The British Association of Aesthetic Plastic Surgeons

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8-9 October 2015

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BAAPS 2015

31st Annual Scientific Meeting

8-9 October 2015

London Olympia

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BAAPS Council

CME Points
Thursday 8 October 6
Friday 9 October 6

Programme

Controversies in Aesthetic Surgery and Managing Difficult Cases

Thursday: Aesthetic Breast Surgery

09:10 **Welcome Address**

09:15-10:30 **Talks**
Chair: Mr. Mohammad Riaz, Mr. Ian Whitworth

- 09:15 **Optimising the results of breast augmentation**
  Mr. Awf Quaba
- 09:35 **How to solve rare and common complications in BA**
  Dr. Giovanni Botti
- 09:55 **How do I deal with the pseudo breast in breast augmentation**
  Dr. Armand Azencot
- 10:15 **Change of paradigm in breast implants**
  Dr. Ernesto Moretti

10:30-10:50 Tea & Coffee Break

10:50-12:00 **Hackett Prize Papers/Free papers/Sponsored Talks**
Chair: Ms. Mary O'Brien, Mr. Paul Harris

- 10:50 Hackett Prize Contender: **Technical refinements in limited composite facelifting - an early experience**
  Mr. Neil Brierley, Mr. D Saleh, Mr. A Khan, Mr. M Riaz
- 11:00 Hackett Prize Contender: **Enhancing patients' experience at recovery using local anaesthetic and intravenous sedation in plastic surgery**
  Mr. Omar Tillo, Mr. S Al-Ani, Mr. N Farid, Mr. H Nishikawa, Mr. F Fatah
- 11:10 Hackett Prize Contender: **Alteration of nasal tip aesthetics as a consequence of traditional closed rhinoplasty**
  Ms. Christina Buckley, Mr. A McArdle, Mr. N McInery, Mr. E O'Brien
- 11:20 Hackett Prize Contender: **An objective measurement of trainee assessment and management of aesthetic cases using the objective structured clinical exam (OSCE)**
  Mr. Ali Soueid, Mr. N Khwaja
- 11:30 **"Cankles Beautifying" or heavy legs reshaping by circumferential liposuction (calves and ankles)**
  Dr. Dennis Delonca
- 11:40 **Coolsculpting - non-surgical body contouring** - Sponsored Talk by Zeltiq
  Dr. Jennifer Harrington

12:00 **Keynote Address: Body contouring**
Dr. Sam Hamra

12:30-13:30 Lunch

13:30-13:30 **BAAPS Members' AGM**

13:30-15:00 **Talks**
Chair: Mr. Douglas McGeorge, Mr. Simon Withey

- 13:30 **Enhanced recovery & day case for breast surgery -** Sponsored Talk by Baxter Healthcare
  Miss Ann Cole
- 13:50 **Augmentation mastopexy – different techniques & indications**
  Dr.Giovanni Botti
- 14:10 **Breast augmentation by lipomodelling**
  Dr. Emmanuel Delay

- 14:30 **Credentialling and CSIC**
  Mr. Steve Cannon

14:45-15:15 Tea & Coffee Break

15:15-17:00 **Talks**
Chair: Mr. Graham Offer, Mr. Ian Whitworth

- 15:15 **BAAPS/BAPRAS/Healing Foundation Aesthetic Fellowship**
  Mr. Michael Cadier, Mr. Nigel Mercer, Mr. Brendan Eley
- 15:30 **Autoprosthesis: evolution of a very useful technique**
  Dr. Giovanni Botti
- 16:00 **Aesthetic breast lipomodelling:traps & errors to avoid**
  Dr. Emmanuel Delay
- 16:15 **Panel Discussion**

17:00 **Close of Day**

19:00 **Drinks Reception & Member's Dinner**

House of Commons

Friday: Peri-orbital and Facial Aesthetic Surgery

09:00 **Welcome**

09:00-10:40 **Talks – Periorbital Rejuvination (with BOPSS)**
Chair: Mr. Charles Nduka, Mr. Ian Whitworth

- 09:00 **Peri orbital rejuvenation: Assessment and options**
  Mr. Awf Quaba
- 09:20 **The importance of the orbicularis muscle in up & lower blephs**
  Mr. Naresh Joshi
- 09:40 **Lower lid blepharoplasty – a problem waiting to happen**
  Mr. Barry M Jones
- 10:00 **Transconjunctival lower blepharoplasty**
  Mr. Saj Attaulah
- 10:20 **Pinch blepharoplasty**
  Mr. Norman Waterhouse

10:30-11.00 Tea & Coffee Break

11:00-12:30 **Talks - Periorbital Rejuvination (with BOPSS)**
Chair: Mr. Mohammad Riaz, Mr. Douglas McGeorge

- 11:00 **Facial and periorbital volumes**
  Mr. Lucian Ion
- 11:20 **U & L blephs with correct of ptosis & routine lat canthopexy**
  Dr. Mark Codner
- 11:40 **Panel Discussion**
- 12:10 **Mercy Ships**
  Dr. Leo Cheng

12:30-13:30 Lunch

13:30-14:20 **Free papers**
Chair: Mr. Neil McLean, Mr. Simon Withey

13:30 **Eyebrow hair transplantation for reconstruction and aesthetic augmentation**
Mr. Greg Williams

13:40 **Autoaugmentation upper blepharoplasty**
Mr. Francisco Bravo

13:50 **Outcomes of lower eyelid transconjunctival blepharoplasties with fat repositioning**
Mr. Brian Leatherbarrow

14:00 **Superficial Lateral Browlift with deep temporalis fascia (DTF) fixation**
Mr. Francisco Bravo

14:20-15:40 **Talks - Facelifting**
Chair: Mr. Rajiv Grover, Mr. Michael Cadier

14:20 **Facelifting**
Mr. Basim Matti

14:40 **Evolution and Advantages of the Composite Facelift**
Dr. Sam Hamra

15:00 **The Advantages of a High SMAS Facelift**
Dr. Mark Codner

15:20 **Surgical corrections of the unfortunate results of facelift & eyelid surgery**
Dr. Sam Hamra

15:40 **Panel Discussion**

16:20 **Mike Hackett, Poster and BAAPS Travel Fellowship Awards**

16:30 **Close of Day**

Sponsors

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ADVANTECH SURGICAL

Abstracts

Thursday: Aesthetic Breast Surgery

1 Optimising the Results of Breast Augmentation

Presenter: Mr. Awf Quaba, Consultant Plastic Surgeon
Institution: Quaba Plastic Surgery, Edinburgh

Breast augmentation should be viewed as a process involving a multitude of decisions which are necessary for achieving optimal results rather than a routine high volume surgical episode. Poor results and high re-operation rates not infrequently follow the choice of an implant size that exceeds the capacity of the breast envelope. Aesthetically pleasing outcomes are particularly difficult to achieve in patients with borderline ptosis, asymmetric and constricted breasts.

In the majority of patients the results can be optimised by careful pre- operative planning (educating the patients to reconcile their desires with the realities of the local anatomy) and meticulous surgical technique. The selection of incisions, planes for the pockets, implants (shape, texture and dimensions) and irrigation solutions should be based on a critical re-appraisal of the pros and cons. Refinements in 3D imaging, further advances in implant technology, better understanding of the biology of capsular contracture, and the use of lipomodelling (composite augmentation) should contribute towards the enhancement of both short and long-term results.

2 How to Solve Rare and Common Complications in BA

Presenter: Dr. Giovanni Botti, Cosmetic Surgeon
Institution: Villa Bella Clinic, Italy

3 How Do I Deal with the Pseudo Breast in Breast Augmentation

Presenter: Dr. Armand Azencot, Cosmetic Surgeon
Institution: Private Practice, Bordeaux, France

We can define the pseudo ptotic breast as a breast which has a disharmony beetween container and content and wich could be corrected by adding volume inside.

In practice 3 situations are available:

1. We are sure pre operatively that mastopexy will be not necessary
2. We are sure pre operatively that mastopexy will be necessary
3. Even with experience and implant choice we are not sure and we must predict an hypothetic mastopexy we will decide per operatively

Dealing with pseudo ptotic breast need to analyse implant choice, projection, shape, gel cohesivity and foot print.

Surgical technique, implant pocket, dissection plane are necessary to consider as well.

Pre operative drawing and surgical technique are shown in a short video in order to perform mastopexy with preoperative guidelines when implant alone turn out unable to correct nipple position and skin adequation.

4 Change of Paradigm in Breast Implants

Presenter: Dr. Ernesto Moretti, Consultant Plastic Surgeon

Augmentation mammoplasty is a commonly performed procedure. Multiple factors can influence the decision to use silicone-gel-filled implants for cosmetic breast augmentation.

The degree of cohesiveness can be engineered to be thinner or more rubbery by modifying the amount of cross-linking between the polymer chains. High cohesive implants are more rubbery and more resistant to pressure and gravity.

The disadvantage is a firm and less natural feel. The softness of the implant is of greatest importance when the amount of native breast tissue under which it is placed is less voluminous.

In this presentation I try to break the paradigm of hardness = firmness and weakness = softness. I present my personal experience with 2388 IMPLEO breast implant from Nagor Co. (UK), complications, capsular contracture rate, rupture rate, and satisfactions with this implant.

5 Technical Refinements in Limited Composite Facelifting - An Early Experience

(Hackett Prize Contender)

Presenter: Mr. Neil Brierley
Co-Authors: Mr. D Saleh, Mr. A Khan, Mr. M Riaz
Institution: Castle Hill Hospital

Introduction

Limited face lifting techniques are increasing in popularity, particularly the MACs facelift. We have previously reported on the first R-lift, a modified short scar facelift technique. We report the early outcomes and technical refinements in the first cohort of consecutive cases.

Sponsors - Thursday

Methods

Between 2013 and 2015, 20 patients underwent a R-lift. Some patients had simultaneous additional aesthetic procedures. Minor and major complications were recorded, including revisional surgery. Standardised photographs were taken pre- and post-operatively.

Results

Mean age at operation was 62 years. Nine (45%) patients had a concomitant aesthetic procedure. No patients required a return to theatre or revisional surgery. No adjunctive procedures at follow-up have been required. There were no nerve injuries.

Discussion

This technique is a modification and evolution on existing minimal facelifting techniques. It has reduced post-operative "downtime" in this practice. We believe the R-lift achieves specific goals of mid, lower face, and neck lifting. We have not seen any relapse of the aged face, although follow-up is short thus far. This early experience, we feel, demonstrates a safe and reproducible technique that can easily be combined with other facial rejuvenation procedures.

6 Enhancing Patients' Experience At Recovery Using Local Anaesthetic and intravenous Sedation in Plastic Surgery

Presenter: Mr. Omar Tillo, Breast Reconstruction Fellow at Birmingham City Hospital
Co Authors: Mr. S Al-Ani, Dr. N Farid, Mr. H Nishikawa, Mr. F Fatah
Institution: The Westbourne Medical Centre

Introduction

The efficacy and safety of various outpatient anesthetic modalities have been reported but very little is known about patients' perception. The aim of this study was to investigate the experience of patients undergoing cosmetic surgery under local anaesthetic and intravenous sedation (LA+IVS).

Method

A consecutive group of patients undergoing aesthetic surgery under LA+IVS at the Westbourne Medical Centre were surveyed to explore their perioperative experience. This included a detailed multi-point evaluation of pain, anxiety, nausea, speed of recovery, coping at home, and their satisfaction.

Results

Over the last 5 years 1341 procedures were performed under LA+IVS covering a wide range of aesthetic surgery. Sixty consequetive patients were surveyed. 22% recalled some unpleasant experience and 11% felt a degree of anxiety. Nausea was reported in 17%. Patients scored their satisfaction with the intraoperative interaction, recovery and discharge soon after surgery on average of 9.4-9.7 out of 10. The LA+IVS experience "totally met" or "exceeded" the expectations of 83% of patients and was rated better than previous general anaesthetics by 78%.

Conclusion

LA+IVS provided comfort, effective pain control, and fast recovery in the wide range of aesthetic plastic surgery. Patients reported high levels of satisfaction and minimal levels of distress.

7 Alteration of Nasal Tip Aesthetics As a Consequence of Traditional Closed Rhinoplasty

(Hackett Prize Contender)

Presenter: Ms. Christina Buckley, Orthopedic Surgeon
Co Authors: Mr A McArdle, Mr N McInery, Mr E O'Brien
Institution: Cork University Hospital

Background

Trends in rhinoplasty have seen a significant shift from closed to open techniques in the last decade. However, even in minor 'hump reduction' cases, there may be aesthetic shortcomings using a simplistic traditional closed technique.

Aim

To analyse, by objective and subjective means, the loss of nasal tip definition in a series of closed rhinoplasty patients.

Methods

Thirty patients who underwent primary closed rhinoplasty by a single surgeon were photographed over a 8 year period. Standard nasal anthropometric measurements were recorded, including nasolabial angle, columellar-lobular angle, tip projection and supratip break comparing pre- and post-operative outcomes.

Results

Thirty patients who underwent primary closed rhinoplasties were included. Nasal analysis revealed a wider nasolabial angle (mean 104°), a narrower columellar-lobule angle (mean 29°) and a mean tip projection of 0.63 which is considered inadequate. Upon analysis of a panel of the post-operative photographs, there was a pattern of poor tip definition.

Conclusion

As observed in our patient cohort, alterations in nasal tip definition is a consequence of closed rhinoplasty. This can be largely attributed to the loss of the tip defining points of the nose. We must conclude that the indications for traditional closed rhinoplasty are diminishing.

8 An Objective Measurement of Trainee Assessment and Management of Aesthetic Cases Using The Objective Structured Clinical Exam (Osce)

(Hackett Prize Contender)

Presenter: Mr. Ali Souéid, Plastic and Reconstructive Surgeon
Co-Author: Mr. N Khwaja
Institution: University Hospital of South Manchester

Objectives

Exposure to aesthetic practice during training is variable. Formal objective assessment of trainees' ability to assess and manage aesthetic cases is even less common. The results of formal assessment of trainees on aesthetic cases using an objective structured clinical exam (OSCE) are presented.

Methods

An OSCE was run for pre FRCSPlast trainees with stations covering the breadth of the plastic surgery syllabus, including aesthetic cases. The stations were clinical examination, consent and written assessments.

Key Results

Out of 16 trainees, 8 passed the OSCE overall. Of the stations, 5 passed the facelift station, 9 the BBR and 10 the liposuction consent station. When correlating each station with the overall score for the OSCE, the facelift station correlated best (r=0.75, p=0.007), the BBR moderately (r=0.59, p=0.008) and the liposuction consent station least well (r-0.34, p=0.08). The facelift station correlated more with year of training compared to the liposuction and breast stations.

Conclusions

OSCEs are able to provide an objective assessment of trainees' ability to assess and manage aesthetic cases. It also allows for benchmarking a large cohort on the same clinical cases. The results can be used to highlight deficiencies in knowledge and direct aesthetic training of plastic surgery trainees.

9 "Cankles" Beautifying Or Heavy Legs Reshaping By Circumferential Liposuccion Of Legs Calves & Ankles

Presenter: Mr. Denis Delonca – Free Paper
Institution: Clinique Esthetique Aquitaine

Aims

The author presents his twenty-eight years old experience, in legs reshaping by circumferential liposuction.

Indeed, among the different areas we can treat by liposuction, legs (knees, calves and ankles) are often neglected because of the bad reputation of surgery upon these zones.

However, these areas are the most visible ones in the female way of dressing!

Material and Methods

A series of 210 patients (all female) has been treated between 1987 and 2015. Sometimes lipo-filling has been also used to sculpt the calves, or to correct congenital asymmetries.

Here are shown: the surgical technic, the average volume removed, reaching 1.9 l of pure fat for both legs, the post-op. cares, allowing patients to go back home, the day after, on their new thin legs.

Application

We should pay more attention to this particular request, considering the enormous benefit for the patient, brought by the correcting procedure.

Results

The surgical instrumentation is the simple canulae for liposuction (no Laser, no sophisticated or commercial device!)

Recovery is much simple as most of us could imagine it.

Results are predictable, and final.

They often overpass both patient's and surgeon's expectations.

Conclusion

In terms of surgical technic the "key" points for "legs reshaping by liposuction" are: "be circumferential" to allow an intense centripetal skin retraction & leave under the skin some un-suctioned "fatty soup" to get a perfect "skin finish" and express your sense of beauty!

10 Augmentation Mastopexy – Different Techniques & indications

Presenter: Mr. Giovanni Botti
Institution: Villa Bella Clinic, Italy

11 Key Note Address: Body Contouring

Presented by: Dr. Sam Hamra
Institution: Private Practice

Traditional techniques for abdominoplasty, liposuction, and the many variations have been utilized for many years by plastic surgeons. Traditional abdominal contouring techniques have been based on wide undermining and rectus muscle approximation since most abdominoplasties

are requested by postpartum patients who request improvement in their body contour following pregnancies. The biggest advance in body contouring can about with the innovations of Ted Lockwood who popularized the technique of high lateral tension abdominoplasties. With the advent of widespread bariatric surgery, the need for body contouring techniques has seen universal popularity. These are basically traditional skin excision techniques. The Cosmetic Body Lift technique presented here is not for the post bariatric patient but has been tailored for the same patient population seeking facelift surgery. The technique described as a one stage procedure is applicable to almost every patient over forty who had one or more pregnancies and addresses all parts of the body including knees, flanks, thighs, hips and abdomen and is accomplished with a 270 degree incision. Frequently breast contour surgery is done at the same time.

12 Augmentation Mastopexy – Different Techniques & indications

Presenter: Dr. Giovanni Botti, Cosmetic Surgeon
Institution: Villa Bella Clinic, Italy

13 Breast Augmentation By Lipomodelling

Presenter: Dr. Emmanuel Delay, Consultant Plastic Surgeon
Institution: Private Clinic

Breast augmentation with autologous fat grafting has been a controversial topic among plastic surgeons for the last thirty years. Based on our clinical and radiologic experience since 1998, we developed an efficient new technique to realize breast augmentation: lipomodelling. This technique is efficient and safe and became a standard procedure during breast reconstruction after cancer, correction of breast conservative treatment sequelae and breast and thorax malformations.

In the particular case of breast augmentation, prior evaluation and accurate patient selection are mandatory. Breast imaging is done to prevent any coincidence with breast cancer. Ultrasound is done to patient under 30 years, ultrasound a one mammography incidence between 30 and 40 and standard mammography and ultrasound over 40 years. In case of ACR 3, biopsy has to downstage lesion to ACR 2, otherwise procedure is contraindicated. Breast fat augmentation is only moderate unless done in multiple sessions, which is rare in pure aesthetic surgery, frequent in breast malformations.

Fat is harvested by means of a 3.5 mm cannula adapted to a syringe and centrifugated during 20 seconds at 3'000 rpm. Fat transfer has then to be very accurate, like fat spaghetti in a 3D grid. Patient follow-up is done at 15 days, 3 months and one year.

At one year, a new radiologic evaluation is done by means of the same radiologic tools than pre-operative work-up. In case of a suspect lesion, biopsy is performed to obtain accurate diagnostic.

No hematoma has been reported in our experience. Infection rate is very low (0.6%) and easily handled by pulling out some stiches, ice application and antibiotic treatment. At the beginning of practice, some fat necrosis can be seen that becomes very rare through clinical experience. In 10% of cases, oil cysts are seen that can easily be managed by puncture at the follow-up visit at the office.

The lipomodelling technique represents, in our experience, a considerable advance in Breast Augmentation and specially for the treatment of breast malformations, as tuberous breasts and Poland'syndrome. Fat grafting has achieved outstanding results in our patients, with precise autologous correction of breast defects.

14 Autoprosthesis: Evolution of a Very Useful Technique

Presenter: Dr. Giovanni Botti, Cosmetic Surgeon
Institution: Villa Bella Clinic, Italy

15 Aesthetic Breast Lipomodelling: Traps & Errors to Avoid

Presenter: Dr. Emmanuel Delay, Consultant Plastic Surgeon
Institution: Private Clinic

Friday: Peri-orbital and Facial Aesthetic Surgery

16 Peri-orbital Rejuvenation: Assessment and Options

Presenter: Mr. Awf Quaba, Consultant Plastic Surgeon
Institution: Quaba Plastic Surgery, Edinburgh

Many options, surgical and non-surgical, and a variety of techniques are available for peri orbital rejuvenation. The ageing process can impact on one or a combination of the anatomical components of this region of the face. This, together with pre-existing variations in the various local anatomical features, means that careful pre-operative assessment is essential for informing patients and recommending an option that meets their expectations. A fairly simple anatomy-based system will be presented and illustrated.

17 The Importance of the Orbicularis Muscle in Up & Lower Blephs

Presenter: Mr. Naresh Joshi, Consultant Oculoplastic Surgeon
Institution: Chelsea and Westminster Hospital NHS Trust London

The lecture will focus on the role of the orbicularis oculi muscle. The anatomy of the different divisions will be demonstrated. The importance of sub units within the muscle group will be highlighted, including the role of the Riorlan, pre tarsal, preseptal and orbital sub groups.

Periorbital aesthetic should be undertaken with this muscle in mind, failure to do so may result in in unexpected and sub optimal outcomes.

The talk will demonstrate the speakers approach to the various muscle components in upper and lower blepharoplasty. Surgical techniques and outcomes will be shown.

18 Lower Lid Blepharoplasty – a Problem Waiting to Happen

Presenter: Mr. Barry M Jones, Consultant Plastic and Reconstructive Surgeon
Institution: King Edward VII's Hospital, London

Lower eyelid surgery remains controversial. It is a common procedure with potentially disastrous consequences but there is no consensus as to which approach is most reliable. There is no published evidence base.

This paper outlines a systematic approach to the inferior orbitomalar region designed to maximize outcome but limit risk. Detailed assessment is essential. The author's personal surgical preferences are described, both transcutaneous and transconjunctival, together with management of the lateral canthus and midface. The treatment of complications is discussed and an algorithm developed to limit their incidence.

19 Transconjunctival Lower Lid Fat Repositioning Blepharoplasty (TCLLFRB)

Presenter: Mr. Saj Attaulah, Consultant Opthalmic, Oculoplastic & Orbital Surgeon
Institution: Manchester Royal Eye Hospital, Face & Eye Clinic, Manchester

Lower eyelid blepharoplasty can be performed via transcutaneous or transconjunctival routes. Both approaches can aim to preserve periorbital volume by preserving fat rather than resecting and discarding it.

TCLLFRB is technically more demanding than transcutaneous surgery but has some distinct advantages over transcutaneous surgery. Skin incisions and orbicularis injury can be avoided and so the risk of lower eyelid malposition is minimised. It is of particular value in patients with significant lower lid fat prolapse and minimal or no skin redundancy.

Saj Ataullah will present his indications for TCLLFRB, surgical technique and how to avoid potential complications.

20 Pinch Blepharoplasty

Presenter: Mr. Norman Waterhouse, Consultant Plastic Surgeon
Institution: Norman Waterhouse & Associates

Despite modifications and refinements over the past twenty years, lower blepharoplasty can still produce significant complications including scleral show, lid descent and lid asymmetries. Pinch blepharoplasty, popularised by Lorne Rosenfield, has been well documented as a simple and straightforward alternative to a subciliary incision in managing skin excess during blepharoplasty. This presentation re-emphasizes the case for pinch blepharoplasty. The author has not carried out a subciliary incision for over a decade.

21 Facial and Periorbital Volumes

Presenter: Mr. Lucian Ion, Consultant Plastic, Aesthetic and Reconstructive Surgeon
Institution: Aesthetic Plastic Surgery Ltd

Assessment of facial aging typically takes into consideration the effect of volume loss and volume displacement in relation to static support. The peri-oral suspensory mechanisms are for the majority dynamic, and a degree of understanding of their effect and age-related changes is important.

3-D imaging can now be carried out with mobile devices that are sufficiently small in size to allow evaluation of the facial shape erect, supine and in animation.

Evaluation of the volume displacement as a result of the interaction between soft tissues, dynamic suspension and gravity adds to our understanding of the facial aging process and assists with planning rejuvenation interventions.

22 Upper & Lower Blepharoplasty with Correction of Ptosis & Routine Lateral Canthopexy

Presenter: Dr. Mark Codner, Plastic Surgeon and Clinical Assistant Professor
Institution: Clinical Assistant Professor, Emory University

Blepharoplasty is one of the most commonly performed aesthetic procedures. Fundamental knowledge of the anatomy will be reviewed as well as preoperative evaluation, surgical technique, and postoperative management. A 20 year experience with the same technique will be demonstrated by video. In addition, management of upper lid ptosis will be reviewed with correction demonstrated by tarsolevator advancement during upper blepharoplasty. Routine lower lid support of the tarsoligamentous sling will be demonstrated with routine lateral canthopexy during lower blepharoplasty to minimize postoperative lid malposition and eliminate the risk of ectropion.

23 Eyebrow Hair Transplantation for Reconstruction and Aesthetic Augmentation

Presenter: Mr. Greg Williams, Hair Surgeon
Institution: Farjo Hair Institute

For both men and women, eyebrows are a key facial feature that contribute to identity. Loss of eyebrows can have a profoundly negative effect on self-esteem and can occur from over-plucking, trauma, surgery or dermatological conditions. Temporary simulation can be achieved with make-up and prosthetics, and more permanently with micropigmentation tattooing. However, the most natural appearance is with hair restoration by follicular unit transplantation. The current state of the art technique is presented with results demonstrated for reconstruction and aesthetic augmentation.

24 Autoaugmentation Upper Blepharoplasty

Presenter: Mr. Francisco Bravo
Institution: Clinica Gomez Bravo

Objectives

The purpose of this study was to determine the benefits of an upper blepharoplasty technique devised to address patients complaining of excessive upper eyelid skin, in which an evident infra-brow crease (IBC) was also present,

Methods

15 patients (30 eyelids) who underwent autoaugmentation upper blepharoplasty were included in the study. The procedure consisted in the use of a deepithelized orbicularis oculi muscle turnover flap and a transposed preaponeurotic fat flap to provide volume to the upper eyelid and attenuate the IBC at the time upper eyelid skin excision. Flaps were fixed in place through percutaneous 6/o nylon sutures at the level of the medial eyebrow. Further volume was added laterally employing free fat grafts from the nasal fat pad. Patients were followed for a minimum of one year postoperatively.

A classification of Brow-Lid Profile morphology was proposed to identify appropriate candidates for the procedure.

Results

No significant complications such as haematoma, infection, lagophthalmos or wound healing problems were noted. One patient required scar revision of one of her eyelids at 4 months to correct an eyelid sulcus asymmetry.

Conclusion

Autoaugmentation upper blepharoplasty is a safe and reliable procedure that seems to offer enhanced aesthetic outcomes in selected patients seeking upper eyelid surgery.

The Brow-Lid Profile classification proposed correlates the Brow Ridge Projection to the depth of the Infra-Brow Crease and may be a valuable tool to identify patients suitable for the procedure presented.

25 Outcomes of Lower Eyelid Transconjunctival Blepharoplasties with Fat Repositioning

Presenter: Mr. Brian Leatherbarrow, Consultant Opthalmic, Oculoplastic & Orbitofacial Surgeon
Institution: The Face & Eye Clinic

Purpose

To present the results of a series of consecutive patients undergoing lower eyelid transconjunctival blepharoplasty with fat repositioning by a single surgeon.

Methods

A retrospective case note review of all cases performed between March 2011 and March 2015. Data collected included patient demographic details, intraoperative and postoperative complications, and postoperative outcome.

Results

There were 61 patients (9 males/52 females with a mean age of 48.5 with a range 32-69 yrs. The surgery was performed under local anaesthesia with i.v. sedation. In 26% (n=16) of patients adjunctive treatment was performed at the time of surgery including upper eyelid blepharoplasties, brow lift surgery and structural fat grafting. There were no intraoperative complications. There was 1 postoperative infection, 2 conjunctival granulomas, and 1 patient developed a temporary inferior oblique weakness. No patients experienced persistent lumpiness of the transposed fat. 95% (n=58) of the patients were very satisfied with the outcome of their surgery.

Conclusion

In facial rejuvenation surgery lower eyelid transconjunctival blepharoplasty with fat repositioning can successfully treat appropriately selected patients with tear trough defects and lower eyelid fat herniation avoiding the potential stigmata occasionally associated with a transcutaneous lower eyelid blepharoplasty. The overall patient satisfaction is very high using this technique.

26 Superficial Lateral Browlift with Deep Temporalis Fascia (DTF) Fixation

Presenter: Mr. Francisco Bravo, Plastic Surgeon
Institution: Clinica Gomez Bravo

The purpose of this study was to evaluate the benefits of lateral superficial browlift with deep temporalis fascia (DTF) fixation on patients seeking selective lateral brow elevation.

The incision was placed at the hairline, anterior to the sideburn and extended to the temporal region. Superficial subcutaneous dissection was carried out exposing the lateral eyebrow, two to three sutures were used for fixation to the DTF and excess skin was excised.

No significant complications such as haematoma, infection, nerve injury or delayed wound healing were noted. The technique presented is safe and provides consistent and natural results in selected patients.

27 Facelifting

Presenter: Mr. Basim Matti, Senior Consultant Plastic Surgeon
Institution: Private Practice

28 Evolution and Advantages of the Composite Facelift

Presenter: Dr. Sam Hamra, Aesthetic Plastic Surgeon
Institution: Private Practice

The composite facelift technique was begun in 1990 and has been developed step-by-step over the last 25 years. The earliest published approach was entitled a deep plane facelift as the cheek fat was included in the facelift flap which was the original Skoog technique. Following this the orbicularis muscle was added and shortly thereafter the arcus release technique was published in an attempt to preserve the lower eyelid fat. A few years later a technique for lower eyelid contouring that was a variation of orbital fat preservation was created and is called a septal reset. This along with a unique cheek flap technique was published in 1998 and has been refined since that time. The endpoint of creating a youthful face must satisfy two important criteria. The first is an absence of the eyelid cheek junction and the second is a high cheek mass. The composite facelift is a comprehensive procedure which addresses every part of the aging face including the forehead, upper eyelids, lower eyelids and cheeks, face, and neck. It is a procedure done all at one time in order to preserve harmony of facial rejuvenation. It is particularly valuable in addressing cases of suboptimal facelift results.

29 The Advantages of a High SMAS Facelift

Presenter: Dr. Mark Codner, Plastic Surgeon and Clinical Assistant Professor
Insitution: Clinical Assistant Professor, Emory University

The High SMAS technique offers advantages for the following reasons:

1. The SMAS flap is elevated in a plane which is superficial to the frontal branch of the facial nerve and poses no increased risk of frontal branch injury.
2. The dissection creates a more superiorly elevated flap which allows the flap to be sutured directly to the deep temporal fascia which is an immobile point of fixation compared the mobile SMAS.
3. The High SMAS similar to the Extended SMAS is divided into a transposition flap which is sutured to the mastoid fascia.
4. The high vector of the SMAS lifts the cheek, jowls, and the superior lateral midface above the flap upward by virtue of the higher vector of tension.

In summary, the distinctions between the extended SMAS and the high SMAS are clear. This appears to be demonstrated by superior results and lower requests for additional tightening long term after surgery.

30 Surgical Corrections of the Unfortunate Results of Facelift & Eyelid Surgery

Presenter: Dr. Sam Hamra, Aesthetic Plastic Surgeon
Institution: Private Practice

The composite facelift technique was begun in 1990 and has been developed step-by-step over the last 25 years. The earliest published approach was entitled a deep plane facelift as the cheek fat was included in the facelift flap which was the original Skoog technique. Following this the orbicularis muscle was added and shortly thereafter the arcus release technique was published in an attempt to preserve the lower eyelid fat. A few years later a technique for lower eyelid contouring that was a variation of orbital fat preservation was created and is called a septal reset. This along with a unique cheek flap technique was published in 1998 and has been refined since that time. The endpoint of creating a youthful face must satisfy two important criteria. The first is an absence of the eyelid cheek junction and the second is a high cheek mass. The composite facelift is a comprehensive procedure which addresses every part of the aging face including the forehead, upper eyelids, lower eyelids and cheeks, face, and neck. It is a procedure done all at one time in order to preserve harmony of facial rejuvenation. It is particularly valuable in addressing cases of suboptimal facelift results.

Sponsored Talks

1. Coolsculpting - Non-surgical Body Contouring

Sponsored Talk by Zeltiq

Dr. Jennifer Harrington, Plastic and Reconstructive Surgeon

CoolSculpting safely and effectively reduces subcutaneous fat without surgery. CoolSculpting (cryolipolysis) utilizes controlled cooling to selectively damage adipocytes. Since adipocytes are uniquely sensitive to cold and crystallize at a higher temperature than water in surrounding tissues, the fat cells can be frozen without inducing damage to overlying skin and surrounding muscle, nerves, and blood vessels. An array of vacuum and non-vacuum applicators are available to sculpt a variety of treatment areas, such as abdomens, flanks, thighs, arms, chests, and backs. With over 2 million treatments worldwide, CoolSculpting is the leader in non-surgical body contouring.

2. Enhanced Recovery & Day Case For Breast Surgery

Sponsored Talk by Baxter Healthcare

Miss Ann Cole, Evolving Healthcare Manager

Baxter's heritage and expertise across the entire patient pathway means we are well placed to identify opportunities for redesigning care pathways across the whole hospital.

By focusing on the total care pathway rather than silos of cost within individual budgets we will work with you to look at the total picture and how you can make cost savings across a service.

Reducing emergency admissions and improving the quality and speed of patients' recovery has the scope to release significant capacity in the system, including beds and staff time, as well as improve outcomes and experience for patients.

3. Credentialling and CSIC

Mr. Steve Cannon, Chair of CISC

Credentialling is a process which provides formal accreditation of competences in a defined area of practice at a level that provides confidence that the individual is fit to practice in that area. It follows four basic principles – i) a need to enhance patient safety which cannot be addressed by other non-regulatory means, ii) a demonstrable service need, iii) be feasible and iv) have Stakeholder support. The CSIC was set up in 2013 to develop an accreditation system which may evolve into credentialling. It has worked in three major areas, i) an on-line certification system, ii) outcome measures and iii) patient information pathways. Following endorsement by the Specialist Associations the certification system which has been developed will begin to be rolled out in early 2016, although it may take a number of years to be fully adopted.

4. Mercy Ships

Dr. Leo Cheng, Consultant Oral and Maxillofacial Surgeon

Millions of people are suffering from diseases that could be easily cured if they have access to modern health care. This often leads to a poor health outcome or death from treatable diseases due to poverty affecting the poorest of the poor in Africa. Because of the lack of basic health care, benign jaw and neck tumours can grow to a gigantic size which results in a slow suffocating death. Patients with deformities are often ostracised by their families and friends because they are believed to be demon-possessed. Some cleft lip babies are buried alive by witch doctors! Hot pokers have been used by witch doctors to release evil spirits from extensive goitre!

Gangrenous bone and flesh destroying infection called Noma is caused by lack of basic health care, vaccinations and malnutrition and is often fatal. For every one patient with noma-induced severe facial deformities saved, 9 have already succumbed to this debilitating condition (WHO).

For hope to be credible and believable in the future, it needs to be tangible and felt in the present. That is what Mercy Ships can provide in West Africa. The Africa Mercy is a hospital ship with free world class life-saving and life-transforming surgery, and land-based clinics for ophthalmology, dentistry, public health education…etc. Medical facilities on the ship include laboratory, pharmacy, blood bank, CT scan…etc supporting 5 operating theatres, 80 inpatient beds and 3 ITU beds. Other facilities for volunteer crew members are similar to those found in a village. Selfless volunteers fund their own travel to and accommodation on the ship. Mercy Ships truly demonstrates the essence of 'love in action' by bringing hope and healing to the forgotten poor in Africa.

Abstracts - Posters

1 A 4 Year Audit of Aesthetic Day Surgery Practice

Presenter: Mr. Ben Strong
Co Authors: Mr. D Sainsbury, Mr. N Williams, Mr. M Ragbir
Royal Victoria Infirmary

Objectives

To assess case mix and complications in day cases aesthetic procedures performed by NHS consultant plastic surgeons in a non-NHS hospital.

Methods

The hospital's database was interrogated for three consultant plastic surgeons' case mix and complication profile from March 2010 to November 2014. The data was assimilated in a spreadsheet and analysed.

Results

A total of 1059 cases were performed. Of these 459 were aesthetic cases including breast augmentation (n=188; 41.0%), blepharoplasty (n=79; 17.2%), rhinoplasty (n=60; 13.1%), ear surgery (n=25; 5.4%) and facelift (n=23; 5.0%). There were no never events or mortalities. Two patients were transferred to another institution for management of nausea and vomiting and for overnight admission prior to evacuation of haematoma following breast augmentation. In total two patients underwent re-operation for haematoma evacuation following breast augmentation. Three infections (0.3%) were recorded on the hospital database and three complaints (0.3%) were received from patients.

Conclusions

With appropriate patient and case selection suitably qualified plastic surgeons may safely and efficiently perform a wide range of aesthetic day surgery procedures with high rates of patient satisfaction.

2 An initial Experience with Primary Muscle-splitting Biplane Polyurethane Augmentation Mammoplasty

Presenter: Mr. Daniel Saleh
Co Authors: Miss J Callear, Mr. M Riaz
Yorkshire Deanery

Introduction

Polyurethane coating and its interface with tissues mean specific considerations, in this practice, are required for excellent results. We sought to examine our early experience using polyurethane implants using the muscle-splitting biplane technique.

Methods

We performed a cadaveric study to define the anatomy of this technique and its relation to the pectoral nerves, to determine safe corridors of surgery. A retrospective analysis of consecutive augmentations during 2014 was performed. Implant shape/size and complications were recorded. Major complications were those requiring re-operation. Patients were assessed for post-operative dynamic breast deformity.

Results

Twenty-four cases with a mean age of 37 years were identified. Mean follow-up was 1 year and mean implant size was 320cc. No re-operations were required. Eight hemi-chests were dissected. Muscle splitting from the lower/mid third of the xiphoid, laterally, avoids medial pectoral nerve injury. The sternal index is a reliable marker of laterality of the nerve branches. The nerves pierce pectoralis major superior to a line between xiphoid and anterior axillary fold.

Discussion

We demonstrate no early patient dissatisfaction or revisional procedures using this method of primary augmentation. Our measures to create an accurate implant pocket, in this early experience, appear reproducible, without potential nerve injury or dynamic breast deformity.

3 Breast Base Diameter: Defining the Ideal and how it Changes with Breast Augmentation, Augmentation-mastopexy and Reduction

Presenter: Ms. Ewa Majdak-Paredes
Co-Author: Dr. E Hall-Findlay
St John's Hospital

Aim

To define the ideal BD and analyse effects of volume reduction or addition procedures on its subsequent diameter.

Methods

340 breasts in 170 patients. Prospectively maintained preoperative and postoperative footprint and breast measurements included in electronic database. Patients' demographics and breast implant data extracted from medical records. Footprint and breast proportions with emphasis on BD studied using medical photographs and electronic database.

Results

Ideal breast BD extends from cleavage line medially to the anterior axillary line or slightly beyond it laterally. BD which fits with these characteristics ranged from 11-14cm (mean 12-12.5; BMI: 25), found in 90% of patients presenting for augmentation, 25% for reduction and 98% for augmentation-mastopexy. 10% patients presenting for augmentation had narrow BD (<11; mean 10.5; BMI: 20.5). 76% patients presenting for reduction had wide BD (>14; mean 16; BMI 28.5). In the ideal BD group, postoperative BD increases by 2cm (5%) with augmentation and augmentation-mastopexy. It decreases by 0.5-1cm (5%) with reduction. In the narrow BD group a wider implant BD was chosen to improve footprint symmetry and was found to determine the postoperative BD. In the wide BD group, reduction reduced the postoperative BD to ideal (by 2cm; 10%). Other pre- and postoperative landmarks were also studied in detail.

Conclusions

Ideal BD can be defined&ranges from 11-14cm. It can predictably change with volume addition or reduction. Selection of wider implant BD in narrow BD patients determine final postoperative BD. Vertical breast reduction can achieve ideal BD in wide BD patients.

4 A Systematic Review of Intra-Operative Manoeuvres to Reduce the Risk of Capsular Contracture in Patients Undergoing Aesthetic Breast Augmentation

Presenter: Mr. Jonathan Horsnell
Co-Authors: Mr. P Harris, Mr. A Searle
The Royal Marsden NHS Foundation Trust

Introduction

Capsular contraction (CC) is a significant complication following aesthetic breast augmentation and many intra-operative manoeuvres have been described to reduce its incidence. This systematic review focused on the evidence that supports a number of these widely used techniques; pocket irrigation, nipple shields, implant insertion funnels and post operative drains.

Methods and Results

A comprehensive review of Pubmed, Scopus and Embase was performed to identify papers published in the last 15 years. Nine relevant studies dating from 1999-2014 were identified. 8975 patients, with a pooled CC rate of 3% were included in the studies. Antibiotic irrigation was supported by one case control study, two retrospective cohorts and a case series. A single study supported the use of povidone-iodine irrigation, nipple shields and the avoidance of drains respectively. Only one case series reported the use of an insertion funnel.

Conclusion

Overall there was limited evidence to support intra-operative techniques to reduce CC rates. The literature tends towards irrigation with antibiotics or povidone-iodine, the avoidance of drains and the use of nipple shields. Due to the poor quality of the evidence these findings should be treated cautiously and the authors present their recommended surgical practice based on this review.

5 A Comparison of Standard Versus Modified Lower Eyelid Blepharoplasty in the Same Patient

Presenter: Mr. Neil Brierley
Co-Authors: Mr. A Khan, Mr. D Othma, Mr. M Riaz
Castle Hill Hospital

Background

Blepharoplasty remains a popular modality in lower eyelid rejuvenation with myriad approaches described. We present a unique comparison of our modified lower lid blepharoplasty technique with a 'skin-muscle excision only' blepharoplasty.

Case Report

A 46 year old female was listed for the senior author's modified lower lid blepharoplasty. Intra-operative postseptal bleeding on the right side during septal plication necessitated a 'skin-muscle excision only' blepharoplasty on this side, in the patient's best interests. The planned procedure was undertaken on the left side.

Operative technique

The author's modified blepharoplasty technique involves a sub-ciliary incision with skin and muscle flap elevation and dissection of SOOF, lateral canthal ligament and temporal fascia. It also involves septal plication, SOOF lift, lateral canthopexy, deep cheek lift sutures and orbicularis hitch. The standard blepharoplasty involves a simple sub-ciliary incision, cutaneous and muscle excision and closure.

Discussion

This unique case afforded us the opportunity to compare two techniques in a single patient. The left side had an obviously superior aesthetic outcome at 6 month follow-up. Recurrence of increase in lid height, tear trough deformity and age related changes on the right side at 1 year follow-up required a secondary blepharoplasty using the senior author's standard technique.

6 Rippling Following Breast Augmentation Or Reconstruction: a Novel Classification of Severity

Presenter: Mr. Nicholas Pantelides
Co-Author: Mr. J Srinivasan
Royal Preston Hospital

Rippling refers to palpable or visible folds on the breast, transmitted from an underlying implant. It is a common complication following breast augmentation or implant-based reconstruction. Traditionally, treatments have included replacing the implant into a subpectoral pocket, increasing the implant size or tightening the capsule. Recently however, there has been much interest in alternative treatments, particularly using acellular dermal matrices and fat grafting.

In studies thus far, observation of rippling is typically 'binary' - noted to be either present or absent. However, there is a marked difference between rippling that is only palpable, which may not concern the patient, and visible rippling, which gives a poor cosmetic outcome. We propose a more objective classification of severity, based on the typical presentation:

Grade 1 MILD - rippling is palpable but not visible
1a- palpable in the lower outer quadrant
1b - palpable in the upper inner quadrant
Grade 2 MODERATE - rippling is visible only when the patient bends forward
Grade 3 SEVERE - rippling is visible with the patient upright

Our classification aims to standardise the description of rippling, which will be valuable in determining the efficacy of emerging treatments and better characterising long-term complications associated with breast implants.

7 A New Vertical Scar Breast Reduction Technique - Seven Year Experience

Presenter: Mr. Patrick Tansley
Co-Author: Ms. S Seneviratne
Cosmetic Surgery Institute of Australia

Background

The aims of breast reduction surgery are to reduce breast volume and reposition the nipple areolar complex whilst maintaining function and cosmesis. Whilst many surgical techniques have been described, vertical scar approaches have been developed and popularised in recent decades.

Objectives

To describe a new technique combining a vertical scar approach and superomedial pedicle with inferior wedge and lateral segmental parenchymal resections. Experience of seven year results will be presented.

Materials & methods

Between 2008-2015, n=127 patients (254 breasts), underwent reduction using this technique. Mean age was 43±15 years. There were no smokers or diabetics.

Key results

Mean resection weights were 450±330g. 72% (n=183) were ‹500g; 19% (n=48) were 500-1000g and 7% (n=23) ›1000g. There were no haematomas. 9 developed a seroma, all of which were conservatively managed. There were no wound infections; 3 wound breakdowns required debridement. 1 nipple necrosed in a patient whom had been extensively exposed to the effects of passive smoking. 10 required dog ear revision and 3 required further breast reduction.

Conclusion & application

We have developed a new technique of breast reduction with a short learning curve. It provides excellent intraoperative versatility to achieve good breast shape, volume and projection. Aesthetic outcomes are predictable and cosmetic results long lasting.

8 Stratifying Pre-Operative Risk in Revision Augmentation: The 6C's

Presenter: Ms. Pauline McGee
Co-Authors: Miss C McGoldrick, Mr. K Khan
Northern Ireland Maxillofacial and Plastic Surgery Service

Objectives

1. To characterise symptomatology and how this correlates with intra-operative findings in patients undergoing revisionary surgery following breast augmentation.
2. To calculate rates of rupture, gelbleed and capsular contracture.

Methods

A casenote review was performed in 75 patients presenting to a single surgeon for explantation or exchange of breast implant(s). Patients were categorised into 6 subgroups according to pre-operative complaint and intra-operative findings compared.

Results

Changes in Consistency, Contour or Comfort had a higher rate of pathology detected at explantation (76-100%). Those requesting change in Cup size or requiring a symmetrising procedure in an otherwise asymptomatic breast ('Contralateral breast') had a lower rate of pathology (20%). Patient Concern accounted for 44% positive findings. 16% of implants were ruptured; over half had a pre-operative contour change while change in consistency was reported in a third. Capsular contracture was observed in 33% of breasts; change in consistency was reported in 80% of these. Gelbleed was observed in 9% of explanted implants. Ultrasonography was 87.5% specific and 100% sensitive in detecting rupture.

Conclusion

In revision augmentation intraoperative pathology may be anticipated by categorising patients according to their pre-operative presenting complaints; the 6C's is presented as a useful mechanism

9 Hair Transplantation – History, Technique and Controversies

Presenter: Mr. Rahil Naeem
Co-Author: Mr. W Kisku
Heartlands Hospital

Introduction

Hair Transplantation is a surgical technique that involves harvesting hair follicles from the scalp and body which are usually resistant to alopecia and placing them in areas of balding.

In this paper we discuss the history, technique and recent controversies of hair transplantation.

History

Modern hair transplant techniques began in Japan in the 1930s where surgeons transplanted small grafts to replace damaged eyelashes or eyebrows. In the 1950s New York dermatologist Norman Orentreich demonstrated free donor grafts to balding areas retained the same growth potential as its recipient site. In the 1980s the strip procedure began to replace the plug technique and the use of the stereo microscope to harvest micrografts was introduced by Dr Limmer. Over time the procedure has evolved to become more minimally invasive whilst harvesting a larger amount of grafts.

Technique

In this paper we discuss the Strip and Follicular unit extraction technique, as well as pre operative planning, patient selection and aftercare.

Discussion

This procedure is lightly regulated and practiced by all walks of medical speciality. Various discussion points include: patient age, should all those involved performing hair transplantation have a healthcare background? Is hair cloning the future of hair transplantation?

10 Neo-umbilical Reconstruction in Abdominoplasty

Presenter: Miss Parneet Gill
Co-Author: Mr. D McGeorge
Whiston Hospital

Introduction

A full abdominoplasty requires the inset of the existing umbilicus through the re-draped abdominal flap, potentially leaving 'tell-tale' signs of surgery. We present our technique of fashioning a new umbilicus without visible scarring.

Methods

1. The elevated abdominal flap is secured at the midline using 3-0 Prolene.
2. The position of the umbilicus is tattooed, as a circle using inked needles onto the skin flap.
3. The midline suture is released and the fat within the tattoo marks is excised as a cylinder.
4. 4-0 Vicryl is used to plicate fat immediately above the neo-umbilicus giving a hooded appearance.
5. 3-0 Vicryl on a straight needle is passed through the abdominal flap, picking up fascia and out through the skin at 12, 3, 6 and 9 o'clock.
6. Each suture is hand tied under equal tension, producing a new umbilicus.
7. The abdominoplasty is then closed in the usual manner.

Results

We present cases in which a neo-umbilicus was fashioned, eliminating the appearance of suture marks. An aesthetically pleasing appearance was achieved by reproducing the natural 'hooding' of the umbilicus.

Discussion

Neo-umbilical reconstruction may be used in abdominoplasty to produce a less conspicuous scar, resulting in higher patient satisfaction.

11 Commissioning of Aesthetic Procedures in the National Health Service: Review of Temporal Trends

Presenter: Mr. Reza Nassab
Co-Authors: Mr. A Soueid, Mr. K Kok, Mr. Whitney Chow, Mr. Ali Soueid, Mr. Ken Kok, Mr. Reza Nassab
Countess of Chester

Introduction

Clinical Commissioning Groups (CCGs) were introduced in April 2013 as clinically-led bodies that commission local health services. Previous studies explored the 'postcode lottery' associated with the provision of aesthetic procedures in the NHS. The aim of this study was to identify if there have been changes in the provision of aesthetic procedures since the introduction of the CCGs.

Methods

A review of eligibility criteria for aesthetic procedures by individual CCGs was performed. These were then compared to previously published data from the time of Primary Care Trusts.

Results

There are currently 209 CCGs in England, data was available from 179 CCGs. There was a significant reduction in funding for breast procedures in particular reduction mammoplasty that was widely funded previously. The criteria for breast reduction was also stricter now than before. Augmentation and mastopexy were rarely available.

Conclusion

There has been an increase in restrictions of provision of aesthetic procedures in the NHS. This has implications for training in such procedures and also fuels the growing private sector. Where aesthetic procedures are available, the fulfillment criteria have become more specific and numerous thus reducing the number of eligible patients.

12 Investigating the Caprini Risk Assessment Model in Cosmetic Surgery Patients

Presenter: Mr. Connor Boyle
Co-Author: Mr. K Stewart
University of Edinburgh

Introduction

Venous thromboembolism (VTE) accounts for 5% of all hospital deaths. Risk assessment models (RAM), like that proposed by Caprini, aim to reduce morbidity and mortality due to VTE. It has been validated in plastic surgery but not yet been investigated in cosmetic surgery.

Methods

1. Caprini score sheets were added to pre-operative cosmetic surgery protocol at Murrayfield Hospital. 112 cases were audited to assess completion and prophylaxis administered.

2. 100 cosmetic surgery records were retrospectively Caprini scored to compare prophylaxis recommended with that from current VTE assessment.

3. Staff opinion on VTE assessment was qualitatively assessed.

Results

From 81 completed sheets, 12 received incorrect prophylaxis (14.8%). In 31 patients the sheets were not completed for, 12 received incorrect prophylaxis (38.7%) – a significant difference ($p<0.05$). Caprini RAM placed 100% of patients in same or higher risk group than current VTE assessment. 12/13 staff favour more stringent VTE RAM; anaesthetists rate current RAM more poorly than surgeons and nurses.

Conclusion

A more stringent VTE RAM is favoured by the vast majority of staff. Caprini RAM places patients in higher risk groups with more intense prophylaxis than current VTE assessment. If Caprini RAM is completed pre-operatively the patient is more likely to get correct prophylaxis.

14 Keogh Guidelines Two Years On - a National Review to Determine If Clinical and Marketing Practices in Aesthetic Surgery Reflect National Recommendations

Presenter: Mr. Sohaib Rufai
Co-Authors: Mr. C Davis
University Hospital Southampton

Background

Patient safety remains a fundamental issue in aesthetic surgery. In 2013, we conducted a national review of UK aesthetic surgery using proposals from the Keogh report and Cosmetic Surgical Practice Working Party. Following national press campaigns by BAAPS, this study aims to re-examine compliance with national guidelines to quantify progress.

Methods

"Cosmetic surgery UK" was searched via Google. The top fifty websites of aesthetic surgery providers were analysed for compliance against national recommendations. Where clarification was needed, providers were contacted by telephone.

Results

Compliance was suboptimal against all recommendations (Chi-squared; $P<0.01$), but largely improved compared to 2013 data for each national recommendation as follows ($P<0.05$; 2013 data in brackets): Consultations with a surgeon occurred in 86% of cases (90%); 40% of providers offered free consultations (54%); 16% offered promotional deals (52%), of which 50% were time limited (27%); 62% stipulated a two week cool off period (38%).

Conclusions

Suboptimal compliance with national guidelines remains, though there has been a significant improvement after BAAPS press coverage. Non-compliant practices were typically chain companies rather than independent individual or small group providers. Further national initiatives and exposure may improve patient decisions and safety.

Speaker Biographies

Mr. Saj Ataullah

Consultant Ophthalmic & Oculoplastic Surgeon
Manchester Royal Eye Hospital Face & Eye Clinic, Manchester

Saj Ataullah graduated from Charing Cross & Westminster Medical School, London, in 1991.

He trained in general ophthalmology in Manchester & North West England.

After Oculoplastic Fellowships in Auckland (New Zealand) & Manchester, Saj was appointed as a Consultant Oculoplastic, Lacrimal & Orbital Surgeon in 2002 at Manchester Royal Eye Hospital (MREH). He is the Clinical Lead for Oculoplastic Surgery at MREH.

Saj co-runs a renowned Fellowship in Oculoplastic Surgery at MREH. He is the Course Director for the Manchester Oculoplastic, Lacrimal & Orbital Dissection Course. He was the Royal College of Ophthalmologists' (RCOphth) Tutor (2005-12) and has worked as RCophth Regional Adviser since 2012.

Saj Ataullah is a founder member of the British Oculoplastic Surgery Society (BOPSS). He represents both RCOphth & BOPSS at the RCSEng Cosmetic Surgery Interspecialty Committee (Patient Information Subgroup).

Dr. Armand Azencot MD

Cosmetic Surgeon

A Plastic surgeon since 1997 qualified by the French medical council, Bordeaux Medical University

Liberal practice in Bordeaux (France) for 18 years

From the beginning he was interested in aesthetic and reconstructive breast surgery.

In 2002 he started using anatomical implants in aesthetic augmentation.

In 2005 he published in Marseille SOFCPRE, a preliminary study about primary fat transfer in breast reconstruction 3 months before reconstruction by implant

He published in numerous national and international meetings his experience in breast augmentation and anatomical concept, 3D imaging, fat transfer in breast surgery, complications in breast surgery.

He is involved in French Aesthetic Surgery Society SOFCEP as Vice President 2015 and President 2016.

He is in charge to organize next SOFCEP national meeting in Bordeaux, and which will be joined with BAAPS society.

Dr. Giovanni Botti

Cosmetic Surgeon

Giovanni Botti, MD, comes from Salò, Lake Garda, Italy and is the head manager and the main surgeon of Villa Bella Clinic, one of the best equipped and most advanced cosmetic-surgery-dedicated clinics in Europe. He took part as faculty member to very many aesthetic surgery courses and congresses, organized by both Universities and Scientific Societies in more than 30 different countries. He also performed demonstrative surgical operations in various hospitals worldwide. He is the author of four complete books: "Liposuzione ambulatoriale" (1988), "Chirurgia estetica dell'invecchiamento facciale" ("Aesthetic surgery of the aging face"-1995), "Mastoplastiche estetiche ("Aesthetic mammaplasties"-2004),"Chirurgia plastica estetica del midface e del collo" ("Midface and neck aesthetic plastic surgery"- 2010), translated in English and Spanish, and wrote chapters of several textbooks together with 71 scientific articles published by the most well-known international medical reviews. Dr Botti was awarded for his contributions to the improvement of Aesthetic Surgery by the American Academy of Cosmetic Surgery (Philadelphia, 1990), by the Japanese Society of Aesthetic Plastic Surgery (Tokyo, 2000), by the Aegiptyan Society of Plastic and Reconstructive Surgery (Cairo, 2001), by IMCAS, (Paris 2003, etc.), by the Romanian Society of Aesthetic, Plastic and Reconstructive Surgery (Sinaia, 2006), by the Moldavian Society of Aesthetic Surgery (2007) and by the Australasian Society of Aesthetic Plastic Surgery (2010). He taught several years at the post-graduate aesthetic plastic surgery class of Pavia University and of Siena University and at the aesthetic surgery Master courses of Milan University. He has been clinical professor of Plastic Surgery at the Verona University from 2002 till now. He has also been lecturer in the Master Courses of Aesthetic Surgery of the Padua University, of the Rome University, of the Genoa University, of the Wien University, of the Nice University, of the Lausanne University and has been the director of the annual Course "Vesalius" on facial plastic surgery (for Italian doctors) of the Bruxelles Free University and of the annual Course on aesthetic plastic surgery of Villa Bella Clinic, as well as of the two annual courses on aesthetic surgery of the anatomy department of the Vienna University. He is honorary member of the French Society of Aesthetic Surgery, of the Aegyptian Society of Plastic, Reconstructive and Aesthetic Surgery, of the Romanian Society of Aesthetic Plastic Surgery, of the Moldavian Society of Aesthetic Plastic Surgery, of the Serbian Society of Plastic, Reconstructive and Aesthetic Surgery and of the Australian Society of Aesthetic Plastic Surgery. He was the first President of the Italian Society of Aesthetic Plastic Surgery (AICPE), of which now is the honorary President. He is an active member of various national and international societies (AICPE, ISAPS, EASAPS, AFPS, ISLAS, IPRAS etc.). He is National Secretary of ISAPS for Italy and an ISAPS travelling Professor. And, perhaps even more important, he loves his job!

Mr. Michael Cadier BA MA(Oxon) MBBS FRCS(Plast)

Chair - BAAPS Council President
Consultant Plastic Surgeon and President British Association of Aesthetic Plastic Surgeons (BAAPS)

Michael Cadier was educated at the French Lycée in London, studied at Oxford University and did Medicine at St Thomas' Hospital, London. After training in London, Salisbury and Bristol he became a Consultant in Salisbury in 1996. He developed a breast reconstruction service in Portsmouth, and in 2000 was appointed cleft surgeon at the newly established Spires Cleft Centre, for which he also became the first Clinical Director. He has a busy aesthetic surgery private practice along the South Coast. He has undertaken yearly Charity missions in rural Pakistan up to 2009. His academic interests include laser treatments of vascular malformations (M.S. 2001), the development of Aesthetic scales for Cleft lip repairs and of PROMs in aesthetic practice. He is widely published. He is an examiner for the FRCS(Plast), the Program Director for the South Coast Reconstructive Cosmetic Surgery Fellowship, was part of the first UK delegation in the CEN in cosmetic surgery (European regulation) and chairs the CSIC Royal College committee on Clinical Quality and Outcomes in Cosmetic Surgery. He was elected to BAAPS council in 2006 and became President of BAAPS in 2014.

Mr. Steve Cannon

Chair of the Cosmetic Surgery Interspecialty Committee (CSIC)

Steve Cannon qualified in medicine from Trinity College Cambridge and Middlesex Hospital Medical School, London in 1974. His career was spent as a Consultant Orthopaedic Surgeon specialising in Orthopaedic Oncology at the Royal National Orthopaedic Hospital, Stanmore where he remains an Honorary Consultant. He has been actively involved in research, specifically in implant fixation and the management of pelvic sarcoma. He has been on the Editorial Board of the Journal of Bone and Joint Surgery, Orthopaedics Today and Arthroplasty. He is an active member of a large number of European and International orthopaedic societies. He was President of the British Orthopaedic Association 2008 - 2009, President of the Federation of National Associations of Orthopaedics and Traumatology 2014-2015 and has been a member of Council of the Royal College of Surgeons since 2008. He was elected Vice president in 2014. He was nominated as Chair of the Cosmetic Surgery Interface Committee following his work on the Professional Standards of Cosmetic Surgery published by the College in 2013.

Mr. Leo Cheng LLM BDS MBChB FRCS FDSRCS FRCS(Oral MaxFac), FHE

Consultant in Oral, Maxillofacial and Head & Neck Surgery

Mr Leo Cheng is a consultant in oral, maxillofacial and head & neck surgery at St. Bartholomew's, the Royal London and Homerton University Hospitals. Apart from BDS in Dentistry at Edinburgh 1985) and Medicine & Surgery (MBChB) also attained the Fellowship of Dental Surgery in oral surgery and oral medicine from the Royal College of Surgeons of England (1990), the Fellowship of the Royal College of Surgeons of Glasgow in General Surgery (1995) and was awarded the Certificate of Completion of Specialist Training in Oral and Maxillofacial Surgery in 1999, after obtaining the intercollegiate FRCS in Maxillofacial Surgery (2000). He is on the Specialist Register for Oral and Maxillofacial Surgery and in 2006 was awarded LLM (Master in Law) in medical practice from the University of Wales, later becoming a Fellow of the Higher Education Academy (FHEA).

Mr Cheng is currently clinical lead in oral, maxillofacial, head and neck surgery at Homerton University Hospital and lead in surgical skill course for 60 core trainees in the London Deanery for Oral & Maxillofacial Surgery. In his practice he specialises in the diagnosis, surgery and management of benign and malignant conditions affecting the face, mouth, head and neck, including skin lesions and salivary glands.

Aside from his role as a designated cancer surgeon for skin, thyroid, head & neck regions, Mr Cheng also takes an active part in the tumour advisory panel at North East London in all 3 cancer types. He has published numerous papers in peer review journals including invited editorial papers.

Mr Cheng is also Director of the patient support group 'About Face' which is dedicated to patients who have had oral, maxillofacial, head and neck surgery. The group works with patients and their carers to maximise physical and psychological healing, and to share experiences and case studies.

Finally, aside from his substantive NHS practice and teaching commitments, Mr Cheng regularly serves as a volunteer Maxillofacial, Head & Neck and Reconstructive Surgeon aboard the 'Mercy Ships' in West Africa. He has recently served his 12th mission aboard the ships, performing life-saving and life-transforming surgery on critical patients. For the last 11 years, Mr Cheng has been giving up his holidays to volunteer with the Mercy Ships in Liberia (x3), Benin (x2), Togo (x2), Sierre Leone, Ghana, Guinea, Congo Republic and Madagascar bringing hope and healing to the forgotten poor.

Special Interests:

Oral, Maxillofacial, Head and Neck Surgery

- Oral & Maxillofacial Surgery
- Head and Neck Surgery
- Thyroid and Parathyroid Surgery

- Salivary gland surgery
- Facial Skin Surgery
- Facial and Head & Neck Reconstructive Surgery
- Oral Medicine

Dr. Mark A. Codner, MD, FACS

Clinical Assistant Professor, Emory University, Atlanta, GA

Mark Codner, MD, is Board Certified by the American Board of Plastic Surgery and a Fellow of the American College of Surgeons. Dr. Codner received his undergraduate degree Summa Cum Laude and his MD Alpha Omega Alpha from Emory University. He trained in general surgery for 5 years at Cornell Weill Medical Center and Memorial Sloan Kettering Cancer Center in New York City followed by dual aesthetic and oculoplastic fellowship training in Miami and Atlanta. Noted for his commitment to education, leadership, and research, Dr. Codner has advanced the fields of oculoplastic surgery, aesthetic surgery, and breast surgery. He has served as an examiner of the American Board of Plastic Surgery as well as an Associate Editor of the Journal of Plastic and Reconstructive Surgery. He is Fellowship Director in Oculoplastic and Aesthetic Surgery and has trained 38Fellows. He is Chairman of both the Atlanta Breast Surgery Symposium and Oculoplastic Symposium which brings 500 plastic surgery thought leaders from around the world to share information. Dr. Codner has published 7 textbooks, 25 chapters, over 100 peer reviewed articles, and given 200 presentations. He volunteers his time to contribute to leadership with the Southeastern Society, American Society, and Aesthetic Society for Plastic Surgery. He was recently named to the Board of Trustees of Morehouse School of Medicine. Dr. Codner has traveled worldwide to perform educational surgery in Cairo, Rio de Janeiro, Canada, Peru, and Belgium and maintains a active private practice in Atlanta, Georgia.

Dr. Emmanuel Delay MD, PhD

Dr Emmanuel Delay received his medical training in Lyon, France (past House Officer then Senior House Officer at Lyon University Hospitals, St-Luc Hospital, and Léon Bérard Cancer Center), in Toulouse (University Hospital Rangueil), in Brussels, Belgium (Unit of Prof. M LEJOUR), and in the United States, notably in Atlanta (Emory University, Prof. J. BOSTWICK and Pr F NAHAI).

Emmanuel DELAY is a surgeon, board certified in plastic, aesthetic and reconstructive surgery since 1991. He is a member of many major associations of plastic surgeons: Société Française de Chirurgie Plastique, Reconstructrice et Esthétique (SOFCPRE, French Society of Plastic, Aesthetic and Reconstructive Surgery), SOFCEP, American Society of Plastic Surgeons (ASPS), IPRAS, and ISAPS.

He has published 185 scientific and medical articles, books or book chapters about plastic and aesthetic surgery, either in France, in England, in the United-States, in Italy or in Brazil. He has also co-authored the SOFCPRE report on breast prostheses and is regularly invited to give lectures at national and international meetings (850 oral presentations at national or international meetings).

Dr E. DELAY is currently working part-time as a reconstructive surgeon at Léon Bérard Cancer Center (Lyon). He holds an academic appointment at Lyon-1 University and is also involved in research (Stem cell research group, Inserm Unit 590). Finally, he has a private practice of aesthetic surgery at the Charcot Clinic (Lyon).

He is involved in five principal research domains: plastic and aesthetic surgery of the breast, plastic and aesthetic surgery of the face, oncoplastic surgery, fat cell transplantation, and stem cells (breast stem cells and fat stem cells). His research has led to major advances in the field over the past twenty years, notably he is a pioneer of the lipomodelling technique and fat grafting to the breast. Given his participation to national and international learned societies, and in close collaboration with colleagues from France or other countries, Emmanuel DELAY is involved in the constant development of research and practice in the domain of plastic, aesthetic and reconstructive surgery. As such, he has also participated to the organization of one hundred national or international meetings; many of them dedicated to aesthetic and plastic surgery of the breast.

Mr. Brendan Eley

Chief Executive Healing Foundation

Brendan Eley has been Chief Executive of the Healing Foundation, the national medical research charity championing the cause of people living with disfigurement, since April 2004. He joined the charity in 2001 as Appeal Director, managing the charity's lowprofile, major donor fundraising drive.

Since 2003, the Healing Foundation has raised over £15 million and secured matched funding support in excess of £10 million, to support a national programme of research in cleft, burns, regenerative medicine and the psychology of disfigurement. Chaired by former M&S Chairman, Lord Rose of Monewden, other Trustees include Professor Sir Bruce Keogh, National Medical Director, NHS England, and Lt Gen Andrew Gregory, The Chief of Defence People.

The Foundation is currently preparing a £24 million fundraising and research drive to deliver scar free healing within a generation.

Before joining the Healing Foundation, Brendan was Director of the Mary Rose Foundation, the fundraising and communications body of the Mary Rose Trust and enjoyed previous positions with the Royal National Lifeboat Institution (RNLI) and Cancer Research Campaign.

Originally from Cardiff, Brendan studied law at the University of Southampton and also has a Master of Philosophy in Criminology.

Mr. Fazel Fatah MBChB FRCS(Ed)

Consultant Plastic, Reconstructive and Aesthetic Surgeon

Fazel Fatah is a Consultant Plastic Surgeon at The Westbourne Centre, Birmingham, UK.

He is a former president and a council member of the British Association of Aesthetic Plastic Surgeons, has advised the National Institute of Clinical Excellence in the UK on the subject of fat graft and related technologies and Co-author of the current national guidelines on lipomodelling with fat graft in breast reconstructive surgery.

Mr. Rajiv Grover BSc MB BS MD FRCS(Plast)

Chair - BAAPS Council
Consultant Plastic Surgeon
144 Harley Street & King Edward VII Hospital, London.

Rajiv Grover is the Former President of the British Association of Aesthetic Plastic Surgeons (BAAPS) and 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.

Dr. Sam Hamra

Keynote Speaker

Dr. Hamra has been in private practice in Dallas Texas since 1973. He is certified by the American Board of plastic surgery and is certified by the American Board of Surgery. He earned his undergraduate and medical school degrees at the University of Oklahoma including his general surgery training, which included a fellowship at the University of Lausanne Switzerland. After serving in the United States Air Force he completed his formal training in plastic surgery at the New York University Medical Center's Institute of Reconstructive and Plastic Surgery. He holds the position of Clinical Professor of Plastic Surgery at the University of Texas Southwestern Medical Center. He is also a member of the American Society of Plastic and Reconstructive Surgeons, the American Society of Aesthetic Plastic surgery, and the American Association of Plastic Surgeons. He is a fellow of the American College of Surgeons.

Mr. Paul Harris BSc MBBS MD FRCS FRCS (plast)

Chair - BAAPS Council

Paul Harris is a prominent Plastic Surgeon in London where he works in both reconstructive and cosmetic surgery. He is the senior Plastic Surgeon at The Royal Marsden Hospital and

Honorary Secretary of BAAPS. He has published widely on both reconstructive and cosmetic surgery.

Paul's experience in cosmetic surgery stems from a dedicated cosmetic surgery fellowship with one of the world's leading cosmetic surgeons.

Currently, his cosmetic practice is based at The London Clinic from where he supervises a Training Interface Group (TIG) fellow in Cosmetic Surgery. He also regular features in a television production focused on correcting cosmetic surgery problems. Paul is a board member of PRASIS, a dedicated plastic surgery indemnifier and has advised for NICE, the GMC and National Health Service Ombudsman on cosmetic surgery related issues.

Mr. Mark Henley MB ChB, FRCS (Ed), FRCS (Plast)

BAAPS Council

Mark Henley is senior Consultant Plastic Reconstructive and Cleft Surgeon to the Nottingham University Hospitals and the Trent Regional Cleft Surgery Service. He is committed to developing training and educational standards in all aspects of Plastic Surgery and developed 18 national fellowships in reconstructive cosmetic surgery plus unprecedented collaborations between mainstream surgical specialties. For 10 years he was an examiner and then an assessor of examiners for the specialist fellowship (FRCS(Plast) examination in Plastic Surgery and is currently Educational Adviser to the JCST Interface Groups.

In collaboration with others he has successfully developed and chairs an innovative specialty specific surgical professional indemnity scheme (PRASIS). He is currently piloting 'Hands On training in Cosmetic Surgery in the United Kingdom.

He is an invited member of BAAPS Council and of the GMC expert group developing GMC Guidance for Doctors who offer Cosmetic Treatments.

Dr. Lucian Ion FRCS(Plast)

Consultant Plastic Aesthetic and Reconstructive Surgeon

Lucian Ion has trained in plastic surgery in the United Kingdom and France and took up a consultant post at the Chelsea and Westminster Hospital, in London, where he has worked for 12 years, and at the same time developed his interest in aesthetic surgery and medicine in private practice.

From 2012 he has stopped his NHS commitment and focused on aesthetic surgery and medicine with primary interest in rhinoplasty and cervico-facial treatments for rejuvenation and sculpting. His current research is focused on the interactive approach to evaluation and planning of facial surgery interventions using advanced imaging techniques in 2-D and 3-D.

He is a firm believer in the value of communication for the design and development of balanced and aesthetically pleasing results that enhance the patient experience related to cosmetic treatments. This has been the basis of his publications and presentations in national and international meetings on the subject of aesthetic enhancements.

Mr. Barry M. Jones MS FRCS

Consultant Plastic and Craniofacial Surgeon
King Edward VII's Hospital, London.

Emeritus Director of Craniofacial Surgery, Honorary Plastic and Craniofacial Surgeon, The Hospital for Sick Children Great Ormond Street NHS Trust. London.

Hon. Senior Lecturer The Institute for Child Health.

Past President of the British Association of Aesthetic Plastic Surgeons and The European Society of Craniofacial Surgery.

Particular interests include facial aesthetic surgery and craniofacial surgery about which he has published over 120 papers in peer reviewed journals. Introduced and developed sub-periosteal and endoscopic facial aesthetic surgery in the UK.

Honoured with a Hunterian Professorship by The Royal College of Surgeons of England for his work in facial aesthetic surgery in 2005. His Hunterian oration titled "Facial Aesthetic Surgery: The use of scientific principles to optimise outcome and limit risk" was delivered at the College on 30th November 2005 to an international audience. This is the first, and to date, only time that a Hunterian Professorship has been awarded for an aesthetic surgical subject.

Mr. Naresh Joshi Do FRCOphth

Consultant Ophthalmic Surgeon

Naresh Joshi is Consultant Oculoplastic surgeon at Chelsea and Westminster Hospital NHS Trust London and Honorary Consultant to the Royal Marsden. He is an Honorary Senior Lecturer in the Faculty of Medicine, Imperial College London.

He is a founder member, and president of the British Ophthalmic Plastic surgical Society (BOPSS). A member of ESOPRS, ASOPRS, APSOPRS and BAAPS

Currently, he represents the Royal College of Ophthalmologists on the BSI (British Standards Institute) and CEN (Communite European Normalization) committees for the regulation of safety in aesthetic procedures.

He has an interest in reconstructive ophthalmic plastic surgery in craniofacial anomalies. He is the co-founder of the Craniofacial Ophthalmic Plastic Service (COPS), at Chelsea and Westminster hospital, widely recognised for its holistic paediatric, and adult facial surgery. He has lectured throughout the world, on many aspects of reconstructive and aesthetic ophthalmic plastic surgery. He is also known for his practice in aesthetic surgical rejuvenation.

Mr. Basim Matti MS MB ChB FRCS

Consultant Plastic Surgeon

Mr Matti is a senior Consultant Plastic surgeon who works in the United Kingdom. He carried out all his training from junior to senior registrar in the Plastic Surgery Centre in Sheffield, St Andrews Hospitals, Bilericay, West Middlesex Hospital and Hammersmith, London. He was appointed Consultant Plastic Surgeon at the Charing Cross Hospital in 1998 to 2002. Mr Matti's cosmetic plastic surgery training was done with the world renowned plastic surgeon, Mr. F V Nicolle and Mr Matti started with him as a fellow in aesthetic surgery and then a partner from 1980's to 1990's.

Mr Matti is a member of ISAPS (International Society of Aesthetic Plastic Surgery) and is a full member of the British Association of Aesthetic Plastic Surgeons as well as the British Association of Plastic Surgeons.

His main interest in cosmetic plastic surgery is facelift and rhinoplasty's, as well as breast surgery and liposuction. He has performed more than one thousand five hundred facelifts and fifteen hundred rhinoplasty's, both primary and secondary. His vast experience extends to difficult noses, as well as difficult faces, breast augmentation and abdominoplasty's.

He is a well-known teacher for aesthetic and cosmetic plastic surgery, both in the United Kingdom and abroad. He has been a frequent contributor to meetings in the United Kingdom,

regularly attends meetings in Miami, New York and Dallas and he has travelled to these centres for the last 22 years. Mr Matti devotes his professional career to the subject of aesthetic plastic surgery. His hobbies involve sculpting both in clay and bronze and he enjoys playing golf.

Mr. Douglas McGeorge FRCS FRCS(Plast)

Consultant Plastic, Reconstructive and Aesthetic Surgeon Chester

Chair - BAAPS Council

Based across Cheshire, I run a busy independent practice, mainly in aesthetic surgery of the face and breast and continue to teach surgery to the senior trainees from the Manchester and Mersey Deaneries.

Associate Professor Neil McLean MBChB, BSc, FRCS, MD, MSc Aesthetic Surgery

Consultant Plastic and Reconstructive Surgeon
Chair - BAAPS Council
Past President 2006-8.

Associate Professor Neil McLean is fully trained in all aspects of Aesthetic Surgical and Medical Treatments. He has particular expertise in all aspects of facial cosmetic surgery (including the one-stitch face-lift), cosmetic breast surgery, lipo-sculpture, lipo-modelling, abdominoplasty, aesthetic genital surgery and the plastic surgery management of the patient with massive weight loss following bariatric surgery.

Neil McLean graduated Honours BSc in 1974, MBChB with commendation in 1976, FRCS in 1980, MD in 1992 and was awarded the Diploma in Aesthetic Plastic Surgery (with distinction), by the University of London in 2010.

He has over 200 original publications on all aspects of plastic surgery and regularly lecture all over the world. He carries out research both in Adelaide and in the UK and also teaches in Greece and Malaysia and organises plastic surgery educational meetings in the UK.

He is a former member of the National Council of BAPRAS and is currently Honorary Treasurer of BAAPS.

Mr. Nigel Mercer MBChB ChM FRCS FRCPCH

Consultant Reconstructive Plastic Surgeon, President EASAPS,President BAPRAS and Past President BAAPS

Nigel gained his medical degree from the University of Bristol in 1980 and rapidly followed this by becoming a Fellow of the Royal College of Surgeons by examination four years later. In the course of his extensive Specialist Plastic Surgery Training he has worked in centres of excellence in London, Glasgow, Bristol and Canada. In 1993 he successfully completed a Masters Degree in Plastic Surgery. He was elected a Fellow of the Royal College of Paediatrics and Child Health in 1997.

Nigel Mercer divides his professional time between Bristol Plastic Surgery and his NHS practice where he is the Senior Consultant in Plastic Surgery at the North Bristol Trust. On top of his extensive experience in all areas of plastic surgery he has special training in the surgical care of children with Cleft Lip and Palate.

Nigel Mercer has served both his Profession and the Public in the office of President of The British Association of Aesthetic Plastic Surgeons (BAAPS) and is now the President of The British Association of Plastic and Reconstructive Aesthetic Surgeons (BAPRAS).

Dr. Ernesto Moretti

Specialist in Plastic and General Surgery

Dr. Adrian Ernesto Moretti is a physician who graduated from the National University of Cuyo. He has a Doctor of Medicine degree from the University of Buenos Aires and is a specialist in Plastic Surgery and General Surgery.

He has had an extensive career in the area of plastic surgery and medical practices developed in Argentina and abroad. He is a teacher, a member of scientific societies and author of numerous publications and works. He received important scholarships and awards for his work.

He attended over 100 courses and conferences in Argentina and abroad and has particiapted in more than fifty congresses in scientific management positions.

Some aspects of his curriculum and medical history:

Professional experience

1985-1987. Medical Residency in General Surgery at the Railway Hospital. Mendoza.

1987-1988 Fellow Maxillofacial Surgery Hospital October 12. Spain.

1990-1992. Medical service Barracks Plastic Surgery (Director: Dr. Abel Chajchir) Medical Center. Buenos Aires.

1994-1996 Fellow at the Plastic Surgery, Mayo Clinic, Rochester, Minn. United States.

1996 to the present: Chief and Coordinator of Plastic Surgery Sanatorium streams and Gamma Group. Medical Director of Plastic Surgery Residency Sanatorium streams. Rosario.

2006 to present: Director of CENTRUM Medical Center. Rosario.

Member of Scientific Societies

2003 - 2004 President of the Society of Plastic Surgery Rosario and Litoral.

2007 - 2008 President of the Argentina Society of Plastic Surgery.

2009 to the present: Representative of Argentina to the American Federation of Plastic Surgery.

Mr. Ash Mosahebi MBBS FRCS MBA PhD FRCS (PLAST)

BAAPS Council

Mr Ash Mosahebi qualified at Guy's & St Thomas Medical School in London. Mr Mosahebi's Plastic surgical training was in London Deanery in some of the largest and busiest hospitals in UK. As one of the leading plastic surgeons, he teaches cosmetic surgery to other plastic surgeons at the Royal College of Surgeons.

Mr Mosahebi is the deputy editor of the Journal of Plastic, Reconstructive & Aesthetic Surgery (a British plastic surgery journal), he is also the author of a number of publications and has lectured at national conferences such as The Body Conference, to other surgeons. He regularly appears on TV, providing expert commentary and is often called upon by BAAPS as a spokesperson.

Mr Mosahebi is also involved in pioneering research work on regenerating new tissues through new biomaterials and tissue engineering.

Mr. Charles Nduka MBBS MA MD FRCS FRCS(Plast)

Chair - BAAPS Council
Plastic, Reconstructive and Aesthetic Surgeon

Based in Sussex and London, he has a special interest in facial aesthetics, minimising scarring, and objective evaluation of surgical outcomes. He is also an active researcher with a special interest in the use of technology to improve patient information and outcomes.

Miss Mary O'Brien MB BS, FRCS, M(Phil), FRCS(Plast)

Chair - BAAPS Council

Mary O'Brien trained at Guy's & St Thomas' Hospitals and graduated from London University in 1994. She subsequently undertook training in Plastic Surgery and was awarded the FRCS(Plast) in 2006. In 2003 she gained a degree in Medical Law & Ethics from Glasgow University.

Mary O'Brien was appointed as a Consultant Plastic & Hand Surgeon at the Pulvertaft Hand Centre within the Royal Derby Hospital in 2008.

She is currently an elected member of Council of the British Association of Aesthetic Plastic Surgeons where one of her roles is to support the training of trainees across the UK. She is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons and also of the British Society for Surgery of the Hand (BSSH). She is a member of the Healing Foundation Research Council where she represents the BSSH.

Mr. Graham Offer BSc MBChB FRCS FRCS(Plast)

Chair - BAAPS Council
Consultant Plastic and Reconstructive Surgeon

Based at the University hospitals of Leicester NHS Trust and also in private practice. He has special interests in Aesthetic Breast and Facial surgery. Mr Offer has worked in the UK and Australia. He is a member of BAAPS Council.

Mr. Awf Quaba MB ChB FRCSEd FRCS(Plast)

Consultant Plastic Surgeon

Mr Quaba has been practicing Plastic Surgery in Edinburgh as a Consultant since 1987. He completed his six years of specialist training in Plastic Surgery at St Andrew's Plastic Surgery Unit in Essex and was appointed as a Consultant Plastic Surgeon in Edinburgh in 1987. He had a busy and varied NHS Practice for 20 years. He took early retirement from the NHS in 2007 and is currently in full time private cosmetic practice.

Mr. Muhammad Riaz MBBS FRCSI FRCS(Glas) FRCS(Ed) FRCS(Plast)

Chair - BAAPS Council
Consultant Plastic and Reconstructive Surgeon

Mr Muhammad Riaz has worked as a Consultant Plastic and Reconstructive Surgeon since 1999 and currently works in the UK at The Department of Plastic Surgery, Castle Hill Hospital, Cottingham in East Yorkshire. He has recently received an honorary appointment to the Academic Staff of the Hull York Medical School (HYMS). His role is one of Senior Clinical Tutor and involves teaching, research and curriculum development.

Mr Riaz undertook his initial training in Multan, Pakistan before going on to embark on specialist plastic surgery training in a number of locations including the UK, Ireland and America. He held junior positions in plastic and reconstructive surgery in the West Midlands, Northern Ireland and Yorkshire. His senior plastic surgery training was undertaken in Northern Ireland, the Republic of Ireland, Pakistan, the USA and the UK. He went on to take up the position of Honorary Assistant Professor in Plastic and Reconstructive Surgery at the Nishtal Hospital in Multan, Pakistan where he established the Plastic Surgery and Burns Unit before coming to the UK to work in the capacity of Consultant Plastic Surgeon. He was elected as a Council Member of the British Association of Plastic, Reconstructive & Aesthetic Surgeons (BAAPS) in 2014. The purposes for which the Association was established are advancement of education in, and the practice of, Aesthetic Plastic Surgery for public benefit.

Mr Riaz is registered with the General Medical Council. He is a Fellow of the Royal College of Surgeons, a member of the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) the British Association of Aesthetic Plastic Surgeons (BAAPS), the Pakistan Association of Plastic Surgeons and the British Society for Surgery of the Hand (BSSH).

Mr Riaz has regularly presented at national and international meetings and has in excess of 50 publications and presentations in the field of Plastic, Reconstructive and Aesthetic Surgery.

Mr. Ian Whitworth BSc MS FRCS(Plast) EBOPRAS

Chair - BAAPS Council
Consultant Plastic, Reconstructive & Aesthetic Surgeon

Mr Ian Whitworth undertook his graduate medical training at St. Bartholomew's Hospital, London and having undertaken his general surgical exams at St. Mary's Hospital, London, he undertook his postgraduate training is plastic surgery in London, East Grinstead and Salisbury. He has undertaken travelling Fellowships in Taiwan, the Mayo Clinic, USA and Sweden and research into wound healing and nerve regeneration. He obtained a Master of Surgery Degree in 1996.

Mr. Norman Waterhouse FRCS FRCS(Plast)

Consultant Plastic Surgeon

Norman Waterhouse graduated from Birmingham University in 1978. His early surgical training took place in Cambridge and Bristol and in 1982 he became a Fellow of the Royal College of Surgeons of England and the Royal College of Surgeons of Glasgow. His higher surgical training in Plastic Surgery was carried out in Bristol and London as well as periods spent at specialist centres in Bordeaux, Tokyo and Adelaide. In 1988 he gained the Specialist Fellowship in Plastic Surgery FRCS(Plast).

He was appointed as a Consultant in Plastic and Reconstructive Surgery to St Bartholomew's Hospital and the Royal London Hospital in 1989. He was subsequently appointed as Lead Clinician and Direction of the Craniofacial Unit at the Chelsea and Westminster Hospital, treating all formal of facial conditions. His interest in facial surgery constituted the majority of his NHS practice. In 2005 he resigned from the NHS and is now in full time private practice.

He is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons, the British Association of Aesthetic Plastic Surgeons, The European Craniofacial Society, the International Society of Craniofacial Surgery and the International Society of Aesthetic Plastic Surgeons.

He is a former President of the British Association of Aesthetic Plastic Surgeons and a former President of the Royal Society of Medical. He is included in the Specialist register established by the General Medical Council in 1995.

Mr. Simon Withey MBBS MS FRCS(Ed) FRCS(Eng) FRCS(Plast)

Consultant Plastic Surgeon
Chair - BAAPS Council

Simon Withey is a Consultant Plastic and Reconstructive Surgeon at The Royal Free and University College Hospital. His areas of speciality interest include: Aesthetic Surgery, Reconstructive Facial Surgery and Thoracic Reconstruction.
He is a council member of The British Association of Aesthetic and Plastic Surgeons (BAAPS) and is President Elect of the Association. He is actively involved in work to raise standards in Aesthetic Surgery. He has represented BAAPS on the BSI and CEN Committees, developing National and European standards for both surgical and non-surgical practice. He was asked by Sir Bruce Keogh to provide advice at the time of the PIP crisis, and was subsequently invited to sit on the committee reviewing the practice of cosmetic interventions. He sits on The College of Surgeons interspeciality committee and chairs the sub-committee on standards of training in practice. He also sits on the sub-committees tasked with developing outcome measures and improved patient information. He is a member of The Expert Reference Group for Health Education England, and is advised on developing training programmes for non-surgical procedures. He sits on the Implant Register steering group and the BSI Committee that is working on standards for implantable surgical devices. Mr Withey also sits on The Department of Health advisory board for cosmetic interventions. Mr Withey is a founding faculty member of The National Institute of Aesthetic Research. He has recently been asked to sit on the Committee advising the General Medical Council on the development of a new set of guidelines for the practice of aesthetic surgery and non-surgical procedures.

Trainee Programme

The BAAPS is committed to supporting young surgeons in their aesthetic training. We encourage and wholeheartedly welcome trainees to a session that has been introduced this year specifically for them at the BAAPS Annual Conference.

It aims to provide practical talks on "How I do it" by experts for common procedures. It also aims to highlight training opportunities, provide updates on the consent process and suggest a strategy for managing difficult situations in cosmetic surgery.

Surgeons who have recently been appointed to a Consultant post are welcome to attend and share their experience of starting an aesthetic practice.

Venue: The Grand Hall, Olympia, London, W14 8UX
Friday 9th Ocotber 14:00 – 16:00

How to get trained in Cosmetic Surgery
Mary O'Brien

How I do it - Abdominoplasty
Keith Allison

How I do it - Bilateral Breast Augmentation
Steve Hamilton

How I do it - Bilateral Breast Reduction
Martin Jones

How "Consent" has changed following Montgomery
Kayvan Shokrollahi

Managing difficult situations in Cosmetic Surgery
Paul Harris

BAAPS Regional Training Days 2015

Training is aesthetic surgery is an essential component of the BAAPS principles. Following on from its launch last year, the BAAPS is continuing to offer enhanced Regional Aesthetic Training Days to deaneries across the country. The 2015 series is sponsored by Mentor, demonstrating their support of the BAAPS commitment to raising standards of aesthetic surgery in the UK.
The remaining 2015 dates are:
-19 October - Swansea
-16 November - Newcastle

Pre-CCT trainees are encouraged to attend and trainees from any region may attend (subject to availability). Please email laura@baaps.org.uk for further information or to register your interest in attending.

Trainees may like to consider joining The BAAPS as a Trainee Member – the £100 yearly fee includes access to ASAPS Aesthetic Surgery Journal, access to Fellowships and reduced-price registration fee for the BAAPS Annual Meeting.

Please contact secretariat@baaps.org.uk

Social Programme

We are very grateful to Eleanor Laing MP for the invitation to the House of Commons this year.

Please remember to bring photo ID (passport or driving license) in order to clear security procedures in place at The House of Commons.

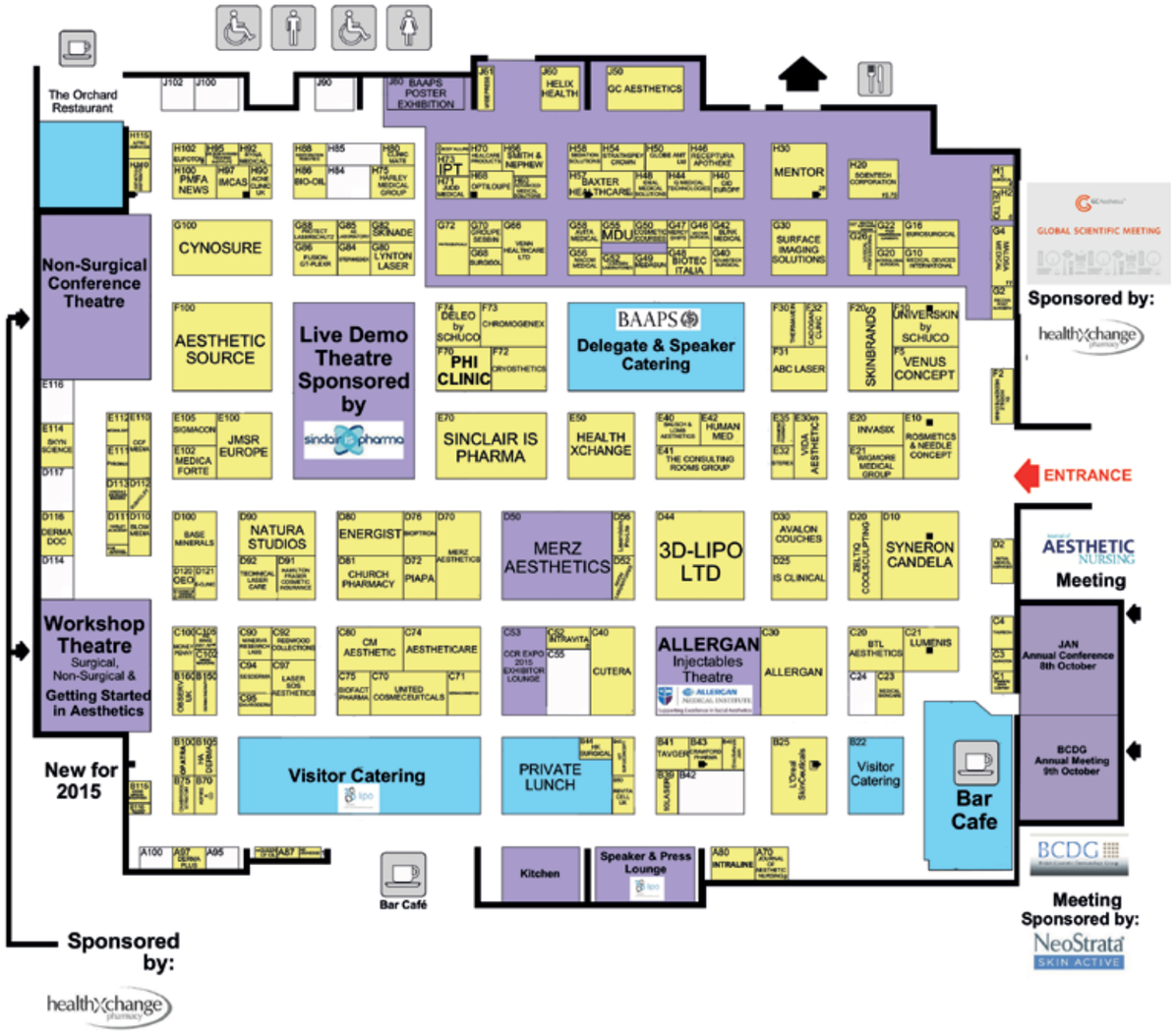
We have been advised to allow up to 30 minutes to pass through the security measures, so please arrive at 18:30pm. The entrance is the central entrance between the two chambers facing the Abbey, there is usually a queue of people to be seen!

Exhibitors

Company	*Stand Number*
Advanced Medical Solutions	H60
Advantech Surgical	G40
Avita Medical	G58
Baxter Healthcare Ltd	H57
Biotec Italia SRL	G48
Blink Medical Ltd	G42
Body Allure	H72
Clinogen Laboratories	G52
Cosmetic Courses	G50
Eurosurgical Ltd	G16
GC AESTHETICS	J50
GID Europe Ltd.	H40
Globe AMT Ltd	H50
Groupe Sebbin	G70
Healcare Products	H70
Helix Health	J60
Ideal Medical Solutions	H48
Independent Practitioner Today	H73
Interglobal Surgical	G20
Judd Medical	H71
MACOM Medical	G56
Malosa	G4
MDU	G55

Company	*Stand Number*
Medasun Ltd	G49
Medical Devices International	G10
Mentor	H30
Mercy Ships UK	G47
Optiloupe	H68
"PhytoCeuticals, Inc."	G72
"Q Medical Technologies, "	H44
Q-Surgical	H1
Receptura Apotheke	H46
Recova Compression Garments	G2
SCIENTECH CORPORATION	H20
Seattle Software Design	G2
Sedation Solutions	H58
Smith & Nephew Wound Management	H66
Strathspey Crown	H54
Surface Imaging Solutions Limited	G30
SurgiSol Ltd	G68
Venn Healthcare	G66
Viviscal Professional	G26
Wisepress Ltd	J61
Yoga Compression Garments	G22
Zeltiq	H2

Exhibition Plan



Exhibitor Contacts

Organisation Name	*Contact*	*Telephone Number*
Advanced Medical Solutions	Sarah Langton	01606863500
Avita Medical	Ben Walsh	01763 269770
Baxter Healthcare Ltd	Anna Hollingsworth	01635 206397
Biotec Italia SRL	Marta Bedin	39 0444 591 683
Blink Medical Ltd	Ann Chesney	0121 386 8433
Body Allure	Michelle Wright	01159734300
Clinogen Laboratories	Sapna Jolly	07808732674
Cosmetic Courses	Hazel Monteith	01324 578290
Eurosurgical Ltd	Elin Gillard	01483 456007
GC Aesthetics	Siobhan Cunney	+44.1236.780780
GID Europe Ltd.	Frank Dilazzaro	0203 6510 227
Globe AMT Ltd	Yasmina Decaestecker	01372 471100
Groupe Sebbin	Sandrine Lami	+331 34 42 13 28
Healcare Products	Cara Shanks	0203 006 7350
Healthxchange Pharmacy	Steve Joyce	0161 393 4654
Helix Health	Julie O'Halloran	0035314633082
Ideal Medical Solutions	Nicky Godfrey	0208 773 7844
Interglobal Surgical	Paul Fransden	01242 262680
Independant Practitioner Today	Margaret Floate	01483 824094
Judd Medical	John Mcnerney	01527 559010
MACOM Medical	Nadja Collin	020 7351 0488
Malosa	Emma-Louise Cade	0870 3000 555
MDU	Katrina Dunn	020 7202 1533
Medasun Ltd	Julie Bertuzzi	01572 756913
Medical Devices International	Peter Serdev	359 886 780 877
Mentor	Leila Mohamed	01344 324 487
Mercy Ships UK	Jane Palmer	01438 347481
Optiloupe	Andrew	0800 8101014
PhytoCeuticals, Inc.	Iris Wong	+1-201-791-2255
Q Medical Technologies	Douglas Black	01539561807
Q-Surgical	Helen Brown	08703121967
Receptura International Compounding Pharmacy	Kristina Ganzle	0049 69 92 880-300
Recova Compression Garments	Eva Sanchez	0207 000 1044
SCIENTECH CORPORATION	Augusto Francot	0041 919677045
Seattle Software Design	Jim Chekerylla	206-633-7939
Sedation Solutions	Katie Heffer	08455195733
Smith & Nephew Wound Management	Vicky Ward-Campbell	01482 673 269
Venn Healthcare Ltd	Jim Westwood	01202 761198
Viviscal Professional	Jenny Holmes	01923 852 941
Surface Imaging Solutions	Nick Miedzianowski-Sinclair	7774802409
SurgiSol	Stephen Knobel	020 8441 6500
Wisepress Ltd	James Davie	0208 715 1812
Yoga Compression Garments	Fabia Adriana	020 8200 8574
Zeltiq	Kimberly Coleman	001 (408) 893-5210

BAAPS Fact Sheets

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

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Rhinoplasty (reduction)
Setting back prominent ears

Body

Abdominal reduction
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