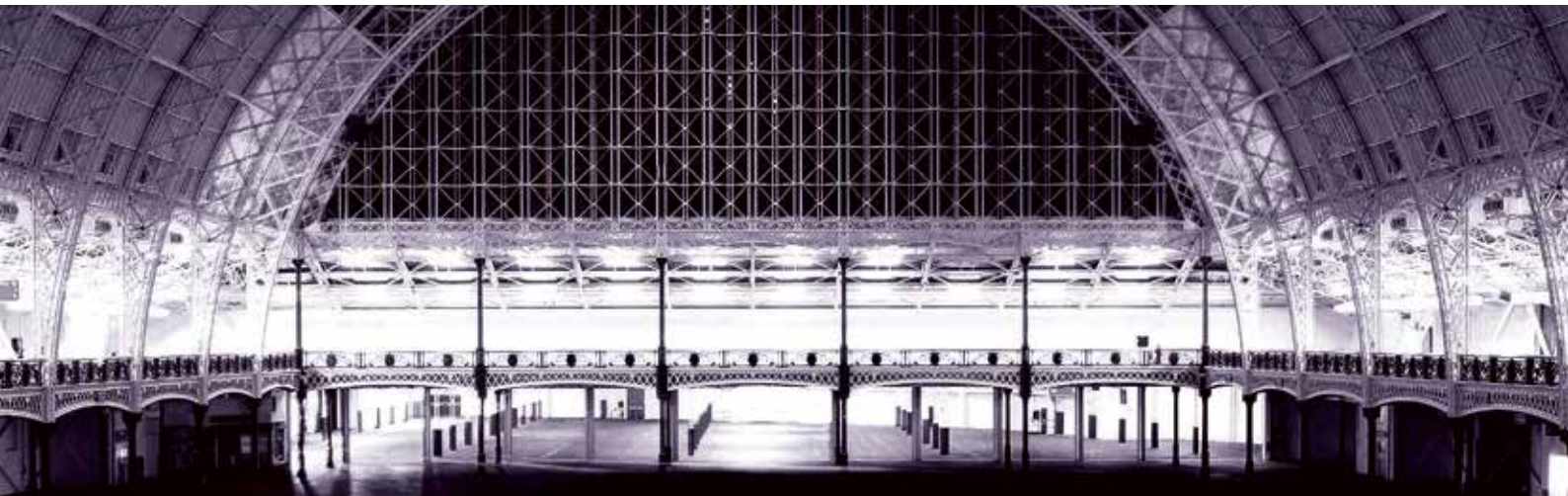




**The British Association of
Aesthetic Plastic Surgeons**

**33RD ANNUAL
SCIENTIFIC
MEETING**

5-6 October 2017



LONDON OLYMPIA

The Grand Hall, Olympia, London W14 8UX

co-located with



Meeting Programme

Platinum
sponsor



ARM YOUR PRACTICE

Now there's an FDA-cleared solution for almost 8 million people in Europe who voted "arm fat" as one of the most troubling area on their body*



BEFORE



12 WEEKS AFTER
CoolSculpting® Session

Introducing the CoolAdvantage Petite™ Applicator
Specifically designed to treat upper arms safely and effectively.



VISIT COOLSCULPTING AT STAND E10

Results and patient experience may vary.

* Data on file, ZELTIQ Aesthetics, Inc.

Before/After photos courtesy of Drs. Jean Carruthers and Shannon Humphrey.

The CoolSculpting procedure for non-invasive fat reduction is available worldwide.

ZELTIQ, CoolSculpting, the CoolSculpting logo, and the Snowflake design are registered trademarks, and CoolAdvantage Petite is a trademark of ZELTIQ Aesthetics, Inc. © 2017. All rights reserved. IC02976-B



33RD ANNUAL SCIENTIFIC MEETING

Contents

Programme	
Thursday 5 October	2
Friday 6 October	4
BAAPS Annual Dinner	5
Faculty	6
Speaker Biographies	7
Trainee Programme	13
Hackett Prize	15
Posters	17
Exhibition Plan	23
Trade Exhibitors & Exhibitor contact details	24
BAAPS Factsheets	25

BAAPS Council

President	Mr Simon Withey
Immediate Past President	Mr Michael Cadier
Vice-President	Mr Paul Harris
Honorary Secretary	Mr Ashfin Mosahebi
Honorary Treasurer	Mr Neil McLean
Members (in alphabetical order)	Mr Rajiv Grover
	Mr Stephen Hamilton
	Mr Mark Henley
	Mr Douglas McGeorge
	Mr Charles Nduka
	Ms Mary O'Brien
	Mr Marc Pacifico
	Mr Muhammad Riaz
	Mr Ian Whitworth

CME Points	Thursday 5 October	6.5 pts
	Friday 6 October	7 pts
	Total	13.5 pts

Sponsors

Platinum Sponsor



Lunch Sponsor



Programme

The BAAPS 2017 Annual Scientific Meeting will focus on Rhinoplasty, Breast Surgery, Practice Management and Controversies in plastic Surgery from an exceptional faculty from all around the world.

Thursday 5 October

08:00

Registration

BREAST AUGMENTATION

Chair: Marc Pacifico

08:15-08:25

President's Welcome*Simon Withey*

08:25-09:00

Recent evidence in breast augmentation – ALCL and capsular contracture*Anand Deva (Sydney, Australia) and Mark Clemens (Texas, USA) live weblink discussion*

09:00-09:10

How I plan for breast augmentation*Jose Luis Martin del Yerro*

09:10-09:20

How I plan for breast augmentation*Patrick Mallucci*

09:20-09:30

Why I prefer using smooth implants, but when I choose to use shaped*Graeme Southwick*

09:30-09:40

Why I prefer using anatomical implants*Jose Luis Martin del Yerro*

09:40-09:55

Lipofilling for breast augmentation and augmentation mastopexy*Foued Hamza*

DEVELOPMENTAL BREAST

09:55-10:15

Management of divergency of the Nipple areola complexes*Jose Luis Martin del Yerro*

10:15-10:30

The constricted breast and how I deal with it*Graeme Southwick*

10:30-10:50

Panel discussion – breast implants*(Graeme Southwick; Jose Luis Martin del Yerro, Patrick Mallucci; Foued Hamza)*

10:50-11:10

COFFEE BREAK

BREAST REDUCTION AND MASTOPEXY

Chair: Paul Harris

11:10-11:20

B-Lite, Lightweight breast implants*Patrick Mallucci*

11:20-11:35

Nipple placement in pexy procedures – and what to do if you get it wrong*Patrick Mallucci*

11:35-11:50

Approaches to mastopexy – producing consistent results*Graeme Southwick*

11:50-12:05

Consistent results in augmentation-mastopexy*Jose Luis Martin del Yerro*

12.05-12:20 **Vertical scar breast reduction in gigantomastia**
Foued Hamza

12.20-12.35 **Refinements in breast reduction surgery**
Graeme Southwick

SECONDARY BREAST SURGERY

12.35-13.05 **Nuances in approaches to aesthetic breast surgery**
Graeme Southwick

13.05-13.25 **Brain and breast. Time for Thought**
Adam Searle

13.25-14:55 **LUNCH – CCR Expo VIP Exhibition Tours**

IMCAS SESSION/MINIMAL INVASIVE

Chairs: Ash Mosahebi & Benjamin Ascher

14.55-15.00 **What's hot from IMCAS**
Benjamin Ascher

15.00-15.15 **Eyelid Fat Grafting with PRP**
Benjamin Ascher

15.15-15.30 **"Accordion-faces" by highly diluted botulinum toxin superficial injections**
Bernard Mole

DATABASE/PRACTICE MANAGEMENT & BUSINESS DEVELOPMENT

15.30-15.45 **Growing your database and business with Coolsculpting**
Benji Dhillon

15.45-16.15 **COFFEE BREAK**

PRACTICE MANAGEMENT & BUSINESS DEVELOPMENT

Chair: Rajiv Grover

16.15-16.45 **Keynote Practice Management Lecture Golden rules produced golden moments - insights over the years!**
Graeme Southwick

16.45-17.10 **Keynote Business Development - What cosmetic patients want....**
Tom Seery

17.10-17.25 **Why a non-surgical interest is fundamental to your surgical practice**
Graeme Southwick

17.30-18.30 **BAAPS Member's AGM**

19.30-23.00 **BAAPS Annual Member's Dinner**
Kensington Design Museum - All delegates welcome to purchase tickets!

Friday 6 October

RHINOPLASTY

Chair: Simon Withey

Panel Style

- 9.00-9.40 **Rhinoplasty Practice Panel - Marginal Gains: my basic principles and keys in achieving results**
(Wolfgang Gubisch, Nazim Cerkes, Tim Woolford, Julian Rowe-Jones)
- 9.40-9.55 **Sutures and Grafts: types and algorithms**
Nazim Cerkes
- 9.55-10.10 **Managing the deviated nose**
Wolfgang Gubisch
- 10.10-10.25 **Management of over-projected Tip**
Nazim Cerkes

10.25-10.45 **COFFEE BREAK**

RHINOPLASTY

Chair: Charles Nduka

- 10.45-11.00 **Correction of secondary functional problems in rhinoplasty**
Tim Woolford
- 11.00-11.15 **Correction of secondary aesthetic problems in rhinoplasty**
Wolfgang Gubisch
- 11.15-11.30 **Piezo surgery in rhinoplasty**
Julian Rowe-Jones
- 11.30-12.00 **Panel Discussion**
(Wolfgang Gubisch, Nazim Cerkes, Tim Woolford, Julian Rowe-Jones)
- 11.30-12.00 **Parallel trainee session – and Hackett prize first round at same time as rhino session – 11.00-12.30**
- 12:00-13.30 **LUNCH VIP Exhibition Tours**
- 13.30-13.50 **HACKETT PRIZE – Top two abstracts to present for Hackett Memorial Fund Prize**

CONTROVERSIES IN PLASTIC SURGERY

Chair: Douglas McGeorge

- 13.50-14.00 **From consideration to consultation - How CoolSculpting uses Artificial Intelligence to drive customers to their clinics**
Peter Day
- 14.00-14.20 **Dealing with the unhappy patient/managing expectations and breaking down of the doctor-patient relationship**
Graeme Southwick
- 14.20-14.40 **How does the ethical surgeon compete in the marketplace**
Paul Harris
- 14.40-14.55 **Applying marginal gains to the practice of aesthetic plastic surgery**
Charles Nduka
- 14.55-15.15 **A Surgeon's guide to customer experience**
Dan Hopkins

- 15.15-15.25 **Why more of us should be setting up clinics**
David Dunaway
- 15.25-15.35 **Productivity and control in running your own clinic**
JJ Staiano
- 15.35-15.45 **Internal Bra Cup Mastopexy with Galaflex Mesh**
Bill Adams

15.45-16.05 **COFFEE BREAK**

CLINICAL PEARLS

Chair: Simon Withey

- 16.05-16.45 **My worst complication – and what I did about it**
Graeme Southwick, Martin del Yerro, Charles East, Patrick Mallucci, Tim Woolford, Wolfgang Gubisch, Julian Rowe-Jones, Bill Adams (5mins each)
- 16.45-17.25 **My top 5 technical tips in my favourite operations**
Graeme Southwick, Martin del Yerro, Charles East, Patrick Mallucci, Tim Woolford, Wolfgang Gubisch, Julian Rowe-Jones, Bill Adams (5mins each)
- 17.25-17.35 **Close of Meeting & Awards (Travelling Fellowship, Hackett Memorial & Poster Presentation)**
President, Simon Withey

BAAPS Annual Dinner

We will be hosting our Annual Member's dinner at the spectacular new Design Museum on Kensington High Street on Thursday 5th October 2017.

With a champagne reception, 3 course meal, private guided exhibition and excellent after dinner speaker, Dr Phil Hammond - this evening is not to be missed!

Pre-booking is essential for this event as places are limited. Come see us at the BAAPS table at the entrance to the Pillar Hall for further information.

Thanks to our sponsor:



Faculty *(in alphabetical order)*

Dr Bill Adams, Plastic Surgeon, USA

Dr Benjamin Ascher, Plastic Surgeon, France

Prof Dr Nazim Cerkes, Aesthetic Plastic and Reconstructive Surgeon, Turkey

Dr Mark Clemens, Associate Professor, Plastic Surgery, MD, USA

Prof Anand Deva, Consultant Plastic Surgeon, Australia

Prof David Dunaway, Plastic and Craniofacial Surgeon, UK

Mr Charles East, Consultant ENT Surgeon, UK

Prof Dr Wolfgang Gubisch, Plastic Surgeon, Germany

Dr Foued Hamza, Consultant Plastic Surgeon, France

Mr Paul Harris, Consultant Plastic Surgeon & BAAPS Vice President, UK

Mr Dan Hopkins, National Business Consultant, UK

Mr Patrick Mallucci, Consultant Plastic Surgeon, UK

Dr Jose Luis Martin del Yerro, Plastic Surgeon, Spain

Dr Bernard Mole, Plastic Surgeon, France

Mr Charles Nduka, Consultant Plastic Surgeon & BAAPS Council Member, UK

Mr Julian Rowe-Jones, Consultant ENT/Facial Plastic Surgeon, UK

Mr Tom Seery, CEO Realself, USA

Mr Graeme Southwick **KEYNOTE SPEAKER**, Consultant Plastic Surgeon, Australia

Mr Jonathan Staiano, Consultant Plastic Surgeon, UK

Mr Simon Withey, Consultant Plastic Surgeon and BAAPS President, UK

Prof Tim Woolford, Consultant ENT Surgeon and Honorary Clinical Professor, UK

Speaker Biographies

(in alphabetical order)

Dr Bill Adams

Plastic Surgeon, USA



Dr. Adams maintains a private practice in plastic surgery in Dallas, TX. In addition, he is an Associate Clinical Professor of Plastic Surgery at the University of Texas Southwestern Medical Center in Dallas, where he is the program director of the Aesthetic Fellowship.

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. He has published >250 papers and numerous book chapters, and served as co-editor for the Breast Augmentation Supplement for the Journal of Plastic and Reconstructive Surgery. He is the author of the world's only breast augmentation textbook and atlas.

He has presented and performed live surgery breast augmentation at many plastic surgery meetings/ symposia and educational forums both nationally and internationally.

Over the past 15 years he has served as an advisor to multiple plastic surgery industry partners for R&D, product refinement and evaluation.

He is the founder, President, and Chief Medical Officer of The Plastic Surgery Channel the world's 1st and only media company owned and operated by plastic surgeons. The plastic surgery channel specializes in doctor delivered messaging allowing credible surgeons to connect with their patients and community via high quality video.

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 past president for ASERF, and a board member of American Society for Aesthetic Plastic Surgery (ASAPS), and current ASAPS program chair.

Dr Benhamin Ascher

Plastic Surgeon, France



Benjamin Ascher, MD, is Plastic Surgeon Board Certified, member of the French, American, and International Societies of Plastic, Reconstructive & Aesthetic Surgery and Chairman & Head of the "Clinique of Aesthetic Surgery IENA" in Paris – France.

He is Section Editor of the Aesthetic Plastic Surgery Journal and Member of the Editorial Board for Journal of Cosmetic and Laser Therapy, as well as author of 150 original

articles and books published in referenced journals, and review articles.

He is the founder and Scientific Director of the I.M.C.A.S company, world leader in medical conferences (Paris, Seoul, Taipei, Bali Cancun, Mumbai, Shanghai), dealing with the interface between Plastic Surgery, Cosmetic Dermatology, and Aesthetic Medicine.

And Editor of IMCAS Academy, e-learning platform connected with the most important networking of the profession.

He is working extensively on research and clinical studies on many aesthetic surgical & medical procedures (toxins, injectables, lasers, energy base devices systems for skin tightening and lipolysis, threads, fat grafting, face lift and eyelids surgery).

Prof Dr Nazim Cerkes

Aesthetic Plastic and Reconstructive Surgeon, Turkey



Nazim Cerkes completed his plastic surgery training in Istanbul University Faculty of Medicine, Department of Plastic and Reconstructive Surgery. He worked as research and clinical fellow in UAB (University of Alabama at Birmingham) at the Department of Plastic Surgery between 1990-1991.

Nazim Cerkes served as Associate Professor at the Department of Plastic and Reconstructive Surgery, Istanbul University Faculty of Medicine between 1992-2002 and particularly

worked in the field of reconstructive microsurgery.

In 2002 Dr.Cerkes founded Cosmed Aesthetic Plastic Surgery Center in Istanbul and has been in private practice since that time.

During the last 15 years Dr.Cerkes focused on rhinoplasty and has been invited several international meetings as speaker.

Nazim CERKES is Past President of Turkish Society of Aesthetic Plastic Surgery. He served as Education Council Chair of ISAPS between 2010-2014. Currently Dr Cerkes is President of "The Rhinoplasty Society of Europe", First Vice President of ISAPS, and ISAPS Visiting Professor. He has been serving as Rhinoplasty Section Editor of the Aesthetic Plastic Surgery Journal.

Prof Anand Deva

Consultant Plastic Surgeon, Australia



Professor Anand Deva is the Program head in Plastic & Reconstructive Surgery at the Faculty of Health and Medical Science at Macquarie University. He is also co-director of the Surgical Infection Research Group at Macquarie University, which undertakes research into the prevention of surgical and medical device infection. Additionally, he holds a visiting medical officer position at Sydney hospital.

Professor Deva is considered a leading academic and has published widely on issues related to wound healing and surgical infection, especially in relation to implantable medical devices. He has been a consultant to both government and biomedical companies and is a frequent invited speaker at both local and international meetings. More recent research has focused on improving delivery of health care services with the

recent award of a NSW State innovation grant to establish a novel integrated care program in the South Eastern Sydney Local Health District. He is director of the not for profit integrated specialist education and research foundation dedicated to improving the access of Australians to quality healthcare.

He has served on the Australasian Training Board of Plastic and Reconstructive Surgery and has been mentor to numerous local and international doctors who have worked alongside him in fellowship positions.

Professor Anand Deva graduated from the University of Sydney in 1991 and was awarded first class honours and the University Medal in Medicine. After completing internship and residency at the Royal Prince Alfred Hospital in Sydney, he was admitted into advanced training in General Surgery in 1994 and completed a Masters of Surgery in 1996 investigating the disinfection and sterilisation of surgical instruments. He commenced advanced training in Plastic & Reconstructive Surgery in 1996 and obtained his Fellowship of the Royal Australasian College of Surgeons (Plastic & Reconstructive Surgery) in 2000. He has received numerous awards and prizes that recognise his contribution to research and teaching. These include the Luhr travelling fellowship, the Noel Newton Medal, The Gordon Gordon Taylor Medal and the John Ham Medal.

Prof David Dunaway

Plastic and Craniofacial Surgeon, UK



David Dunaway graduated from the University of Manchester in 1989 and became a Fellow of the Royal College of Surgeons in 1992. He undertook his Higher Surgical Training in Plastic Surgery in Leeds, Newcastle, London and at the Australian Craniofacial Unit in Adelaide. He is also a qualified Dentist and is a Fellow Dental Surgeon of the Royal College of Surgeons.

In 1997 he was appointed Consultant Plastic Surgeon at Canniesburn Hospital in Scotland specialising in Facial Deformity and Head and Neck surgery.

In July of 2000 he joined the Plastic Surgery and Craniofacial Unit at Great Ormond Street Hospital for Children where he now leads the Craniofacial Service

He is recognised as a leader in craniofacial distraction and the treatment of craniosynostosis and has an interest in the separation of craniofacial twins. He led the team that successfully separated the Sudanese twins at Great Ormond Street in 2012.

David is also Professor of Craniofacial surgery at the UCL Institute of Child Health where his research interests include the study of congenital facial deformity, craniosynostosis, craniofacial morphometrics and craniofacial distraction devices. In 2014 he was awarded a Hunterian Professorship by the Royal College of Surgeons for his surgical research.

In 2016 David received a CBE in the Queen's Birthday Honours list for services to facial surgery.

In his private practise, he undertakes facial cosmetic surgery, facial reconstruction, craniofacial surgery, children's plastic surgery and the treatment of scars. David is a founding director of 152 Harley Street Ltd where he has played a leading role in establishing a day care hospital providing, aesthetic, maxillofacial and plastic surgery along with dermatology, advanced dentistry and medical imaging services.

Mr Charles East

Consultant ENT/Facial Surgeon, UK



Mr Charles East is a Consultant ENT/Facial Plastic Surgeon at the University College London. A Consultant Surgeon and lead for Facial Plastic Surgery at Royal National Throat Nose and Ear Hospital and Craniofacial Service at the University College Hospitals NHS Foundation Trust and an Honorary Senior Lecturer University College London.

He is a course director of Rhinoplasty and Facial Plastic Surgery. His clinical interests include rhinoplasty aesthetic and reconstructive, facial plastic and aesthetic surgery, nasal and sinus surgery including balloon sinuplasty.

Prof Wolfgang Gubisch

Plastic Surgeon, Germany



Wolfgang Gubisch studied medicine and started Plastic Surgery in 1974 with Prof. E. Schmid, Prof. H. Reichert and Prof. W. Widmaier at the Marienhospital in Stuttgart. He is double-boarded qualified as Plastic Surgeon as well as ENT-Surgeon.

Since 1988 he has been Head of the Clinic of Plastic Surgery, which is the oldest and one of the largest institutions for plastic surgery in Germany. After his habilitation at the University of Würzburg in 1992 he became an apl-Professor in 1999. In 2001, the clinic was separated into three independent highly specialized clinics, and Prof. Gubisch became the Head of the Clinic of Facial Plastic surgery.

His main interest is focused on aesthetic, functional as well as reconstructive nasal surgery. He regularly is invited as lecturer all over the world and guides courses for aesthetic and functional rhinoplasty to demonstrate his surgical techniques. He has written more than 180 scientific publications and has produced several educational films. He is member of many national and international societies as well as an honorary member of the British Association of Aesthetic Plastic Surgery, the Australian Society of Plastic Surgeons, the Association of Plastic and Reconstructive Surgeons of Southern Africa and of the Armenian Association of Plastic Reconstructive and Aesthetic Surgeons.

From 2010 – 2012 he was the president of the German Association of Aesthetic Surgeons (VDÄPC) and Board member of the German Society of Plastic, Reconstructive and Aesthetic Surgeons (DGPRÄC). Furthermore, he is holding the gold medal of the All India Rhinology Society for special achievements in rhinosurgery. In July 2011 he got the honorary doctor award from the University of Athens for his intensive activities in teaching facial plastic surgery.

Actually he is his president of the Rhinoplasty Society of Europe.

Since April 2015 Prof. Gubisch is working as Senior Director at the Clinic of Facial Plastic Surgery at the Marienhospital.

Dr Foued Hamza

Consultant Plastic Surgeon, France



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

He specialises in body contouring procedures including buttock enhancement, liposuction and breast surgery, and he has developed new techniques for improving the safety and care of his patients.

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

Mr Paul Harris

Consultant Plastic Surgeon, The London Clinic & The Royal Marsden Hospital



Paul Harris is a prominent Plastic Surgeon in London where he works in both cosmetic and reconstructive surgery. He is the senior Plastic Surgeon at The Royal Marsden Hospital and Vice President of BAAPS. He now focuses primarily on plastic surgery of the breast, and has published widely on the subject. He is regularly invited to present at both National and International Plastic Surgery Meetings.

Paul's experience in cosmetic surgery stems from a dedicated fellowship with one of

the world's leading cosmetic surgeons. He has subsequently experienced a group practice involving several plastic surgeons, managed care within a hospital chain and fully independent practice. Currently, his cosmetic practice is based at The London Clinic, where he has several members of staff and a training fellow. At this year's BAAPS meeting, he will draw on these experiences to present his thoughts on how the 'ethical plastic surgeon' can compete in the current marketplace.

Mr Daniel Hopkins

National Business Consultant, Allergan



Dan is a Business Consultant with Allergan's International Business Consulting Team. He specialises in service design, customer journey planning and people development (inc. comp & pens) as well as other general practice management issues.

Dan earned his BSc.(Hons) in Economics & Politics at the University of Bath and has completed numerous management and industry courses, gaining his certification by the Association of the British Pharmaceutical

Industry (ABPI) in 2012 and more recently becoming an accredited Insights Discovery practitioner for team and leadership development.

He has over 10 years of experience within the Medical Device and Pharmaceutical sectors, the last 6 of which have been spent with Allergan in the cash-pay, medical aesthetic market in a variety of roles responsible for product sales, the development of medical education programs, supply contract management and latterly consulting with a broad spectrum of practices to help them to achieve their business goals.

Prior to joining Allergan, Dan successfully managed the pharmaceutical division of a boutique agency delivering direct search (head-hunt) and team-build projects for medical product suppliers across Europe.

Mr Patrick Mallucci

Consultant Plastic Surgeon, UK



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

In 1996 he was awarded the higher post graduate degree of Doctorate in Medicine (MD) having spent two years at University

College London developing the concept of scarless wound healing. He was awarded the Fellowship of the Royal College of Surgeons in Plastic Surgery, FRCS(Plast) in 1998.

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

He is the founder of Mallucci London a highly prestigious practice in Knightsbridge, London where he is now based full time in private practice. This is a multidisciplinary clinic encompassing both non surgical and surgical treatments. Mr Mallucci has assembled a group of internationally renowned clinicians, experts in their individual fields to be able to deliver the highest standards of care to patients.

Mr Mallucci has published extensively within the Plastic Surgery Literature throughout his career and is frequently invited to present his work world wide at Plastic Surgery Conferences and education forums. He is most renowned for his innovative research into "The Perfect Breast" a defining series of papers that have been published globally setting new standards in aesthetic breast surgery. In 2015 his population study of the perfect breast was awarded best international publication in the American Journal Plastic and Reconstructive surgery. His most recent publication 'the ICE principle' has been adopted internationally as a new concept in breast augmentation. He is actively involved in teaching both at undergraduate and postgraduate level including leading international masterclasses in aesthetic breast surgery.

He has also been highly represented in the media throughout his career having partaken in numerous television documentaries and news items as well as the mainstream written press where his opinion on current matters in Plastic Surgery is often sought.

Dr Jose Luis Martin del Yerro

Consultant ENT Surgeon and Honorary Clinical Professor, UK



An experienced and well known educator, Dr. Jose Luis M. del Yerro serves on the European Board of Plastic Reconstructive and Aesthetic Surgery, and is the Chairman of the Department of Plastic Surgery at Quiron Hospital in Madrid, as well as Chairman of the Instituto de Cirugia Plastica.

Previously, Jose Luis M. del Yerro was a member of the Spanish Society of Plastic and Aesthetic Surgery in the European Union of Medical Specialists (UEMS) (1994 -2000), the

General Secretary of the Spanish Society of Plastic and Aesthetic Surgery (S.E.C.P.R.E) (1999 -2000), the Spanish delegate in the society of International Plastic, Reconstructive and Aesthetic Surgery (IPRAS), President of the Court of Homologation of Foreign Titles (Degrees) of Plastic Surgery in the Department of Education and Culture (1997), General Secretary of the Educational Foundation (S.E.C.P.R.E.), and currently is Chairman of the Educational Unit of Plastic Surgery at Hospital Quiron Madrid (from 2007). He is also the director and organizer of the Annual Mammoplasty Augmentation Course. He has developed his own successful methodology of patient measurements and implant selection, known as the "Y-Number", which has allowed him to achieve consistent and reproducible results with anatomical implants, and has trained surgeons from around the world on this methodology.

- 1983 Société Française de Chirurgie Plastique National prize
- 2012 IMCAS AWARD for the "Treatment of scratched faces by intradermal injections of highly diluted Bot. Toxin"

Publications:

More than 200 publications in all fields of Aesthetic and Reconstructive Medicine and Surgery

Consultant and partner for:

Allergan, Anteis, Galderma, Merz, Teoxane, Vivacy

Mr Charles Nduka

Consultant Plastic Surgeon, UK



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

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

Dr Bernard Mole

Plastic Surgeon, France



Certified board in :

- Plastic Reconstructive and Aesthetic Surgery
- Aérospatial Medecine
- Physical Dammage Expertise
- Microsurgery
- Leprology

Resident and Chief Resident of Paris University Hospitals (1976-1984) former Assistant at Georges Pompidou European

Hospital Paris Associate editor of the "Annales Françaises de Chirurgie Plastique Reconstructrice et Esthétique"

Societies :

- French Society of Plastic Reconstructive and Aesthetic Surgery (formerly prize of the Society)
- French Society of Aesthetic Plastic Surgeons (founder and former General Secretary)
- ISAPS (International Society of Aesthetic Plastic Surgery)
- Present ISAPS National Secretary for France
- AREDEP (Association de Recherche en Dermatologie Esthétique et Plastique/ founder and General Secretary)
- Opération Sourire-Médecins du (Yearly Reconstructive surgery missions in Africa)
- Scientific Coordinator for surgery of IMCAS (International Major Course on Aging Skin) Prizes

Mr Julian Rowe-Jones

Consultant ENT/Facial Plastic Surgeon, UK



Julian Rowe-Jones is a Director of the Nose Clinic and practices in London and Guildford, UK. He was Consultant Surgeon to The Royal Surrey County Hospital National Health Service Trust from 1998 – 2015. He is a Board member of the International Federation of Facial Plastic Surgery Societies and of Facial Plastic Surgery - UK.

He has been the Chairman of The European Rhinoplasty Society and has chaired the fellowship committee of the European

Academy of Facial Plastic Surgery. He is board certified in Facial Plastic Surgery by the European Board and International Board of Facial Plastic Surgery and is now a European Board examiner. He has been a member of the clinical quality and outcomes sub-group of the Cosmetic Surgery Interspecialty Committee and currently contributes to the Royal College of Surgeons of England Masterclass on Professional Behaviours in Cosmetic Surgery. He has written, lectured and published extensively on Rhinoplasty.

Mr Tom Seery

CEO Realself, USA



Tom Seery is the founder and CEO of RealSelf, an online resource for medical aesthetics. In 2016, Ernst and Young named Tom a regional finalist for the Entrepreneur of the Year Award, and Plastic Surgery Practice Magazine called him "plastic surgery's answer to Facebook's Mark Zuckerberg" and a Top Influencer in 2015.

RealSelf brings transparency to the \$13.5B aesthetic treatment market which represents a wide range of services—from a simple skin treatment to a cosmetic surgery. At the heart of RealSelf is a community of people sharing personal experiences, unbiased stories, and candid advice.

Every month, 10 million unique visitors view 50 million photos and hundreds of thousands connect with doctors. Thousands of medical experts also participate on RealSelf. Doctors have posted almost two million answers to questions and routinely upload educational videos, special offers, and patient before & after photos. Prior to RealSelf, Tom was a member of the founding team at Expedia, where he developed a \$500M private-label travel business and introduced search marketing long before Google was a household name.

Tom sits on the board of ReSurge International, a non-profit that is building reconstructive surgery capacity in developing countries.

Tom holds an MS from Drexel University, MBA from University of Washington, and BA from Connecticut College. He resides in Seattle with his wife and two highly energetic boys.

He is @seery on Twitter or @realself_tom on Instagram, should you wish to connect.

Mr Graeme Southwick MB BS(Hons), FRACS FACS

Consultant Plastic Surgeon, Australia

KEYNOTE SPEAKER



I graduated Monash University Medicine with honours Melbourne Australia 1970 and obtained my FRACS in Otolaryngology as well as Plastic & Reconstructive Surgery. I spent a year at Mt Vernon Hospital Middlesex before completing fellowships at Roswell Park Memorial Institute Buffalo NY in head and neck surgery with Professor Vahram Bakamjian and then as a Christine Kleinert Fellow in Louisville Kentucky.

On return to Australia in 1979 I have been in private plastic surgery practice in Melbourne including 21 years as a consultant plastic surgeon at the Alfred Hospital and 10 years as a consultant at The Peter McCallum Cancer Institute. I established the Melbourne Institute of Plastic Surgery which is a group of 5 plastic surgeons and currently am Chairman. I served as a councillor for The Australasian Society of Aesthetic Plastic Surgeons and was President 2002-2004. I was the National Secretary for Australia and New Zealand for ISAPS for 8 years and currently serve on the Editorial Board for Aesthetic Surgery Journal and previously for several years on the Editorial Board of Journal of Aesthetic Plastic Surgery. I established the Advanced Aesthetic Plastic Surgery

Workshop held every year in Melbourne in February since 1993 - now in its 22nd year. This Workshop is a focused 3 day program on an aesthetic plastic surgery topic and is well established in the plastic surgery meetings in Australasia.

I also established the Advanced Aesthetic Plastic Surgery Fellowship program which has offered a 6-12month advanced certified training program for bone fide plastic surgeons with the Melbourne Institute of Plastic Surgery to deliver advanced aesthetic plastic surgery training. The Institute has now had over 30 fellows from worldwide.

I am an Adjunct Senior Lecturer to the Departments of Anatomy and Cell Biology as well as the Hudson Institute of Medical Research at Monash University where I work with several scientists on research activity related to plastic surgery - this has included treatment of male infertility resulting in the first IVF baby in 1980 and more recently the development of Follistatin - an active protein found in all humans and higher animals that is a powerful anti-inflammatory and anti-fibrotic. Our research team has successfully used this for keloid, burn scar, Dupuytren's Disease and other similar clinical problems and is currently entering a clinical study.

I was awarded The Order Of Australia Medal in 2002 by The Government of Australia for assistance to the victims of the Bali terrorist bombings.

The Melbourne Institute of Plastic Surgery has over 76,000 patients and I focus on aesthetic surgery to the face/neck, periorbital, brow and nose areas as well as aesthetic and reconstructive breast surgery and reconstructive surgery of the head and neck and skin cancer surgery.

Mr JJ Staiano

Consultant Plastic Surgeon, UK



JJ Staiano is a plastic surgeon, an author and the owner of The Staiano Clinic. His family has always been involved in the Hotel and Service Industry and he is passionate about looking at all aspects of a patient's experience. He has been in full-time private practice since 2012 and opened The Staiano Clinic in 2013.

The Staiano Clinic, Birmingham is his flagship clinic dedicated to breast and body contouring. The focus is on delivering a

natural result and providing a first-class service. He is on a crusade to raise awareness about plastic surgery training and has written a book - 'Never Accept A Lift From Strangers - how to choose the best plastic surgeon for your cosmetic breast surgery' which is available on Amazon.

In 2017, he set up Staiano Consulting and now runs courses working with other surgeons in private practice to share his experience in setting up and building a sustainable practice.

Mr Simon Withey

Consultant Plastic Surgeon and BAAPS President, UK



Mr Simon Withey undertook his medical studies in London. He graduated in 1984 and continued his surgical training at a number of London teaching hospitals, becoming a fellow of the Royal College of Surgeons of Edinburgh in 1989 and England in 1990. He undertook two years of postgraduate surgical research, gaining a Master of Surgery degree (MS).

He trained in Plastic Surgery in a number of London units and passed the Plastic Surgery Fellowship of the Royal College of Surgeons in 1998 FRCS (Plast.). His areas of Plastic Surgical specialty interest include facial, breast, chest wall and abdominal wall reconstruction, skin cancer surgery and all areas of cosmetic aesthetic surgery. Following the completion of his surgical training in England he was awarded a travelling fellowship by the British Association of Plastic Surgeons and spent a year in Paris. During his time abroad he gained considerable experience in both reconstructive and aesthetic surgery. Mr Withey was entered onto the Specialist Register for Plastic Surgery in 2001.

Mr Withey is the president of the British Association of Plastic Surgeons (BAAPS) and a member of the British Association of Aesthetic & Reconstructive Plastic Surgeons (BAPRAS). He has been actively involved in Plastic Surgical research and has presented at national and international surgical meetings. He has published more than thirty peer reviewed papers in Plastic Surgery and maintains an active interest in surgical research and innovation.

Mr Withey is heavily involved in improving and setting standards for Plastic Surgery. He has sat on the Department of Health advisory board that was convened following the Keogh review and he has chaired a committee at The Royal College of Surgeons tasked with improving standards of practice. He has provided expert advice in this regard to various regulatory bodies including the GMC, the MHRA and the CQC. He has given evidence to the House of Commons Health Select Committee, to the Scottish Parliament and to an EU parliamentary committee. As president of the BAAPS he continues work in this area.

Tim is President Elect of the Royal Society of Medicine Section of Laryngology and Rhinology, past President of the ENT Facial Plastic Surgery Society, and an Interspecialty member of The British Association of Aesthetic Plastic Surgery.

Professor Tim Woolford

Consultant ENT Surgeon and Honorary Clinical Professor, UK



Professor Tim Woolford is a Consultant ENT Surgeon at the Manchester Royal Infirmary and an Honorary Clinical Professor at Edge Hill University where he leads an MCh in Rhinology & Facial Plastic Surgery. His surgical practise is almost entirely dedicated to nasal plastic & reconstructive surgery. Tim has research interests in cartilage tissue engineering and patient centred outcomes in nasal reconstruction. He is Associate Editor of the Journal of Laryngology of Otology.

Tim teaches and lectures widely on nasal reconstruction and septorhinoplasty in both the UK & Internationally. He also leads an annual cadaveric dissection course on nasal plastic surgery.

Trainee Programme

London Room, Olympia, Friday 6 October

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

Chair: **Mary O'Brien**, Consultant Plastic & Hand Surgeon, BAAPS Council Member

- 09.00 **How to cut it in the media**
Tingy Simoes (Nexus)
- 09.25 **Do you need a medical accountant?**
Ian Tongue (Sandison Easson)
- 09.50 **Professional indemnity and why you need it**
Mark Henley (PRASIS)
- 10.30 Coffee break
- 10.50 **Anatomy of a claim**
Sharon Brennan (CFC Underwriting Ltd)
- 11.20 **Chest and breast in Poland's Syndrome – planning and outcomes**
Grainne Bourke
- 11.50 **Hackett Prize – 1**
An analysis of the cosmetic surgery experience that UK Plastic Surgery Registrars acquire during their training
Nick Pantelides
- 12.00 **Hackett Prize – 2**
Defining the normal parameters for the male nipple areolar complex: a prospective observational study and recommendations for placement on the chest wall
Dominic Yue
- 12.10 **Hackett Prize – 3**
Cosmetic surgery interest in the United Kingdom exceeds USA: a 12-year prospective international analysis
Ryan Sugrue
- 12.20 **Hackett Prize – 4**
Dimensional Component Nasal Hump Reduction: advancements in open-tip rhinoplasty
Marcus Davis
- 12.30 **Innovation Award 2017**
Lopa Patel
- 12.35 **Aesthetic Fellow Presentation**
Shaheel Chummun
- 12.45 **Q&A**
- 12.55 **Semi-finalists announced for Hackett Prize**

IMCAS

20TH ANNUAL
WORLD CONGRESS

FEBRUARY 1 TO 3
2018 • PARIS

CELEBRATING EXCELLENCE
20 YEARS LATER, 20 YEARS YOUNGER

*The leading subjects on dermatology,
plastic surgery and aesthetic science*

INFORMATION AND REGISTRATION ON
IMCAS.COM

Anytime, Anywhere

IMCAS Academy



The first e-learning platform
dedicated to cosmetic dermatology,
plastic surgery and aesthetic science

ONLY
390 USD
FOR 12-MONTH
FULL ACCESS
SUBSCRIPTION

FOLLOW US
IMCASACADEMY

MORE THAN
1700
VIDEOS

Hackett Prize 2017

This year there will be four contenders for the first part of the Hackett Presentations which will take place in the Trainee Programme from 9am-13:00pm on Friday 6th October 2017. The top two abstracts will be selected to go on to present to the full BAAPS Conference that afternoon from 13:30-13:50 and winners will be awarded at the end of the day.

The 2017 contenders for the Hackett Memorial Prize are:

1. An Analysis of the Cosmetic Surgery Experience That UK Plastic Surgery Registrars Acquire During their Training

Presenter: Nicholas Pantelides
Co-authors: Miss L Highton, Mr A Lamb, Mr P Foden, Mr R Winterton
Institution: University Hospital of South Manchester

Aims

The Royal College of Surgeons recently introduced a cosmetic surgery certification scheme, establishing a system of credits to enable surgeons to demonstrate appropriate experience. We compared the operative exposure that UK Plastic Surgery trainees gain in cosmetic surgery with the minimum number of procedures required for accreditation.

Methods

Using the web-based eLogbook, we analysed the cosmetic surgery procedures recorded by Registrars over their 6-year training period. The mean average numbers of procedures were calculated for 8 domains of cosmetic surgery (PMWL surgery was excluded) and converted into the average number of credits accumulated.

Results

eLogbook data was collated for 454 Registrars from 2010-2016 inclusive. Trainees participated in a mean of 122 cosmetic operations during their training, which satisfies the SAC requirements for CCT. Comparison with the criteria for cosmetic accreditation reveals that, on average, trainees gain sufficient credits to certify in cosmetic breast and body contouring surgery but would be unable to certify in cosmetic facial, ear, nasal and peri-orbital surgery.

Conclusions

Current UK training affords sufficient cosmetic surgery exposure for CCT. However, trainees wishing to certificate in cosmetic surgery in the head and neck region will likely be required to seek additional experience beyond their deanery training programme.

2. Defining the Normal Parameters For the Male Nipple Areolar Complex: a Prospective Observational Study and Recommendations For Placement On the Chest Wall

Presenter: Dominic Yue
Co-authors: Miss L Cooper, Mr R Kerstein, Miss S Charman, Mr N Kang
Institution: University Hospital Coventry & Warwickshire NHS Trust

Background

The nipple areola complex (NAC) is important aesthetically and functionally for both sexes. Methods for positioning the NAC in males are less well established in the literature compared to females.

Objective

This study aims to determine normal parameters for the male NAC, to review literature and to present a reliable pre-operative placement method.

Method

Normal male patients, with no prior chest wall conditions, were prospectively recruited to participate. General demographics and chest wall dimensions were recorded – sternal notch to nipple (SNND), inter-nipple (IND), anterior axillary folds distances (AFD), NAC and chest circumference were measured.

Results

158 subjects were recruited (age 18–90). The IND averaged 249.4 mm, the SNND averaged 204.2 mm and the AFD averaged 383.8 mm. Areola and nipple diameters averaged 26.6 mm and 6.9 mm. The IND:AFD ratio was 0.65. The SNND increased with greater BMI ($p < 0.001$). Using these data, we suggest ideal NAC dimensions and devised a simple method for positioning of the male NAC.

Conclusion

This is the largest study, with the widest range in age and BMI, to date on this topic. Although fewer men than women undergo breast surgery, there is a growing awareness for the aesthetics of the male chest wall.

3. Cosmetic Surgery interest in the United Kingdom Exceeds USA: a 12-year Prospective international Analysis

Presenter: Ryan Sugrue
Co-authors: Dr K Joyce
Dr M O'Shaughnessy
Dr J Clover
Dr J Kelly
Institution: Plastic Surgery Department, Cork University Hospital, Cork City, Ireland.

Introduction

Cosmetic surgery has seen a dynamic shift in patient desire and surgical training. Current research has noted changes in technology, beauty perception and economy to influence trends. However, population interests in Plastic Surgery has not accurately and objectively been explored in an international population.

Aims

To quantify and qualify temporal and geographical cosmetic surgery trends.

Method

As per BAPRAS/BAAPS literature, data was collected from 2004-2017 on the commonest UK procedures: breast augmentation/implants, abdominoplasty/tummy-tuck, liposuction, injectables, fat-grafting and rhinoplasty/nose-job. Search volume was collected from the prospectively-maintained Google Trends database in relation to time, location and follow-up searches. A subanalysis explored relationships with healthcare events and cultural influences.

Results

Search volume increased for all cosmetic procedures ($n > 1,000,000$). In 2016, UK population interest outweighed the USA, in particular Botox (247% $p < 0.05$) and Fillers (700%, $p < 0.05$). The majority of searches came from northern UK cities. Since 2013, Liposuction searches exceeded abdominoplasty. Procedural cost, images and celebrities were the most common related searches. Statistical forecasting suggests fat grafting searches to exceed abdominoplasty in 2018 and Google image search to surge past Google word search in 2019.

Conclusions

This is the first prospective study to confirm the UK's desire for cosmetics exceeds USA. Patient preference is now focused on less invasive procedures, cost and post-operative images. This data can guide surgical training and our desire to understand patient perceptions and expectations.

4. Dimensional Component Nasal Hump Reduction: Advancements in Open-tip Rhinoplasty

Presenter: Marcus Davis
Co-authors: Mr L Ion
Institution: Birmingham Childrens' Hospital

Background

Balanced reduction rhinoplasty surgery relies on accurate nasal hump correction. The component reduction described by Rohrich et al demonstrated increased control in management of the nasal dorsum - One missing element is the absence of a dimensional parameter.

We describe an extension of the component nasal hump reduction targeting increased correlation between pre-operative planning and nasal bridge contour outcome.

Methods

Important steps in the dimensional component nasal hump reduction are presented including: pre-op evaluation, intra-operative use of ultrasonic bone scalpel for osteoplasty, use of a temporary silicone template, pre-determined septal hump reduction, refining the caudal septum and ANS, and the use of spreader flaps/grafts as required.

We reviewed our collected data of open-tip reduction rhinoplasty using the dimensional approach.

Results

146 consecutive primary and 28 secondary reduction rhinoplasty procedures. 100 involved component bridge reduction.

2 patients had slight K-area contour excess (approx. 1mm) - 1 displayed an under-reduction of the bridge and tip.

Conclusion

Controlling the nasal dorsum height remains a demanding step in rhinoplasty surgery with potentially multiple sources of error. A dimensional approach to increase the accuracy of nasal hump reduction involving pre-operative imaging, planning tip defining points and technological facilitation by ultrasonic surgical instrumentation is proposed

Posters

The BAAPS Poster Competition can be found at H70, these abstracts will be voted on for a prize of £200 which will be awarded at the end of the meeting.

1 Carbon Dioxide Laser Treatment of Rhinophyma

Presenter: Muhammad Javed
Co-authors: Mr M Murison
Institution: Welsh Centre for Burns and Plastic Surgery/ Morriston Hospital

Introduction:

Rhinophyma is characterized by progressive soft tissue hypertrophy of nose which is often disfiguring. Several different modalities have been described to treat this proliferative disorder. We report the clinical outcomes of patients undergoing treatment of rhinophyma with CO₂ laser at our plastic surgery centre.

Methods:

A retrospective study was conducted of all the patients undergoing Lumenis CO₂ laser treatment for rhinophyma from 2012-2016 at the Welsh Centre for Burns and Plastic Surgery, Morriston hospital, Swansea.

Results:

A total of 20 patients (exclusively male, mean age – 61.7 years) underwent treatment of rhinophyma. Majority had mixed symptoms of recurrent infection, bleeding, nasal obstruction and cosmetic concerns. Fourteen patients had history of rosacea. Nine patients had mild, 7 had moderate and 4 had severe rhinophyma. Seventeen patients had single CO₂ laser treatment and 3 had two treatments. Minimal complications were noted. Serial photographic evidence and subjective assessment showed that all patients achieved good/excellent results following treatment.

Conclusion:

CO₂ laser treatment restores the nasal contours, shape and cosmesis with minimal complications. All patients with recurring symptoms of rhinophyma and cosmetic concerns should be considered for CO₂ laser treatment.

2 Youtube As a Resource of Patient information On Abdominoplasty

Presenter: Weiguang Ho
Co-authors: Mr C Jones, Mr N Cahoon
Institution: Ulster Hospital

Introduction

Patients regularly search online prior to consulting a plastic surgeon on aesthetic surgery. Abdominoplasty is a common aesthetic procedure performed in the UK. YouTube is a popular video-based information resource. We investigated how YouTube performs as a patient information resource on abdominoplasty.

Methods

YouTube (www.youtube.co.uk) was searched using Google Chrome browser in Incognito mode with the cookies preset turned off, for the terms “tummy tuck” and “abdominoplasty”. The first 100 results were analysed for the type of channel, use of surgical demonstration, animated illustration, scientific citations, or before or after pictures, if personal experience, recovery or complications was described, advertising to a private practice, if the video was hosted by medical professionals, and viewership.

Results

83 unique videos from 65 individual user channels returned, with a total of over 12 hours of content. These videos had 17.4 million views. 32 (38.6%) of videos were hosted by channels based on private practices. 17 (20.5%) demonstrated the surgical procedure and 1 (1.2%) used illustrations. 49 (59.0%) depicted patients' personal experiences and 42 (50.6%) described the recovery process. 31 (37.3%) videos involved a medical professional. However, 9 (10.8%) videos described complications, 48 (57.8%) were anecdotal, no videos used citations and 5 (6.0%) videos were irrelevant.

Conclusion

Our findings reflect the role that YouTube plays as an information resource on aesthetic surgery. A large proportion of the videos returned as anecdotal without citations and failed to describe potential complications. Hence, Youtube provides a useful adjunct but cannot replace a consultation with a plastic surgeon.

3 Nipple Sparing Versus Skin Sparing Mastectomy: A Systematic Review

Presenter: Mimi Borrelli
Co-authors: Dr R Agha, Ms G Wellstead, Dr H Sagoo, Dr Y Al Omran, Mr I Barai, Mr S Rajmohan, Dr M Borrelli, Dr M Vella-Baldacchino, Dr D Orgill, Ms J Rusby
Institution: St Thomas' Hospital

Aims:

To determine the safety and efficacy of nipple sparing mastectomy (NSM) compared with skin sparing mastectomy (SSM).

Methods:

A systematic review was conducted including all original comparative studies comparing women undergoing NSM or SSM for breast cancer. Primary outcomes were oncological, secondary outcomes were: clinical; aesthetic; patient-reported; and quality of life. An electronic literature search was undertaken. Grey literature searches were conducted. Two trained teams, acting independently, screened titles, abstracts and full texts, according to inclusion criteria. The relationship between NSM or SSM and selected outcomes

was explored. Heterogeneity was assessed using the Cochrane Tests.

Results:

Of 707 articles identified, 17 met the inclusion criteria, reporting on 3,474 patients (1,262 underwent NSM, 2,212 SSM). There was no statistically significant difference in local recurrence rates, 5-year disease free survival or mortality between NSM and SSM. NSM has a partial or complete nipple necrosis rate of 8.5%, and a higher complication rate than SSM (21.8% vs 7%).

Conclusion:

In carefully selected cases, NSM is a viable choice for women with breast cancer needing mastectomy. More research is needed to help further refine the evidence on surgical approaches for NSM which optimise outcomes.

4 The 'Gopher Sign': A Clinical Sign to Determine the Adequate Depth of CO₂ Laser Ablation in Rhinophyma

Presenter: Muhammad Javed
Co-authors: Mr M Murison
Institution: Welsh Centre for Burns and Plastic Surgery

Introduction:

Poor recognition of adequate depth and inappropriate selection of energy delivered with CO₂ lasers can lead to hypertrophic scarring and delayed wound healing. In this article we describe the new 'Gopher Sign', a clinical sign to assist an operator in determining the adequate depth of CO₂ laser treatment of rhinophyma.

Method and Results:

A case of 80 year old gentleman with moderate rhinophyma is presented and the 'Gopher Sign' demonstrated. The patient underwent treatment with CO₂ laser. The main bulk of the rhinophyma was ablated using a 2mm 'Truespot' hand piece on Continuous Wave settings; which started at 12 Watts. A layer by layer technique was used. After two or three passes visible expression of the contents of the dilated glands is observed as illustrated in figures. This expression of glandular content, analogous to a 'Gopher' reaching out of its burrow signifies early sign of adequate ablation of tissues. Once this sign is observed the operator should reduce the energy for one or two passes. This usually follows a pattern of 8 watts, 6 watts and 3 Watts until satisfactory end point is achieved.

Conclusion:

We have successfully used this sign in over twenty rhinophyma cases. We find the 'Gopher Sign' to be a very useful sign to avoid over treatment in rhinophyma patients and recommend it to all experienced operators using CO₂ laser to treat this condition.

5 Evaluation Of Prophylactic Application Of Single Use Canister-Free Negative Pressure Wound Therapy (Pico) System On Closed Wounds

Presenter: Daniele Berwick
Co-authors: Mr S Mashhadi
Institution: Riverside Hospital

Purpose:

Demonstrating the value of prophylactic use of the PICO system in the early post-operative in cosmetic surgery. Patients' satisfaction, freedom from major healing issues and scar appearance are main outcomes.

Material / Methods

Data collected from files, interviews and photographic analysis. The PSOAS scale (1-to-10, 1 being the best) was used for scar assessment. Out of 65 patients (122 PICOs), 54 patients (99 PICOs) responded who had surgery over a 2 years period. PICO system was applied after intradermal suture and removed after one week. PICO was specifically indicated for smokers (17), massive weight loss (7), and african/caribbean/asian ethnicity (4).

Results

No infections and only one wound dehiscence in a breast re-augmentation+mastopexy. Four patients experienced a device failure. On the POSAS scale for patients, none reported any pain/itch, (1.8) rated the scar as red, (1.9) thick/raised, (1.0) soft/supple and (1.2) irregular scar, with scar satisfaction 2.4 and operation satisfaction 1.8. The 90.6% of the patients would recommend PICO system.

The observer's POSAS showed vascularization 1.2, pigmentation 1.9, thickness 1.1, relief 1.0. The overall average scar satisfaction was 1.2.

Conclusion

Prophylactic use of PICO dressing in Cosmetic surgery has shown an improved wound healing, reduced wound related morbidity and better scar appearance.

6 InterFACE: Designing a Mobile Application Platform to Bridge the Gap in Market Regulation of Non-surgical Cosmetic Treatments

Presenter: Ibrahim Ibrahim
Co-authors: Miss E Barrow, Mr S Greer, Mr A Ibrahim
Institution: University Hospital of South Manchester NHS Foundation Trust

Background:

Non-surgical cosmetic treatments account for approximately 90% of all cosmetic interventions and are part of a large, growing and increasingly fragmented market, with no clear leader in quality of care or service delivery. Alarming, this

market remains entirely unregulated, and complications associated with treatments can lead to irreversible adverse effects on patient health and wellbeing.

Aims:

To design a mobile application platform for non-surgical cosmetic treatments, ensuring:

- patient safety is prioritised at every point of contact
- patients are empowered to make informed decisions on both treatments and practitioners
- improved quality of care and service delivery
- stringent market regulation

Proposition:

InterFACE is a mobile application platform that connects patients to accredited medical practitioners (i.e. doctors, dentists and specially trained nurses), facilitating a safe, on-demand service for non-surgical cosmetic treatments.

Timeline:

3 months

- Launch 'smoke test' site to validate the proposition from the supply and demand side of the market
- Begin development of MVP website using WordPress plugin site
- First 10-25 treatments booked via platform

6 months:

- Raise seed investment to build iOS Mobile App

12 months:

- Live website and user-friendly Mobile App
- Regulatory body support
- Recruitment of 25-50 practitioners

7 Single Centre Review of the Use of Autogenous Costal Cartilage For Septal Reconstruction

Presenter: Serena Martin
Co-authors: Mr M McBride, Mr C Hill
Institution: Ulster Hospital

Introduction

Septal reconstruction involves reconstruction of the nasal skeleton to allow optimum air passage as well as a cosmetically pleasing appearance. Autogenous graft materials are the gold standard due to low extrusion and infection rates. A large source of cartilage is required for complex secondary nasal reconstruction making costal cartilage ideal.

Methods

Retrospective review of all patients undergoing septal reconstruction with autogenous costal cartilage between 2005-2016. All performed by a single surgeon across two

hospital sites. Patient charts were reviewed to determine aetiology, indication for surgery, referral source, post-operative complications, need for revision surgery and length of follow up.

Results

Total-28 patients; 68% male, average age 37years. 50% referred from ENT, 21% from plastic or maxillo-facial surgeons. The commonest indication was trauma-53%, 21% congenital, 18% due to previous surgery. The commonest complication was warping of the costal cartilage graft in 18% and slipped costal cartilage graft in 4%. 32% required revision surgery. Average of 1.6 follow up appointments until revision surgery was booked. 0% rate of pneumothorax, pleural tear and post-operative infection.

Conclusions

Despite the availability of alternative cartilage sources and the risk of cartilage warping, autogenous costal cartilage is still the ideal cartilage source for complex nasal reconstruction. It is readily available, durable and versatile. Several recent studies have reported alterations in surgical technique to reduce warping. This will subsequently reduce rates of revision surgery and ensure this versatile cartilage source continues to be utilised by surgeons in future.

8 Impacts On Patients and the NHS of Cosmetic Prodders Performed Abroad with Options For Future Solutions

Presenter: Saif Ramman
Co-authors: Dr S Farhadi, Mr A Woollard
Institution: The Royal Free Hospital

In recent years there has been an increase in the number of people going abroad for cosmetic surgery. Affordability is one of the biggest drivers of this growing trend with many providers of medical tourism offering all-inclusive package holidays and the promise a high quality service at a fraction of the fees charged in the UK. This has caused an increase in the number of reported cases of people returning with serious complications after receiving cosmetic surgery abroad where, often times, standards and regulations are less stringent than those compared to the UK.

We report a case series of patients who were treated at our institution with complications from cosmetic surgery done abroad and highlight the impact on the patients as well as the financial burden to the trust. We also uncover how some providers of medical tourism are putting patients' lives at risk by offering face-to-face consultations in the UK with non-GMC registered surgeon from abroad.

We discuss the following options for future solutions to the issues of cosmetic surgery abroad

- 1 Approaching the registering body of the operating surgeon at their home country to report bad outcomes and adverse events
- 2 Charge fees on patients being operated on for those complications

- 3 Bill the country where surgery has taken place
 - 4 Set up an electronic central register for complications encountered from cosmetic procedures done abroad
- Finally we aim conclude by opening a questionnaire to the delegates to choose most likely course of action

9 Closed Lift

Presenter Alexandre Nunes
Co-authors: Dr A Nunes
Institution: Plastica e Laser Clinic

Introduction & objective

The author will demonstrate non-endoscopic midface facial lifting through the same incision. The Closed lifting technique consists of doing a rhytidoplasty without removal of the skin.

Method

The surgery is associated with fractional CO₂ laser and fat graft. Through a 1.5cm temporal incision, using a detacher, sub-periosteal detachment in superior & lower orbital regions is performed, then malar & zygomatic-malar detachment. Suture is threaded at the lower middle region and fixed in the temporal region and perform the browlift. For the treatment of the mandible region and the chin, the Vaser, device that emits ultrasound waves is applied.

Results

Facial elevation was achieved and expressivity preserved. No patient faced the stigma of having facial operation. Surgery duration is minimal, due to reduced incisions & time for skin closure. Fractionated CO₂ laser save the eyelid incision from blepharoplasty

Comments

There is a learning curve to perform detachment, without damaging the "danger zones" & infraorbital nerve. The effectiveness of the surgery is seen as it is done with detachment of the retentive ligaments.

Conclusion

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

10 Venous Thromboembolism Prophylaxis Practice In Aesthetic Surgery - A National Audit of Clinical Practice

Presenter Lopa Patel
Co-authors: Mr R Das Gupta
Institution: UHCW

Background

Venous thrombo-embolic (VTE) risk in surgery is evidence based. Half of all intra-operative developed deep vein thrombosis (DVT) resolve spontaneously by day 3 post operatively however 35% of remaining DVTs in the calf will propagate proximally if untreated. The ice berg issue remains a challenge; most patients may be asymptomatic and therefore incidence is difficult to quantify as only one third of DVT patients present clinically. The challenges to Aesthetic surgery patients is the need to prevent patient morbidity in clinically well patients whilst balancing the risk of haematoma or bleeding which could implicate revision procedure costs.

Aim

To observe national VTE prescribing practice in Aesthetic Surgery patients.

Methods

Privately practicing colleagues were identified via BAPRAS and BAAPs membership to distribute a survey monkey questionnaire to. In addition hard copy questionnaires were distributed at BAAPs annual conference 2016 and a link provided online to complete the same questionnaire via BAPRAS bulletin. Results were collected anonymously and analysed prospectively.

Results

We achieved 110 responses from Aesthetic surgeons across the UK; 70% did not risk stratify their patients for VTE. The majority of surgeons provided some VTE prophylaxis during or after surgery but there was huge variance between practitioners mainly based on length and type of procedure. Lastly exactly when VTE prophylaxis was administered also varied.

Conclusion

This is the largest audit of current practice in Aesthetic Surgery addressing this. The results call for evidence based guidelines on VTE practice in Aesthetic Surgery patients to promote best practice.

11 The Burden of Cosmetic Tourism Complications: Experience of a Tertiary Referral Plastic Surgery Centre in the United Kingdom

Presenter Ashni Pau

Co-authors: Miss M Griffin, Mr A Sadr, Professor A Mosahebi

Institution: Royal Free Hospital

Introduction

Cosmetic tourism is a growing phenomenon in UK. Factors such as rationing NHS cosmetic surgery, low costs, short waiting times, cheap air travel and hotel accommodation are among contributing factors. There is an increased risk of complications due to risks of travel, less robust regulations and lack of follow up. Consequently, many patients are being treated in the NHS for complications of cosmetic procedures performed outside of the U.K.

Methods

A prospective study of patients presenting to a plastic surgery unit in London was conducted between 2015-17. We examined referral source, number and length of admissions, operations and outpatient encounters. Costs were calculated using figures provided by the hospital.

Results

A total of 21 patients were identified. The most common procedures were breast procedures (47%). There were a range of 13 countries with Europe being the most common. Infection (42%) was the predominant complication. The complications resulted in 18 episodes of inpatient admission and 46 operations. The total cost for the 21 patients was in excess of £282,000 with an average of approximately £13,500 per patient.

Conclusion

Cosmetic tourism is an increasing issue in plastic surgery and ultimately dealing with the complications is a huge financial burden on the NHS.

12 Improving Tip Outcomes From Rhinoplasty Using the Anterior Vector Columella Suspension Suture: a Study of 50 Consecutive Patients.

Presenter Ali Yousif

Co-authors: R Uppal (Senior author), Mr A Yousif

Institution: Wexham Park Hospital

Introduction:

The columella plays a significant role in the good surgical outcome of rhinoplasty surgery. This novel technique is a reliable treatment when there is a poor relationship of the medial crura to the domes.

Methods

A retrospective study was performed of 50 consecutive patients who underwent primary endonasal rhinoplasty.

We compared the preoperative basal view photographs for each patient with the postoperative view. Patients' satisfaction scores were also measured for all patients to correlate the findings of the team against the patients' own viewpoint.

Results

Using the Rohrich classification, 50 patient photographs were assessed. Only 11 (22%) were found to have an ideal columella. The remaining 39 of the 50 patients (78%) had some form of aesthetic abnormality. Six patients had a Type 1 deformity, 7 had a Type 2, 4 had a Type 3 deformity and 39 had type 4 deformity. The patient satisfaction scores were excellent in 2%, good in 80%, satisfactory in 16% and unsatisfactory in 2%.

Conclusion

This study demonstrates that the anterior vector columella suspension suture is a reliable technique in improving tip aesthetics as shown by the high rate of correction of tip abnormalities and the high patient satisfaction rate.

13 10 Principles Of How To Avoid Liposuction Complications

Author: Alexandre Nunes, Principal Plástica e Laser Clinic

Introduction & objective

Liposculpture is one of the most complicating surgeries among plastic surgery procedures in the world. Other aspect is the quality of Liposuction in terms of results X trauma.

This paper, based on 18 years of experience in the field, seeks to summarize factors that can diminish results.

The objective is to summarize 10 most important items for the success of a Liposuction.

Method

Each of these items above from specific technical are discussed in detail in order to give more clarification of what are the ways to reach final result.

- 1 Listen to the patient's wishes.
- 2 Choose cannulas.
- 3 Infiltrate the saline with adrenaline to reduce local bleeding.
- 4 Choose the best type of anesthesia.
- 5 Cover the patient and the surgical table with impermeable material. Heat the patient.
- 7 Proper care of the fat that is going to be grafted.
- 8 Do the aspiration with the technique that most surgeons recommend, whether conventional lipo, PAL, laser, or UAL.
- 9 Follow pre-established criteria regarding the surface of aspirated volume.
- 10 Appropriate use of compressive mesh. Use of elastic bandage.

Results and Conclusion

These advices are representing summarized, personal experience of the plastic surgeon who had patients with very few or none of complications.

14 Non-surgical Rejuvenation in Facial Aesthetic Surgery

Presenter: Shaheel Chummun
Co-authors: Mr O Amar, Mr B Mayou, Mr N McLean
Institution: The Cadogan Clinic

Introduction

Non-surgical rejuvenation has recently undergone an exponential growth. This study investigates the incidence of non-surgical rejuvenation in patients undergoing surgery for facial rejuvenation.

Methods

Patients managed at the Cadogan Clinic, London and at a private practice in Newcastle Upon Tyne were included. Data was collected on patient demographics and the types of non-surgical treatments used.

Results

176 patients (153F: 23M) were identified, with a mean age of 54.7 years (22-78 years). 57 (32%) patients had botulinum toxin injections, 50 (28%) had fillers, 11 (6%) had laser treatment and 5(3%) had thread lifts prior to surgery. Surgical rejuvenation included 79 lower face and neck lift, 117 blepharoplasties, 82 cases of fat transfer, 14 facelifts and 11 rhinoplasties. 68 (38%) patients had previous aesthetic surgery, of whom 39 (57%) had previous facial surgery. Of these 39 patients, 17 (44%) had botulinum toxin injections and 16 (41%) had fillers in the past. Post-surgery, 46 (26%) patients had fillers, 26 (56%) for the first time, and 28 (16%) patients had botulinum toxin, with 8 (29%) for the first time.

Conclusion

Non-surgical rejuvenation plays a significant role in aesthetic surgery and plastic surgeons should embrace these techniques to deliver a more comprehensive treatment.

MEDICAL INDEMNITY INSURANCE FOR SURGEONS and CONSULTANTS

Market-leading 'A' rated Insurers

Up to £10 million limit
of indemnity

Competitive rates

GMC and Coroner cover

Run off cover for
Death or Retirement

Retroactive cover

Online Risk Management Advice

Medico-Legal Helpline

WE CAN OFFER COVER FOR

Hospitals
Private Clinics
Healthcare Groups
Medical Associations
Individual Surgeons and Consultants

SEAMLESS TRANSFERS FROM

MDU
MPS
MDDUS
'Claims Made' Insurance Policies

CALL ONE OF OUR EXPERTS TODAY

0345 600 8288

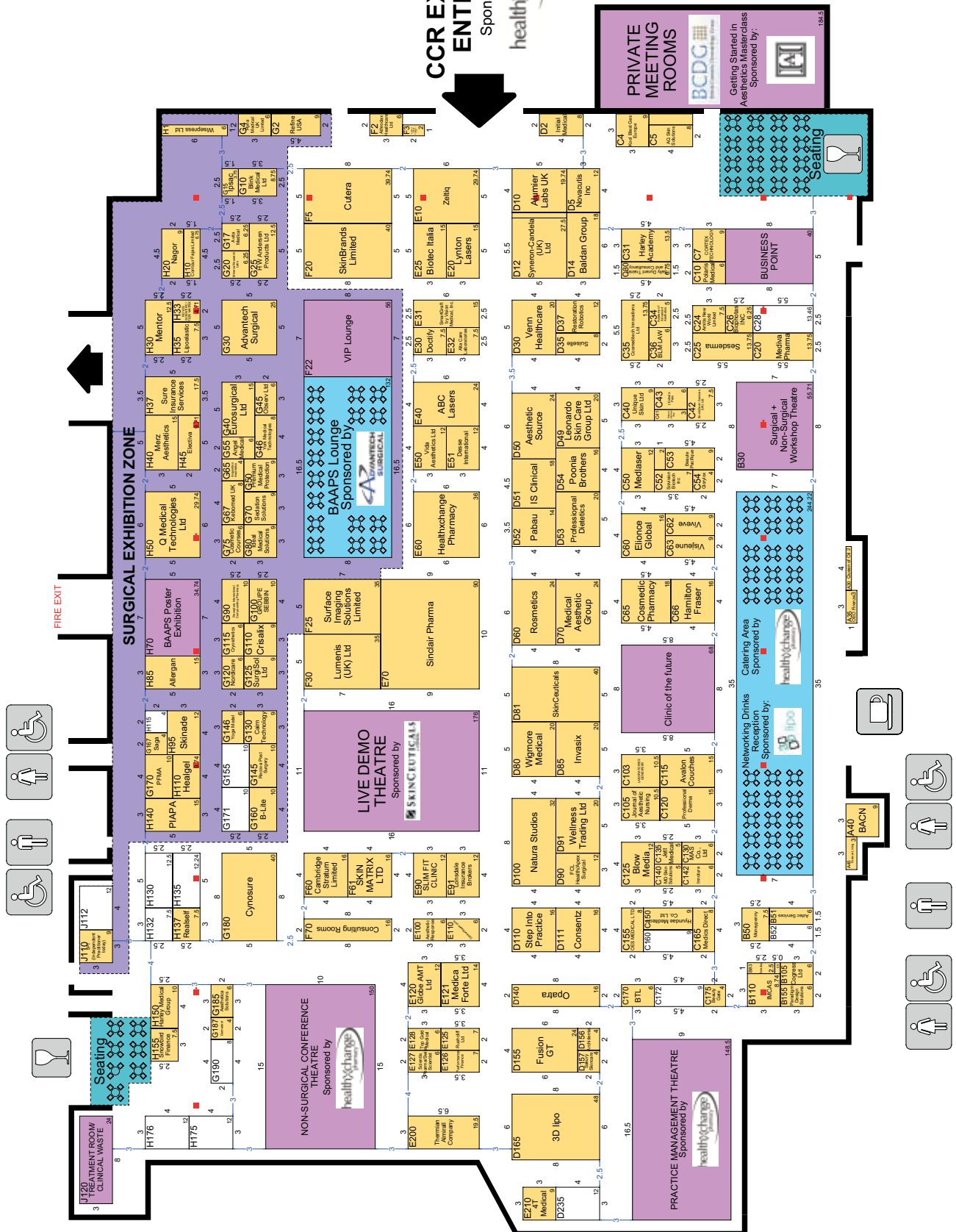
sales@surgeoninsure.com
www.surgeoninsure.com



Surgeon Insure is a trading style of
Red Insure Ltd. Company No 6599229. Authorised &
Regulated by the Financial Conduct Authority

CCR EXPO 2017
ENTRANCE

Sponsored by:



Exhibitors and Exhibitor Contacts

<i>Exhibitor Company</i>	<i>Contact</i>	<i>Email Address</i>
Acquisition Aesthetics	Lara	lara@acquisitionaesthetics.co.uk
Advantech Surgical	Ben Sharples	ben@advantecsurgical.com
Allergan	Jade Potter	potter_jade@allergan.com
Angel Medical	Becky Englesberg	becky@angelmedical.co.uk
Avita Medical	Julie Allen	jallen@avitamedical.com
Blink Medical Ltd	Ann Wood	annw@blinkmedical.com
B-Lite Breast Implants	Nick Cook Elizabeth Rom	Nick.cook@b-lite.com admin@b-lite.com
Cairn Technology	Donna Bedford	donna@cairntechnology.com
Contour Fajas Limited	Lindsey Hawken	lindsey@contourfajas.com
Cosmetic Courses	Chelsea Pattison	chelsea@cosmeticcourses.co.uk
Crisalix	Frederico Roldao	frederico.roldao@crisalix.com
Cryosmetics	Tracey Loughrey	tracey@cryosmetics.co.uk
Eurosurgical Ltd	Elin Gillard	elin@eurosurgical.co.uk
Groupe Sebbin	Alison Grayley	Custserv@sebbin.uk
H W Andersen Products Ltd	Stephane Echasserieu	sechasserieu@anderseneurope.com
HealGel	Jessica Henderson	jessica@healcareproducts.com
Ideal Medical Solutions	Suzy Marsh	suzy.marsh@ideal-ms.com
IPSAC	Charles-Henri Pascal	ipsac.course@gmail.com
Kebomed UK	Andra Zisulescu	Andra@kebomed.co.uk
Lipoelastic	Petr Remes	premes@lipoelastic.com
Mentor	Leila Mohamed	mdstudio@its.jnj.com
Merz Aesthetics	Lucy Dowling	lucy.dowling@merz.com
Minerva Research Labs	Simona Bisignano	sbisignano@minervalabs.com cc claudias@minervalabs.com
Nagor	Paula Thomas	paulathomas@gcaesthetics.com
Nordicare	Helena Peters	helena@nordicare.se
Novus Scientific / Tigr Matrix	Jan Hermansson	jan.hermansson@novusscientific.com stefan.sowa@novusscientific.com
Observ Ltd	Ian Rapley	ian@idskincare.co.uk
PIAPA	Amy Senior	info@piapa.co.uk
PMFA	Nova Mcmillan	nova@pinpoint-scotland.com
Premium Medical Protection	Margaret McLaughlin	m.mclaughlin@premiummedicalprotection.com
Q Medical Technologies Ltd	William robertson	William.robertson@qmedical.co.uk
Receptura International Compounding Pharmacy	Kristina Ganzle	kristina.ganzle@receptura.de
Recova Post Surgery	Eva Sanchez	eva.sanchez@recovapostsurgery.com
Refine USA	Marie Piantino	marie@aaeg.education
Ryna Medical UK Limited	Tony Sookoo	tony.sookoo@rynamedical.co.uk
SAGA County UK Ltd	Mian MWS	zg7star@hotmail.com
Sedation Solutions	Katie Heffer	marketing@sedationsolutions.co.uk
Skinade	Piers Raper	piers@bottledscience.com
Sure Insurance Services	Douglas Black	douglas@sureinsurance.co.uk
SurgiSol Ltd	Stephen Knobel	stephen@surgisol.com
TFHC Limited T/A Transform	Rebecca Boland	rebecca.boland@transform.com
Wisepress Ltd	James Davie	james.davie@wisepress.com
Yoga Model	Carla Pimentel	carla@yogamodel.co.uk
York Medical Technologies	Amy Scutt	amy@ymt.co.uk

BAAPS Fact Sheets

The BAAPS factsheets provide your patients with easily understood information on the most common cosmetic procedures. Please contact the BAAPS office on 020 7430 1840 to place your order.

The following can be purchased:

Breast

Breast augmentation
Reduction mammoplasty
Mastopexy
Fat transfer to breast
Gynecomastia

Facial

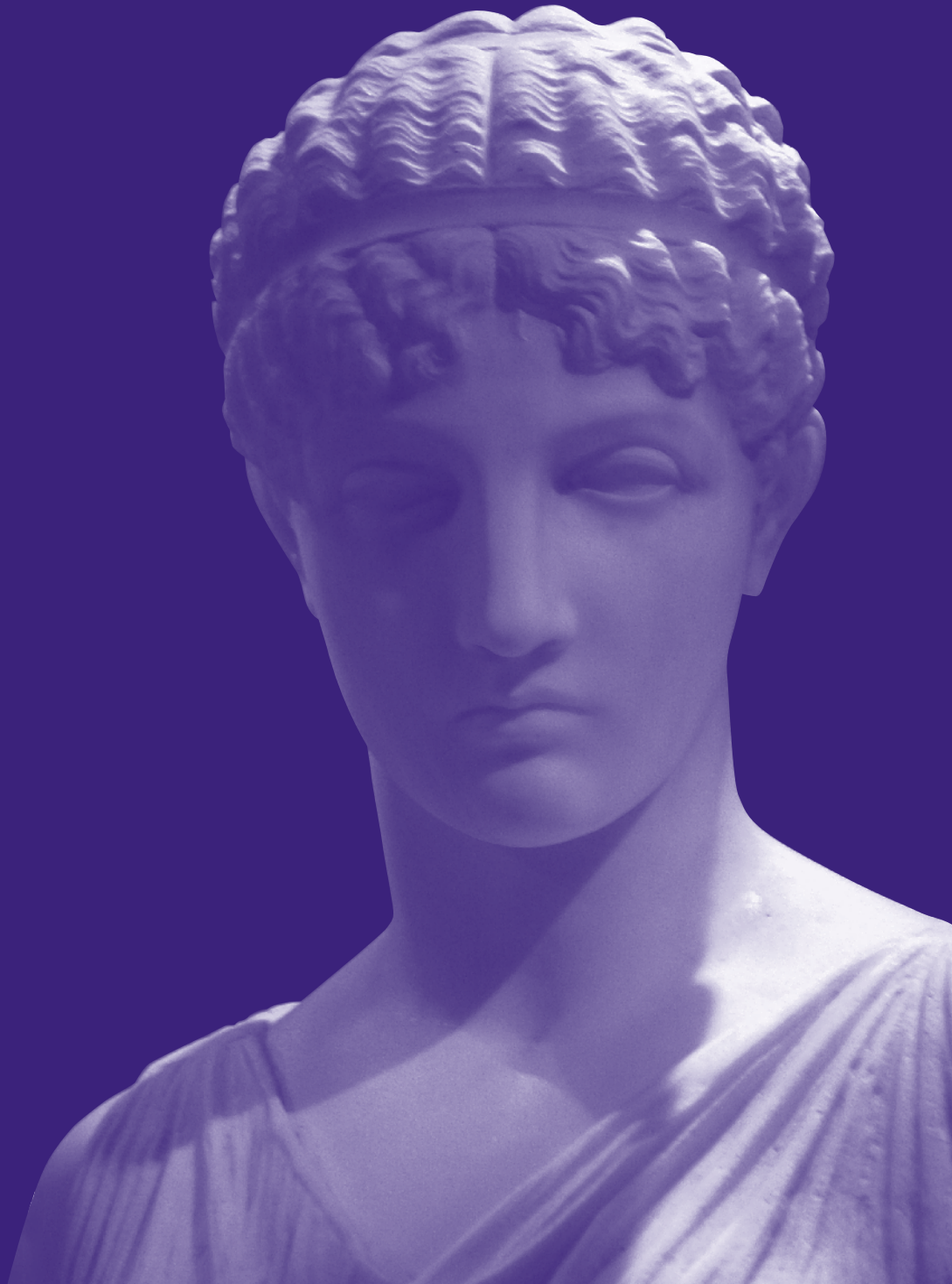
Eyelid Surgery
Facelifts
Reshaping chins and cheeks
Rhinoplasty (augmentation)
Rhinoplasty (reduction)
Setting back prominent ears

Body

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

Non Surgical

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



ONETRAC™

Single-Use Cordless Retractor
with Built-In Light Source



Cordless.

Lightweight.

Affordable.



Now available in five sizes:

135mm x 30mm

90mm x 22mm

135mm x 20mm

40mm x 20mm

105mm x 60mm

The medical industry's first
cost-effective cordless single-use
retractor with built-in light source.

OBP
MEDICAL
Simple. Bright. Ideas.

GalaFLEX® MESH

*A Bioresorbable
Surgical Scaffold*

Strength and Beauty.
Inside and Out.



Biologically Derived: Produced by a **safe biological fermentation** process, standard in pharmaceutical production.



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



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



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



3-Dimensional: The first and only **formed scaffold** designed to fit and uplift the body's natural shape, provide easier placement and reduce procedure time. **Coming soon!**

Distributed in the UK by



ideal
Medical Solutions
• INNOVATIVE EXCELLENCE •



020 8773 7844



orders@ideal-ms.com



www.ideal-ms.com

GALATEA
SURGICAL

