The British Associaton
of Aesthetic Plastic Surgeons

PROGRAMME

# 29TH ANNUAL SCIENTIFIC MEETING 2013/LONDON

The Queen Elizabeth II Conference Centre
26-27 September 2013

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  - Our advanced manufacturing facility in the Netherlands uses automated dipping to ensure consistency from implant to implant.[3]
- Through rigorous scientific testing, Mentor meets and exceeds the strictest quality control standards to ensure each implant delivers what each surgeon and patient has trusted over the last 50 years
- Our breast implants meet all applicable global standards and regulations including CE mark approval under the Medical Device Directive 93/42/EEC, US FDA approval and ISO 10993:1, ISO 14607 and ISO 13485[4]
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1-3, 5, 7-9 Data on File at Mentor Worldwide LLC. 4. Council Directive 93/42/EEC of 14 June 1993 concerning medical devices, updated 2007 / FDA Approval for MENTOR® MemoryGel™ Round Profile Cohesive I™ Breast Implants and MENTOR® Saline-Filled Breast Implants / ISO 10993:1 "Biological Evaluation of Medical Devices" - International Organization for Standardization, Geneva, Switzerland. / Ibid - ISO 14607 "Non-active surgical implants – Mammary Implants – Particular requirements" / Ibid - "Medical devices – Quality management systems – Requirements for regulatory purposes" 6. Patent US 2003/014948 A1

# BAAPS 29TH ANNUAL SCIENTIFIC MEETING 2013/LONDON

## Contents



## CME Points



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# THURSDAY 26th September

| | | |
|---|---|---|
| 08.20 | REGISTRATION and TRADE EXHIBITION OPENS | |
| 08.50 | Welcome | |
| | **LECTURE SESSION** | |
| 09.00 | Optimizing outcome in breast augmentation - The process of breast augmentation | William P Adams, Jr |
| 09.40 | Implant selection in breast augmentation | William P Adams, Jr |
| 10.00 | Rejuvenation in the upper third of the face: how I use Botulinum Toxin for treatment and prevention | Nick Lowe |
| 10.30 | COFFEE BREAK and TRADE EXHIBITION | |
| | **FREE PAPERS** | |
| 11.00 | Silhouette Soft: a new aesthetic treatment to lift face and neck; reabsorbable bidirectional sutures with cones *Presentation sponsored by Silhouette Lift* | Pierre Nicolau |
| 11.15 | Gynecomastia correction with 3rd generation ultrasound (VASER) | Hasan Ali |
| 11.30 | Socialmediaplasty: can plastic surgeons cut it on Twitter? | Reza Nassab |
| 11.42 | Autologous fat grafting – an update on harvest and processing techniques | Hawys Lloyd-Hughes |
| 11.54 | Evaluation of the Ulthera micro-focused (MFU) device for improving skin laxity and tightening in the lower face | Georgette Oni |
| 12.06 | Do plastic surgeons "like" social media? A cross-sectional study of the presence of plastic surgeons on social media in the United Kingdom | Nigel Mabvuure |
| 12.18 | State of the art hair transplant surgery | Greg Williams |
| 12.30 | LUNCH and TRADE EXHIBITION | |
| | **PRACTICE MANAGEMENT SYMPOSIUM** | |
| 13.45 | Protecting your reputation from online attack: blogs, forums, false reviews and social media | Magnus Boyd |
| 14.15 | Professional indemnity: The years of revolution (2010 – 2013) and prospects for the future | Gerard Panting |
| 14.45 | How to market your Aesthetic Practice and remain ethical | Tingy Simoes |
| 15.15 | TEA BREAK and TRADE EXHIBITION | |
| | **HOT TOPICS IN AESTHETIC SURGERY** | |
| 15.45 | The view of the future from the ASAPS President | Jack Fisher |
| 15.55 | Capsular contracture - 50 years of darkness and we are beginning to see the light | William P Adams, Jr |
| 16.25 | What's hot in aesthetic surgery: stem cells, 3D imaging, "gummy bear" implants, invasion of mini facelifts, role of new botulinum toxins, the era of new biologic materials – galatia for mastopexy and more! | William P Adams, Jr |
| 17.10 | What's hot in the "real" world: what the patients and media are looking for! | Tingy Simoes |
| 17.30 | END | |

**CHAMPAGNE RECEPTION & ASSOCIATION DINNER AT THE BANQUETING HOUSE - WHITEHALL**

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**Bocouture® 50 Abbreviated Prescribing Information** Please refer to the Summary of Product Characteristics (SmPC). **Presentation** 50 LD50 units of Botulinum toxin type A (150 kD), free from complexing proteins as a powder for solution for injection. **Indications** Temporary improvement in the appearance of moderate to severe vertical lines between the eyebrows seen at frown (glabellar frown lines) in adults under 65 years of age when the severity of these lines has an important psychological impact for the patient. **Dosage and administration** Unit doses recommended for Bocouture are not interchangeable with those for other preparations of Botulinum toxin. Reconstitute with 0.9% sodium chloride. Intramuscular injection (50 units/1.25 ml). Standard dosing is 20 units; 0.1 ml (4 units): 2 injections in each corrugator muscle and 1x procerus muscle. May be increased to up to 30 units. Not recommended for use in patients over 65 years or under 18 years. Injections near the levator palpebrae superioris and into the cranial portion of the orbicularis oculi should be avoided. **Contraindications** Hypersensitivity to Botulinum neurotoxin type A or to any of the excipients. Generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome). Presence of infection or inflammation at the proposed injection site. **Special warnings and precautions** Should not be injected into a blood vessel. Not recommended for patients with a history of dysphagia and aspiration. Adrenaline and other medical aids for treating anaphylaxis should be available. Caution in patients receiving anticoagulant therapy or taking other substances in anticoagulant doses. Caution in patients suffering from amyotrophic lateral sclerosis or other diseases which result in peripheral neuromuscular dysfunction. Too frequent or too high dosing of Botulinum toxin type A may increase the risk of antibodies forming. Should not be used during pregnancy unless clearly necessary. **Interactions** Concomitant use with aminoglycosides or spectinomycin requires special care. Peripheral muscle relaxants should be used with caution. 4-aminoquinolines may reduce the effect. **Undesirable effects** Usually observed within the first week after treatment. Localised muscle weakness, blepharoptosis, localised pain, tenderness, itching, swelling and/or haematoma can occur in conjunction with the injection. Temporary vasovagal reactions associated with pre-injection anxiety, such as syncope, circulatory problems, nausea or tinnitus, may occur. Frequency defined as follows: very common (≥ 1/10); common (≥ 1/100, < 1/10); uncommon (≥ 1/1000, < 1/100); rare (≥ 1/10,000, < 1/1000); very rare (< 1/10,000). *Infections and infestations;* Uncommon: bronchitis, nasopharyngitis, influenza infection. *Psychiatric disorders;* Uncommon: depression, insomnia *Nervous system disorders;* Common: headache. Uncommon: facial paresis (brow ptosis), vasovagal syncope, paraesthesia, dizziness. *Eye disorders;* Uncommon: eyelid oedema, eyelid ptosis, blurred vision, eye disorder, blepharitis, eye pain. *Ear and Labyrinth disorders;* Uncommon: tinnitus. *Gastrointestinal disorders;* Uncommon: nausea, dry mouth. *Skin and subcutaneous tissue disorders;* Uncommon: pruritus, skin nodule, photosensitivity, dry skin. *Musculoskeletal and connective tissue disorders;* Common: muscle disorders (elevation of eyebrow), sensation of heaviness; Uncommon: muscle twitching, muscle cramps. *General disorders and administration site conditions;* Uncommon: injection site reactions (bruising, pruritis), tenderness, influenza like illness, fatigue (tiredness). *General;* In rare cases, localised allergic reactions; such as swelling, oedema, erythema, pruritus or rash, have been reported after treating vertical lines between the eyebrows (glabellar frown lines) and other indications. **Overdose** May result in pronounced neuromuscular paralysis distant from the injection site. Symptoms are not immediately apparent post-injection. *Bocouture® may only be used by physicians with suitable qualifications and proven experience in the application of Botulinum toxin.* **Legal Category:** POM. **List Price:** 50 U/vial £72.00. **Product Licence Number:** PL 29978/0002. **Marketing Authorisation Holder:** Merz Pharmaceuticals GmbH, Eckenheimer Landstraße 100, 60318 Frankfurt/Main, Germany. **Date of revision of text:** FEB 2012. **Full prescribing information** and further information is available from Merz Pharma UK Ltd., 260 Centennial Park, Elstree Hill South, Elstree, Hertfordshire WD6 3SR. Tel: +44 (0) 333 200 4143

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk Adverse events should also be reported to Merz Pharma UK Ltd at the address above or by email to medical.information@merz.com or on +44 (0) 333 200 4143.

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Date of preparation: August 2013 1105/BOC/ALIG/2013/LD

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**BOCOUTURE®**

Botulinum toxin type A
free from complexing proteins

# FRIDAY 27st September

| | | |
|---|---|---|
| | **"HOW I DO IT" MASTERCLASS** | |
| 09.00 | Closed rhinoplasty: open visualization | Sherrell J Aston |
| 09.30 | Facial contouring: achieving a natural look with injectable fillers | Nick Lowe |
| 10.00 | Augmentation mastopexy: to stage or not to stage, that is the question | William P Adams, Jr |
| 10.30 | COFFEE BREAK and TRADE EXHIBITION | |
| | **LECTURE SESSION** | |
| 11.00 | The Role of the HF-BAAPS Aesthetic Research Institute | Brendan Eley |
| 11.10 | The volumising facelift - adding more than just volume: a prospective quantitative study | Rajiv Grover |
| | **BAAPS KEYNOTE ADDRESS** | |
| 11.30 | What I have learned from 6,000 facelifts: the techniques I use today | Sherrell J Aston |
| 12.30 | LUNCH and TRADE EXHIBITION | |
| 13.15 | **AGM** | |
| | **FREE PAPERS** | |
| 13.45 | Reducing the Incidence of hematomas in cervicofacial rhytidectomy: new external quilting sutures and other ancillary procedures | Joao Cabas Neto |
| 14.00 | Aesthetic surgery providers – do marketing strategies adhere to national safety guidelines? | Sohaib Rufai |
| 14.12 | Introducing FACE-Q Scales for patient screening and for psychosocial well-being | Anne Klassen |
| 14.24 | Long-term cosmetic outcomes of primary bilateral breast augmentation (BBA); patient and surgeon assessment of 343 cases using round high profile implants with a 7.5 year follow-up | Eilis Fitzgerald |
| 14.36 | Single stage mastopexy augmentation – unique challenges and comparative outcomes of a single surgeon series | Rajesh Ragoowansi |
| 14.51 | Measuring outcomes that matter to patients: FACE-Q scales for facelift patients | Anne Klassen |
| 15.03 | Biodegradable suspension sutures with bi-directional cones for the temporary improvement of age related changes in the lower face and neck | Darren McKeown |
| 15.15 | TEA BREAK and TRADE EXHIBITION | |
| | **INTERACTIVE OPERATIVE VIDEO SESSION** | |
| 15.50 | Dual plane breast augmentation: the crucial steps to improving outcome | William P Adams, Jr |
| 16.20 | Facelifting video masterclass: the keys to aesthetic balance and a safe outcome | |
| | Extended SMAS high lamella fixation | |
| | FAME procedure to midface | |
| | SMAS plication | |
| | Platysmaplasty illustrating lateral and anterior midline approaches | Sherrell J Aston |
| 17.05 | Presentation of prizes and close of meeting | |

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# 1 Optimizing outcome in breast augmentation - the process of breast augmentation

Presenter *William P Adams Jr.*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

Patients and surgeons often think of breast augmentation as surgically placing an implant into a breast pocket. We now know the best results with breast augmentation occur when the procedure is approached as a true process that involves structured patient education, tissue based pre-operative planning, refined surgical technique and defined post-operative care. Using this process, a new era in breast augmentation is available that includes rapid recovery within 24 hours. The power of the process of breast augmentation (PRS Dec., 2009) allowed for 98% of patients to recover back to normal activities of daily living within 24 hrs.

The four main components of the process of breast augmentation will be presented and discussed in general for this initial presentation and then in more detail over the 2 days.

Highlights include:

* Patient education - The more patients know - the better they do. A structured patient education process is performed with all patients to provide as much accurate information to patients so they can make sound decisions. The educational process is the most important one and it involves the entire plastic surgery team - not just the surgeon.
* Tissue based pre-operative planning - Using measurements the optimal fill volume of the breast is determined and an implant that fits the breast is selected. During the consultation all decisions are made avoiding too many intra-operative decisions. These include: implant size/ type, pocket plane, IMF position and incision.
* Refined Surgical technique A systematic, templated surgical procedure is used with prospective hemostasis and precise technique under direct vision. All potential points for implant contamination are minimized including glove change, implant handling sequence and technique and triple antibiotic irrigation. The surgical procedure typically lasts less than 30 minutes.
* Defined Post-operative plan - The less surprises patients have the better they do. Patients have multiple pre-operative contacts to review the pre-operative requirements and restrictions and review the post-operative instructions. Many surgeons do not believe patients can be treated without narcotics and easily go to dinner the day of surgery. This is the expected recovery - only if the entire process of breast augmentation is followed and patients love it!

# 2 Implant selection in breast augmentation

Presenter *William P Adams Jr.*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

Tissue based planning is an essential component of the process of breast augmentation. This involves measuring the breast and selecting implants the fit the breast. Simple options will be discussed to easily perform implant selection.

# 3 Rejuventation in the upper third of the face: how I use Botulinum Toxin for treatment and prevention

Presenter *Nick Lowe*
Institution *Consultant Dermatologist, Cranley Clinic, London*

The first medical use of Botulinum Neurotoxin was described by Dr Alan Scott during the 1970s when he used a Botulinum Toxin type A (BTX-A) for reducing over-activity of selected periocular muscles in patients with strabismus. Following this observation Botulinum Neurotoxins have been increasingly studied for a wide variety of other therapeutic and aesthetic uses.

These initial observations were followed by double-blind placebo controlled studies of several hundred patients performed in the USA, which demonstrated that BTX-A was safe and effective for reducing the severity of glabellar (lower forehead vertical frown lines). BTX-A is effective also for lateral periorbital lines infraorbital lines, nasal lines, perional area, jaw line, platysma. There is less convincing efficacy for horizontal neck lines and vertical upper mid chest lines. Extensive dose escalation and placebo controlled mulitcentre studies were performed with different Botulinum Toxins for the lateral periorbital area.

There are now 3 Botulinum Toxin type A and 1 type B currently approved for a variety of indications.

There are two main serotypes of Botulinum Toxins used type A (BTX-A) and Botulinum Toxin B (BTX-B) which can be used if therapeutic resistance occurs to BTX-A. Type A and B Botulinum Toxins are also effective at reducing emotional sweating in areas such foreheads aswell as the axillae.

## Recent Quantitative Studies of BTX-A for upper facial lines

These show that variable onset and duration of benefit not surprisingly exists when the different Botulinum toxins are compared. These are different molecules with different molecular weights - see table. In the UK we have used Botox and Dysport for about 20 years. More recently Xeomin was approved. It is this author's opinion based on published (20) and unpublished studies that;

Botox and Dysport have similar efficacy at ratios of 1 unit of Botox to 3 units of Dysport.

In a recent study Dysport was found to be "slightly" more efficient than Botox for crow's feet at 1:3 ratio.

Further studies are needed to assess comparative benefits efficacy of Xeomin and Botox, 1 unit of Botox seems to be more affective then 1 unit of Xeomin (unpublished observations). A recent study suggested equivalent efficacy of 1 unit of Botox equals 1 unit of Xeomin, this was only a 12 week study (21) and further comparisons are desirable.

These products have now been designated as;

| | | |
|---|---|---|
| Botox | - | ona botulinum toxin A |
| Dysport | - | abo botulinum toxin A |
| Xeomin | - | incobotulinum toxin A |
| Myobloc/Neurobloc | - | rimabotulinum toxin B |

### Different Botulinum Neurotoxins approved in Europe and USA

| *Product* | *Toxin Type* | *Molecular Weight (kD)* | *pH* | *Approved Europe, Forehead lines* | *Approved for Hyperhydrosis Europe, USA* | *Approved for medical indications eg Cervical Dystonia Blepharpasum* |
|---|---|---|---|---|---|---|
| Botox | A | 900 | ~7 | Yes + USA | Yes | Yes (+USA) |
| Dysport | A | 500-900 | ~7 | Yes + USA | No | Yes (+USA) |
| Xeomin | A | 150 | ~7 | Yes | No | Yes |
| Myobloc/Neurobloc | B | 300-500 | ~5.6 | No | No | Yes (+USA) |

### Topical Botulinum Toxin

There is a novel gel delivery system which has been developed for delivering a 150kd BTX-A formulation .Studies have mainly focused on treating axillary hyperhydrosis and crow's feet areas (22). This formulation is effective.

Comparative efficiency and durations against injectable BTX-A will be of interest.

### Side Effects

Side effects from BTX-A are local at doses used for aesthetic indications, e.g. bruising, brow and/or eyelid ptosis. They are usually the result of inexpert injection of BTX-A - for example injections of too high a dose of BTX-A to the lower lateral forehead may result in both brow ptosis as well as upper eyelid ptosis. Injections too low to the infraorbital area may result in upper lip and lower facial ptosis. Facial asymmetry may occur, these side effects are usually temporary but can be of understandable concern to patients (17). Rare side effects include: headaches, paraesthesia, brow "heaviness," diplopia, dry eyes, dysphagia, dysarthria

The physician injecting BTX-A should be trained to try to avoid and correct these problems. A rare problem is that of resistance to BTX-A, the mechanism of which is unknown, but may involve antibodies blocking the uptake or action of BTX-A. The incidence of acquired resistance is currently not determined. BTX - B can be used in this situation.

### Combining other Treatments with BTX-A

Combination treatments are selected for appropriate patients to rejuvenate the ageing face. (17) Examples of these combinations are of BTX-A prior to laser treatment with resurfacing lasers (17) or fractionated lasers. The BTX-A is ideally delivered at least one week prior to the laser; this enables the hyperactive muscle action to be reduced and thereby reducing that cause of facial lines. In addition, as one theory of skin rejuvenation with these laser systems is the stimulation of neocollagenesis, it is likely that a less folded skin following BTX-A leads to more uniform neocollagenesis.(18)

Other situations where combination treatments are useful is the combination of BTX-A and dermal fillers in problems such as deep vertical lower forehead lines. Here BTX-A alone will improve, but not clear the deep furrows that are present in some patients. The use of BTX-A plus temporary filler can give a more prolonged effect than using the filler alone. (19) Similarly, the use of BTX-A to the upper lip area together with filler in the upper lip can provide adjunctive benefit to the correction of upper lip lines.

### BTX- A and BTX - B References


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# 4 Silhoutte Soft: a new aesthetic treatment to lift face and neck; reabsorbable bidirectional sutures with cones

Presenter *Pierre Nicolau*
Institution *Presentation sponsored by Silhouette Lift*

The experience gained with the unidirectional Silhouette Sutures stimulated the development of totally absorbable sutures with bidirectional cones available.

The Silhouette Sutures have been available to doctors and surgeons for more than five years. Their use for the mid-face lift (over 20,000 patients treated worldwide) or static corrections of facial nerve paralysis have confirmed the consistency and reliability of their revolutionary anchoring system: the cones in polylactic acid.

The anchorage of cones in adipose tissue - while waiting for the production of fibrosis which will make the cones no longer necessary - has been proven to be an efficient support system for soft tissues.

Doctors' growing demand to use less and less invasive systems has stimulated the development of the bidirectional Silhouette Soft Suture, which is totally absorbable and does not require surgery for its application.

This method also fulfills patients' requests with regards to face sagging, by means of fast techniques which are painless and do not require a post-operative longer than that of a filler.

Therefore, there are now two types of sutures available to doctors: a) unidirectional Silhouette Sutures, which are non-absorbable and are used in the surgical technique called "Silhouette Lift"; and b) bidirectional Silhouette Sutures, the "Silhouette Soft", which are absorbable (Polilactic Acid).

While the former requires minor surgery to be performed, the latter is performed without surgery, directly in the clinic, with a similar technique as in the case of a deep filler.

The procedure is a non surgical treatment and only a 18G intramuscular needle and a sterile scissor are necessary. After antiseptic procedure of the skin the local anesthesia is injected only in the entry and exit points. 1.5 cc of anesthetic solution is enough for every thread. With the intramuscular needle we create the entry point in the middle of the path and we introduce the first half of the suture in the subcutaneous tissue. From the same entry point we introduce the second half of the suture in the opposite direction. After the cutting of the needle from the thread we proceed with the fat compression to achieve the result. The same procedure will be followed for all the sutures.

The Author will present the Silhouette Soft application technique, together with its indications and results in face and neck.

The non-surgical anti aging facial procedure, together with fillers, botulinum toxin and revitalizing or stimulating treatments, is now enhanced with bidirectional sutures to correct the tissue sagging.

## 5 Gynecomastia correction with 3rd generation ultrasound (VASER)

Presenter *Hasan Ali*
Institution *American Academy of Cosmetic Surgery Hospital Dubai, United Arab Emirates*

### Objective

This study is designed to present a minimally invasive procedure which significantly improves male chest appearance without an open gland excision.

### Methods

160 patients of Grade 1 to Grade 3 Gyneocmastia underwent 3rd generation ultrasound (VASER) assisted correction of the gynecomastia. All Cases were performed by a single operator between April 2008 and January 2013 at hospitals located in Dubai, Riyadh and Karachi.Pre and Post-operative pictures were taken, chest circumference, size of areola was measured. Special probes were used to break the glandular tissue and Contouring was done with 3.0 cannula.

### Results

Patient's satisfaction and comfort was very high with this treatment. Results were measured on a scale of 1-10. There was significant reduction of the breast size and size of areola noticed with this treatment.None of these patients reported bleeding, infection, seroma, or burns related complications.

### Conclusions

Most of the Gynecomastia types can be treated with VASER. It is a safe and effective treatment for contouring and shaping of male chest with faster recovery. VASER probes can break significantly thick glandular tissue and also results in significant skin contraction. This treatment has reduced large number of cases which otherwise would have required open excisional surgery.

## 6 Socialmediaplasty: can plastic surgeons cut it on Twitter?

Presenter *Reza Nassab*
Co-authors *Ms T Simoes*
Institution *Whiston Hospital, Liverpool*

### Introduction

A recent survey revealed half of US plastic surgeons use social media in their professional practice. Social media may be used for marketing, patient education and networking with colleagues.

### Methods

Our aim was to review the current UK cosmetic surgery use of Twitter. We collected information about their activity, number of tweets, following and followers. We also explored if they had any interaction with patients, special promotions or offers.

### Results

We identified 55 BAAPS or BAPRAS surgeon accounts and 10 large clinic chains. The clinics had significantly more numbers of tweets, following and followers. The clinics all utilized their accounts for marketing compared to 64% of BAAPS/BAPRAS surgeons. The clinics were all active within the last 3 months and 50% mentioned some offers or special promotions. The surgeons were significantly less active and less likely to interact with patients.

### Conclusion

Our study reveals clinic groups have been quick to adopt Twitter as a marketing tool and for interaction with patients. The surgeons have been less active in adopting social media and this may be due to concerns about its use. We review current guidance by professional bodies relating to social media use.

## 7 Autologous fat grafting: an update on harvest and processing techniques

Presenter *Hawys Lloyd-Hughes*
Co-authors *Mr A Pabari, Mr D Marsh, Mr G Pahal, Mr S Myers*
Institution *St Andrews Centre for Burns, Plastic and Reconstructive Surgery, Chelmsford*

### Introduction

Autologous fat grafting is gaining popularity in both reconstructive and cosmetic surgery, however, volume retention remains a significant problem. Variability in harvest and processing techniques may impact the success of fat grafting. We aim to critically appraise current available literature to provide a guide on harvesting and processing techniques.

### Materials and Methods

Pubmed and The Cochrane Library were searched using MeSH terms: autologous fat graft, adipocyte, reconstruction, adipose-derived stem cells for all publications up to July 2013. All papers in English were included. In addition, the reference lists of relevant articles were searched for potentially appropriate publications.

### Results

One hundred and thirty articles were included. The results were divided into donor site healing, effects of infiltration, harvest method, effect of centrifugation, re-injection method, role of adipose derived stem cells.

### Conclusion

Various modification of techniques have been described but there is no consensus as to which technique is superior. We provide an algorithm and a framework on fat harvesting and processing techniques depending on the recipient site.

## 8 Evaluation of the Ulthera micro-focused ultrasound (MFU) device for improving skin laxity and tightening in the lower face

Presenter *Georgette Oni*
Co-authors *Dr R Hoxworth, Dr S Teotia, Professor S Brown, Professor J Kenkel*
Institution *Norfolk and Norwich University Hospital*

### Introduction

The Ulthera micro-focused ultrasound (MFU) device, causes discrete focal heating of the dermis to stimulate the formation of new tissue as well as collagen and elastin remodeling. Because it targets deeper tissues, it spares the epidermis, thus reducing side effects. The goal of this study was to investigate the clinical response of MFU in lower face rejuvenation.

### Method

103 patients aged 35-60 years were enrolled in this ethics approved study. Pre and post treatment 3D photographs were taken and results were assessed at 90 days. Any adverse events were noted.

### Results

93 patients were evaluated. The qualitative assessment revealed an observed improvement in 58.1% of patients. Quantitative assessments calculated an overall improvement in skin laxity for 63.6% of patients. Those with a BMI >30 had a sub-optimal clinical outcome with half showing no change compared to one tenth of patients with a BMI<30. Three patients developed post treatment welts, which resolved without intervention or long-term sequalae.

### Conclusion

This study is the largest clinical study to date, which examines the efficacy of an MFU device in lower face rejuvenation. Two-thirds of patients and clinicians were able to observe an improvement at three months. Patient's with a BMI<30 had better outcomes with this device.

## 9 Do plastic surgeons 'like' social media? A cross-sectional study of the presence of plastic surgeons on social media in the United Kingdom

Presenter *Nigel Mabvuure*
Co-authors *Mr J Rodrigues, Mr S Klimach, Mr C Nduka*
Institution *Glasgow Royal Infirmary*

### Introduction and Aims

Plastic surgery has a history of innovation. We studied uptake and usage of electronic communication media including social media by consultant surgeons.

### Methods

All 323 full BAPRAS members were searched on Facebook, Twitter, LinkedIn, RealSelf, YouTube, ResearchGate, and Google in May 2013. Further consultant plastic surgeons were identified from the follower lists of @BAPRASvoice and @BAAPSMedia. Only professional accounts were included. All searches were repeated three times.

### Results

57 (18%) surgeons had no account on any platform whereas 266 (82%) were on at least one platform.164 (51%) had personal websites whilst 37 (24%) of the remainder had profiles on partnership websites. 116 (36%) had no website presence. Social media search results are summarised in the table:

| *Social media platform* | *Proportion of surgeons with an account* | *Mean number of subscribers ('followers'/'friends'/'likes') per surgeon* |
|---|---|---|
| Twitter | 72 (22%) | 126 (0 - 3270) |
| Facebook business/fan pages | 12 (4%) | 368 (7 - 3786) |
| YouTube | 50 (15%) | n/a |
| RealSelf | 19 (6%) | n/a |
| ResearchGate | 39 (12%) | 8 (0 - 21) |
| LinkedIn | 168 (52%) | 106 (0 - 500) |

### Conclusions

Consultant surgeons favour the professional network LinkedIn more than other networks. Although there is a smaller presence on Facebook and Twitter, the most popular websites, surgeons are well connected providing opportunities for mass education. Surgeons are encouraged to access the numerous guidelines now published on fair usage of social media to ensure a positive online experience is maintained.

### Keywords

Social media; technology; Twitter; Facebook; patient education; LinkedIn

## 10 State of the art hair transplant surgery

Presenter *Greg Williams*
Co-authors *Dr B Farjo, Dr N Farjo*
Institution *Farjo Hair Institute, London*

Hair transplant surgery has become increasingly popular in recent years with a number of celebrities publicising their treatment in the media. A modern hair transplant should be natural in design and the transplanted hairs should be almost indistinguishable from native hairs. Donor hair harvesting can be achieved through the traditional strip method or by follicular unit extraction (FUE) be either manual, automated or robotic techniques. Most Plastic Surgeons are not exposed to hair transplantation during their training and therefore are not aware of the realistic results that can be achieved. The steps involved in a hair transplant will be presented along with a selection of post operative results.

## 11 Protecting your reputation from online attack: blogs, forums, false reviews and social media

Presenter *Magnus Boyd*
Institution *Partner at PSB Law LLP*

Reputation is a surgeon's most valuable asset and the most vulnerable. What is interesting to the public and what is in the public interest are most closely entwined in the scrutiny of aesthetic surgery. In recent years the battle to protect reputation has moved online to blogs, forums, rating websites and social media. The speed of dissemination, lack of accountability and problems of enforcement have led to a perception that the online territory is the new wild west. It isn't. As the courts become more familiar with the predicaments encountered by those trying to protect their reputations online the law is evolving to deal with the changing circumstances. This seminar will look at what surgeons can do to protect themselves and how to deal with problems as they arise. It will also consider what the aesthetic surgery speciality should be doing as a group.

## 12 Professional indemnity: the years of revolution (2010 - 2013) and prospects for the future

Presenter *Gerard Panting*
Institution *Director of TWG Resources Ltd*

Prior to 2010, professional indemnity for plastic surgeons was the sole preserve of the medical defence organisations. For plastic surgeons, subscriptions were high and unexplained year on year increases led to increasing frustration. Attempts to engage the medical defence organisations in dialogue failed which led plastic surgeons to explore establishing a specialty specific indemnity scheme.

PRASIS was launched in January 2010 as an independent mutual providing the full range of professional indemnity services. The shock waves spread quickly through the medical defence organisations who suddenly found that subscriptions for plastic surgeons could safely be reduced by 25% or more. PRASIS has thrived and is now the leading indemnifier for UK plastic surgeons with an independent sector practice.

Furthermore, the speciality specific model has been replicated for orthopaedic, ophthalmic and general surgeons. In addition, a number of commercial companies with varying degrees of expertise, have attempted to enter the market and, most recently, two independent sector hospital groups have offered indemnity to specialists with admitting privileges at their hospitals.

We now have a plethora of organisations offering indemnity. Inevitably there will be consolidation in the months or years ahead, but the changes that have taken place in medical indemnity are irrevocable and competition will foster keen pricing and improved services to be benefit of surgeons.

## 13 How to market your Aesthetic Practice and remain ethical

Presenter *Tingy Simoes*
Institution *Wavelength Communications*

The big, bad world of business: Surely promoting your services via anything other than a basic website involves compromising your principles? Clearly, acquiring a publicist and appearing on morning chat shows means you've finally given up on values, ethics and dignity entirely...

**OR DOES IT?**

This presentation is light-hearted in nature but will show that there is a way to wade into the murky waters of marketing without selling your soul. I will be providing tips on what is, and what isn't advisable in terms of promoting your image, identifying what PR opportunities can yield great results and which ones just aren't worth it. Through real-life case studies, we will review what is most appropriate and effective to achieve public recognition whilst managing to safeguard hard-earned reputations.

Attendees will end up with a solid understanding of the 'golden rules' of cosmetic surgery PR and how to implement them in their own practice.

## 14 The view of the future from the ASAPS President

Presenter *Jack Fisher*

As our specialty of aesthetic plastic surgery continues to evolve, now more than ever, aesthetic societies from around the globe must find ways to collaborate on educational initiatives for both our members and our patients. Research and data collection are additional avenues important to the specialty as we seek to retain our place as plastic surgeons in the competitive global landscape.

## 15 Capsular contracture - 50 years of darkness and we are beginning to see the light

Presenter *William P Adams Jr*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

The most common complication of aesthetic and reconstructive breast implant procedures remains capsular contracture. We have learned a great deal about capsular contracture, its etiology, treatment and prevention. This presentation will review the science of capsular contracture and what surgeon need to know.

## 16 What's hot in aesthetic surgery: stem cells, 3D imaging, "gummy bear" implants, invasion of mini facelifts, role of new botulinum toxins, the era of biologic material - galatia for mastopexy and more!

Presenter *William P Adams Jr.*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

New and emerging technology is at an all time high in plastic surgery, and so is marketing, spin and hype. This presentation will review recent hot topics presented at the ASAPS annual meeting in New York 2013 including:

- 3D Imaging
- Stem cells
- Gummy Bear implants (in a negative way)
- Xeomin - Role of Complexing Proteins
- Pain Management - Exparel
- Office Based Ultrasound for Breast Implant Surveillance
- New Era of Biologic textiles - Galatea Mesh in Mastopexy
- C'Mon Man! New Technology in Plastic Surgery!?

## 17 What's hot in the "real" world: what the patients and media are looking for!

Presenter *Tingy Simoes*
Institution *Wavelength Communications*

Are the subjects considered 'hot topics' by the surgical community also considered relevant by the public and media?

How to make patients the world aware of issues that could affect them - when not fronted by a celebrity or otherwise 'dumbed down' in some way? Is there an effective way to communicate themes that are controversial and may impact on people's safety - or even just to educate?

This talk seeks to build a bridge between the themes of importance in aesthetic plastic surgery and the public and media's expectations of the sector.

## 18 Closed rhinoplasty: open visualization

Presenter *Sherrell J Aston*
Institution *Manhattan Eye, Ear & Throat Hospital, New York, USA*

The closed approach rhinoplasty is the procedure of choice for a very high percentage of primary rhinoplasties and many secondary rhinoplasties. There are no visible incisions; there is less intraoperative distortion, and less postoperative swelling. Several hidden endonasal incisions are available and used as necessary based on the anatomy of the nose being operated. The closed approach can be utilized successfully for advanced maneuvers such as spreader grafts, strut grafts, alar cartilage suture contouring and septal procedures. This presentation will show the correction of variations in nasal anatomy, primary and secondary, corrected by closed technique rhinoplasty.

# 19 Facial contouring; achieving a natural look with injectable fillers

Presenter *Nick Lowe*
Institution *Consultant Dermatologist, Cranley Clinic, London*

## Fillers

Volume replacement and targeted lifting using dermal fillers address subcutaneous atrophy, facial hollows and laxity that accompanies ageing. A vast range of soft tissue fillers are available outside the USA ranging from non-biodegrable and permanent to biodegradable, more transient fillers.

These fillers have different risks of adverse events, which partly results from the skills of the injector and but also the intrinsic properties of the filler. Many fillers in Europe use have less preapproval research than that required by the USA FDA. This may hopefully improve in the UK following recommendations of a government committee (Keogh) suggesting injectable fillers be regulated as prescription products.

## Categories of Dermal Fillers

Fillers can be categorised according to their source i.e.

- Autogeneic, e.g. fat, autologous plasma, autologous collagen, platelet rich plasma.
- Allogeneic, e.g. human cadaver tissue, human fibroblast cell culture.
- Xenogeneic, e.g. collagen derived usually from bovine or porcine sources, hyaluronic acid (HA) products derived from animal or animal sources or results of bacterial fermentation.
- Synthetic products, e.g. Silicone, Polymethyl Methacrylate, Hydroxyapatite.
- Combined Xenogeneic (eg HA) plus Synthetic (eg PMMA)

## Facial Lifting and Contouring with Fillers

Deeply placed "higher volume" fillers are now being successfully used to lift and contour the face by giving structural support to the face.

These can be delivered with needles deposited on the periosteum, a variety of cannulas or a combination of both.

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## 20 Augmentation mastopexy: to stage or not to stage, that is the question

Presenter *William P Adams Jr.*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

Augmentation mastopexy is one of the most difficult procedures that plastic surgeons perform. Safety and aesthetic outcomes can be challenging. Published re-operation rates are 5-10 times higher that primary augmentation. Using a tissue based triad algorithm we have used this concept to make decisions on 1 vs 2 stage procedures resulting in lower re-operation rates and high patient satisfaction.

## 21 The role of the HF-BAAPS Aesthetic Research Institute

Presenter *Brendan Eley*
Institution *The Healing Foundation*

In the Department of Health's 2013 Review of the Regulation of Cosmetic Interventions, Sir Bruce Keogh's Committee acknowledged the lack of data and research evidence in the aesthetic field and "welcomed the joint initiative by The Healing Foundation and BAAPS to establish an Aesthetic Research Institute as a potential model for boosting research in this area". This session introduces the joint initiative, to be known as the National Institute of Aesthetic Research and presents the research structure, early developments and long term ambitions of this new, BAAPS-inspired, industry-wide research and evidence focussed organisation.

## 22 The volumising facelift - adding more than just volume: a quantitative study

Presenter *Rajiv Grover*
Institution *144 Harley Street and King Edward VII Hospital, London*

The Midface is an important keystone in facial aesthetics since perceptions of facial attractiveness are largely founded upon the synergy of the eyes and cheek bones as well as nose and lips (central facial triangle). For aesthetic purposes, this area needs to be considered from a 3-D rather than a 2-D perspective, and restoration of a youthful 3-dimensional facial volume should be regarded as a significant goal in facial rejuvenation. Adding volume with fat transfer has been shown to be a useful ancillary procedure to Facelifting. For some patients who want a rapid recovery the use of hyaluronic acid fillers with Facelifting can also be helpful as an alternative option, although obviously a temporary one. With both methods it has been suggested that improvement in skin quality and elasticity accompanies the transfer of volume. This study presents the results of a prospective quantitative analysis on skin

elasticity following the use of these ancillary volume enhancing techniques with Facelifting. Results presented show that adding volume does indeed add more than just volume.

## 23 What I have learned from 6,000 facelifts: the techniques I use today

Presenter *Sherrell J Aston*
Institution *Manhattan Eye, Ear & Throat Hospital, New York , USA*

Many facelift techniques have been described and different surgeons use different techniques. Today, most facelift procedures involve skin undermining and alteration of the superficial musculo-aponerotic system (SMAS) and platysma muscle. Techniques are available to radically change facial shape. Most patients request a restoration of appearance, want to look like themselves, and not appeared to have had plastic surgery.

Variations in technique and technical nuisances should be based on the anatomy of the individual patient. SMAS flap, extended SMAS flap, FAME, SMAS plication, and smasectomy all work as excellent techniques. Years of practice and experience have suggested which technique for which patient.

## 24 Reducing the Incidence of hematomas in cervicofacial rhytidectomy: new external quilting sutures and other ancillary procedures

Presenter *Joao Cabas Neto - Private Plastic Surgeon*
Co-Authors *Dr D Ernesto Rodriguez Fernandez, Dr M Muniz*
Institution *Clinica Aleixo Neto and Hospital Santa Rita de Cassia, Brazil*

### Background

Despite the use of many different strategies and techniques and notwithstanding recent advances such as fibrin glue and short scar operations, hematoma remains the most common complication in rhytidectomies.

### Methods

This study analyzed 383 patients who underwent cervicofacial rhytidectomies between September 2006 and March 2012. The patients were distributed into three groups.

### Results

Group 1: patients who had classic facelifts with epinephrine in the anesthetic solution used to infiltrate the face and neck. The incidence of hematomas in this group was 12 % (24 of 200 patients). Group 2: patients who underwent face-lifts without epinephrine in the solution used to infiltrate the midface and neck. The incidence of hematomas in this group was reduced to 3.6 % (3 of 83 patients). Group 3: the remaining 100 patients, who underwent rhytidectomies. External quilting sutures used in conjunction with other ancillary procedures. The incidence of hematomas in this group was reduced to 0% (p= 0,001).

### Conclusions

The most important single procedure that reduced hematoma cases to zero in rhytidectomies was the use of quilting sutures. The use of these sutures did not cause flap ischemia or necrosis, and there was no adverse impact on the quality of the facial rejuvenation.

# 25 Aesthetic surgery providers - do marketing strategies adhere to national safety guidelines?

Presenter *Sohaib Rufai*
Co-author *Christopher Davis*
Institution *Frenchay Hospital, Bristol*

## Background

Patient safety is a fundamental issue in aesthetic surgery. The Department of Health (DoH) and Professor Sir Bruce Keogh conducted a 'Review of the Regulation of Cosmetic Interventions' in 2012. Proposals included: (1) Banning free consultations; (2) Restricting time-limited promotional deals; (3) Two-stage written pre-operative consent; (4) Consultations with a medical professional rather than a sales 'consultant'. The Cosmetic Surgical Practice Working Party (CSWP) recommended a two-week "cooling off" period before surgery. This study quantified compliance with these national initiatives by UK aesthetic surgery providers.

## Methods

The keywords "cosmetic surgery UK" was searched via Google. The top fifty websites of aesthetic surgery providers were analysed for compliance with the national DoH Keogh and CSWP recommendations. When clarification was required, the providers were contacted via telephone.

## Results

Compliance was low against all recommendations (Chi-squared: $p<0.01$). Consultations with the operating surgeon occurred in 90% of cases. The majority offered free consultations (54%) and promotional deals (52%), of which 37% were time limited. No providers offered two-staged written consent.

## Conclusion

This study demonstrated low compliance with national guidelines, particularly by large aesthetic surgery companies rather than independent surgeons. Further initiatives may increase public awareness, improve decision making and enhance patient safety.

# 26 Introducing FACE-Q scales for patient screening and for psychosocial well-being

Presenter *Anne Klassen*
Co-authors *Dr S Cano, Ms A Scott, Dr A Pusic*
Institution *McMaster University, Ontario, Canada*

The FACE-Q is a set of scales to evaluate constructs important to patients including appearance concerns, quality of life and adverse effects [1]. Our scales can be used with patients having any type of facial cosmetic surgery, minimally invasive cosmetic procedure or facial injectable. The FACE-Q was developed according to international guidelines for developing a new patient-reported outcome measure (PROM). Literature reviews [2-3] and in-depth interviews with 50 facial aesthetics patients were used to develop the FACE—Q scales. Psychosocial scales developed by our team measure the following constructs: Psychological Distress, Inappropriate Expectations/Motivations, Psychological Wellbeing and Social Confidence. Patients aged 18 years or older having any type of facial aesthetic procedure have been recruited in the USA and Canada. This presentation will describe findings based on over 200 patients who have completed the scales to date.

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# 27 Long-term cosmetic outcomes of primary bilateral breast augmentation (BBA): patient and surgeon assessment of 343 cases using round high profile implants with a 7.5 year follow-up

Presenter *Eilis Fitzgerald*
Co-authors *Mr B Donne, Mr O Quaba, Mr A Quaba*
Institution *Spire Murrayfield Hospital, Edinburgh*

## Introduction

The PIP implant recall afforded a unique opportunity to review long-term outcomes of BBA.

## Materials & Methods

All patients who underwent primary BBA using PIP implants & in whose care the senior author was involved were included. Following the recall, data were prospectively recorded on a proforma. Data were expressed as mean±SD, or percent of recorded responses.

## Results

400 patients were identified. 343 attended for evaluation (288 originally operated by the senior author). Mean follow-up was 7.5±2.1 years. 27 (8%) attended prior to the formal recall. All implants were round, high profile and were placed either subglandular (141 cases) or submuscular (202). Ten patients (3%) had undergone revisional surgery since their BBA.

Taking into account size, shape, feel, symmetry, nipple sensation, and pain, 79% of patients were satisfied with the overall cosmetic outcome. Surgeon evaluation revealed moderate/ severe ptosis in 14% of breasts, implant palpability and/ or visibility in 35%, and detected any evidence of encapsulation in 6%.

## Conclusion

This data represents an unusually comprehensive clinical review of long-term results of BBA. Despite the circumstances, the majority of patients expressed satisfaction with the cosmetic outcome. We feel this is due to the low rates of encapsulation and revisional surgery.

# 28 Single stage mastopexy augmentation: unique challenges and comparative outcomes of a single surgeon series

Presenter *Rajesh Ragoowansi*
Co-authors *Ms N Narayan, Ms R Chukwu-Iobelu*
Institution *Royal London Hospital*

## Background

Single stage augmentation/mastopexy presents conflicting challenges, requiring breast volume expansion whilst concurrently reducing the skin envelope. We examine indication, risk, and outcome in a single surgeon series of 64 consecutive patients.

## Methods

Vertical and inverted-T mastopexy skin reduction patterns were combined with implant based augmentation and de-epithelialised skin/parenchymal composite flaps secured to the pectoralis fascia, to provide a supported volume - rebalancing of the breast. Pixelstick(c) digital image analysis of the pre/post-operative photographs of 64 patients was undertaken with reference to four key features of 'ideal' breast aesthetics.

### Results

Indications for the procedure included massive weight loss (30%), secondary surgery (18%), natural ageing, and post pregnancy. The complication rate was 16% with a re-operation rate of 21%.

Upper to lower pole breast ratio had a mean of 57:43, mean angulation of the nipple from the nipple meridian was 8.6 degrees, upper pole slope was mainly linear or convex, and lower pole convexity was 100%.

### Conclusions

Simultaneous mastopexy/augmentation provides aesthetic breast rebalancing with acceptable risk in appropriately counseled patients.

## 29 Measuring outcomes that matter to patients: FACE-Q scales for facelift patients

Presenter *Anne Klassen*
Co-authors *Dr S Cano, Ms A Scott, Dr V Panchapakesan, Dr A Pusic*
Institution *McMaster University, 3N27 1280 Main St West, Ontario, Canada*

### Background

The FACE-Q is a set of scales that can be used to evaluate patient-reported outcomes (appearance concerns, quality of life, adverse effects) following any type of facial cosmetic surgery, minimally invasive cosmetic procedure or facial injectable. This presentation will describe FACE-Q scales relevant to facelift patients.

### Method

The FACE-Q was developed according to international guidelines. Scales for facelift patients include 5 short (5-item) Appearance Scales (cheeks, lower face and jawline, nasolabial folds, area under the chin, and neck), a 7-item Age Appraisal Scale (measures appearance in the context of facial aging), and a 15-item Adverse Effects Checklist. Data were collected as part of a study of 225 facelift patients (all had surgery within the past 5 years) between June 2010 and June 2012 (response rate 78%).

### Results

Participants were aged 36-77 years; 205 were female. Using a range of psychometric tests, all scales were found to be clinically meaningful, reliable, valid and responsive to clinical change. The most common symptoms reported 6 months after surgery were facial numbness, tightness and the face not looking smooth.

### Conclusions

FACE-Q scales for facelift patients can be used to measure outcomes that matter to patients.

## 30 Biodegradable suspension sutures with bi-directional cones (Silhouette Soft™ Sutures) for the temporary improvement of age related changes in the lower face and neck

Presenter *Darren McKeown*
Institution *Aesthetic Medicine Institute, Glasgow*

### Background

Minimally invasive technology has transformed aesthetic facial practice in recent years, especially the upper and midface. The lower face and neck however remain primarily a surgical problem. Biodegradable suspension sutures with bidirectional cones (Silhouette Soft(tm)) have recently been introduced to temporarily lift the lower face and

neck. In contrast to previous suture techniques, the sutures are inserted without an incision and are fully biodegradable.

### Objectives

To evaluate the safety and efficacy of Silhouette Soft sutures in the lower face and neck.

### Methods

25 consecutive patients were prospectively studied. All patients presented to a non-surgical aesthetic clinic requesting improvement in the lower face and neck. Patients were treated with 2-3 Silhouette Soft(tm) sutures on each side of the face/neck. All patients had standardised pre and post treatment photographs and were questioned on their satisfaction with the procedure.

### Results

Side effects were limited to localised swelling, bruising, tenderness and resolved within two weeks. All patients' demonstrated improvement in appearance and expressed satisfaction with the procedure.

### Conclusions

Silhouette Soft sutures may be a useful adjunct in the management of ageing in the lower face and neck in patients who do not want, or are not suitable for, traditional surgical intervention.

## 31 Dual plane breast augmentation: the crucial steps to improving outcome

Presenter *William P Adams Jr*
Institution *Park Cities Medical Plaza Building, Dallas, Texas, USA*

This live surgical video details the dual plane breast augmentation procedure.

## 32 Facelifting video masterclass: the keys to aesthetic balance and a safe outcome

Presenter *Sherrell J Aston*
Institution *Manhattan Eye, Ear & Throat Hospital, New York, USA*

An extended SMAS flap with high lamella fixation is an excellent procedure to mobilize the superficial musculo-aponerotic system with dissection going medially through the zygomatic and maserteric retaining ligaments. The flap can be performed in conjunction with lateral platysma dissection, which mobilizes the entire underlining foundation from the clavicle to the temporal area as a unified layer. The vector of lifting for the skin flap can be different than the smas flap when required by the individual patient's anatomy. This video demonstrates the extended SMAS dissection with close up photography giving a detailed view of the surgical procedure

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# Posters

## P01 Siliconosis: an unknown entity in aesthetic breast surgery

Presenter *Aphrodite Iacovidou*
Co-authors *Mr Z Ahmad, Mr E Eltigani, Mr R Matthews*
Institution: *University Hospital Coventry and Warwickshire*

### Abstract

Siliconosis: An unknown entity in aesthetic breast surgery. A Iacovidou, Z Ahmad, EA Eltigani, R Matthews. Department of Plastic and Reconstructive Surgery, University Hospitals of Coventry and Warwickshire, Clifford Bridge Road, Coventry, Warwickshire, CV2 2DX

### Introduction and Aims

The authors present an interesting and unusual case of siliconosis secondary to bilateral cosmetic breast augmentation in 1989. Troubled with a myriad of complications, she underwent exchange of implants with Trilucent implants in 1997 and subsequent removal in 1998. Thereafter, she underwent bilateral mastopexy and is currently free of implants. Ever-since her first operation she complained of pain, localised tenderness, swelling, axillary fullness, paraesthesiae and partial paralysis in her upper limbs amongst other symptoms. Objective investigations including plain radiographs, USS, CT, MRI, nerve conduction studies, rheumatological screen yielded essentially negative results. She also been thoroughly investigated for breast cancer, undergone several operations and biopsies of axillary swellings to date with confirming reactive lymphadenopathy. A working diagnosis of siliconosis has been made and she is being treated expectantly.

### Material and Methods

Case Presentation and retrospective notes analysis

### Key results

Diagnosis of Siliconosis

### Conclusions

Given the recent PIP scandal this case reminds us of the of the clinicians' roles and responsibilities in offering cosmetic breast surgery.

## P02 Quality of life following breast reduction mammaplasty - a meta-analysis of published studies

Presenter *Evgenios Evgeniou*
Co-authors *Dr P Mylothridis, Mr P Dimitriadis*
Institution: *Heatherwood and Wexham Park NHS Foundation Trust*

### Introduction

Female breast hypertrophy represents a significant health issue worldwide, causing significant physical, cosmetic and psychological morbidity. Breast reduction mammaplasty (BRM) has become one of the most common operations performed on the female breast today. The objective of this study was to evaluate the effect of BRM on health-related quality of life.

### Materials / Methods

A systematic review of the international literature was performed in order to identify studies assessing the quality of life following BRM. Only randomized controlled studies using the validated and widely recognized Short-Form 36 questionnaire were included in the systematic review. 3 studies were identified and a meta-analysis of the data on primary and secondary outcomes was performed.

### Results

The effectiveness of BRM in women with breast hypertrophy was proven in all 10 outcomes. Specifically, in physical summary measure (MD=8,25 95% C.I.: 5,26-10,64), in mental summary score (MD=9,54 95% C.I.: 6,17-12,90), in physical function (MD=12,42), in role-physical (MD=13,03), in bodily pain (MD=26,37), in general health (MD=7,81), in vitality (MD=12,94), in social function MD=14,46) in role-emotional (MD=24,90) and in mental health (MD=9,83) the results were statistically significant.

### Conclusions

Breast reduction mammaplasty in women with breast hypertrophy is an intervention that improves both their image and health-related quality of life.

## P03 National facial palsy service provision within the UK

Presenter *Shan Shan Jing*
Co-authors *Miss A Thomas, Mr C Nduka*
Institution *Queen Victoria Hospital, East Grinstead*

### Introduction

Management of facial nerve palsy remains to be a challenge. However, treatments can lead to a significant improvement in facial function and patients' quality of life. We review the current provision of facial palsy service across the United Kingdom.

### Material and methods

A structured survey from 24 plastic surgeons within the BAPRAS Facial Palsy Special Interest Group practising in different units was conducted by means of email correspondence and telephone interview. Focus was placed on the primary care trusts' permission to perform common procedures including Botox injections for facial palsy and the volume of service delivered.

### Results and Discussion

The mean estimated number of reconstructions and Botox injections performed per year was 43 (range: 3-480) and 52 (range: 12-200), respectively. Seventeen plastic surgery units require no permission to perform surgical procedures for facial palsy. Five units require funding for blepharoplasty and face or brow lift. Two units necessitate full permission from the local healthcare authority.

### Conclusion

Whilst the surgical treatment for facial palsy is available and potentially successful with high patient satisfaction, national service provision is inconsistent. This regional variation carries an important impact on patient care and surgical training alike, and warrants a change.

# P04 Hereditary essential chin myoclonus - a case report and literature review

Presenter *Vi Vien Toh*
Co-authors *Mr R Silk, Mr C O'Boyle*
Institution *Nottingham University Hospitals NHS Trust*

Hereditary essential chin myoclonus is a rare disorder involving recurrent, irregular and involuntary contractions of the chin. The authors report a patient whose history suggest autosomal dominant inheritance and who was successfully treated with Botulinum Toxin A injections. The true prevalence of this condition has not yet been established. Scant findings from existing studies suggest genetic heterogeneity in transmission. Hereditary essential chin myoclonus is a disabling condition. Early treatment of this condition using Botulinum Toxin A injections is a safe and simple way of preventing facial disfigurement and restoring patient self-esteem. This case highlights the need for a more thorough understanding of the genetic basis of this condition in order to facilitate genetic counselling and possibly target future genetic manipulation therapies.

# P05 Fleur de Lys abdominoplasty Vs. conventional transverse abdominoplasty: a retrospective review

Presenter *Shehab Jabir*
Co-authors *Mr A Siddiqui, Mr S Rao*
Institution *University Hospital of North Durham*

## Aims

The Fleur-de-Lys technique utilizes an additional vertical excision of skin in comparison to conventional transverse abdominoplasty. We aim to compare outcome in terms of complications and patient satisfaction between these two techniques.

## Methods

Patients (January-December 2009) were divided into two groups; Group A comprimising the Fluer-de-Lys group and group B comprising conventional abdominoplasty. Case notes were reviewed retrospectively and overall satisfaction assessed at final follow-up. Fisher's exact test was used for statistical comparison.

## Results

Group A had 16 patients (average age 39 years, male:female 1:15, median weight 71.1kg) and group B 43 (average age 39 years, male:female 3:40, median weight 75kg). Complications in terms of haematoma, wound infection, wound breakdown, seroma formation, hypertrophic scarring and dog ear correction were extracted and statistical comparison carried out. There was no statistically significant difference in complication rate's between the two groups. One patient in group B was unhappy with the shape of her abdomen, another complained of asymmetry and another was bothered by upper abdominal skin laxity.

## Disccussion

Fluer-de-lys technique appears to have a comparable complication rate to conventional transverse abdominoplasty while providing better aesthetic outcomes. We recommend consideration of this technique in cases of complex contour deformities.

# P06 Augmentation mastopexy: a true single-stage procedure?

Presenter *Russell Bramhall*
Co-authors *Mr D Saleh, Mr M Khan, Mr J Dunne, Miss D Scheven, Mr M Riaz*
Institution *Castle Hill Hospital, Cottingham*

## Aims and Objectives

Augmentation mastopexy is becoming increasingly popular. Doubts remain over whether single or two-stage procedures yield better results. We present a single surgeon's experience using a one stage technique.

## Methods

We present 30 consecutive primary, single-stage breast augmentation mastopexies performed by the senior author from 2007-2011. Data collected included basic demographics, grade of ptosis, breast size, presence of asymmetry and other deformities. Operative data included type of mastopexy, implant plane and concomitant procedures. All patients had a minimum of 12months follow-up (mean 3years) with photographs. All complications, revision procedures and final outcomes were recorded.

## Results

6/30 patients (20%) had minor complications which settled with conservative management. 3 were T-junction dehiscence, 2 had epidermal blistering and 1 had a stitch abscess. 2/30 patients (7%) had major complications requiring further surgery. 1 patient had an infected haematoma requiring implant removal, which was later replaced. 1 patient had a scar revision for recurrent ptosis.

## Conclusions

Single-stage operations can have aesthetic results equivalent to two-stage procedures with similar complication rates. Forgoing a second anaesthetic makes the procedure more cost effective for the patient with less total recovery time. We discuss key points to reduce the need for revision surgery.

# P07 Effect of morphing on the rhinoplasty consultation

Presenter *Milad Sherafati*
Co-authors *Mr C Nduka, Mr S Mackey*
Institution *Royal Berkshire Hospital*

## Background

Pre-operative computer image modification or 'morphing' increasingly aids consultations. Perceived benefits include better communication of patients' desires and, modelling of surgically realistic outcomes. Whilst numerous studies have looked at morphing from a patient's perspective; very few have focussed on doctors' perceptions of this.

## Methodology

A 10-question survey on the use of morphing in pre-operative rhinoplasty consultation was devised and distributed to UK surgeons registered with BAAPS. The questionnaire comprised a combination of multiple choice and free text questions.

## Results

Our results showed that only 33% of respondents use morphing as part of their consultations. Over 83% of surgeons expressed anxiety relating to potential medico-legal problems arising from the use of this tool. Whilst only 17% of surgeons felt morphing had a positive effect on patient satisfaction, 58% of surgeons indicated they would want pre-operative morphing if they were to undergo a rhinoplasty.

### Conclusion

Morphing is still not routinely used in pre-operative consultations. A fear of medico-legal ramifications is still hindering the use of morphing in rhinoplasty consultations.

## P08 Abdminoplasties and DVT prophylaxis: "I want it all, I want it now"

Presenter *Rodwan Husein*
Co-authors *Professor M Sforza, Mrs K Andjelkov Mr R Zaccheddu*
Institution *University of Leeds*

### Introduction

Deep Vein thrombus (DVT) is one of the most serious complications of abdominoplasty surgery. With an ever increasing number of procedures performed and rising commonality of DVT, it is now more important than ever to preclude the occurrence of such complications. In this study, we assess a new surgical protocol aimed at reducing abdominoplasty associated DVT.

### Methods

A retrospective clinical analysis of 1078 abdominoplasty cases completed over a 7-year period was performed. All patients were enrolled onto an 8-point protocol with an all-inclusive holistic approach. This involved smoking, HRT and COC cessation as well as pre-operative weight management. The protocol additionally involved the administration of compression stockings, flowtrons and Clexane. Early ambulation and a pre-operative 1-year DVT treatment free period was also mandatory.

### Results

Between 2007 and 2013 no incidence of DVT was recorded in all patients undergoing abdominoplasty surgery. Furthermore, there was no incidence of haematoma. The Chi-square test of association returned results of $p<0.0001$ in both cases.

### Conclusion

This is the first non-criteria based inclusive protocol aimed at preventing abdominoplasty associated DVT. We are able to conclude that our 8-point protocol is effective in preventing DVT whilst also offsetting any increased risk of post-operative haematoma.

## P09 Non-surgical aesthetic treatments: who's offering treatments and how qualified are they?

Presenter *Reza Nassab*
Institution *Whiston Hospital, Liverpool*

### Introduction

The nonsurgical aesthetic market in the UK was valued at £229 million in 2011 and is rapidly rising. The Keogh report has highlighted concerns about safety in the sector. The aim of this study was to identify who is marketing these treatments to the public and what qualifications they possess.

### Methods

An Internet search for 'anti-wrinkle injections London' was undertaken and the first 50 practitioners were reviewed. We collected data on who is offering treatments, qualifications, cost of treatments and whether any incentives or offers were made.

### Results

The 50 sites reviewed revealed 60% had doctors offering treatments but 32% of sites did not specify who administered treatments and 26% did not mention any qualifications. Incentives and offers were given by 58% of sites. The average prices for 3 areas treatment was £273. Only 3 sites featured BAAPS or BAPRAS consultants.

### Conclusion

The majority of non-surgical providers are general practitioners or dentists. It is concerning that little information about the injectors experience is available. The study identified a large number of associations and memberships being used to promote practitioners credentials. Plastic surgeons appear to be poor at promoting their non-surgical treatments online.

## P10 Use of fibrin glue in abdominoplasty

Presenter *Parneet Gill*
Co-authors *Professor P McArthur*
Institution *Mersey Burns and Plastic Surgery Unit*

### Aims

The use of fibrin glue for abdominoplasty patients in the cosmetic sector has been controversial in the literature. We present our outcomes of using fibrin glue alone for aesthetic abdominoplasty.

### Methods

We retrospectively reviewed our early cohort of patients who underwent apronectomy, mini-abdominoplasty and full abdominoplasty with/without liposuction under a single surgeon. Data was collected on patient demographics, procedure performed, excision weights, length of inpatient stay and complications.

### Results

Seventeen female patients were included with an average age of 44 years (34-65 years). Three underwent apronectomy, one mini-abdominoplasty and thirteen full abdominoplasty. Of the full abdominoplasties, three received liposuction and one required a hernia repair. Twelve had recorded weights for tissue excised, average of 1.67kg (0.185-4.5kg). All patients stayed overnight and were followed up in clinic at 4-6 months. No seromas or haematomas were reported. Two patients had minor delayed wound healing, which healed by three weeks. The first four patients had drains but due to minimal drainage, drain use was abandoned in future procedures.

### Conclusion

We present our results supporting the use of fibrin glue alone to close abdominoplasty without use of quilting sutures or drains. We achieved aesthetically pleasing results with no seromas and high patient satisfaction.

## P11 Gynaecomastia in men presenting to a rapid diagnostic breast clinic

Presenter *Roger Stevens*
Co-authors *Miss J Rusby*
Institution *Royal Marsden NHS Foundation Trust*

### Introduction

Although breast cancer in men is rare, benign breast problems such as gynaecomastia are more common. We audited the incidence and aetiology of gynaecomastia in men attending breast clinic.

## Methods

Retrospective review of diagnosis and aetiology for 140 men attending breast clinic during the calendar year 2012.

## Results

The median age (range) was 53.7 (16.3-87.8) years. 105 (75.0%) had gynaecomastia [85 (81.0%) unilateral, 20 (19.0%) bilateral]. Aetiology is summarised in the table. The commonest prescribed drugs were anti-androgens, anti-reflux agents, cardiac drugs and statins. The illicit drugs were anabolic steroids, cannabis and heroin. Only 8 (7.5%) were advised to seek a referral to plastic surgery, suggesting that the cohort referred to breast clinic differs from those referred to plastic surgery clinics.

| *Aetiology* | *Number (%)* |
|---|---|
| **Physiological** | **16 (15.2%)** |
| Senility | 12 |
| Puberty | 4 |
| **Pathological** | **4 (3.8%)** |
| Liver disease | 2 |
| Renal failure | 1 |
| Cryptorchidism | 1 |
| **Pharmacological** | **52 (49.5%)** |
| Prescribed drugs | 42 |
| Illicit drug use | 9 |
| Alcohol | 1 |
| **Idiopathic** | **33 (31.4%)** |
| Total | 105 |

## Conclusions

75% of men attending our rapid diagnostic breast clinic were diagnosed with gynaecomastia and the aetiology was known in 69%. It is important that reversible causes, such as prescribed and illicit drugs, are considered prior to surgical intervention.

# Faculty Biographies

## William P. Adams, Jr.

Dr. William Adams Jr. maintains a private practice in plastic surgery in Dallas, TX. In addition, he also serves as an Associate Clinical Professor of Plastic Surgery at the University of Texas Southwestern Medical Center in Dallas, TX.

He received his undergraduate degree from Princeton University and his medical degree at Vanderbilt University Medical School. He completed both his general surgery and plastic surgery residency training at the University of Texas Southwestern Medical Center.

Dr. Adams is recognized for his expertise in breast surgery and breast implant technology and has published >250 papers and chapters, author of the world's only breast augmentation textbook and atlas, and served as co-editor for the Breast Augmentation Supplement for the Journal of Plastic and Reconstructive Surgery as well as presented and performed live surgery breast augmentation at many plastic surgery meetings/ symposia and educational forums both domestically and abroad.

He is the founder and Chief Medical Officer of The Plastic Surgery Channel the world's 1st and only media source owned and operated by plastic surgeons.

Dr Adams is board certified by the American Board of Plastic Surgery. He is active member of many organizations including the American Society of Plastic and Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS), and the Aesthetic Society Education and Research Foundation. He is current president for ASERF, and a board member of American Society for Aesthetic Plastic Surgery (ASAPS), Innovative Procedures Chair and Hot Topics Symposia Co-chair.

## Sherrell J Aston

Dr. Sherrell J Aston is the Chairman of the Department of Plastic Surgery at the prestigious Manhattan Eye, Ear & Throat Hospital in New York. He is also a Professor of Plastic Surgery at New York University School of Medicine and Institute of Reconstructive Plastic Surgery.

Dr. Aston's major research interests are facial anatomy in aesthetic surgery and techniques for improving aesthetic surgery results. Dr. Aston is renowned for his contributions to the development of the modern facelift techniques, which produce natural, un-operated results by repositioning not only the skin but also the underlining foundation. Dr. Aston is also considered an expert in the Endonasal rhinoplasty technique. He has lectured and operated internationally and has authored numerous textbook chapters and teaching videos on these subjects.

Dr. Aston received his medical degree from the University of Virginia. His post-doctorial training included a surgical internship and residency at the University of California in Los Angeles. Prior to being Chief Resident at UCLA he was a Halsted Fellow in Surgery at the John Hopkins Hospital. Dr. Aston was a Plastic Surgery Resident and Chief Resident of the Institute of Reconstructive Plastic Surgery, New York University Medical Center. He is certified by the American Board of Surgery and the American Board of Plastic Surgery. Dr. Aston has been recognized with numerous awards and honours.

## Magnus Boyd

Magnus is a solicitor who has developed a niche practice in protecting medical reputations from the media and the General Medical Council.

Magnus specializes in protecting the privacy and reputations of surgeons, doctors, NHS Trusts and their Chief Executives and others in the medical sphere.

Leading consultants in private practice regularly consult Magnus over potential libel claims involving professional colleagues, staff, ratings websites and other fora on which patients and competitors may defame them. Magnus frequently litigates against broadcasters and national newspapers on behalf of surgeons to recover damages, costs and apologies. Magnus regularly advises surgeons on their dealings with the media and on removing defamatory postings from advisory forums and ratings websites. Magnus also acted for a multi-disciplinary group of over thirty doctors to complain about the threat posed by the website "iwantgreatcare.org".

Magnus has also successfully stopped national newspapers from publishing confidential information about a consultant's private life and has advised various chief executives of NHS Trusts on all aspects of media management including defending claims for libel. Magnus is also regularly consulted by GPs and other clinicians over potential libel and privacy claims concerning their patients and the media. Magnus has also successfully represented a number of GPs and consultants in 'fitness to practice' proceedings before the GMC and other governing body complaint hearings. He is frequently asked to advise on internal complaint processes and grievance procedures between consultants and their hospital trusts. In 2013 Magnus was behind the first investigation into a serious

untoward incident report that was considered defamatory.

Magnus is an approved solicitor for the British Association of Aesthetic Plastic Surgeons. He is also a member of the steering committee on a British Medical Association study investigating the psychological and physical impact of complaints processes on doctors. Magnus was invited to participate because he has successfully represented GPs and surgeons in 'fitness to practice' proceedings before the GMC and other governing body complaint hearings in addition to his libel and privacy work. Magnus' medical reputation protection work has been recognised by his peers and Chambers and Partners since 2007

## Rajiv Grover

Rajiv Grover is the President of the British Association of Aesthetic Plastic Surgeons (BAAPS) and is a Consultant Plastic Surgeon at London's King Edward VII Hospital. Rajiv graduated in Medicine with a distinction from St Bartholomew's Hospital, London University in 1989 and was awarded the Hallett Prize by the Royal College of Surgeons in 1993 for the FRCS. During his training he gained an MD from the University of London as well as a Hunterian Professorship from the Royal College of Surgeons. Prior to taking up his Consultant post he was awarded an RCS travelling Scholarship in Plastic Surgery to Harvard Medical School in Boston, USA.

## Nick Lowe

Dr Lowe has published over 450 clinical and research publications. He has edited written 15 scientific and 4 educational books for the public.

He is on editorial boards of international medical journals and is a founding editor of the Journal of Cosmetic and Laser Therapy.

He was principal investigator on over 200 clinical research projects in the last 25 years. His clinical and research interests include: Treatment of Aging Skin, Laser skin Therapy , Skin Cosmeceutcals and Pharmacology, Sunscreens and Photoprotection, General Dermatology, Phototherapy, Psoriasis, Scientific research of Cosmetic and Clinical Treatments.

Since early 1990's he has pioneered research with Botulinum toxins proving Botox effective for facial lines and severe sweating. His scientific innovations have focused on filler, lasers and novel groundbreaking skin care products.

Dr Lowe teaches at UCLA School of Medicine as Clinical Professor of Dermatology.

He has won scientific awards for presentations from the American Academy of Dermatology and has appeared on radio and television presentations about New Therapies for Skin Diseases, Facial Rejuvenation, Botulinum Toxins, Laser Therapy, Skin Cancer, Sunscreen, Psoriasis.

## Gerard Panting

Qualified in medicine and with a Masters degree in Medical Law and Ethics, Gerard has over 25 years' experience in clinical negligence litigation, complaints procedures, disciplinary processes and medical regulation in the UK and a special interest in developing practical risk management solutions. He is a Foundation Fellow of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians and has previously held the posts of Head of UK Medical Services and Policy and Communications Director at the Medical Protection Society, which he left in 2006.

Gerard is a Director of TWG Resources Ltd., (medico-legal and risk management services) and Specialist Professional Indemnity Services Ltd which developed PRASIS as the UK's first specialty specific mutual indemnity scheme. Gerard is also a co-opted member of the PRASIS Board.

## Tingy Simoes

Tingy began her career in healthcare PR in New York City. Upon moving to London, she was headhunted to run the branding and design unit at Goldman Sachs. In early 2002, Tingy launched her own consultancy, Wavelength Marketing Communications, which over the past decade helped establish a number of high-profile organisations as the most respected voices in their arena, including the British Association of Aesthetic Plastic Surgeons (BAAPS), the British Academy of Cosmetic Dentistry and various well-known medical charities. The success of Wavelength was followed by the introduction of a sister PR agency focused on the private sector, Cacique Public Relations (ka'seek: 'leader of the tribe'), which also grew exponentially. Tingy is the author of the first-ever PR handbook aimed at plastic surgeons: "How to Cut it in the Media".

# Prizes

**The Michael Hackett Memorial Prize** of £500 will be awarded for the best oral presentation given by a trainee.

**The Poster Prize** of £200 will be awarded to the best poster presentation by a trainee.

# BAAPS 2014 Meeting

30th Annual Scientific Meeting

London, 24th – 26th September 2014

More information at www.baaps.meeting.org.uk

# Social Programme

Wednesday 25 September

## Faculty Dinner

The Goring Hotel

Thursday 26 September 7pm

## Champagne Reception and Annual Dinner

Banqueting House, Whitehall

# Trade Exhibitors and Exhibition Plans

Please take some time to visit the Trade Exhibition.

## Benjamin Britten Lounge

1. Judd Medical Limited
2. Allergan
3. Allergan
4. Merz Aesthetics
5. Sedation Solutions
6. SilDerm Limited
7. H & P Design
8. Intrapharm Laboratories
9. CareFusion
10. Angel Medical
11. Keeler Ltd
12. Future Health – BioBank

## Fleming Room

13. Mentor Medical Systems
14. Mentor Medical Systems
15. Clover Leaf Products Ltd
16. Tekno Surgical
17. Ideal Medical Solutions Ltd
18. Silhouette Lift
19. Galderma
20. Bodyline Clothing Ltd
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30. Premium Medical Protection
31. Solta Medical Inc
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34. GID Europe Ltd
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39. Advantech Surgical Ltd
40. Chromogenex Technologies
41. Angiotech
42. Newsplint
43. Eurosurgical Ltd
44. Human Med UK Ltd
45. Nagor
46. Nagor
47. Cosmetic Imaging Studio
48. Finishing Touches

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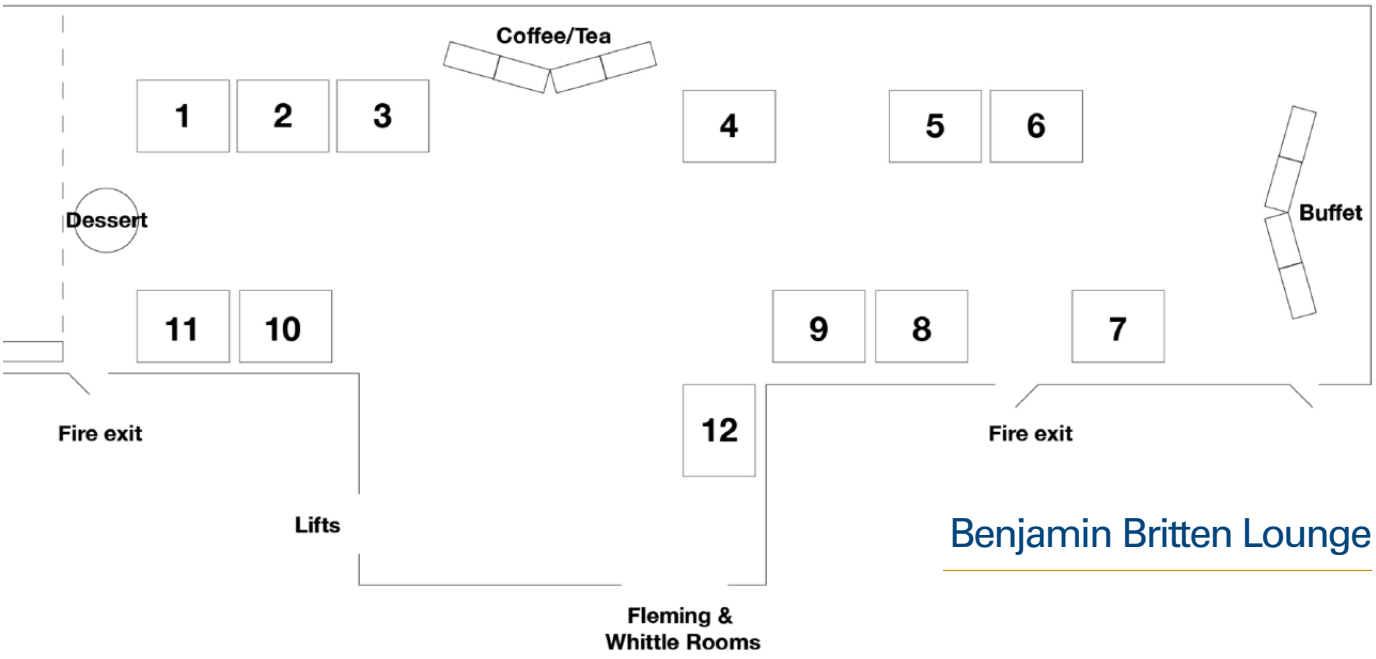
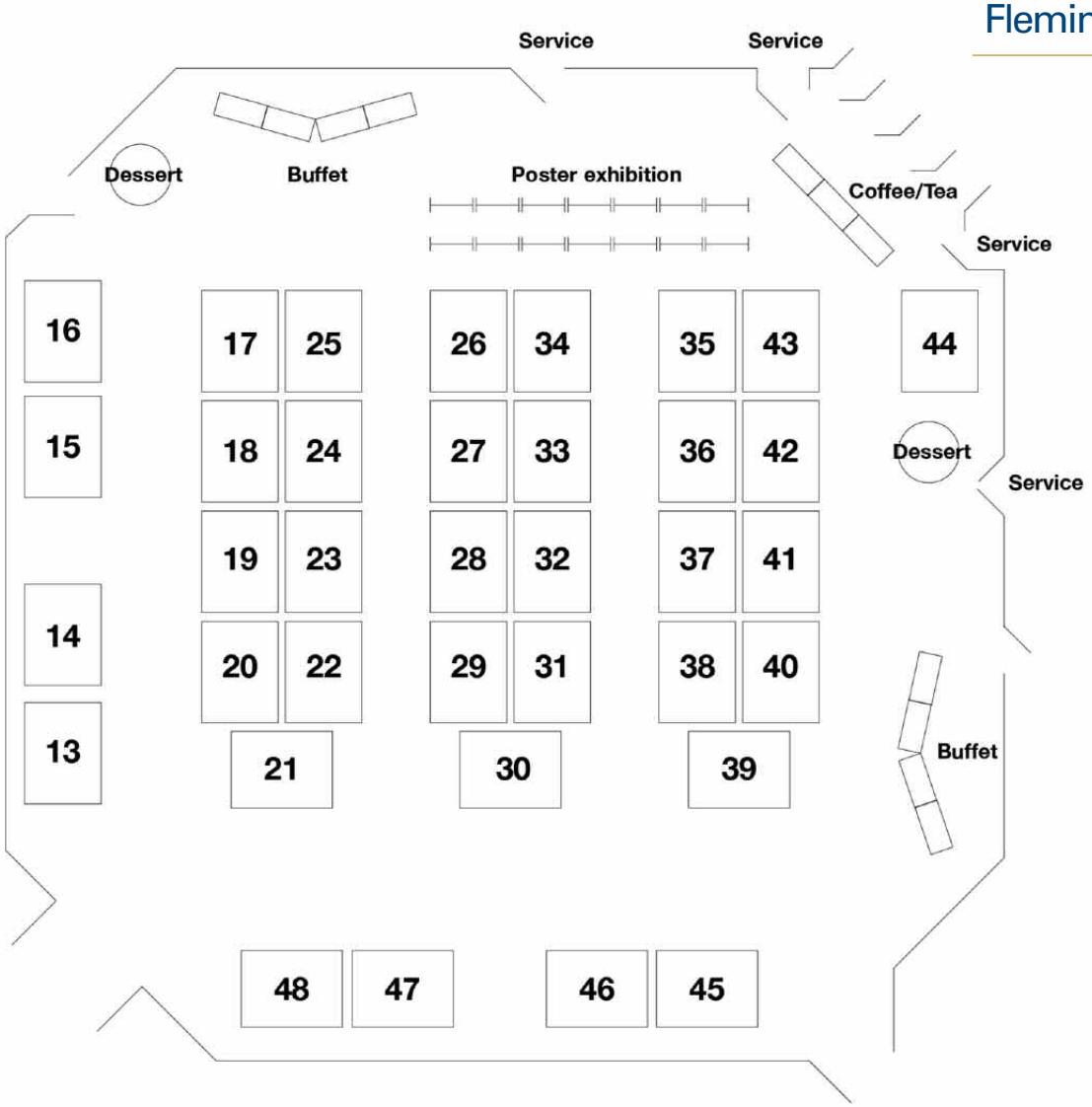



## Benjamin Britten Lounge

## Fleming Room



# BAAPS Factsheets

These factsheets provide your patients with easily understood information on the most common cosmetic procedures.

Breast augmentation
Reduction mammoplasty
Mastopexy
Fat transfer to breast
Gynecomastia

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

Please pick up an order form from the BAAPS desk!

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

Botulinum toxin injections
Cosmetic facial injections
Lasers in plastic surgery
Laser hair removal
Lip enhancement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