results.

Biography: Giuliano Borille is a Brazilian Plastic Surgeon, performing aesthetic surgeries at his private Clinic and as Plastic Surgery Instructor at University of Health Sciences of Porto Alegre and Santa Casa Hospital. He has developed and published several devices and approaches in order to facilitate body contouring and facial surgeries. He is also a Full Member and Vice President of the Brazilian Society of Plastic Surgery Board.

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Breast reduction or pexy: Simpler and better

Badr Abdulrauf

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Inferior pedicle reduction mammoplasty technique has been considered as gold standard, most reliable and been taught routinely. Therefore we used it with the inverted T approach in our early practice, however were not totally convinced with it. After being introduced to the Superio-medial pedicle, we combined it with the vertical scar technique and have been extremely pleased with this method in general. The Superio-medial pedicle maintains bulk and fullness where it is desired the most. The surface area of skin that needs to be de-epithelized is relatively little and the distance that NAC needs to be mobilized is also small. Therefore there is no concern on viability. Combining this pedicle with the vertical reduction or mastopexy has produced quite an attractive technique. Now we are solely using it in primary cases. The surgical time is shorter, easier however the marking process is done freehand and requiring a learning curve.

Biography: Badr Abdulrauf, after completing the Medical school, he joined Plastic Surgery Residency training program at University of Manitoba, Winnipeg Canada. Then, he has done Subspecialty Fellowship in Aesthetic Fellowship surgery, then a second Subspecialty in Pediatric Reconstructive surgery at Hospital for Sick Children, University of Toronto Canada. He has published several papers on tissue viability studies and anatomical studies in reputable plastic surgery scientific journals. Currently, he is the Head of Plastic Surgery department and Director of Residency Training at King Faisal Specialist Hospital and Research Center, located on the Western coast cosmopolitan city of Jeddah, Saudi Arabia.

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Breast Augmentation, 7 Pearls that improved my Practice

Marcelo Uriarte Mayorga
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Breast Augmentation is the most common Aesthetic procedure performed in women according to the American Society of Aesthetic Plastic Surgeons, and nowadays remains as the most challenging surgery not only to get the most pleasing results but to get the most natural results. The author discusses seven tips that improved his work in the field of breast augmentation and will help other surgeons to get more control in of this surgery, from planning the surgery, implant decision, brand decision, placement of incision, choose the correct pocket, we discuss what makes our surgery succesfull and fully predictable. The author considers that every step during planning until executing must be carefully planned not only to get an easy surgical plan but to get a quick surgery with less manipulation and trauma that also will help the patient to get a faster recovery wihout dealing with the common complications of this surgery.

Biography: Dr. Marcelo Uriarte Mayorga FACS is Plastic and Aesthetic Surgeon located in La Paz, Bolivia, he trained with Dr. Guerrosantos in Guadalajara Mexico, and is Member of the Bolivia Society of Plastic Surgeons, International Member of ASPS and ASAPS, Active Member of ISAPS, Active Member of FILACP and Fellow of the American College of Surgeons.

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Contemporary liposculpture techniques for male patient: How I mark? How I performe?

Huseyin Kandulu

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In the field of plastic surgery liposuction succeeded in becoming the most frequently performed cosmetic surgery procedure during the last decade in both man and women. First liposuction was described with curettage technique and then dry, wet and superwet techniques performed as suction assisted liposuction (SAL). The first aim with liposuction is removing excess fat and making body smaller. On the other hand in last year's everything was changed and liposuction techniques are become different due to understanding fat anatomy under the skin. In order to get better results all innovative plastic surgeons need more superficial liposuction with less complications, so more dynamic liposuction or liposculpture techniques was essential. When we want to get shaping on the body we have to do more superficial liposuction. In this point plastic surgeons needs to get experience about dynamic zones, transition zones, positive and negative spaces. This zone provides us as a key what will be gone and what will be left. Advanced body liposculpture provides more attractive and more successful results. As we are aware the ideal male body form is V shape therefore this technique focused to succeed this body form. In order to achieve the ideal body form, deltoids, pectorals, latissimus, abdominal rectus muscle and external oblique muscles are the most important dynamic parts. Between this muscle groups have transition and negative zones. Also we have positive zones that fat stays above the muscles. Some surgeons keep the fat on positive zones and thinks they can achieve more definition, this however is not the case. In order to achieve permanent, attractive and naturel results most important part of surgery is patient selection. Even if you use the best technique you cannot achieve best results if your patient is not eligible. Patient selection depends on the BMI, degree of skin excess, skin elasticity, patient's sportive history. Between Dec'2010-Aug' 2018, More than 1300 Patient have undergone liposculpture. 40% cases were male and 60% cases were female. In these cases, advanced liposculpture procedure was performed to 70% male patient. All patients satisfied with aesthetic results of their liposculpture within the time of follow-up. Seroma rates were 7%, unsatisfied definition rates were 1% due to patient selection, hematoma rates were 1% skin necrosis did not occurred.

Biography: Hüseyin Kandulu, after completing his primary and college education in Cyprus, moved to Turkey to study medicine. He Graduated as a Medical Doctor in 2003 and began his Residency training in the field of plastic reconstructive and aesthetic surgery in which he had a strong interest during his medical education. In addition to many reconstructive operations, he was strongly involved in nose, breast and body aesthetics during his residency training and carried out many surgeries. He has delivered his thesis, entitled "The effect of chitosan on microvascular anastomosis applications with minimal suturing technique" in the field of microsurgery in 2010 thus completing his residency in Plastic Reconstructive and Aesthetic Surgery and has specialized in this branch. He has more than twelve years of surgical experience, performing all manner of body surgeries and reconstructive surgeries, in addition to various other aesthetic surgeries and procedures. In the last seven years however, he has focused almost exclusively on hi definition body sculpting, working closely with world renowned surgeons to develop and hone his skills. With his vast experience, and knowledge of the latest techniques he has become one of the foremost surgeons in the field of body sculpting. Because of his unerring commitment to patient safety and happiness, he believes that all surgeons wishing to specialise in body sculpting should seek the best training available, and is therefore able to provide advanced liposculpture courses.

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New method for the treatment of keloid of the ear

Ahmed El sissy

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After long years of dealing with treatment of several kind of ear keloid either keloid of the ear lobule or the keloid of ear cartilage, we never reach to satisfied result either for us or for the patients. Finally, we found a new radical method for the treatment of ear keloid either in cartilaginous site or in ear lobule which end the problem definitively and give us and patient complete satisfaction.

Aim: Aim of this study was to find a method for the treatment of ear keloid which is satisfactory for us and the patients.

Materials & Methods: Ten patients (nine females and one male) suffering from ear keloid were included in the study. Six of them were ear lobule keloid and the other four was the different location of ear cartilage the size was about. 3 cm to 1 cm rounded in shape, the pedicle was about 0.4 to 0.7 cm or some time there was no defined pedicle at all. So we started placing the ligation just as near as possible to the base of the keloid. Ligation used was nylon 1/0 under local anesthesia of xylocaic 1% infiltration of the base of the lesion done. After 5 minutes, ligation of the base of the lesion, we strongly tied the nylon 1/0 at the base of the lesion with enough force to block the blood supply as possible as we can. Small dressing was done with sterile gauze and adhesive blaster for 24 hours. After this patients were sent home with an appointment for follow-up after one-week.

Results: Since two years, we are using this method of ligation. It gives use 100% of satisfied results without any recurrence.

Conclusions: After applying the method of ligation of the all type of ear keloid, we can conclude that finally we found a new radical method for treating these lesions definitely without any complication and with great satisfaction of both, us and our patients that we can say at the end we stopped the legend of ear keloid as a night mare of surgeon.

Biography: Ahmed El sissy is currently working in Qatif Central Hospital, Saudi Arabia.

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Efficacy of platelet rich plasma on micrografting towards epithelization process

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Objectives: Wound healing process especially for burn injury had been talked about recently. Pain burden and disability of burn injury encouraged for an effective treatment, one of the treatments includes micrografting. The application of platelet rich plasma on micrografting was able to speed up wound healing in burn injury.

Methods: This study is a clinical experimental study, post-test only control group. Nine patients with burn injury who underwent micrografting were treated in two different manners; first half of total area covered with micrografting was given platelet rich plasma, while the other half left as it is. Epithelization was measured histologically by the appearance of macrophage, fibroblast and collagen clinically and graft take.

Results: Significant increase $p < 0.05$ in histology appearance was observed. Macrophage in platelet rich plasma group was 11.222 and 4,111 in non-platelet rich plasma group. Fibroblast in platelet rich plasma group was 16,444 and 6,556 in non-platelet rich plasma group respectively; and collagen in platelet rich plasma group account for 6,778 and 1,994 in non-platelet rich plasma group. The result on clinical evaluation on the 5th and 10th days were 2.236 ($p = 0.025$) and -2.000 ($p = 0.046$) respectively. Graft take are also increasing significantly in platelet rich plasma group with 82,222 and non-platelet rich plasma group 72,778 ($p = 0.001$). The application of platelet rich plasma on micrografting demonstrated a significant difference histologically and clinically.

Conclusion: Platelet rich plasma was efficacious towards wound healing process through increasing of macrophage, fibroblast and collagen that can speed up epithelization.

Biography: Arviansyah has completed his Plastic Surgery specialization from Airlangga University Surabaya in 2014. He is now a Staff Member of Plastic Reconstructive and Aesthetic Surgery Department in Saiful Anwar General Hospital, Malang, East Java, Indonesia. Currently, he is much involved in the supervision of general surgery residents at the Faculty of Medicine- Brawijaya University in Malang-Indonesia.

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Scar treatment with fat graft

Al Zamil Sabreen, Madina Mohammad and Sami Bahinoor
Sabreen Al Zmail Clinic, Kuwait

Post burns and trauma scarring is a disfiguring challenging problem. The known surgical modalities for excision are excellent yet in cases with extensive burn or trauma scarring, hypertrophic or keloid scars that are inoperable for a period of time or need excision with further skin graft scarring. These scars recently were found to dramatically respond and amazingly improve to fat grafting which is generally becoming a promising attractive regenerative tool due to its content of stem cells. This presentation elaborates on the positive role of fat grafting on the healing process and scar improvement in general with a highlight on the scientific evidence behind it presenting cases that are ranging between adults and paediatrics.

Biography: Al Zamil Sabreen is a Consultant Plastic Surgeon and head of plastic surgery unit at Al Babtain Center. She has completed her Graduation from Kuwait Medical school. In addition to Bachelor of Basic Medical Sciences, she is qualified with FRC-SI2000 and FAAAM2013. She has studied in Canada and trained briefly in Italy. She is a Board Member and Co-Founder of the Kuwait Society Of Plastic Surgoens, Former Tutor at Faculty of Medicine /Kuwait Univerisy and proud to be the first Kuwaiti female Plastic Surgeon. In addition, she is a local and international Guest Speaker in Plastic surgery and cosmetology congresses. She is the Owner and Director of Public educator in various campaigns mainly breast reconstruction, burns and filler complications. She is Owner and Director of Sabreena Clinic.

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Trapeze flap for correction of post burn finger contractures

Jalal Hamasalih Fattah

College of medicine-HMU, Iraq

Background and Objective: Scar flexion contractures of the fingers are a significant complication of burns of the hand and they are a common cause of hand disability. Many reconstructive techniques are currently used and new procedures are being investigated. The objective is to evaluate the Trapeze flap for correction of post burn finger contractures.

Methods: This is a prospective study conducted in Rizgary teaching hospital and private hospitals in Erbil-Iraq from May' 2013 to Jun' 2017. The data of 48 patients (103 fingers) with post burn contractures treated with Trapeze flap were included. Follow-up results were observed from six months to one year after surgery. Full finger active flexion and active extension was regarded as a good result.

Results: The results were good with full restoration of finger motion in 45 patients (94%). Partial flap necrosis happened in two patients (4%). Mild scar contractures were found in three patients (6.25%) which were caused by infection and partial flap necrosis. Patients' satisfaction rate was above 90%.

Conclusions: Trapeze flap is a reliable and effective local flap for correcting post burn finger contractures.

Biography: Jalal Hamasalih Fattah is an Assistant professor in Plastic Surgery and the Head of plastic surgery unit at the college of medicine/HMU in Erbil-Iraq. He Graduated from College of Medicine, Salahaddin University in 1994 in Erbil. He has received High Diploma in General surgery in 2002. Got Iraqi Board in plastic and reconstructive surgery in 2008 in Baghdad. Got European Board in Plastic, reconstructive, and aesthetic surgery in 2010 in Switzerland. He works as a plastic Surgeon at Rizgary teaching hospital and CMC Private Hospital in Erbil. He is a Member of ISRAS, ASPS, and ISAPS. He is also the Director of Erbil center of KBMS of plastic surgery. He has published nine articles in the field of plastic surgery.

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Lipofilling in burn scars

Georges Ghanime

Lebanese University, Lebanon

Over the past years, lipofilling has been used for many pathologies and sequelae. a total of 215 burn scars were assessed (from february 2009 to may 2018). half of scar area was treated through injection of adipose tissue harvested from subcutaneous fat and processed in accordance with the coleman technique. clinically a marked improvement was observed, which can be seen in 3 months, but most of all, documented at 6 months. in addition, from a clinical point of view, an improvement has been documented, both functional and aesthetic. lipofilling for burn scar complete and improve the results of standard surgical procedures, with long - term care setting and long-acting results.

Biography: Georges Ghanimé is the Past-President of The Lebanese Society of Plastic Reconstructive & Aesthetic Surgery, LSPRAS. He is also the Chair of Department of Surgery, as well as the Head Division, Plastic & Reconstructive Surgery. He is in Faculty of Medicine, of Lebanese University in Geitawi. He is in the Head division of Surgery in the Lebanese Geitawi Burn Center since its opening in 1992(the First Burn Center in Lebanon and Unique) and as well as the head of the LEBANESE GETAWI BURN CENTERS. He is the member of SOF.CPRE, I.S.B.I., L'I.S.A.P.S., L'E.S.A.P.S., I.P.R.A.S. He is also the National Representative, M.B.C.

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MACS-midface-lift is more effective than subperiosteal mid-face-lift to correct the nasolabial fold during face-lift surgery

Edvin Turkof

Dr. Turkof Plastische Chirurgie Wien, Austria

Background & Introduction: The correction of the nasolabial fold plays an important role in the rejuvenating process of the face lift and especially in slim patients. The midface-lift adds volume to the zygomatic region by cranially repositioning soft tissue and can also correct the nasolabial fold. The procedure can be performed subperiostally (Tessier) or with the MACS-technique from Tonnard/Verpaela. With the subperiosteal method the inner layer of the midface is detached, imbricated and elevated in one block. With the MACS-method a small area of the SMAS is suspended cranially. We wanted to compare the effectivity of both methods in regard of this issue.

Methods/Analysis: A point in the midface is marked and its potential of elevation, i.e. the potential of correcting the nasolabial fold was analysed with both procedures. With the subperiosteal lift, the maximum possible amount of elevation of this point was identical with the potential of elevation of its horizontally projected subperiosteal counterpart, i.e. we can admit a nearly parallel elevation of both points. With the MACS-technique, the potential of elevation is only limited by the (cranially) range of motion of the point of fixation in the SMAS. Since the subcutaneous tissue of the midface, in contrast to the periost, is very mobile, this range of motion consists of an arc of rotation of some 90°-120°. The potential of elevation, therefore, is definitely higher with the MACS technique compared the subperiosteal technique.

Results: From 2008 to 2018, we have performed 181 mid-face-lifts, 32 times subperiostally and 149 times with the MACS-technique. Follow up ranged from 21 months to 7 years. Regarding the correction of the nasolabial fold, the MACS technique showed to be more effective than the subperiosteal technique.

Discussion: The subperiosteal technique is more invasive than the MACS method and frequently causes discomfort to the patients like itching and dysaesthesia. Due to the imbrication, however, it adds more volume to the midface at the zygomatic region than the MACS method. The MACS technique, due to its superficial anchor at the plane of the SMAS, enables a wider range of motion and can correct more effectively the nasolabial fold.

Conclusion: If correction of the nasolabial fold has priority, the MACS technique showed to be distinctly superior. If a volumetric correction of the mid-face has priority, the subperiosteal technique should be implemented.

Biography: Edvin Turkof graduated in 1982 as Doctor of Medicine and accomplished his residency at the Department of Plastic and Reconstructive Surgery, Vienna General Hospital (Head: Prof. H. Millesi). In 1997 he was appointed Associate Professor, and in the same year, he opened his private practice. Areas of expertise: Cosmetic Surgery, Surgery of the Peripheral Nerves, Breast Reconstructive Surgery and Microsurgery. Professor Turkof has authored numerous scientific publications and has led several projects at home and abroad.

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Upper eyelid Aesthetics

Shahram G Sajjadi and Afschin Ghofrani

Aestheticon International Centre for Plastic Surgery, UAE

Periorbital rejuvenation and oculoplastic techniques have an invaluable effect on the general youthful and fresh look and being the first areas of natural face-to face communication, delicate and detailed surgical approach will result in drastic changes in overall look of a patient. This paper aims to review the natural and youthful surface anatomy of the upper eyelids and tailoring different surgical techniques to achieve it, such as upper eyelid fat transfer, upper eyelid blepharoplasty with fat preservation and redistribution, brassier suture, and internal brow-pxy.

Biography: Shahram G Sajjadi has completed his speciality training in Hungary and his Fellowships in Facial reconstructive and aesthetic surgery in Holland, Belgium and UK. Presently, he is working at Aestheticon international centre for plastic surgery and is a Visiting Consultant at the American Academy of Cosmetic Surgery Hospital in Dubai, UAE.

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Facial fat-grafting is an art: the AArtS-graft (Autologous adipose regenerative technique- structural graft)

Gimena de los Rios, Sylvana Caporale and Martin Magri
University of the Republic of Uruguay, Uruguay

As widely described in the medical literature, indications for fat grafting are increasing steadily. Lipofilling has become an invaluable tool particularly in plastic surgery, but the applications of ADSCs (Adipose derived stem cells) therapies extend far beyond this field. The initial goal of fat grafting is to treat exclusively volume losses that has shifted to the seek of the regenerative effect of the ADSCs. Today, we are able to understand and optimize uses of multipotent heterogeneous cellular populations found in adipose tissue to assist in the global treatment of the aging face. The authors describe their technique for facial fat grafting alone or associated to facelifts using microfat and nanofat grafts. By mechanical emulsification of the microcannula lipoaspirate, we produced biological concentrates in a closed system manner, which can be injected through thin cannulas and small bore needles. The previous injection of collagen stimulators and carboxytherapy enhances the quality of both host and donor sites. The addition of platelet growth factors (PRP) provides a trophic influence to amplify the regenerative response that potentiate the overall enhancement of suprayacent skin quality and fatgraft survival. The AArtS-Graft technique performed alone or accompanying facelifts offers another way to understand the concept of the aging face considering all the anatomical planes involved: sagging skin, loss of volume and poor skin quality

Biography: Gimena de los Rios has completed the Speciality of Aesthetic and Plastic Surgery in 2007 from the University of the Republic of Uruguay. Permanent actualization of different surgical techniques in USA and Europe. He is a Member of SCPREU (Aesthetic and Reconstructive Plastic Surgery Society of Uruguay), FILACP (Iberolatinoamerican Federation of Plastic Surgery), IPRAS (International Society of Plastic Reconstructive and Aesthetic Surgery), ISAPS (International Society of Aesthetic and Plastic Surgery), IFATS (International Federation for Adipose Therapeutics and Science), SOLAGEF (Latinoamerican Society of Aesthetic and Functional Gynecology), integrates the medical staff of the WAAC

(Wellness Antiaging Centre). He is the Co- author of various papers published in the ISAPS journal. He is the Director of Private Clinic of Aesthetic Surgery and Regenerative Medicine and a Member of Gonzalo Bosch, MD surgical team since 2001.

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Correcting the Jowls in rhytidectomy: a direct approach

Enrique Garcia Murray
Angeles del Pedregal Hospital, Mexico

Statement of the Problem: The Jowls are one of the most resilient ageing features in the face. This anatomical acquired defect is elusive and therefore numerous approaches have been designed through the years to correct it, with varying degrees of success, but mostly leading to a frustrating relapse for both the patient and the surgeon.

Methods: A series of over 200 consecutive patients, from 2007 to 2017, who were submitted to a Rhytidectomy for facial rejuvenation purposes, is presented. Direct correction of the jowls was added to the procedure for them. Using and adapting this technique to correct the jowls resulted in a longer-lasting effect that successfully dealt with the jowls for up to 10 years or longer. The details of this surgical step during a facelift, based on anatomical structures and addressing the acquired defect is presented, along with pre and postoperative photographs with follow-up images of up to 10 years.

Conclusion & Significance: Detailing the jowls treatment using a direct corrective approach has led to a successful correction of this age-acquired defect with long-lasting and safe results.

Biography: Enrique Garcia Murray is an Attending Physician at Angeles del Pedregal Hospital and The American British Cowdray Hospital in Mexico City. He is also an Associate Professor of Plastic Surgery at Centro Medico Nacional "La Raza". He is a Fellow of the Mexican Association of Plastic Reconstructive and Aesthetic Surgery, Member of the International Society for Plastic Surgery (ISAPS), Member of the American Society of Plastic Surgery and Member of the Mexican Council for Plastic and Reconstructive Surgery. He is a Consultant in Plastic Surgery in various private hospitals throughout the country.

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DAY 2

Scientific Tracks
& Abstracts



3rd European Conference on

SURGERY, PLASTIC RECONSTRUCTIVE & AESTHETIC SURGERY

March 25-26, 2019 | Budapest, Hungary

DAY 2

March 26, 2019

Sessions - 01

Cosmetic Surgery | Cosmetic Gynaecology | Surgical & Non- Surgical Aesthetic Procedures

Session Chair

Kenneth A Marshall

Harvard Medical School, United States

Session Co-Chair

Mabroor Bhatti

The Pines Hospital, United Kingdom

Session Introduction

Title: Eyebrow reshape and suspension

Giuliano Borille, Brazilian Society of Plastic Surgery Board, Brazil

Title: Face and neck feminization surgery: Analysis, techniques and results

Ricardo Torres Vasconcelos, Topmedical Clinic, Mexico

Title: Rare case of proliferating tichilemmal cyst /tumor PTT in the scalp of patient 70 years old

Ahmed El sissy, Qatif Central Hospital, Saudi Arabia

Title: Bringing back virginity: is it taboo or passionate?

Herman Yosef Limpat Wihastyoko, Brawijaya University, Indonesia

Title: Vaginal reconstruction using pudendal thigh flap

Zaman Ummay Humayra, East West Medical College & Hospital, Bangladesh

Title: Body contouring after massive weight loss: surgeon's approach to the patient

Mabroor Bhatti, The Pines Hospital, United Kingdom

Title: Periorbital Rejuvenation

Ana Zulmira Badin, Centro Medico Athena, Brazil

Title: Mini midface-lift to avoid ectropium in lower lid blepharoplasty

Edvin Turkof, Dr. Turkof Plastische Chirurgie Wien, Austria



Eyebrow reshape and suspension

Giuliano Borille

Brazilian Society of Plastic Surgery Board, Brazil

Video endoscopy has become a procedure of choice for the treatment of eyebrow ptosis and forehead wrinkles. This minimally invasive technique has several advantages over traditional coronal incision. Several fixation methods are reported, in the literature, with similar results. In this study, we describe a direct needle fixation approach, capable to reshape and elevate the eyebrows.

Biography: Giuliano Borille is a Brazilian Plastic Surgeon, performing aesthetic surgeries at his private Clinic and as Plastic Surgery Instructor at University of Health Sciences of Porto Alegre and Santa Casa Hospital. He has developed and published several devices and approaches in order to facilitate body contouring and facial surgeries. He is also a Full Member and Vice President of the Brazilian Society of Plastic Surgery Board.

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Face and neck feminization surgery: analysis, techniques and results

Ricardo Torres Vasconcelos, German Navarro Anaya and Liliana Rojas Barrera
Topmedical Clinic, Mexico

In many countries of the world, the request for facial feminization surgery has been increasing, perhaps influenced by the search for reaffirmation of the identity of the people. Women who are consider having an unfeminine face come to perform surgical procedures that allowed them to mark their femininity. On the other hand, in Mexico and in particular in Mexico City (capital), the government has facilitated the recognition and registration of gender change in a legal manner. So, many men from different parts of the country go to the capital to perform this process. These people make changes in their body and face for the change of identity. The population in general has shown little by little greater openness and respect for others, so this group of aesthetic procedures has increased. In the development of the topic, we will discuss the facial diagnosis by thirds as well as the neck, highlighting the differences between the female and male face to make the specific changes in each case

Biography: Ricardo Torres Vasconcelos has completed his Postgraduate Studies at the National Autonomous University of Mexico (UNAM) in 1989. He is the Director of Topmedical Clinic, private organization of aesthetic surgical services that has been in operation since 2003. He has been an Undergraduate Professor in Basic Sciences and also a Postgraduate Professor in: course of rhinology and facial surgery at the UNAM. He has been a Professor of the Facial Plastic Surgery specialty at the Autonomous University of Queretaro. He is also the co-author of four books of the specialty in Mexico. He has given 188 lectures in congresses in Mexico, seven international conferences.

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Rare case of proliferating trichilemmal cyst /tumor PTT in the scalp of patient 70 years old

Ahmed El sissy

Qatif Central Hospital, Saudi Arabia

Background: This tumor rise from the outer sheath of hair follicle.90% occur in the scalp and its more common in females' older than 50 years and usually is solitary. Our case is a male patient aged above 70 years and with multiples lesions, five nodules since more than 20 years. Patient is Saudi and he was wearing head cover which is the cause of neglecting the treatment.

Materials & Methods: 70 years old male patient with multiples lesion of the scalp was presented to consultation. These lesion were developed at about 10 to 15 years back.Very important observation to mention, as these lesions are very embarrassing in social life if he goes outside. Here we must mention that this man living in Saudi Arabia where men wearing this flora covering the entire scalp called (shemag with black ring around) so he can go outside without any one can observe any abnormality of the features. Surgical excision was done under general anesthesia.

Results: Proliferating trichilemmal cyst (pilar tumor) was completely exercised and the margin was free.

Conclusion: We are glad to present here a rare case of proliferating trichilemmal cyst /tumor in a male patient while these lesion are more common among female. Our case had also multiple lesions in contraire to most of these lesions which is only solitary nodule. Over all the long stay and tolerance of this lesion long years because simply he was not disturbed in social life, as he was helped by the customs of the society which he lives.

Biography:

Ahmed El sissy is currently working in Qatif Central Hospital, Saudi Arabia.

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Bringing back virginity: is it taboo or passionate?

Herman Yosef Limpat Wihastyoko

Saiful Anwar General Hospital-Brawijaya University, Indonesia

Virginity for women in some parts of the world remains a status symbol that must be maintained before they enter the marriage life. Culture and its binding with various social and mental threats demand women to do anything for the sake of virginity. While in other parts of the world, especially in modern countries, virginity is not a cult that must be maintained. For them virginity is just a sign that these women have not undergone sexual intercourse. Indonesia and some neighbouring countries are known for their traditional values where virginity is a valuable asset. Even applying for a marriage or knowing marriage to a virgin soldier is a major requirement without considering the reason behind virginity loss. Unfortunately, not every baby girl is born with hymen. Hymen shape varies greatly and hymen tear is not necessarily followed by bleeding. The issue raises author's interest to perform hymen restoration surgery. Over the past decade, more than 200 women have come to restore their hymen for various reasons with hidden conceal because the action is considered taboo. There is a growing interest of many women to rejuvenate or restore hymen just to present to their partners on special occasions. In Indonesia, hymenoplasty is ethically controversial. Its technique is anecdotal. This procedure should be scientifically studied before it is recommended for routine clinical use. Surgeons should have open mind while critically evaluating the usefulness of hymenoplasty. A task force involving surgeons, lawyers, social activists, champions of human-rights and religious leaders is essential to solve the problems surrounding this unusual procedure.

Biography: Herman Yosef Limpat Wihastyoko has completed his Plastic Surgery Specialization from Airlangga University Surabaya in 2004. He is now the Head of Plastic Reconstructive and Aesthetic Surgery Department in Saiful Anwar General Hospital, Malang, East Java, Indonesia. Currently, he is the Head of Professional Development Division and also the Member of External Genital Major in Indonesian Association of Plastic, Reconstructive and Aesthetic Surgeons (InaPRAS).

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Vaginal reconstruction using pudendal thigh flap

Zaman Ummay Humayra¹, Kalam M A² and Awwal R²

¹East West Medical College & Hospital, Bangladesh, ²Dhaka Medical College and Hospital, Bangladesh

Aim & objectives: The surgical management of the vaginal agenesis is a complex problem and constitutes a significant technical challenge. The aim is to create a neo-vagina that is satisfactory both functionally and aesthetically using a technique that is simple, reliable, and applicable to most patients.

Materials & Methods: Twenty vaginal agenesis patients were opted for this prospective observational study conducted in the Department of Plastic Surgery, Dhaka Medical College and Hospital (DMCH), Bangladesh over a period of one year from September 2014 to August 2015. Neovagina was created using bilateral pudendal thigh flaps that is based on post labial artery which itself is the continuation of the internal pudendal artery.

Results: The mean age of the patients was 17.9 (± 3.39) years. The average length and breadth of the designed flap were 11.5 and 5.1 cm respectively. During the post operative follow up 16 (80%) patients presented with neovaginal length ≥ 7 cm. The diameter of the vaginal canal was 3 cm in 16 (80%) patients. Most patients could appreciate touch and pain sensation at their neovagina. The reconstructed vagina was expansible and post-operative stenting or dilatation was not required.

Conclusion: Pudendal thigh flap is a useful technique to reconstruct the vagina which can provide satisfactory anatomical and functional outcome with negligible post-operative problems.

Biography: Zaman Ummay Humayra has completed her Fellowship on Plastic and Reconstructive surgery from Tokyo Women's Medical University, Japan and later she completed Fellowship on same subject from Bangladesh College of Physicians and Surgeons. She is working as an Assistant Professor in East West Medical College and Hospital in Plastic Surgery Unit of Department of Surgery, Dhaka, Bangladesh. She has published two papers in reputed journals and has been serving as an Editorial Board Member of a national journal.

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Body contouring after massive weight loss: surgeon's approach to the patient

Mabroor Bhatti

The Pines Hospital, United Kingdom

Obesity is now recognised as a major health risk and people are being encouraged to lose weight. With the advent of minimal invasive bariatric surgery and effective dieting and exercise regimen, massive weight loss can be achieved in a very short period of time. As a result, there is now a definite group of Massive weight loss (MWL) patients who are now presenting extremely diverse and often complex contour deformities never seen routinely in Plastic surgery. These MWL patients present extensive redundant skin and an altered body figure which affects them physically and psychologically. These patients if not treated with contouring surgery, can suffer anxiety, depression and in some cases regain weight. MWL patients are often unaware or mis-informed about the contouring surgery. They are anxious and often come with unrealistic expectations. This talk will discuss from surgeon's perspective, how to approach, plan and prepare patients for contouring surgeries. They should be taken through the process in such a way that a balance is maintained between hope and realistic expectations.

Biography: Mabroor Bhatti is Plastic surgeon. He did his FRCS in 1990 and is a Hand Fellow from Pulvertaft Hand Centre Derby (1998). Currently, he is working in the private sector doing predominantly Cosmetic surgery in the UK. He has a wide exposure to weight loss patients being affiliated to his hospital's Bariatric Unit. He is a Member of BAPRAS, ISAPS, ISHRS, ISBPS (International Society of Bariatric Plastic Surgeons).

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Periorbital Rejuvenation

Ana Zulmira Badin

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The Periorbital region is an important area in facial rejuvenation. It reflects all feelings and expressions. According to the moment, some wrinkles and sagging become permanent and need specific treatment. Dealing with several factors, like tissue atrophy, bone absorption, aging skin and expressions, the periorbital approach is multifactorial and can be treated with different techniques. This lecture combines surgical approaches with minimal invasive procedures like lipo filling and lasers and the great improvement that we can get with this combined approach.

Biography: Ana Zulmira Diniz Badin - Plastic Surgeon and Master of Science (MSC), Titulary Member of Brazilian Society in Plastic Surgery (SBCP), Titulary Member of Brazilian Society of Laser in Medicine and Surgery (SBLMC), International Member of Society of Aesthetic Plastic Surgery.

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Mini midface-lift to avoid ectropium in lower lid blepharoplasty

Edvin Turkof

Dr. Turkof Plastische Chirurgie Wien, Austria

Background & Introduction: Lower eye-lid blepharoplasty remains a demanding procedure as it requires long experience and perfect skill to achieve the necessary compromise between effectivity and avoidance of complications. The more skin excess exists, the more skin has to be removed to achieve a good result and the higher the complication rate will be. Canthopexie, midface lift, muscular transposition flap are some tools to avoid ectropion. We introduce the mini-midface lift as a simple and effective method to avoid ectropions.

Methods & Analysis: Prior to surgery, surgeon looks for a point at the zygomatic region and verifies the effect, i.e. reduction of caudal traction by its vertical elevation. This point is usually located 1.5-3.5 cm below the lateral canthus and 2-12 mm medially to it. During lower lid blepharoplasty, skin dissection is extended towards this point. Subsequent to the removal skin-excess of the lower lid, a 2.0 ethibond thread is anchored in the SMAS under the marked point and then fixed either to the temporal fascia or to the lateral orbital rim in which a hole has been made before.

Results: From 2010 to 2018, we have performed 85 mini-mid-face-lifts together with lower eye-lid blepharoplasties with strong positive snap test (over 1.5 seconds), lower eye-lid laxicity and large skin excess. Mini-midface lift was anchored 21 times at the orbital rim and 64 times at the temporal fascia. Ectropion occurred just once.

Discussion: The mini-midface-technique is fast, simple and can be implemented together with any other operation of the middle face and upper eye lids.

Conclusion: The mini-midface-lift was shown to be an effective tool to avoid ectropions after lower lid blepharoplasty.

Biography: Edvin Turkof graduated in 1982 as Doctor of Medicine and accomplished his residency at the Department of Plastic and Reconstructive Surgery, Vienna General Hospital (Head: Prof. H. Millesi). In 1997 he was appointed Associate Professor, and in the same year, he opened his private practice. Areas of expertise: Cosmetic Surgery, Surgery of the Peripheral Nerves, Breast Reconstructive Surgery and Microsurgery. Professor Turkof has authored numerous scientific publications and has led several projects at home and abroad. In 1993, he was awarded the Peat Price of the Indian Society for Plastic Surgery and in 1994 the Billroth Price of the Austrian Medical Association for his scientific achievements. Professor Turkof remains at the top of his field through continuous and intensive international training in cities such as Chicago, Lisbon, Montpellier, Paris, Brussels, Munich, Salo, Garmisch-Partenkirchen, Tel Aviv and Bombay. This enables him to set new trends in Cosmetic, Reconstructive and Microsurgery. Professor Turkof's work has gained international recognition and he regularly holds educational lectures at international conferences and workshops. In 2008 he started to edit the 13 book series entitled "Encyclopaedia Aesthica" (www.enzyklopaedia-aesthetica.com) which was accomplished in 2011.

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DAY 2

Scientific Tracks
& Abstracts



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DAY 2

March 26, 2019

Sessions - 02

Rhinoplasty and Otoplasty | Reconstructive Surgery
| Breast Surgery | Cosmetic Dermatology

Session Chair

Luis M. Ayala

Fakih Medical Center, UAE

Session Co-Chair

Edvin Turkof

Dr. Turkof Plastische Chirurgie Wien, Austria

Session Introduction

Title: Optimization of rhinoplasty by curved dorsal septal de-humping and restoring natural anatomical structures

Mohamed R. Alanbari, Al Jadriyah Private Hospital, Iraq

Title: High performance technique of otoplasty

Marcelo S. Assis, Projeto Orelhinha, Brazil

Title: Cartilage graft treatment of alar nose in rhinoplasty

Fabiano Calixto Fortes de Arruda, Federal University of Goias, Brazil

Title: Rhinoseptoplasty associated with orthognic surgery: What to do? 18 years of follow up

Jorge Adolfo Ramirez Espana, University of Antioquia, Colombia

Title: Piezo ultra surgery in rhinoplasty: 3 years of experience

Shahram G. Sajjadi, Aestheticon International Centre for Plastic Surgery, UAE

Title: Advance techniques for a harmonic tip

Ali Khazaal, University of Baghdad, Iraq

Title: Thoracodorsal flap for reconstruction of Type II axillary contracture

Afrina Sharmin, Z. H. Sikder Womens Medical College Hospital, Bangladesh

Title: Quality of life, body image and sexuality: what can breast augmentation do for our patients?

Nikolaos A. Papadopulosa, Alexandroupoli University General Hospital, Greece

Title: Applying the "Lejour" technique for augmentation mastopexy

Yehuda Ullmann, Rambam Healthcare Campus, Israel

Title: Role of fat grafint for facial deformities

Carlos Guillermo Oaxaca Escobar, National Autonomous University of Mexico, Mexico

Title: Breast asymmetries and their correction with microstructural fat grafting and combination of other techniques

Gergely Pataki and Artur Kalatovics, St. John`s Hospital, Hungary



Optimization of rhinoplasty by curved dorsal septal de-humping and restoring natural anatomical structures

Mohamed R Alanbari and Ahmed M K Khawer

Al Jadriyah Private Hospital, Iraq

As rhinoplasty is one of the most requested cosmetic interventions in our private practice and even in the region and the world. Optimizing the results and giving the patients what they want is of prime importance to guarantee minimal complains after surgery and to minimize revisions. In this article we discussed what characterize the noses we are operating on and to back to the well know tripod theory and what we call (tent pole theory) to prevent one of the most dreaded consequence after rhinoplasty (tip ptosis) in thick skinned subjects and to stress on the importance of restoring the natural anatomical relations of the lower lateral cartilage and the upper lateral cartilage in shaping the nose in a better way that satisfies our patients. The review was conducted by comparing the postoperative results in the period from 2016 till Jul' 2018 that included the patients operated by the authors. The authors used to do open approach rhinoplasty under general anaesthesia. Two hundred rhinoplasty cases was included in this review, male to female ratio was (7:33), the surgery was conducted in two private hospitals in Baghdad, under general anaesthesia and a standard hypotensive technique, average operation time was 72 min, cast and stiches were removed after seven days. The patients were followed up in regular intervals of bi-monthly after the first month after surgery. Although it might take a little longer operation time (average of 72 min) and a tedious work to reframe every tissue in place, yet it gives a very nice results with minimal complains and maximizes patients' satisfaction and boost up surgeon's confidence and certitude, and reproducibility of utmost results.

Biography: Mohamed R Alanbari has completed his Post Graduate study and received the Iraqi Board Degree from the Iraqi Board of Medical specialization in Baghdad, and he quit public sector and run his own private plastic surgery clinic in Baghdad, Iraq. He is an Associate Member of ISAPS, and a Member of ASPs. The authors work as a team in a private plastic surgery clinic in Baghdad, Iraq.

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High performance technique of otoplasty

Assis Marcelo S

Projeto Orelhinha, Brazil

Introduction: Bullying is an increasing problem in modern society with severe psychological and social damage to its victims. There is a special concern when it comes to anatomical disorders such as prominent ears that can be treated with otoplasty. The average cost for this surgery in Brazil is between US\$ 1, 500, 00 and US\$ 4, 500, 00. Brazil, a developing country, has a large population with a low economic status that hinders access to plastic surgery, even for minor surgeries. In order to enhance the accessibility to otoplasty, we have created a high-performance protocol that includes: low cost, fast execution and low recurrence rate that we named "medical lean".

Method: In 2010, a non-government organization was created specializing in otoplasty for patients as young as seven years old who have an aesthetical complaint or is a victim of bullying. Our technique corrects the three parts of the ear. The surgeries were performed in an outpatient setting with a minimal charge for material and medication. The procedure was done with local anesthesia and light sedation allowing maximum comfort for the patient and the surgeon. There was no hospitalization.

Results: From 2010 to 2017, we have performed 15,000 surgeries in 14 cities with 21 different surgeons, all following the high-performance protocol. Patients only paid US\$ 690, 00 for total cost. The high-performance protocol can be reproduced any time despite location, surgeon or anesthesia. The average cost for material and medication for these surgeries is US\$ 76.90. The average surgical time is 45 minutes. Of these 15,000 surgeries, we had a recurrence rate of 2% and even a lower rate of complications such as hematomas, infections, skin/cartilage necrosis, allergic reaction, hypertrophic/keloid scar, cartilage irregularity and late sensitivity changes.

Conclusion: The high-performance protocol emerges as an option to increase accessibility for otoplasty by lowering the average cost, surgical time and recurrence. This protocol will allow surgeons to increase the number of low income patients who need this surgery and help prevent bullying in this population

Biography: Assis Marcelo S is a Brazilian Plastic Surgeon with extensive experience in aesthetic surgeries, mainly in otoplasties. He founded the Global Otoplasty Group/Projeto Orelhinha, a service specialized in the repair of prominent ears, with operations in 18 cities in Brazil, with more than 20,000 surgeries performed by the group.

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Cartilage graft treatment of alar nose in rhinoplasty

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The nose is a functional and aesthetic structure located in the center of the face. The vast majority of studies focus on treatment related to the dorsum and nasal tip. This study aims to describe the treatment options of the cartilage graft in the alar region in rhinoplasty. A review of studies was carried out, in which studies related to the treatment of the alar region in rhinoplasty using cartilage graft were included. Studies related to other anatomical areas of the nose, congenital defects and flaps related to nasal area treatment were excluded from the analysis. A survey was carried out in PubMed and SCIELO, from Jan' 1998 to Nov' 2018, in the English, Spanish and Portuguese languages, using the keywords cartilage and alar. 2174 studies were found, after evaluation according to criteria, were excluded the replicated studies that were not related to the subject. We found 28 studies related to the proposed question. The nose is a complex structure on the face, the alar region should be especially attentive due to the importance of its functional and aesthetic aspect, and the preservation and use of autologous cartilage is an excellent option for the treatment of this region

Biography: Fabiano Calixto Fortes de Arruda, is a Plastic Surgeon from Brazil, where he has completed his Msc and MBA. He has his expertise in plastic surgery, working with academic and practice. He is chief of Department of Plastic Surgery and Burn unit of HUGOL/CRER. He loves plastic surgery aesthetic and reconstructive. He has graduation in coaching to work as a leader and in financial aspects, living in the Midwest of Brazil. He is interested in developmental studies in the areas of plastic surgery. He is the author of many book chapters and scientific articles and he is publishing books about financial aspects.

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Rhinoseptoplasty associated with orthognic surgery: 18 years of follow up

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Rhinoseptoplasty surgery is fundamental to correct many defects and dentoalveolar craneo-maxilo-facial alterations in an integral way, whether with functional objectives or with aesthetic objectives. The decision to perform uni or bimaxilar orthognatic surgery concomitately with the rhinoseptoplasty surgery is imperative in order to obtain satisfactory results without risk in each of the procedures. Therefore there is a lot of controversy in conjunctively performing them. For the associated risks for the stability of both surgeries or to carry out in a deferred manner in a second surgical act considering the variables of time and recovery. At this conference, we will present the experience of 18 years in the cirumax clinic center of specialists in the city of Pereira, Colombia, carrying out a clinical and radiographic monitoring to 65 patients who were intervened surgery of both procedures with controls from one to eight years exposing the different techniques of rhinoseptoplasty and handling a strict protocol in decision-making for these surgeries in a serious and ethical way to provide the best options to the patients

Biography: Jorge Ramirez España is an Oral and Maxillofacial Surgeon, and director of cirumax clinic. University of Antioquia, Colombia.

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Piezo ultra surgery in rhinoplasty: 3 years of experience

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Piezosurgery technology has been used in dentistry, periodontology and implantology for over 2-3 decades. Recently there has been growing interest of its application in rhinoplasty. Piezosurgery is a relatively new technique for osteotomy and osteoplasty that utilizes ultrasonic vibration. The piezosurgery device is essentially an ultrasound machine with modulated frequency and a controlled tip vibration range. By taking advantage of its settings and tips gives a precise bone shaving, rasping, cutting and also can be used as a drill while preserving the surrounding soft tissues. The author shares his 3-year experience with routine use of Piezosurgery in rhinoplasty, its advantages include precision, flexibility, smaller necrotic zone and quicker recovery. Disadvantages are the cost of the machine, need for open approach, and longer operative time. The complications although rare may include burns which he has also inquired and will give suggestions how to prevent them.

Biography: Dr. Shahram G. Sajjadi, completed his speciality training in Hungary and after, completed his fellowships in Facial reconstructive and aesthetic surgery in Holland, Belgium and UK. Presently he is working at Aestheticon international centre for plastic surgery and is a visiting consultant at the American Academy of Cosmetic Surgery Hospital in Dubai, UAE.

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Advance techniques for a harmonic tip

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The control of the nasal tip contour is the key component of successful rhinoplasty. Many commonly used nasal tip techniques can pinch the tip structures if an overemphasis is placed on narrowing. These techniques isolate the dome region of the nasal tip and can create an undesirable shadow between the tip lobule and alar lobule. The primary objective of this study was to describe how to avoid surgical appearance of the nasal tip and how to end up with a natural looking nose. Study designed as a retrospective chart review. We include 50 patients in this study age 20 to 50 years old of both sexes. For refining the nasal tip we used multiple techniques, some patients' tips refined using suturing technique only. The second group refined using suturing and cartilage division without adding any grafts. Third group were refined with suturing, dividing the cartilage and grafting. Tip sutures are powerful tool that can deform the cartilage ending up with a pinched tip with the characteristic demarcation between the tip and the alar lobule. For contouring the nasal tip, we should think structural, focus more on shadows and highlights and less on narrowing the nasal tip to avoid ending up with a pinched tip. Contouring the tip in this manner will look more natural leaving stronger nose for the future that can withstand the forces of scar contracture which negatively affect the rhinoplasty long term outcome. Suturing technique and dividing the cartilage frequently used to flatten the lateral crura and eliminate tip bulbosity. When dome sutures are not enough we add grafts to create fine and smooth shadows and highlights from the tip lobule to the alar lobule. This form of restructuring can create a natural-appearing nasal tip with horizontal tip orientation continuing out to the alar lobule.

Biography: Ali Khazaal has completed his Specialty Training successfully at Ain Shams university in Egypt and he was Graduated from University of Baghdad-College of Medicine. He did Post Specialty Training in Rhinology in Munich LM University and another Fellowship in teaching hospital of Insubria University in Varese Italy. He is dedicated for rhinolasty surgery. He is the Director of Baghdad Rhinoplasty Clinic in Baghdad, Iraq.

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Thoracodorsal flap for reconstruction of Type II axillary contracture

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Objectives: The aim is to reconstruct axillary contracture by a well-padded pliable flap with known vascular pedicle, good arch of rotation with less donor site morbidity and increase range of movement of involved joint.

Methods: Twenty two patients were operated for this prospective observational study conducted in the Department of Plastic Surgery, Dhaka Medical College and Hospital from Jul' 2014 to Jun' 2016. All patients with Type II axillary contracture was released and established the maximum abduction of shoulder joint and then closed with Thoracodorsal flap.

Results: Axillary contracture of the study involves predominantly (75%) in right side and 14 (70%) had 60-90 shoulder abduction movement beyond the contracture over the joint. The average vertical and horizontal dimensions of the defect after release were 11.50 ± 3.154 cm and 7.50 ± 1.792 cm respectively. The average vertical and horizontal dimensions of the flap were 10.48 ± 3.389 cm and 7.25 ± 1.410 cm respectively and on average 107.380 angle of rotation of flap is required to cover the defect. Final outcome shows 85% of the patients exhibited excellent outcome with 10% patient's outcome was considered satisfactory.

Conclusion: Thoraodorsal flap is a useful flap to reconstruct the defect after release of type II axillary contracture and can provide satisfactory functional outcome with negligible post-operative problem.

Biography: Afrina Sharmin is working as an Assistant Professor in Z H Sikder Womens Medical College Hospital in Plastic Surgery Unit of Department of Surgery, Dhaka, Bangladesh. She was working as an Assistant Surgeon and Coordinator of Comprehensive cleft and craniofacial unit in Sheikh Hasina National Institute of Burn and Plastic surgery from Jan' 2016 to Nov' 2017. Before that she has experience to work in a NGO Acid Survivors Foundation who dedicatedly works for the acid victims for four years. She has completed her Fellowship in Plastic and Reconstructive surgery in 2016 from Bangladesh College of Physicians and Surgeons and Masters in Public health from State University of Bangladesh. She has attended an advanced training in cleft surgery at Great Ormond street hospital in 2016. She regularly visits the Asian countries to attend the conferences to develop and practice international standard protocol feasible for developing countries, to work with local surgeons and to assist in their development of multi-disciplinary teams. She is a Life Member of the Society of Plastic surgeons of Bangladesh, Society of surgeons of Bangladesh, Asian society of Mastology. She has two publications in Bangladesh journal of plastic surgery and Journal of surgical sciences.

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Quality of life, body image and sexuality: what can breast augmentation do for our patients?

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The objective of this study was to measure patients' quality of life before and after breast augmentation. 80 patients participated preoperatively, 57 also filled out the postoperative questionnaire. We used a self-developed questionnaire as well as the FLZM, the BREAST-Q Augmentation module; the emotionality scale of the Freiburg Personality Inventory (FPI-R-L); the Rosenberg Self Esteem Scale (RSES) and the PHQ-4. 98.2% of patients reported feeling more feminine and more attractive after the surgery, 84.2% said that they would choose the same surgery again. The FLZM showed significant increases in general quality of life ($p=0.016$) as well as in satisfaction with health ($p=0.005$) and the body image ($p<0.001$). Our patients also recorded significantly better psychosocial and sexual well-being as well as improved satisfaction with the breasts on the BREAST-Q scales ($p<0.001$). One adverse result here was worse physical well-being ($p<0.001$). There were significant improvements in emotional stability ($p=0.002$) and self-esteem ($p=0.005$). The PHQ-4 showed a significant improvement in the risk for depression and anxiety ($p<0.001$). In conclusion, breast augmentation improves patients' quality of life and satisfaction with the breasts as well as the body image overall. Although physical well-being decreased postoperatively, most patients would opt for the procedure again.

Biography: Dr. Papadopoulos, born in Greece, 2009 was elected as Professor of Plastic Surgery at the Munich Technical University in Germany, as well as 2014 as associate Professor, and 2018 as Professor of Plastic Surgery at the Democritus University of Thrace in Alexandroupoli, Greece. Additionally, since 2017 he is visiting Professor of Plastic Surgery at the University of Athens in Athens, Greece. Dr. Papadopoulos served as President of the International Fetal Medicine and Surgery Society, and the Hellenic Society for Reconstructive Microsurgery. Currently he is President of the Greek Society of Lymphology and ExCo Member of the Hellenic Society of Hand Surgery.

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Applying the “Lejour” technique for augmentation mastopexy

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Background: Doubts are commonly cast over the safety of the single-stage augmentation mastopexy procedure. Currently, the literature is sparse. Applying the “Lejour” technique for augmentation mastopexy has provided excellent aesthetic results and significantly reduced complications. Hereby presented is this easy to learn reproducible technique, allowing one to perform both procedures together safely. To the best of our knowledge, this is the first description.

Methods: Over a six-year period, 53 women underwent simultaneous augmentation mastopexy using this approach. Implants (size 200-300cc, textured, Mentor®) were all placed in the sub-glandular plane. All procedures were performed under deep sedation, peri-operative antibiotics were administered and patients were discharged after less than 24 hours. Complications were recorded. The patient follow-up period ranged from six months to seven years.

Results: Symmetric, aesthetic results were achieved in all patients. Only three patients (5.66%) had recurrence of breast ptosis. Two patients suffered from dehiscence of the surgical wounds, of which one required secondary suturing (1.89%). This is a much lower percentage than the 10.65% reoperation rate noted in the literature. There were no incidences of hypertrophic scarring, capsular contraction, tissue related asymmetry, hematoma, infection, fat necrosis, necrosis or loss of the nipple-areolar complex (NAC), and no NAC loss of sensation.

Conclusion: This presentation suggests that with careful patient selection pooled complications and reoperation rates for single-stage augmentation-mastopexy using the “Lejour” technique are acceptably low. The three-layer coverage of the prosthesis prevents it from downward shifting and from exposure, along with preserving the longevity of the results.

Biography: Yehuda Ullmann is the Head of the Plastic Surgery Department and Aesthetic Services at Rambam Healthcare Campus in Haifa, Israel. In addition, he is an Associate Clinical Professor of Plastic Surgery at the Rappaport Faculty of Medicine at the Technion-Israel Institute of Technology. His research interests include increasing viability of autologous fat transplant; wound healing especially burns and also reconstructive and aesthetic surgery. He has published over 120 articles in peer-reviewed journals. He is also an internationally acknowledged expert in the use of laser and IPL technologies. Between the years 2011-2013 he has served as the President of the Israel Society of Plastic Surgery. Now, he is a part of the Presidency of the Scientific Council of the Israeli Medical Association.

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Role of fat grafting in Breast Deformity Corrections

Carlos Guillermo Oaxaca Escobar
National Autonomous University of Mexico, Mexico

A lot of deformities after breast augmentations appeared. Tebetts in 2009 and Leroy in 2006 establish that after breast augmentation 23.5% of breast augmentations will be re-operated. Then from these patients, 35% will require another surgery, but the most astonishing is that from these patients, 32% will be reoperated in less than 5 years.

Material and Methods: According with these data, we see in consultations a lot of secondary breast deformities, from mild to severe. The age were from 35 to 55 years old. Previous markings developed by us, with the patient in sat position with hands up and down, We used general anesthesia. The implants were changed, developed a new plane to insert the new implants, either under subglandular or sub muscular. Sutures with vicryl 2-0 from subglandular, to the muscle were placed in order to displace central or superiorly the nipple areola complex. The inferior abdomen were prepared and infiltrated with saline solution 100 and epinephrine 0,1 ml in order to decrease bleeding. We not use xylocaine because has been reported that diminishes the stem cells viability. We took fat from the hypogastrio with 10 ml syringes and cannula 2.5 ml with 6 holes in order to diminishes trauma to the fat. Then were decanted and the blood and saline solution were discarded. With the same cannula size, were places in subcutaneous plane in the inferior pole of the breast, average 40 to 80 ml on each side. The Drainage were placed in more that 80% of the patients. The new sub mammary fold were fixed with 2-0 vycril. At the end of the surgery, the patient was sat to see symmetry of the breasts. Special brassiere were placed that was used for 1 month day and night. Patients were discharged same day post-surgery.

Biography: Dr. Carlos Oaxaca has completed his PhD at the age of 24 years old from Universidad Nacional Autonoma de Mexico and his specialty in Plastic and Reconstructive Surgery from same University. He is member of American Society of Plastic Surgeons (ASPS), International Federation for Adipose Therapeutics and Science (IFATS), European Society of Rhinoplasty, Mexican Association for Plastic and Reconstructive Surgery where he is General Coordinator for Scientific Committee, Member for Mexican Council for Plastic and Reconstructive Surgery, President of Interactive Plastic Surgery Network and works in Private Practice for 28 years. He has published several articles as so-author an chapter of Aesthetic Book in Europe.

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Breast asymmetries and their correction with microstructural fat grafting and combination of other techniques

Gergely Pataki and Artur Kalatovics
St. John's Hospital, Hungary

Introduction: In adolescence during and after the development of the breasts, congenital breast asymmetries become more conspicuous. This, conservatively untreatable problem, disturbs the psychical development and social integration of the developing individual.

Purpose: The aim of our presentation is to present the technique of autologous microstructural fat transfer we apply at our clinic and our results in correction of congenital breast asymmetries.

Methods: The harvesting of the fat from the donor site is done by Power Assisted Liposuction and „multihole” cannulas. After sedimentation and centrifuging the fat, it is transferred into the hypoplastic or aplastic breast area with blunt, thin cannulas with 3D multilayer technique. The viability and high survival rate of the fat are ensured by cell-friendly technique. Besides lipofilling in specific cases we additionally use uni-or bilateral silicone implants, mastopexy or reduction of excess tissues.

Results: We present adolescent patients with severe congenital breast asymmetry. We combine fat transfer with mastopexy and silicone implants. We observed average more than 80% fat survival rate, somewhat higher than in the proportion mentioned in other studies (60-80%). The satisfaction index of the patients (on 1-10 scale) was increased in average from 2 to 8-9 regarding their breasts. Also significant overall self-esteem increase was observed in psychological evaluation tests.

Conclusions: Autologous fat transfer is an internationally recognized, effective and safe technique for the correction of breast asymmetries. This method is compatible with the use of silicone implants, mastopexy or breast reduction. These genetical disorders may affect the young adult's psychical development, so the surgery should already be considered already at the age of 15-16. The fat survival rate is also higher in this age. In consideration of many different types of breast asymmetry, we suggest that the treatment plan and the applied combinations of techniques must be individually set in each cases.

Biography: Dr. Gergely Pataki completed his medical studies at Semmelweis University in 1999. He has been the Head of a Premium Plastic Surgery located in the Kutvolgyi Teaching Hospital at the Semmelweis University, Budapest from 2010. Dr Pataki is member of numerous valued medical associations and organizations. He Founded Action for Defenceless People Foundation in 2002, this organization volunteers in third world countries and performs free reconstructive plastic surgeries. Dr. Pataki has published in reputed journals and has been speaker at various world congresses.

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DAY 2

Young Research Forum



3rd European Conference on

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March 25-26, 2019 | Budapest, Hungary



Quality of life after Lymph Node Transfer for the treatment of chronic lymphedema – A prospective study

Christian Krammer

Ludwig Maximilian University of Munich, Germany

Introduction: In modern medicine, improving the patients' quality of life (QOL) is very important. The aim of the study is to prospectively examine the QOL after free/microvascular lymph node transplantation (FLNT). Chronic lymphedema often means a lifelong, very costly conservative therapy with significant impairment of QOL. The FLNT represents a significant alternative. This gives us the reason to check the reproducibility of this method and results.

Material and Methods: A total of 51 patients met the criteria for participation and underwent a FLNT between June 2013 and December 2017. 39 patients completed T0 and T1 (at least 1 year postoperatively). The testing instruments consisted of a self-developed indication specific questionnaire. In addition, we used the FLZM, FPI-R-L, RES, PHQ-4, FLQA-te, FLQA-b, FLQA-k and FLQA-l. All of them are standardized, validated and widely used questionnaires. Most of them can be compared to norm data. The paired and unpaired t-test were used. The threshold for statistical significance was set at $p < 0.05$.

Results: 3% of the study participants are male, 97% female, the median age was 48.5 years. For example, the self-developed questionnaires revealed a significant reduction in the number of lymph drainage therapy per week ($p = 0.003$) as well as other factors. The FLZM revealed several significant improvements. The FPI-R-L provided an improvement from pre- to postoperative, but not significant. The RES showed an improved self-confidence of the patients ($p = 0.566$). Improved scores were also found on the PHQ-4 depression scale.

Conclusions: The FLNT has a positive influence on the perception of the patients' QOL. The good scores in the self-developed indication-specific questionnaires correlate with those in the standardized and validated questionnaires

Biography: Christian Krammer is a medical student at the Ludwig Maximilian University of Munich (LMU) and a doctoral candidate at the Technical University of Munich (TUM). He has two Bachelor degrees: Bachelor of Arts with Honours (BA Hons) in Business Administration (The Open University, Milton Keynes, United Kingdom) and Bachelor of Arts (B.A.) in Economics (Management in Commerce) (Baden-Wuerttemberg Cooperative State University Mannheim). He completed his business studies in cooperation with Saturn Management GmbH. Prior to his medical studies, he worked as an associate at KPMG AG Wirtschaftsprüfungsgesellschaft.

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Chemical peels: a case presentation

Disha Jaggi

Dr Disha's Hair & Skin Aesthetic Clinic, India

Chemical peeling is a widely used procedure in the management of acne and acne scars. Acne vulgaris is the most common skin disorder in adolescents and young adults. It carries a significant psychological and economic burden to patients and society. Salicylic acid has been used to treat various skin disorders for more than 2,000 years. The ability of salicylic acid to exfoliate the stratum corneum makes it a good agent for peeling. This report entitles the young adult female with acne and was treated with Salicylic acid and glycolic acid peel and the desired outcome was assessed.

Introduction: Acne is a common chronic inflammatory skin disease experienced by most adolescents and young adults and the pathogenesis of acne vulgaris is a multifactorial. The major identified factors that are involved in pathogenesis of active acne lesion formation and scarring are: excess sebum production, follicular epidermal hyperkeratinization, the proinflammatory effects of *Propionibacterium acnes* and other normal skin flora, and immunological reactions. The estimated life-time prevalence is ~80%. Patients experience high levels of anxiety, depression, and low self-esteem which lead to impaired quality of life. Therefore, treatment should focus on early intervention & prevention to decrease the physical and esthetic burden of the disease. The treatment of acne is based on a combination of topical therapies, systemic treatments, chemical peels, dermabrasion, laser & oral medication. Chemical peeling is one of the most common cosmetic procedures in medical practice and has been used for decades. It is defined as the application of chemical agents, of variable strength, on the skin that results in controlled destruction of the epidermis and dermis. The induced exfoliation is followed by dermal and epidermal regeneration from adjacent epithelium and skin adnexa, which results in improved surface texture and appearance of the skin. A chemical peel can be done alone or in combination with other cosmetic procedures and results are enhanced if the correct pre-treatment and post treatment products are used. Chemical peels can be done at different depths—from light or superficial to deep— depending on desired results. Each peel uses a different chemical solution. Deeper chemical peels produce more-dramatic results and deeper skin rejuvenation but also involve longer recovery times. In current case report acne vulgaris was treated with combination of peel treatment and antibiotic therapy to achieve the good outcome result.

Conclusion: SA peel is a safe peeling agent and can be used in different cases of cosmetology procedure e.g. acne vulgaris, melasma, photodamage, freckles, and lentigines. It can be safely used on dark skin type. Equally glycolic acid has also shown to be safe in the treatment of acne even in darker skin types as well as adjunctive therapy for the treatment of acne scars. With this SA also has the added advantage of having a whitening effect, which is favourable darker skin types, as well as those with co-existing hyper pigmentation. Compared to newer technologies for acne and acne scars removal, chemical peeling is affordable and with minimal downtime, and can be performed easily.

Biography: Dr Disha Jaggi Cairae is an Aesthetic physician & a Hair transplant surgeon. She has done her Fellowship in Aesthetic medicine, Fellowship in Clinical Cosmetology, along with Certification in Hair transplants. Having her degrees from City & Guilds, Australia, Dr Jamuna Pai, Mumbai and Greifswald Institute of Laser & Aesthetic Medicine, Germany. Dr Disha has worked for celebrity clinics and also has her own venture by the name of Dr Disha's hair & skin aesthetic clinic in Lucknow. Dr Disha is one of the leading aestheticians in keeping up with the rapid scientific advancements in the field of Medical Cosmetology. The result of her work speaks for itself making her one of the top cosmetologists of Lucknow. She has been working with brands like VLCC, Enhance clinics (celebrity chain of hair transplant clinic), Iosis etc for 5 years plus.

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Comparison between microneedling and CO₂ fractionated laser in atrophic acne scars treatment

Amani Yassine Saad

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Acne scarring treatment is one of the most challenging treatments in dermatology. Nearly 95% of patients with acne vulgaris develop acne scars. Resurfacing procedures are the most commonly aesthetic interventions used to treat acne scars. Dermabrasion, chemical peelings and lasers (ablative and non-ablative, fractional and non-fractional) are different kinds of these resurfacing procedures that are frequently used in the treatment of atrophic acne scars with different success rates. One of the most commonly used procedures nowadays is CO₂ fractional laser. CO₂ laser resurfacing has been shown by clinical and histopathological studies to be efficacious in treating acne scarring with a 50-80% improvement typically seen. However, many adverse effects have been seen after CO₂ fractional laser resurfacing although much less than that seen after traditional CO₂ laser resurfacing. On the other hand, many other non-resurfacing procedures have been used in the treatment of acne scars. Skin micro needling, a new emerging procedure, have been shown recently to be effective in treating atrophic acne scarring. In this research, an evidence-based approach has been done to study the effects of micro needling in the treatment of atrophic acne scars, its success rate and side effects with a systematic review to access the effects of micro needling compared to the well-known fractional CO₂ laser

Biography: Amani Yassine SAAD is a Member of the American Academy for Aesthetic Medicine. She is in her second year of MSc in Aesthetic Medicine at Queen Mary's University of London. She is the Owner of Lebanese Esthetic Medical Center in Beirut, Lebanon where she worked and still in aesthetic medicine for fourteen years.

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DAY 2

Video Presentation



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How to become a psychiatrist with a knife

Rina K Shinn

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Most practitioners who delve into Aesthetic Medicine tend to think that the pathology-based traditional medicine and cosmetic/aesthetic medicine are similar in its scope of practice. Yet, there are drastic differences between the two branches of medicine. When one is offering procedures that are not medically indicated but based on the desires of the client, there is a greater responsibility on the practitioner to make sure that the procedure is appropriate to offer. If the practitioner is blind to the deeper, psychological need of the client who seeks the aesthetic treatments, the end results would be dissatisfaction by the client despite excellent results of the procedure itself. Learning to recognize deeper meanings of each client's expressed desire for a given procedure would allow the practitioner to fulfil the true needs of the clients in the Aesthetic Medicine

Biography: Shinn has an undergraduate degree from Harvard College and has obtained MD degree from the University of Illinois at Chicago. She was trained as a General Surgeon at the University of Arizona and has been offering cosmetic surgery since 2008 as the Medical Director of Adonis Cosmetic Surgery & Spa in Colorado, USA. She has been a Member of American Academy of Cosmetic Surgery (AACCS) and American Society of Cosmetic Breast Surgery (ASCBS). She has been helping cosmetic practitioners with fundamental aspect of profitably running an Aesthetic Medicine practice for the past 10 years. (www.AdonisCosmeticSurgery.com).

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Business aspect of aesthetic medicine

Rina K Shinn

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Whenever a traditionally trained physician ventures into cash based Aesthetic Medicine, s/he faces the difficulties of any start up small business. Worse yet, there are pre-existing notions about profitability and marketing of a physician's practice that can be detrimental for the business. Yet, without profitability, a given practice cannot succeed in providing needed services for the clients or maintain its longevity. The knowledge and the skill set of running an aesthetic practice profitably are not something a physician can fully delegate to others. Often the physicians learn about the business information from vendors, industry representatives, or random peers rather than seeking out the information themselves. It is imperative for a physician to know the mission of the practice and ins and outs of daily operation which require fundamental understanding of a running a profitable business

Biography: Shinn has an undergraduate degree from Harvard College and has obtained MD degree from the University of Illinois at Chicago. She was trained as a General Surgeon at the University of Arizona and has been offering cosmetic surgery since 2008 as the Medical Director of Adonis Cosmetic Surgery & Spa in Colorado, USA. She has been a Member of American Academy of Cosmetic Surgery (AACCS) and American Society of Cosmetic Breast Surgery (ASCBS). She has been helping cosmetic practitioners with fundamental aspect of profitably running an Aesthetic Medicine practice for the past 10 years. (www.AdonisCosmeticSurgery.com).

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Highlights on multimodal imaging in AMD

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Using the different imaging technology in the diagnosis and follow-up of AMD, whether dry or wet, provides many advantages. The purpose of this work is to highlight the value of incorporating multiple imaging modalities to reach an accurate diagnosis about activity of neovascular AMD, different types of drusen and progression, lesions mimicking AMD and geographic atrophy. Multimodal imaging includes colored fundus photo, near infrared imaging (IR), fundus autofluorescence, fluorescein angiography, Indocyanine green angiography, Spectral Domain OCT, Enface imaging and OCT angiography. The lack of anyone of these modalities can be compensated by thorough interpretation of biomarkers in other available modality. Colored fundus photo is essential to differentiate hard exudates from drusen, near IR photos are valuable in delineating the level of preretinal hemorrhage from intraretinal hemorrhage. Fluorescein angiography helps to detect leakage from a small CNV, OCT is mandatory to diagnose choroidal neovascularisation (CNV), to detect its activity and types of drusen, en-face OCT delineates easily any associated vitreo-retinal traction and drusenoid pigment epithelial detachments (PEDs), fundus autofluorescence has a role in the follow-up of geographic atrophy and lastly OCT angiography (OCTA) is becoming now essential to diagnose quiescent CNV

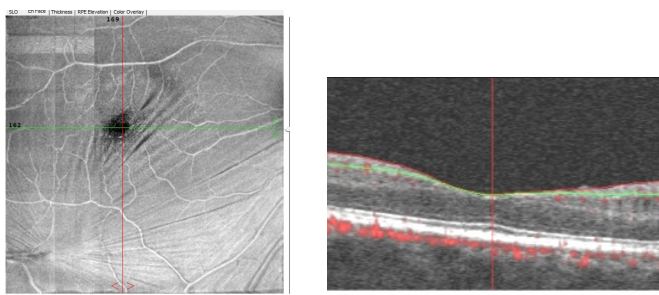


Figure 1: En-face OCT showing vitreo-retinal traction not detected by B scan OCT

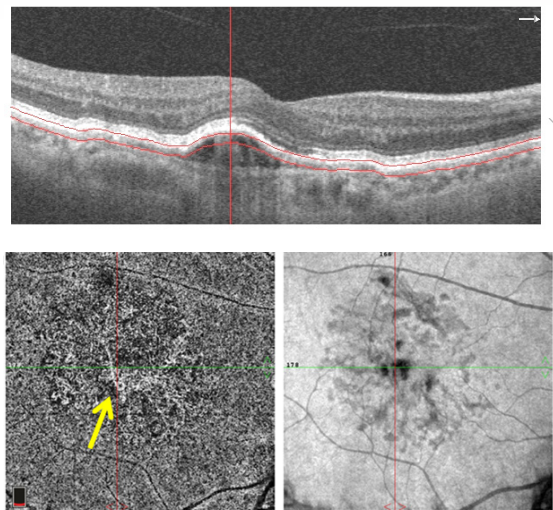


Figure 2: Quiescent CNV detected by B scan OCT as PED, OCTA at the level of choriocapillaris shows small branching neovessels of CNV.

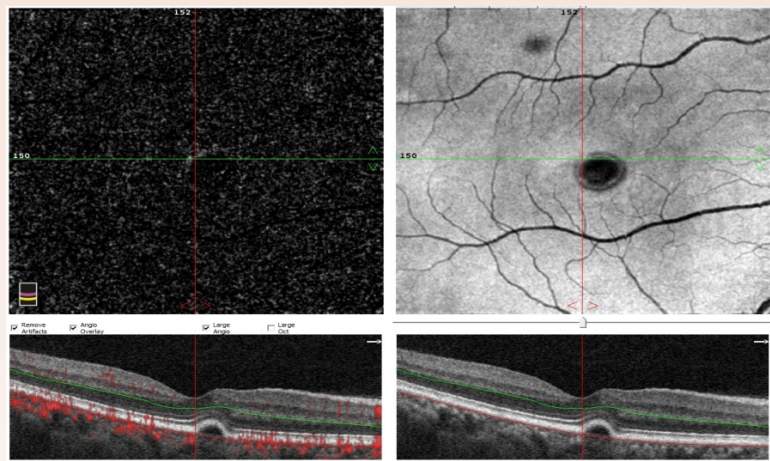


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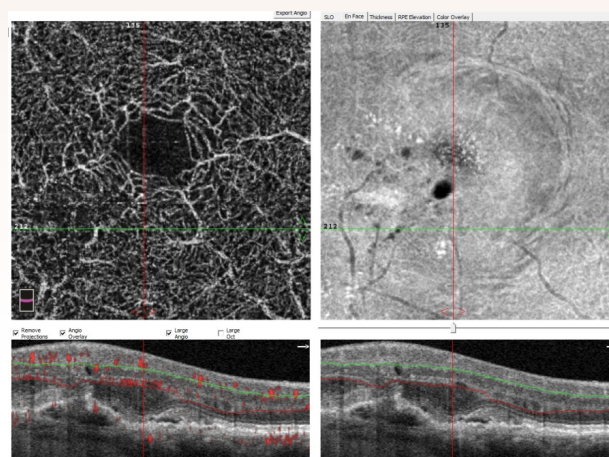


Figure 4: RAP detected by OCTA at the outer retinal layer as a branching small vessel and in OCT as a lesion extending from inner retinal layer to the choroid with notching

Biography: Zeinab Elsanabary has completed her PhD in 1991 from Cairo University. She has published about 30 publications as single author or in collaboration with others and supervised about 35 theses, as Master and Doctorate and Reviewer Member in the Egyptian Universities Promotion Committee of Ophthalmology. She is Vice CEO of Bostan Diagnostic Eye Center since 2005, a specialized center for investigative ophthalmology, a recognized and pioneer center for ophthalmic diagnosis. She was Head of Ophthalmic Diagnostic Laser Unit, Kasr El Eini Hospitals, Cairo University starting from Aug' 2011 till Aug' 2015. She was assigned as Sub-investigator in a clinical trial about treat and extends in wet AMD (Novartis) in 2013 and Principal investigator in a clinical trial about Bemtoprost SR implant for glaucoma (Allergan) in 2016 (ongoing). She has teaching duties for junior fellows. She got National Encouraging Award in Advanced Scientific Technology in the Medical Science 2001.

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Diode's laser for in office endoscopic surgery center, a new type of ENT center exclusive for topical cottons anesthesia use in patients with obstructive nasal diagnosis

Sajidxa Marino

Central University of Venezuela, Venezuela

Description of a new technique of Laser Diode's for Endoscopic Turbinal Surgery in office with topical anaesthesia for immediately reincorporation to routine for patients between two years and ancients. Only a one hour preparation is needed with drops and cotton's anesthesia and it's a five minutes procedure. It is Indicated for patients with turbinate hipertrophy (inferior turbinate or inferior and medial turbinate) with oral respiration, snoring, posterior rhinorrea, or with facial algias, in patients complicated for general anesthesia, athletes who needs training the day after, executives or students who needs work or study the same day of the surgery, or any patients who needs to correctly breath without been in an operating room and have the postoperative disincorporation of their routine. Also in patients who has previously turbinate surgery in or septoplasty without success. Preoperative and postoperative CT scan and endoscopic evaluation showed turbinate disminution and clinical changes like considerate workout in nasal breath, less snoring, notably disminution of posterior rhinorrea and no more presences of facial algias for contact of middle turbine with Trigeminal gangly. The ten years implementation of this new technology at the office with 1000 patients experience has been proved as the only model of resolution of patients at the first laser in office, Center for Otolaryngology at Caracas, Venezuela, with excellent quality of life results.

Biography: Sajidxa Marino has completed her studies from the Central University of Venezuela, specializing in Otorhinology at the Domingo Luciani Hospital, with studies in France, Spain, Italy and the USA. She was President of the Venezuelan Otorhinology Society from 2015-2018. She is pioneer in the diode laser technique in the office to solve nasal obstructive problems..

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