

# BAAPS Annual International Conference 2019

10th & 11th October 2019,  
London Olympia

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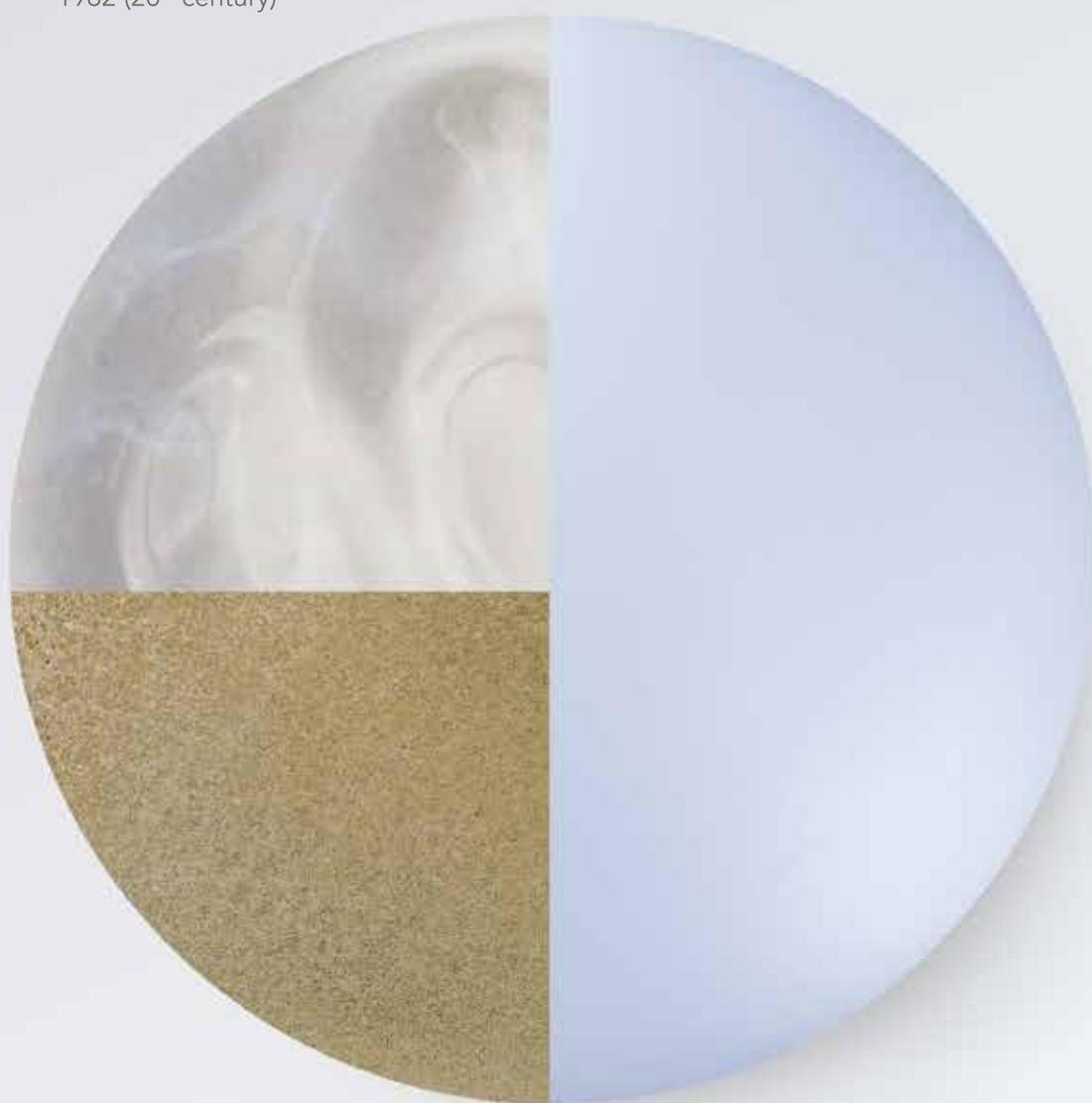
## Conference Programme



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1. Sforza M, Hammond DC, Botti G et al. Expert Consensus on the Use of a New Bioengineered, Cell-Friendly, Smooth Surface Breast Implant. *Aesth Surg. J.* 2019 May, 39(S3):S95-S102. doi: 10.1093/asj/sjz054  
2. ISO 14607:2018 (Non-Active Surgical Implants — Mammary Implants — Particular Requirements)

# Foreword

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**Paul Harris,**  
MD FRCS(Plast)  
Consultant Plastic Surgeon  
& BAAPS President

## Dear Delegate,

I am excited to welcome you all to the 35th British Association of Aesthetic Plastic Surgeon's International Annual Conference held in our 40th year celebration!

Building on the obvious improvements to conference that we have experienced in the last two years, Marc Pacifico has put together another superb programme with lots of new and exciting firsts. We have the first ever aesthetic nurses conference, the first ever morning masterclass, and the first ever session on female genital surgery. Underpinning these new developments is a truly brilliant in-depth analysis of many areas of body contouring, some updates on hot topics and as much interaction and debate as possible throughout the event.

Away from the educational activities, please don't forget the AGM for BAAPS members, due to be held on Thursday 10th October at 17:00pm when I will introduce many new initiatives for the Association. Please also book your place for the conference dinner at the 'Penthouse of London' on the 40th Floor of The Gherkin Building, with our exceptional guest speaker comedian Ellie Taylor.

A special thanks to our outstanding speakers from across the globe, who are willing to share their knowledge and experience. Thank you also again to Marc Pacifico for putting the programme together, to the Secretariat (Megan and Jo) for their detailed organisational activities, and to the EasyFairs team for hosting our meeting in co-location with CCR Expo for the 5th year!



**Marc Pacifico,**  
MD FRCS(Plast)  
Consultant Plastic Surgeon,  
BAAPS Council Member  
and 2019 Conference  
Programme Director

## Dear Delegate,

Welcome to the 35th BAAPS Annual Scientific Conference! We have two packed days of high level and interactive lectures, debate and discussion with an incredible faculty.

Body contouring features heavily on our agenda this year, with a focus on both male plastic surgery, adding and removing fat and a session on buttock surgery. For the first time at a BAAPS conference, we also have a limited-availability breakfast masterclass, this year presented by the renowned Alfredo Hoyos, on the evolution of advanced body contouring. Importantly, following the buttock session, there will be a series of indicative votes by members to understand sentiments after hearing different sides of the debate.

For our first BAAPS session on female genital plastic surgery, we are joined by one of the vice-presidents of the RCOG for the debate, which promises to be engaging and interactive. Friday morning is devoted to complex breast plastic surgery, including developmental anomalies and secondary surgery with a world-class faculty discussing some of the most challenging cases we have to deal with as plastic surgeons.

The BAAPS Support and the Hot Topics sessions promise to be thought provoking and topical. This year we are delighted to have our first ever aesthetic surgery nurse conference running in parallel on Friday afternoon – something we hope to continue with in future.

Please make sure you have your tickets to the conference dinner at the Gherkin in the City of London – it promises to be a superb evening! Finally, a special thank you to Megan and Jo from the BAAPS office and to the team at CCR who have worked tirelessly and without whom we would not have such an outstanding conference.

I hope you enjoy the 2019 conference!

## With thanks to our sponsors

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## BAAPS Council

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Vice-President .....	Miss Mary O'Brien
Honorary Treasurer .....	Mr Stephen Hamilton
Honorary Secretary .....	Prof Ashfin Mosahebi
Immediate Past President .....	Mr Simon Withey
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.....	Mr Dan Marsh
.....	Mr Neil McLean
.....	Ms Nora Nugent
.....	Mr Marc Pacifico
.....	Miss Caroline Payne
.....	Mr Jeyaram Srinivasan
.....	Mr Mike Tyler
.....	Mr Rajan Uppal
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.....	Mr Rajiv Grover
.....	Mr Mark Henley
.....	Mr Douglas McGeorge
.....	Mr Charles Nduka

## CME Points

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10 October 2019 .....	6 pts
11 October 2019 .....	6 pts
.....	<b>Total 12 pts</b>

# INCISION

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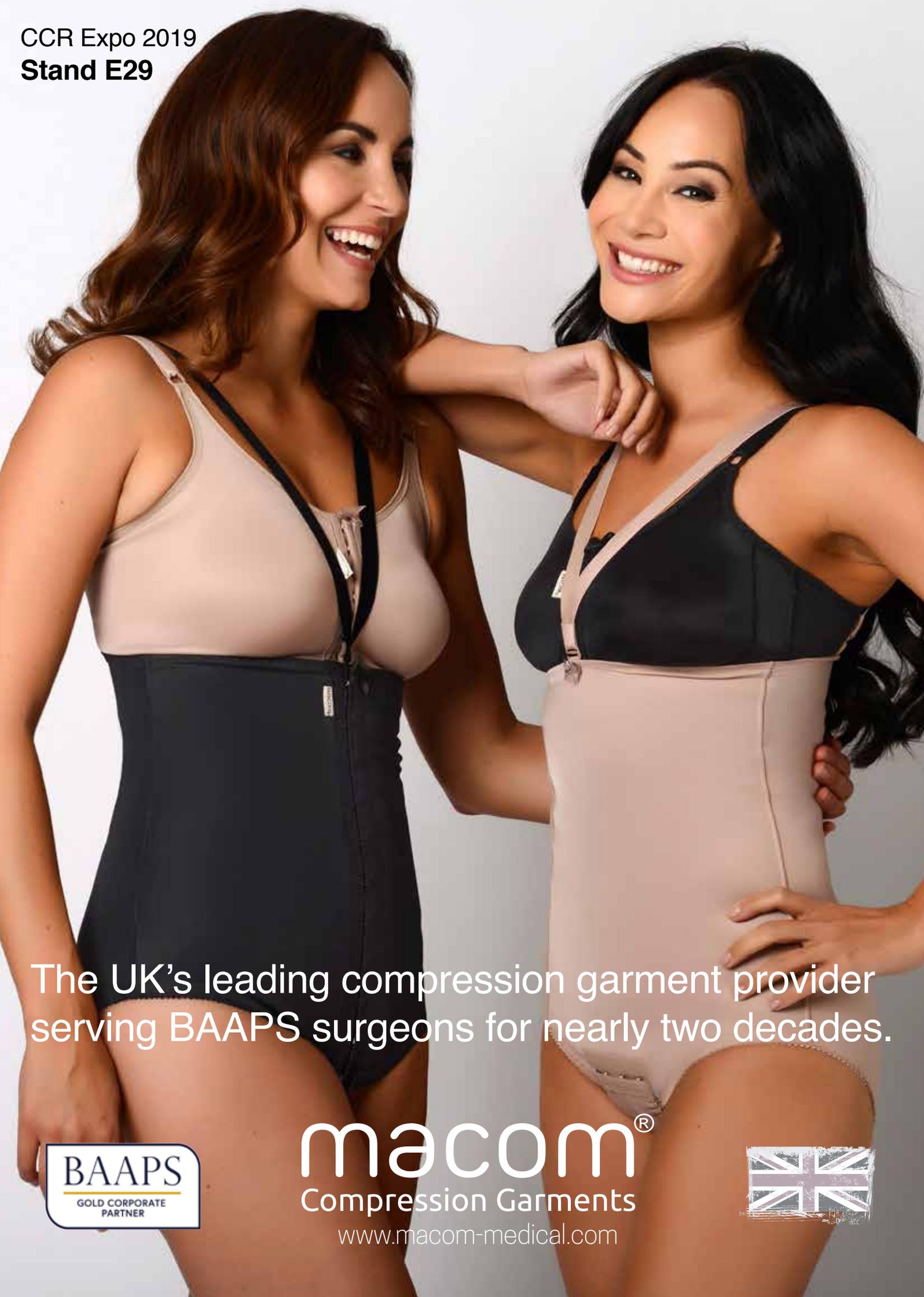
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# Conference Programme

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## Thursday 10 October

### Refinement & the Art of Aesthetic Surgery

#### Male Plastic Surgery

Chair: Charles Nduka

- 08:30 - 08:45** **President's welcome and introduction**  
Paul Harris
- 08:45 - 09:00** **Addition and subtraction: My preferred approach to the male chest**  
Doug Steinbrech
- 09:00 - 09:15** **Aesthetic approach and surgical treatment of gynaecomastia: incisions and aesthetic looks**  
Alfredo Hoyos
- 09:15 - 09:30** **Male body contouring**  
Alexander Aslani
- 09:30 - 09:45** **Abs to calves: The new wave of male muscular enhancement with composite silicone and fat grafting**  
Doug Steinbrech
- 09:45 - 10:00** **For surfers & gladiators: Bodybanking to improve your men's abdominal contouring**  
Doug Steinbrech
- 10:00 - 10:10** **From zero to hero: Spartan body: High def lipo in male torso: abs, arms, and back**  
Alfredo Hoyos
- 10:10 - 10:25** **Debate**
- 10:25 - 10:50** **Coffee Break**
- 10:50 - 11:00** **Sponsored Talk**

#### Female Genital Plastic Surgery

Chair: Nora Nugent

- 11:05 - 11:15** **Applied anatomy and clinical considerations in labiaplasty**  
Paul Banwell
- 11:15 - 11:30** **Advanced approaches to labial re-shaping, revision/complications**  
Heather Furnas
- 11:30 - 11:45** **Zig zag labiaplasty**  
Lisa Sacks
- 11:40 - 11:55** **Contemporary approaches to vaginal rejuvenation**  
Heather Furnas
- 11:55 - 12:25** **Panel Debate**  
Panel: Paul Banwell, Heather Furnas, Lisa Sacks and Alison Wright
- 12:25 - 13:45** **Lunch**

#### Body Contouring – Adding and Removing Fat

Chair: Marc Pacifico

- 13:45 - 13:55** **Cosmetic features of the perfect abdomen**  
David Floyd
- 13:55 - 14:10** **Body banking: Raising the bar in body contouring with the power of lipo-grafting**  
Doug Steinbrech
- 14:10 - 14:20** **Effective protocols for safety in large volume fat grafting**  
Alexander Aslani
- 14:20 - 14:35** **Mixing technologies for maximizing results: Fat removal vs skin tightening**  
Alfredo Hoyos
- 14:35 - 14:45** **Body contouring with implants and/or fat: When best to use, what and how**  
Alexander Aslani
- 14:45 - 14:55** **Mini abdominoplasty with full muscle plication**  
David Floyd
- 14:55 - 15:10** **Legs have curves; Male vs female: Anatomy & treatment: High definition lipoplasty of the knees, calves, and ankles**  
Alfredo Hoyos
- 15:10 - 15:40** **Coffee Break**
- 15:40 - 15:50** **Sponsored Talk**  
Presented by Prasis



Continued on Page 7

# Conference Programme

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## Thursday 10 October (continued)

### Refinement & the Art of Aesthetic Surgery

#### BAAPS Support Session – Practice Issues & Management

Chair: Mike Tyler

- 15:50 - 16:00** BAAPS Support introduction  
Mike Tyler
- 16:00 - 16:10** Catch the train of social media marketing  
Heather Furnas
- 16:10 - 16:20** Marketing your practice within a workable budget  
Doug Steinbrech
- 16:20 - 16:30** Practice management tips from running a successful medspa  
(Including how to increase enquiries to bookings)  
Heather Furnas
- 16:30 - 16:40** Lessons in setting up a clinic  
Marc Pacifico
- 16:40 - 16:50** Developing systems in your aesthetic practice to be successful in the 21st Century  
Doug Steinbrech

#### Day 1 Closed

- 17:00 - 17:45** BAAPS Members Annual General Meeting  
BAAPS Members only
- 18:30** Coaches to Annual Conference Dinner
- 19:30** BAAPS Annual Conference Dinner / 40th Birthday Dinner!

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## Friday 11 October

### Refinement & the Art of Aesthetic Surgery

#### Masterclass with Alfredo Hoyos at the Novotel West Evolution of advanced body contouring: Present & future

**07:45 - 08:45**

**Location: St Paul's Hotel, 153 Hammersmith Road, London, W14 0QL**

This is a standalone class that will need to be registered for separately



#### Developmental Chest Anomalies

Chair: Neil McLean

- 09:10 - 09:20** Approaching the tuberous breast: My preferred technique  
Dennis von Heimburg
- 09:20 - 09:35** Perfecting volume in treating breast asymmetry  
David Floyd
- 09:35 - 09:50** Breast and chest wall asymmetry and correction using breast implants  
Dennis von Heimburg
- 09:50 - 10:10** IMCAS Session  
Prof Raphaël Sinna
- 10:10 - 10:40** Coffee Break

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## Friday 11 October (continued)

### Refinement & the Art of Aesthetic Surgery

#### Breast - Secondary Surgery

Chair: Steve Hamilton



- 10:40 - 10:55 Approaches to breast implant removal: A concept in evolution**  
David Floyd
- 10:55 - 11:15 Secondary surgery using implants**  
Dennis von Heimburg
- 11:15 - 11:30 Composite breast augmentation with lower breast pole expansion**  
Alexander Aslani
- 11:30 - 11:45 Implant removal and fat transfer – SIET**  
Daniel Del Vecchio
- 11:45 - 12:00 Debate**
- 12:00 - 12:10 Sponsored talk**  
Presented by Motiva
- 12:10 - 13:40 Lunch**
- 13:40 - 13:50 Hackett Prize winner talk**

#### Buttock Surgery

Chair: Viv Parry & Marc Pacifico

- 13:50 - 14:05 Gluteal anatomy & surgical approach: Aesthetic gluteal contouring with liposuction & fat grafting in females**  
Alfredo Hoyos
- 14:05 - 14:10 This house declares that BBLs should be banned**  
Paul Harris
- 14:10 - 14:20 Where are we now in the UK? An update from the BAAPS BBL taskforce**  
Mo Akhavan
- 14:20 - 14:30 Gluteal augmentation with fat: Science, technique and public health issues**  
Daniel Del Vecchio
- 14:30 - 14:45 Towards safety training in gluteal augmentation with fat**  
Daniel Del Vecchio & Alexander Aslani joint presentation
- 14:45 - 14:55 Composite buttock augmentation**  
Alexander Aslani
- 14:55 - 15:10 The BodyBanking quarterback buttocklift: My glute augmentation with implant, fat or both.**  
Doug Steinbrech
- 15:10 - 15:45 Summary & Debate**
- 15:45 - 16:15 Coffee Break**

#### Hot Topics

Chair: Mary O'Brien

- 16:15 - 16:35 "Consider your patients' vulnerabilities and psychological needs" (GMC2016). An update on working more closely with psychologists to manage vulnerable groups and achieve good psychological outcomes**  
Nicky Rumsey & Alex Clarke
- 16:35 - 16:50 Breast implant illness – does it exist? The topic, the evidence, the controversy**  
David Floyd
- 16:50 - 17:05 BIA-ALCL update - via video link**  
Anand Deva
- 17:05 - 17:15 Gender difference among plastic surgeons**  
Heather Furnas
- 17:15 - 17:30 The future of aesthetics: The regulation horizon**  
Laura Vellucci

#### Day 2 Closed

Continued on Page 9

# Parallel Sessions

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## Parallel Sessions Friday 11 October - Club Room

### BAAPS Annual Scientific Meeting Trainee Programme 2019

#### Parallel Session

Sponsor: Macom



- 09:00 - 09:15** **Welcome and introduction**  
Dan Marsh
- 09:15 - 09:45** **Abdominoplasty: How I do it**  
Heather Furnas
- 09:45 - 10:15** **My approach to the non-surgical aesthetic patient**  
Nick Rhodes
- 10:15 - 10:45** **Coffee & Networking**
- 10:45 - 11:10** **Planning a perfect breast augmentation**  
Dan Marsh
- 11:10 - 11:20** **Sponsored Talk**  
Presented by Macom
- 11:20 - 12:15** **Hackett Prize presentations, feedback & award**  
Dan Marsh & Mary O'Brien
- 12:15 - 12:30** **Starting out in private practice**  
Mo Akhavan
- 12:30 - 13:00** **Questions**
- 13:00** **Close of meeting**
- CME** **3.5 CME Points**

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### Plastic Surgery Nurse Conference

**Parallel Session** This programme is for plastic surgery nurses only.

Sponsor: Lipoelastic



- 14:00 - 14:10** **Welcome and introduction**
- 14:10 - 14:20** **The extended role of the plastic surgery nurse**  
Isobel Wood
- 14:20 - 14:40** **Managing the worried patient – pre and post-op**  
Mary Chettiar & Janis Stayner
- 14:40 - 15:00** **"Consider your patients' vulnerabilities and psychological needs" (GMC2016). An update on working more closely with psychologists to manage vulnerable groups and achieve good psychological outcomes**  
Nicky Rumsey & Alex Clarke
- 15:00 - 15:20** **Panel Discussion**  
Isobel Wood, Mary Chettiar, Janis Stayner, Professor Rumsey & Dr Clarke
- 15:20 - 15:50** **Coffee & Networking**
- 15:50 - 16:00** **Sponsored Talk**  
Presented by Lipoelastic
- 16:00 - 16:10** **The role of the nurse in the care of the private inpatient**  
Ellie Sawyer
- 16:10 - 16:20** **Early detection and management of potential complications**  
Roz McGinty
- 16:20 - 16:30** **Dressings - what, why, when**  
Amanda Cannell
- 16:30 - 16:40** **Management of scars, early and late**  
Christine Partridge
- 16:40 - 16:50** **Panel Discussion**  
Ellie Sawyer, Roz McGinty, Amanda Cannell, Christine Partridge
- 16:50** **Close of meeting**
- CME** **2 CME Points**

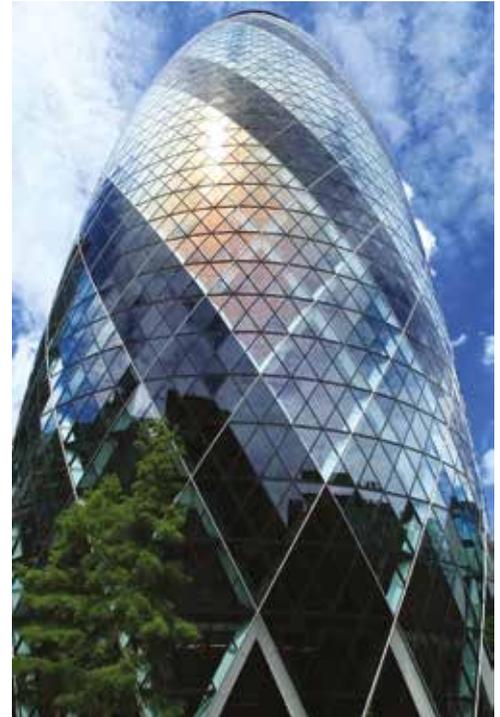
# Annual Dinner

BAAPS turns 40 this year! To celebrate this, the Annual Conference Dinner will be on the 40th floor of the penthouse of London, the iconic building – The Gherkin!

With breath-taking panoramic views like no other, this is a venue that will make an exceptional back drop to this celebratory evening.

Join us for a wonderful evening starting with a Prosecco coach journey to the city, champagne reception with jazz band, 3 course meal with wine, coffees with petit fours, Comedian, Ellie Taylor, will entertain you with an after dinner talk and full cash bar with an array of drinks to continue the evening with return coaches back to Olympia at 11pm.

We look forward to seeing you all there!



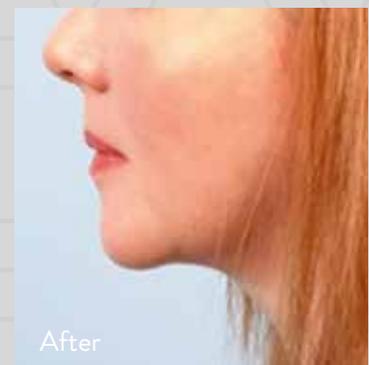
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# Faculty Members

(In Alphabetical Order)

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<b>Dr Alexander Aslani</b> (Spain) .....	Plastic Surgeon
<b>Mr Paul Banwell</b> (UK) .....	Plastic & Cosmetic Surgeon
<b>Dr Alex Clarke</b> (UK) .....	Consultant Clinical & Health Psychologist
<b>Dr Anand Deva</b> (Australia) .....	Plastic & Re-Constructive Surgeon
<b>Mr David Floyd</b> (UK) .....	Consultant Plastic Surgeon
<b>Dr Heather Furnas</b> (USA) .....	Aesthetic Plastic Surgeon
<b>Mr Paul Harris</b> (UK) .....	Consultant Plastic Surgeon & BAAPS President
<b>Dr Dennis von Heimburg</b> (Germany) .....	Plastic Surgeon
<b>Dr Alfredo Hoyos</b> (Colombia) .....	Plastic Surgeon
<b>Mr Marc Pacifico</b> (UK) .....	Consultant Plastic Surgeon
<b>Prof Nicky Rumsey</b> (UK) .....	Consultant Research Psychologist
<b>Dr Lisa Sacks</b> (UK) .....	Consultant Plastic Surgeon
<b>Dr Doug Steinbrech</b> (USA) .....	Plastic Surgeon
<b>Dr Dan Del Vecchio</b> (USA) .....	Plastic Surgeon
<b>Miss Alison Wright</b> (UK) .....	Consultant Obstetrician & Gynaecologist

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See further publications from members of the faculty.

Simply scan this QR code with your phone camera.

## Speaker Biographies

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**Dr Alexander Aslani**  
Plastic Surgeon

Dr. Alexander Aslani presides the largest specialist Plastic Surgery Center on the Costa del Sol, totally specialized to meet the specific needs of Body contouring and Facial Plastic Surgery.

Before establishing his own surgery center, from 2008 to 2018 Dr.Asiani has been Head of the Plastic Surgery Departments of both Hospital Quiron Malaga as well as Quiron Marbella.

During the last ten years he has established both departments an International Reference Center for Advanced Body contouring Surgery.

Patients from all over the world travel to Marbella seeking Dr. Asiani's special expertise.

The opening of the Cirumed surgery facility comes as the final step, as so to say the "icing on the cake" of having superspecialised in this field for more than two decades.

Dr. Asiani looks back at a career spanning 24 years as a surgeon and a log of more than 14000 operations.



**Dr Paul Banwell**  
Plastic & Cosmetic Surgeon

Paul Banwell is a Plastic & Cosmetic Surgeon based in the South East of England. He qualified from St Mary's/Imperial College and trained in Plastic Surgery on the Oxford Rotation before visiting Australia on a BAPRAS Travelling Fellowship. He was also awarded an Aesthetic Fellowship at The McIndoe Centre in East Grinstead where his Private Practice is now based. Paul has developed an international reputation in the fields of cosmetic surgery and skin health and lectures worldwide on these subjects. He has published extensively including several books (including a best-seller in Female Aesthetic Genital Surgery), run a research unit and is a Visiting Professor of Plastic Surgery to Harvard Medical School.

Paul has pioneered some of the latest concepts in skin health, chemical peels and non-surgical aesthetics and is an expert in cosmeceuticals. However, he also has an active interest in Female Genital Cosmetic Surgery and trained with the pioneer of aesthetic labiaplasty – Dr Hodgkinson from Sydney, Australia. In particular, he has promoted the importance of anatomy in this expanding field and the recognition of common variants to aid treatment planning, minimise complications and help patient communication.

In his leisure time, Paul enjoys surfing, skiing and martial arts and is also passionate about collecting modern art.



**Dr Alex Clarke**  
Consultant Clinical  
& Health Psychologist

Dr Alex Clarke is a consultant clinical and health psychologist, specialising in plastic and reconstructive surgery. She set up and led a small group of psychologists working in plastic surgery at the Royal Free Hospital in London in 2005, retiring from clinical work in 2014. Since then, she has concentrated on research and teaching as a visiting professor at the Centre for Appearance Research at the University of the West of England in Bristol. She was awarded an honorary doctorate for this work in 2015.

Her research has focussed on the management of disfiguring conditions including co-supervision of a doctoral programme developing an online intervention for disfiguring conditions and the development of resources for facilitating decision making in breast reconstruction. As part of the Appearance Research Collaboration based in the Centre for Appearance Research, she led the intervention strand of a large multi-centred study of factors predicting adjustment to disfiguring conditions. This resulted in a multi-authored book for clinicians published at the end of 2013: Clarke et al: CBT for appearance anxiety: psychosocial interventions for anxiety due to visible difference. This recent text is the latest of over 100 peer reviewed publications and resources for patients.

As an honorary professor of psychology at University College London she co-led a course in health psychology for postgraduate students and provided input to a number of studies. This included the evaluation of the effectiveness of multidisciplinary team meetings.

Current research interests focus on the development and evaluation of brief assessment tools for surgeons working in private cosmetic surgery settings and the training and resourcing of clinicians in recognising psychological vulnerability across different plastic surgery settings.



**Dr Anand Deva**  
Plastic & Re-Constructive  
Surgeon

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

Professor Deva is considered a leading academic and has published widely on issues related to wound healing and surgical infection, especially in relation to implantable medical devices. He has been a consultant to both government and biomedical companies and is a frequent invited speaker at both local and international meetings. More recent research has focused on improving delivery of health care services with the recent award of a NSW State innovation grant to establish a novel integrated care program in the South Eastern Sydney Local Health District. He is director of the not for profit integrated specialist education and research foundation dedicated to improving the access of Australians to quality healthcare.

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



**Mr David Floyd**  
Consultant Plastic Surgeon

David Floyd spent 15 years as one of the senior Consultant Plastic and Reconstructive Surgeons at The Royal Free Hospital, London. An accomplished microsurgeon, his areas of expertise include Breast and abdominal wall reconstruction. Alongside his reconstructive interests during the last 15 years he has developed a special interest in cosmetic surgery of the breast, abdomen and body and has been committed to finding refinements both in abdominoplasty and breast rejuvenation surgery to help advance the specialty. He is now Clinical Lead for Plastic Surgery at HCA Healthcare UK and for the last 10 years has been Director of the highly sought after Aesthetic fellowship program at the Wellington Hospital in London.



**Dr Heather Furnas**  
Aesthetic Plastic Surgeon

Heather Furnas, M.D., is an aesthetic plastic surgeon and an adjunct assistant professor at Stanford. She performs face, breast, and body procedures, and has a particular interest in female genital procedures. Dr. Furnas chairs and serves on a number of other committees for The American Society for Aesthetic Plastic Surgery, the American Society of Plastic Surgeons, and the American Association of Plastic Surgeons. She serves as the Social Media Section Editor for Plastic and Reconstructive Surgery, is a member of the Advisory Council on Cosmetic Surgery for the American Board of Plastic Surgery, and is co-editor of The Business of Plastic Surgery, 2nd edition, soon to be released by Thieme. Married to another plastic surgeon, she and her husband raised two children.

# Speaker Biographies

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**Mr Paul Harris**  
Consultant Plastic Surgeon  
& BAAPS President

Paul Harris is the current President of the British Association of Aesthetic Plastic Surgeons (BAAPS) having served on Council in various positions since 2011. He is a well-known and established plastic surgeon based in Central London, UK.

After training, Paul worked for 15 years at The Royal Marsden Hospital specializing in breast cancer reconstruction. He developed the microvascular breast reconstruction service there and led a research team into gene therapy manipulation of reconstructive tissue. Since leaving the Royal Marsden and the National Health Service in 2018, Paul has directed his efforts more towards aesthetic breast surgery.

Paul has published widely on both aesthetic and reconstructive breast surgery. He is regularly invited to lecture Nationally and Internationally, and is passionate about improving safety in cosmetic surgery. Domestically this has been through his work at the BAAPS and globally as a member of the Educational Committee for the International Society of Aesthetic Plastic Surgeons (ISAPS). He also works closely with industry partners and is a member of the Global Advisory Panel for Mentor.



**Dr Dennis von Heimburg**  
Plastic Surgeon

Dennis von Heimburg, MD, PhD, FEBOPRAS is professor and senior lecturer in plastic surgery at Aachen university of Technology in Germany.

He is national board certified for plastic and aesthetic surgery and Fellow of the European Board of Plastic, Reconstructive and Aesthetic Surgery (FEBOPRAS). He is an expert in aesthetic plastic surgery with focus on aesthetic surgery of the face, aesthetic breast surgery and surgery of breast deformities. His research interests are focused on stem cells and adipose tissue regeneration. He has published over 200 papers, received multiple grants and gave over 300 talks. He is editor of the four volume textbook "Aesthetic Surgery" in German language.

Dennis von Heimburg founded an Aesthetic Plastic Surgery Center in Frankfurt/Germany in 2003 and has been in private practice since that time. He is the president (2016-2020) of the German Association of Aesthetic Plastic Surgeons (VDAEPC). He served as ISAPS National Secretary for Germany from 2010-2018 and was elected as ISAPS Chair of Global Survey in 2018 for the next two years.



**Dr Alfredo Hoyos**  
Plastic Surgeon

He is not just a plastic surgeon, he is considered an artist with the ability to build curves and sculpt muscles. He is the author of several books and scientific articles that have made known the innovations and new technologies that today work efficiently in body contouring procedures. With his new perspective of modern medicine, he found the relationship between art and human anatomy and gave life to different techniques such as the technique of High Definition Liposculpture that has revolutionized traditional liposuction, and which has led to the creation of beautiful and contoured bodies.



**Dr Marc Pacifico**  
Consultant Plastic Surgeon

Marc Pacifico MD FRCS(Plast) is a Consultant Plastic Surgeon with a busy full time private practice. He has published over 50 international peer-reviewed papers and is a regular invited speaker at international conferences. Marc is the Director of Purity Bridge, the independent aesthetic clinic in Tunbridge Wells. Prior to leaving the NHS, Marc was a Consultant Plastic Surgeon in the NHS for 8-years at the world-renowned Queen Victoria Hospital in East Grinstead.

As the founder and director of an independent clinic, Marc underwent a steep learning curve with respect to business, finance, HR, marketing and more and has gained invaluable insights in the process. He is now in a position to reflect on his first six years of running a clinic and discuss his thoughts and ideas on crucial areas of practice, many of which are not often discussed openly amongst surgeons.

Marc sits on the Council of the BAAPS and is also a member of BAPRAS and ISAPS.



**Prof Nicky Rumsey**  
Consultant Research  
Psychologist

Nichola is Emerita Professor of Appearance Psychology, University of the West of England, Bristol, UK. She founded the Centre for Appearance Research at UWE in 1992 and was its Co-Director until 2018. Nichola has an international reputation for her research in appearance psychology. She has attracted over £9m in funding to support research on appearance and has published widely in the field. She acted as British Psychological Society Consultant to the UK Government's Department of Health 2004-2010. She has led several EU funded projects and was the Chair of COST Action IS1210 "Appearance Matters" (a network of researchers and practitioners from 35 European countries) from 2013-2017. Nichola has been elected an Honorary Life Member of the South African Burns Society, the British Association of Aesthetic Plastic Surgeons (BAAPS) & the Craniofacial Society of Great Britain & Ireland (CFSGBI) and was appointed OBE in 2016 for services to people with disfigurement. Following her retirement from UWE in 2018, Nichola now works as a Consultant Research Psychologist and is developing training and clinical aids designed to improve standards of patient care in the cosmetic and reconstructive plastic surgery sectors in Australia and the UK.



**Dr Lisa Sacks**  
Consultant Plastic Surgeon

Lisa Sacks is a well respected consultant plastic surgeon with 25 years of experience and her private practice is based in Bristol. She has a parallel career as a sculptor. She has sculpted the portrait bust of Professor Averil Mansfield, which is the first individual portrait of a woman surgeon, in the Royal College of Surgeons.

Her finely honed skills as a sculptor of the human form, influences her aesthetic sense in her work as a plastic surgeon. She aims to achieve harmonious, natural and enduring results.

Her special interests include vertical scar breast surgery, rhinoplasty, drainfree abdominoplasty, and labiaplasty (which she was performing more than 25 years ago in South Africa.) Her YouTube videos on labiaplasty have generated over 110,000 views.

Amongst others, she trained with Ivo Pitanguy in Brazil and with Madeleine Lejour in Belgium. She is a fellow of both the College of Medicine in South Africa and of the Royal College of Surgeons London (ad eundum). Lisa is a member of BAAPS, BAPRAS, ISAPS, ASAPS, and the Rhinoplasty Society of Europe.



**Dr Doug Steinbrech**  
Plastic Surgeon

Dr. Steinbrech, described by Forbes as the "Go-to surgeon for men," is one of the nation's most sought out experts for men's surgery, leading the new wave of techniques in the accelerating field of men's aesthetics. His techniques, attention to detail, and approach to cosmetic procedures have been customized to the male anatomy. Dr. Steinbrech has been recognized as being one of the top plastic surgeons for men in his field by multiple media sources such as The Wall Street Journal, Forbes, New York Times, NBC & ABC.

In addition to his busy surgical practice, Dr. Steinbrech is often called upon to speak both nationally and internationally about his techniques and the unique differences he has implemented in his practice to accommodate the desires and body structures of men.

Along with an internationally respected team of physicians, Dr. Steinbrech is currently editing the first textbook focused solely on men entitled Anesthetic Plastic Surgery for Men. The textbook is expected to be in circulation by Spring, 2019.

Dr. Steinbrech is Board Certified by the American Board of Plastic Surgeons and is very active on The American Society for Aesthetic Plastic Surgery. His passion for male plastic surgery led him to establish The New York Institute of Male Plastic Surgery in early 2016, which provides an educational foundation for current and future physicians to learn about and help further this subspecialty.



**Dr Dan Del Vecchio**  
Plastic Surgeon

Dr. Daniel Del Vecchio is a world authority on enhancing the breast and buttocks through fat transplantation. Dr. Del Vecchio is 100% Ivy League educated. Having graduated summa cum laude from Yale University and receiving his MD degree from Harvard Medical School, Dr. Del Vecchio trained in general surgery and in plastic surgery at Harvard's Massachusetts General Hospital. Dr. Del Vecchio completed an additional fellowship in cosmetic surgery at the University of Pennsylvania, and graduated from Columbia University School of Business in New York City.

An international pioneer in the growing field of fat transplantation, Dr. Del Vecchio travels the world to teach fat transplantation surgery to fellow colleagues and to lecture on the topic. He is a guest speaker and an invited lecturer at over 25 meetings per year, and has presented or operated on all continents.



**Alison Wright**  
Consultant Obstetrician  
& Gynaecologist

Dr Alison Wright is an NHS and Private Consultant Obstetrician and Gynaecologist. She is also a Vice President of the Royal College of Obstetricians and Gynaecologists.

Particular areas of interest are high risk pregnancy, pelvic floor dysfunction, perineal reconstruction, traumatic childbirth and FGM. She trained in Yorkshire and in 2003 became a Consultant at Leeds General Infirmary and St James University hospital. In 2008 she moved to London to take up a Consultant post at the Royal Free Hospital.

As Vice President of the RCOG (for UK and global membership), Dr Wright is involved in national planning and implementation of many aspects of Obstetric and Gynaecological care, as well as advising WHO and FIGO safe motherhood committee on guidelines on intrapartum and postpartum care.

She presents nationally and internationally on topics as diverse as Maternal Mortality, childbirth trauma, HIV in pregnancy, management of labour in the second stage and issues around consent in the 21st century.

She currently sits on the NHSE stakeholder council for maternity transformation and the steering group for FGM services.



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# Hackett Prize 2019

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The following four presentations will take place on the morning of Friday 11th October in the Club Room. The winner will then present in the main BAAPS programme and be presented the Hackett Memorial Prize.

## 1. A national survey on the psychological assessment of aesthetic patients: learning points and future directions

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**Presenter:** Miss M. Chasapi  
**Co authors:** Mr Andrej Salibi

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### Introduction

The use of psychological screening tools for patient selection in aesthetic surgery is controversial. This survey aimed to explore the view of British aesthetic surgeons on the use of psychological screening tools, assess current practice and identify areas for improvement.

### Methods

A 14-question survey was sent to BAAPS members using the online platform Survey Monkey.

### Results

83 responses were received. 74% believe that preoperative psychological screening is important towards a favourable aesthetic outcome. However, only 50% assess their patients pre-operatively.

89% rely on their clinical experience to identify an underlying psychological disorder.

78% are aware of the various available screening tools with the FACE-Q being the most popular. Interestingly, 76% do not use a specific tool as they believe that existing screening tools are time-consuming(52%), difficult to interpret(33%) and complicated(27%).

64% have not received any training in the psychological assessment of aesthetic patients. 78% think that relevant training would be useful.

68% collaborate with a psychologist when necessary.

### Conclusion

There is a lack of training amongst aesthetic surgeons in the psychological assessment of aesthetic patients. A scientifically sound, clinically significant but simple instrument is needed to assess cosmetic patients and identify those with psychological issues, inappropriate motivations, or unrealistic expectations.



## 2. Case report and literature of hypersensitivity caused by facial cosmetic injection

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**Presenter:** Dr Chenyu Wang  
**Co authors:** Prof Xiaojun Wang

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### Objective

To review the literature of cases about hypersensitivity caused by facial cosmetic injection.

### Methods

A systematic review of the literature (from January 1990 to April 2019) was performed using our predefined inclusion and exclusion criteria. A comprehensive Medline, PubMed database search was performed (from January 1990 to April 2019), which was restricted to papers published in English, using the keywords: "cosmetic injection, hyaluronic acid, botulinum toxin, allergic reaction". We extracted the corresponding information, including patient gender, age, injection composition, trade name, location, symptoms, time of onset, medical history, treatment and prognosis.

### Results

A total of 14 articles (57 patients) were included. There were 3 patients receiving botulinum toxin injection, 3 patients receiving microneedle injection, and 46 patients receiving hyaluronic acid injection. Five patients with no special medical history were treated by collagen, polyacrylamide, paraffin, alkyl-imide, and hyaluronidase, respectively. The allergic symptoms were redness, swelling, itching or induration at the injection site, among which, botulinum toxin injection caused allergies are acute hypersensitivity reactions, and allergies caused by hyaluronic acid injection caused allergies are mainly delayed hypersensitivity reactions. The diagnosis and treatment methods vary greatly depending on the injection fillers. The prognosis of allergic symptoms of botulinum toxin and microneedle injection is better than that caused by hyaluronic acid. Removing the injected filler is the primary treatment.

### Conclusion

Although hypersensitivity is a relatively uncommon adverse event, standardized practice guidelines and consensus statements on differential diagnosis and treatment are demanded to help improve the outcomes.



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### 3. Superior flap tuck in mastopexy – A novel technique to promote lift and volume

**Presenter:** Mr Kevin McGarry

**Co authors:** Ms Emma Johnson  
Ms Serena Martin  
Mr Kahlid Khan

#### Introduction

Surgical mastopexy producing longevity of result is challenging. This article describes a novel superiorly based middle flap mastopexy technique via a vertical scar. Using this technique for over a decade the senior author has produced a case series with long lasting results compared to other techniques more commonly described.

#### Technique

Skin incision proceeds via a standard vertical scar pattern. The mastopexy is based on a superior NAC pedicle. Glandular tissue inferior to the NAC is then divided into three separate flaps A/B/C. The central superiorly based flap immediately below the NAC (B) is divided inferiorly, rolled back into the superior pole of the breast and secured to the chest wall immediately posterior to the NAC to augment projection and conification. The lateral flaps (A + C) are then brought together and secured over the top of A. The skin envelope is then closed over the redistributed glandular tissue.

#### Conclusion

This novel technique using a superiorly based glandular flap allows for redistribution of native tissue increasing lasting superior pole fullness without the requirement for dermal mesh or simultaneous augmentation. By using this technique the senior author has found the longevity to be superior to previously described techniques with minimal loss of upper pole volume or, 'bottoming out.'



### 4. Development of the first breast tissue derived breast implant surface

**Presenter:** Mr Simon Barr

**Co authors:** Mr Ernie Hill  
Dr Ardeshir Bayat

#### Introduction

In 2018 over 7,727 breast augmentations were performed in the UK for aesthetic purposes. A significant proportion of these patients will experience capsular contracture, the painful tightening of the capsule that surrounds the implant. Textured implants have been shown to reduce contracture rates and extracellular matrix cues foster the regeneration of specific tissue morphologies due in part to their unique micro and nano surface textures. Functionalising implant surfaces with tissue specific textures may improve in-vivo performance.

#### Methods

Topographical assessment of native breast tissue using laser confocal microscopy defined its inherent texture. A computer model of breast adipose texture was created. 3D photolithography and reactive ion etching were optimised to replicate 2 novel surfaces in silicone: an exact replica of breast adipose tissue and a surface modelled upon this tissue. PCR, cytokine, immuno and SEM revealed the in-vitro reaction of human macrophages to these surfaces.

#### Results

Inflammatory genes IL $\beta$ 1, TNF $\alpha$ , and IL6 were downregulated ( $p < 0.001$ ) and anti-inflammatory gene IL10 upregulated, whilst inflammatory cytokines Gro- $\alpha$ , TNF $\alpha$  and IL8 were produced in lower and IL10 in higher quantities ( $p < 0.01$ ) in culture with the novel surface. Macrophages retained a spherical morphology and fibroblasts aligned to the surface geometries on the modelled surface. Both of these effects have been postulated to reduce fibrosis.

#### Conclusion

The first biomimetic breast tissue derived breast implant surface is presented. Results support its potential translational ability to reduce contracture and the inflammatory phase of the foreign body reaction.



# Abstract Poster Competition

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The BAAPS Poster area can be found on stand (M69), these abstracts have been submitted for the poster presentation prize of £200 which will be awarded at the end of the meeting. Please vote for the poster you wish to win by touching your delegate badge on the Poken green reader on the poster. Only one vote per person will be counted.

## 1. Non-thrombotic Pulmonary embolism after cosmetic filler injection: two case reports and literature review

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**Presenter:** Dr Chenyu Wang

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### Objective

Cosmetic injection is widely used at present. Meanwhile, there are also some reports about non-thrombotic pulmonary embolism as a rarely severe complication of cosmetic injection, of which there's a lack of literature review. We would like to present the literature review and share two cases who had non-thrombotic pulmonary embolism after receiving the injection of autologous fat at the same time.

### Data Sources

Articles were collected from databases with the key word of "filler injection, autologous fat, hyaluronic acid, pulmonary embolism" to 2019 July. Information about researchers, patients, injection, complication, therapy and prognosis was collected.

### Results

9 articles with 10 patients are collected. Three patients received more than one position of injection at a time. There were three patients having buttock injection, two patients having thigh injection and one for vagina injection one for breast injection and one of not sure. In terms of injection filler, five patients had silicone injection and two for hyaluronic acid one for autologous fat one for Vitamin E and one for Polyacrylamide Hydrogel. Eight patients had the complaint of dyspnea and shortness of breath, while one patient for tachycardia and one patient for vomiting. The onset of symptoms ranged from immediate moment in the procedure to two months post-operation. Six patients had blood gas evidence, showing hypoxemia. All patients had CT test, with the main show of ground glass opacity in both lung fields. Six patients were diagnosed by biopsy or autopsy. Nine patients' therapy was mentioned, who mainly received mechanical ventilation. The prognosis was that, seven patients' condition was improve, one was dead and one wasn't mentioned.

### Conclusion

Non-thrombotic pulmonary embolism is a rarely severe complication of cosmetic injection, which we should pay close attention to.

## 2. Does method of activation of platelet rich plasma affect growth factor release over time?

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**Presenter:** Mr Oliver Smith

**Co authors:** Dr Selim Talaat  
Prof Ash Mosahebi

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### Introduction

Platelet rich plasma (PRP) is commonly used in aesthetic medicine. There is wide variance in methodology with limited evidence for any technique. Activation with calcium chloride and ethanol may improve PRP longevity and growth factor production. We investigated whether the method of PRP activation affected growth factor release kinetics and clot degradation over time.

### Technique

PRP was harvested from 16 healthy adult volunteers, and preparations were produced via 3 methods 1) U-PRP (unactivated); 2) C-PRP - activated with 10% CaCl; 3) E-PRP - activated with 10% CaCl and 10% Ethanol. Clots were incubated for 24hrs and growth factor volume, clot weight and growth factor release (VEGF, PDGF, IGF via ELISA) was done at 1, 4, and 24hrs.

### Results

Growth factors were secreted continuously over 24hrs from all preparations. At 4hrs C-PRP produced significantly more VEGF vs E-PRP (518.44ng/ml vs 228.5ng/ml). C-PRP (40.6ng/ml) and U-PRP (25.21ng/ml) produced significantly more PDGF at 4hrs compared to E-PRP (17.9ng/ml). T-PRP and A-PRP clots degraded more over 24hrs compared to U-PRP, with C-PRP losing more weight in 1hr and E-PRP losing more at 4hrs. T-PRP produced significantly more growth factor volume at 1hr with E-PRP producing significantly more at 4hrs.

### Conclusion

Activation improves growth factor secretion by PRP but this is negated by ethanol. C-PRP degrades quicker and secretes more within 1hr compared to E-PRP suggesting calcium chloride leads to rapid onset of action whereas ethanol may increase therapeutic longevity.





### 3. Skin cancer education in medical aesthetic professionals

**Presenter:** Miss Raina Rodrigues

**Co authors:** Miss Madeline Warren  
Miss Esther Blenke  
Mr Amer Durrani

#### Introduction

UV exposure is the major factor influencing extrinsic skin ageing and the primary cause of skin cancer.

#### Hypothesis

Aesthetic medical professionals should be competent in the recognition of skin cancers and their precursor lesions.

#### Aim

To evaluate aesthetic medical professionals' perceived need of skin cancer education.

#### Methods

A survey was completed by doctors, dentists and nurses offering aesthetic procedures.

#### Results

Sixty-six per cent of 58 responders have not received formal post-graduate training, 66% routinely look out for suspicious lesions, 98% think vigilance is part of duty of care, 57% rate their knowledge as poor to fair and 74% think formal training with demonstrable competence is necessary.

#### Methods

Early diagnosis and management of suspicious lesions significantly improve the prognosis. Medical professionals frequently examining patients' skin have the opportunity to identify, monitor and refer suspicious lesions. Doctors completing training in General Practice, Plastic Surgery and Dermatology receive formal training. Currently, the onus is on other medical professionals to pursue such education on a voluntary basis.

#### Conclusion

This study suggests that medical aesthetic professionals are looking for suspicious skin lesions. It provides evidence that they would be receptive to skin cancer education. Further investigation into their role in skin cancer prevention and detection is needed.



### 4. An extended 7-year review of textured breast implants for primary breast augmentation; Allergan versus Mentor

**Presenter:** Mr Weiguang Ho

**Co authors:** Miss Serena Martin  
Mr Khalid Khan

#### Introduction

Breast augmentation is one of the most commonly performed aesthetic procedures worldwide. Textured implants are used widely throughout Europe and in the United States. The senior author uses both Allergan and Mentor implants.

#### Technique

Data was collected on all primary bilateral breast augmentations performed by the senior author over a seven-year period. Early and late post-operative outcomes were gathered throughout an extended follow up period and were compared between implant manufacturers.

#### Results

A total of 172 primary augmentations were performed. All implants used were textured. Allergan implants were placed in 103 patients (60%) and 69 patients had Mentor (40%). Dual plane was the commonest pocket type (89%) and 94% were round implants. The overall haematoma rate was 1%. Capsular contraction rate was 2% with all 3 cases in patients with Allergan implants. Rupture rate was 3% overall but 5% in the Allergan group and 1% in the Mentor group. Two patients developed a late seroma but no patient developed BIA-ALCL during follow up.

#### Conclusion

The most concerning complications following augmentation are capsular contracture, implant rupture and the development of BIA-ALCL. We have shown low rates of these complications with both Allergan and Mentor. The majority are even lower than rates quoted in original trials.

# Abstract Poster Competition

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## 5. The relevance of hand dominance in acquired split earlobe aetiology

**Presenter:** Miss Raina Rodrigues

**Co authors:** Miss Madeline Warren  
Miss Esther Blenke

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### Introduction

Acquired split earlobes are quite common. Traditionally their aetiology has been attributed to trauma, prolonged use of heavy earrings, or reactions to earring material.

### Aim

To evaluate whether a relationship exists between hand dominance and laterality of the affected earlobe.

### Technique

In a 10 year prospective study of patients undergoing repair of / completely split earlobes, hand dominance was noted.

### Results

Of 276 patients, 213 (77%) underwent right earlobe repair, of who 202 (95%) were right hand dominant (RHD), 19 (7%) underwent bilateral repair, of who 13 (69%) were RHD and 44 (16%) left earlobe repair, of who 7 (16%) were RHD. The probability that the split earlobe was ipsilateral to the dominant hand for all patients is 86.5% (95% CI 82.6% to 90.6%). The odds of only the ipsilateral earlobe being affected was 10.1 for those with RHD and 2.17 for LHD patients. This gives an odds ratio of 4.64 (95% CI 2.22 to 9.68) for the dominant side being affected in RHD patients compared to LHD.

### Discussion

Split earlobes most commonly occur ipsilaterally to the dominant hand. Unaccounted confounding factors (trauma, multiple piercings) may also influence the aetiology.

### Conclusion

The laterality of acquired split earlobe is likely to be related to hand dominance and this effect appears to be stronger for those with right hand dominance.



## 6. Galactorrhoea after breast augmentation: A systematic review

**Presenter:** Mr Sanjeev Sharma

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### Objective

To review cases of galactorrhoea after breast augmentation surgery to determine factors associated with and appropriate management of this rare complication.

### Technique

A systematic literature review was conducted in July 2019 searching Pubmed, Embase and Google Scholar. Studies were not limited by type, year, location or language.

### Results

17 case reports/series and 2 retrospective chart reviews were included, comprising 38 women. The average age was 28 years and 42% were on oral contraceptives. Just under a quarter were nulliparous. The most common incision was periareolar (38%) followed by transaxillary (19%). The most common implant location was submammary (52%) followed by subpectoral (41%). The average time to symptom onset was 61 days (range: 3-912 days). Only 3 cases presented over a month after implant insertion. Galactocele was present in 17 patients. Symptoms were bilateral in 72% of cases. Hyperprolactinaemia was present in 62%. Management included simple surveillance, antibiotic therapy, treatment with dopamine agonists, leukotriene receptor antagonists, oestrogen-based medications and surgical washout. 8 patients had their implants removed. The mean time to resolution of the patients in the case reports/series was 22.6 days.

### Conclusion

This systematic review presents findings from 19 studies describing 38 patients with galactorrhoea after breast implant surgery.

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## 7. Cosmetic tourism: Experiences and opinions amongst UK trainees

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**Presenter:** Dr Liusaidh McClymont

**Co authors:** Mr Joseph Stallard  
Miss Fiona Hogg

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### Introduction & Aims

In a 2008 BAPRAS survey of consultant experience in managing complications of cosmetic procedures carried out abroad, the majority of consultants felt that "cosmetic tourism" would become a growing phenomenon. Our aim was to explore the experiences and views of Plastic Surgery trainees in the UK in managing cosmetic tourism complications.

### Technique

Plastic Surgery Trainees in Scotland and the Yorkshire and Humber Deaneries were asked to complete questionnaires about their experiences and views regarding cosmetic tourism. We prospectively collected data about cosmetic tourism complications at a centre in Scotland.

### Results

71.4% of trainees completing the questionnaire felt that cosmetic tourism was a burden to NHS services and 82.1% felt unclear about the guidelines surrounding the management of these cases. Over a 6 month period, 11 patients presented to our department with a complication following a cosmetic tourism with significant estimated cost to the Trust.

### Conclusions

Our data suggests that the numbers of patients seeking plastic surgery abroad is increasing. Trainees feel unclear about guidelines to manage these cases. We suggest that further monitoring of cosmetic tourism is required, however, management of these complications does offer valuable training opportunities for trainees in dealing with adverse outcomes in cosmetic surgery. estimated cost to the Trust.

## 8. Buttock enhancement and superficial transfer of fat: an alternative to brazilian butt lift

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**Presenter:** Mr Omar Tillo

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### Introduction

Traditional Brazilian butt lift (BBL) involves the enlargement of the buttocks via fat injection into several anatomical layers, including the intramuscular and submuscular planes. Alarming rates of mortality triggered plastic surgery societies to issue warnings about the safety of this procedure. However, a significant number of patients continue to seek BBL abroad.

### Technique

A retrospective case note review of all patients who underwent buttock enhancement and superficial fat transfer, operated by the author. Data collected included fat harvest and transfer techniques, intra- and postoperative complications, patients reported outcomes and patients satisfaction.

### Results

31 consequential patients were included. The fat harvest and transfer technique evolved to improve efficacy and safety. There were 3 incidents of seromas and one localised infection treated in clinic. There were no intraoperative or major post-operative complications. Patients reported high rates of satisfaction with the outcome and body perception.

### Conclusion

Buttock enhancement and superficial transfer of fat seems to be a safe alternative to traditional BBL. The evolution of the technique is presented with up- to-date evidence and recommendations. Adherence with the Task Force for Safety in Gluteal Fat Grafting recommendations is paramount to insure that patients are fully informed and operated on in the safest possible environment.



# Abstract Poster Competition

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## 9. Scarless tummy tuck (a personal technique)

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**Presenter:** Prof. Nourredine Gharib

**Co authors:** Dr Kahiri Achraf  
Prof. Hafidi Jawad  
Prof. El Mazouz Samir  
Prof. Abbassi Abdallah

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### Overview

This is a new technique that we are developing in our department of plastic reconstructive and aesthetic surgery UH IBN SINA RABAT as an alternative to conventional abdominoplasty techniques. In fact, we combine a liposuction by VASER with a diastasis cure with an endoscopy approach to reproduce a scarless abdominoplasty.

### Image A- Pre-Operative

We received a patient who complains after her pregnancy of a weakness sensation of her abdominal wall associated to a moderate umbilical skin excess. The classic indication in these patients is a abdominoplasty without transposition of the umbilicus. Eager for a procedure without scars, she was the perfect candidate for our technique.

## 10. A novel technique for short nose correction in chinese: m- shaped conchal cartilage combining with septal extension graft

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**Presenter:** Mr Dong Li

**Co authors:** Mr Yang An  
Mr Ning Feng

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### Overview

The authors designed a novel technique, which combined the M-shaped conchal cartilage with the septal extension graft for overcoming the above shortcoming in Chinese. Methods: Between February 2013 and March 2016, 33 patients presenting short nose deformity were surgically treated with the M shaped conchal cartilage combined with the septal extension graft. The graft was an altered septal extension graft using the septal cartilage alongside the conchal cartilage. The harvested septal cartilage was located to the caudal septum and fixed with sutures. The conchal cartilage was trimmed into 2 strips, which were sutured together in an M-shape and firmly fixed in a bilateral manner to the caudal septal extension graft. Then, the alar cartilage was fixed with the M-shape graft. In all patients, nasal lengths, nasal tip projections, and nasolabial angles were assessed before and after surgery, respectively. Results: Nasal tip projections and nasal lengths showed remarkable increases, while columellar-labial angles were overtly decreased, in individuals surgically treated by the novel technique. Conclusions: This study presents a new method for correcting short nose deformity in Chinese. The M-shaped conchal cartilage combined with the septal extension graft may effectively lengthen the nose while closely representing the actual surface of the esthetic nasal tip.



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## 11. Idiopathic Prepubertal Unilateral Gynecomastia: Case Report and Literature Review

**Presenter:** Dr Chenyu Wang

**Co author:** Prof Ang Zeng

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### Overview

Prepubertal unilateral gynecomastia is extremely rare, whose etiology and management strategy are not familiar. An idiopathic prepubertal male patient with the age of 11 presented with complaints of unilateral enlargement of breast tissue is reported, whose physical examination, biochemical, hormonal and oncologic findings were normal. The patient received the treatment of subcutaneous mastectomy.

Histopathological examinations showed idiopathic gynecomastia of ductal epithelial hyperplasia and active interstitial fibrous hyperplasia, with no evidence of any pathological finding. Immunohistochemical examination showed ER-positive 70%), EGFR positive, Her-2 positive (1+), PR positive 80%). A remarkable improvement was observed both in the physical and mental conditions at the post-surgical 6-month follow-up visit, showing no evidence of recurrence. Conclusion: Further investigation is needed to clarify the pathogenesis of IUPG. All patients with IUPG should have a full endocrine and oncologic evaluation, and surgical excision may be the individually designed for each patient with the help of MRI of breast.

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## 12. Anterolateral Thigh Flap-Based Reconstruction for Oncologic Vulvar Defects

**Presenter:** Miss Xiaio Long

**Co authors:** MD Ana Zeng

MD Qun Qiao

MD Kexing Song

MD Ru Zhao

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### Overview

Vulvar defects after tumor extirpation always require immediate reconstruction. Transferring a skin flap from a distant region may be required for large defects. Although the anterolateral thigh flap has gained popularity in other types of oncoplastic surgery, it has rarely been reported for vulvar reconstruction. The aims of this retrospective study were to evaluate the outcome of anterolateral thigh flap-based vulvar reconstruction and to develop an operative strategy.



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## 13. Stamp Perforation: Technique for Correction of Prominent Mandibular Angle

**Presenter:** Mr Liangguan Yu

**Co authors:** MD Bowen Gao

MD Jizhou He

MD Feng Xie

MD Hainan Zhu

MD Qingfeng Li

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### Overview

Resection of a prominent mandibular angle is commonly used in Eastern society to improve the lower one-third facial proportion. Historically, this procedure had a high complication rate. A safer and more effective way of performing such procedures is needed. The aim of this study is to introduce 3 instruments, a tunable guide handpiece, milling cutter, and fly-wheel, which were invented by the author, and related osteotomy technique for correcting prominent mandibular angles using a modified full-thickness marginal osteotomy of the mandibular corpus angle, named the "stamp perforation" technique. This technique has 4 highlights: First, it ensures a smooth symmetric contour. Second, it prevents the risks of rupture of the inferior alveolar vessel and facial artery, ensuring the safety of this approach. Third, the "stamp perforation" technique eases the removal of bone fragments, shortening the operation time. Fourth, the recovery time of patients treated with this approach is much shorter than the traditional approaches. 1106 patients underwent the surgery to contour the prominent mandible angles, and satisfactory results were achieved. Thus, we recommend the instruments and the "stamp perforation" technique for correcting prominent mandibular angles, and we hope our 10 years of experience could provide a reference for other plastic surgeons.



# BAAPS SUPPORT

BAAPS Support is a new company whose sole aim is to provide services to its membership of plastic surgeons.

**The aspiration of BAAPS Support is to provide services in four broad categories:**

### **Surgeon support**

Including: Service for discussion amongst members for clinical problem and complaint management; second opinion options from members.

### **Business support:**

Including: Business startup mentorship: a hub for commercial conversations; certification assistance; practice review.

### **Legal support:**

Including: Separate from insurance, based around the common experience of BAAPS members.

### **Marketing support:**

Including: A patient question and answer service put out to BAAPS members for reply.

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Newpong	H29	Christine Ahn	graceash@newpong.com
Orasoptic	D29	Michael Reichal	Michael.Reichal@orasoptic.com
PMFA	E27	Jennifer Fallon	Jennifer@pinpoint-scotland.com
Prasis	E28	Helen Roberts	helen.roberts@bapras.org.uk
Q Medical Technologies Ltd	C50	William Robertson	william.robertson@qmedical.co.uk
Receptura International Compounding Pharmacy	C28	Kristina Ganzle	kristina.gaenzle@receptura.com
Recova Post Surgery	E62	Eva Sanchez	eva.sanchez@recovapostsurgery.com
Sebbin UK Ltd	D62	Joanna Kopec	joanna.kopec@sebbin.uk
Smith & Nephew	H30	Jane Quail	Jane.Quail@smith-nephew.com
Stryker	E60	Melanie Scarisbrick	melanie.scarisbrick@stryker.com
SurgiSol Ltd	F30	Stephen Knobel	stephen@surgisol.com
Wells Johnson	G30	Destiny Vasquez-Campos	sales@wellsgrp.com



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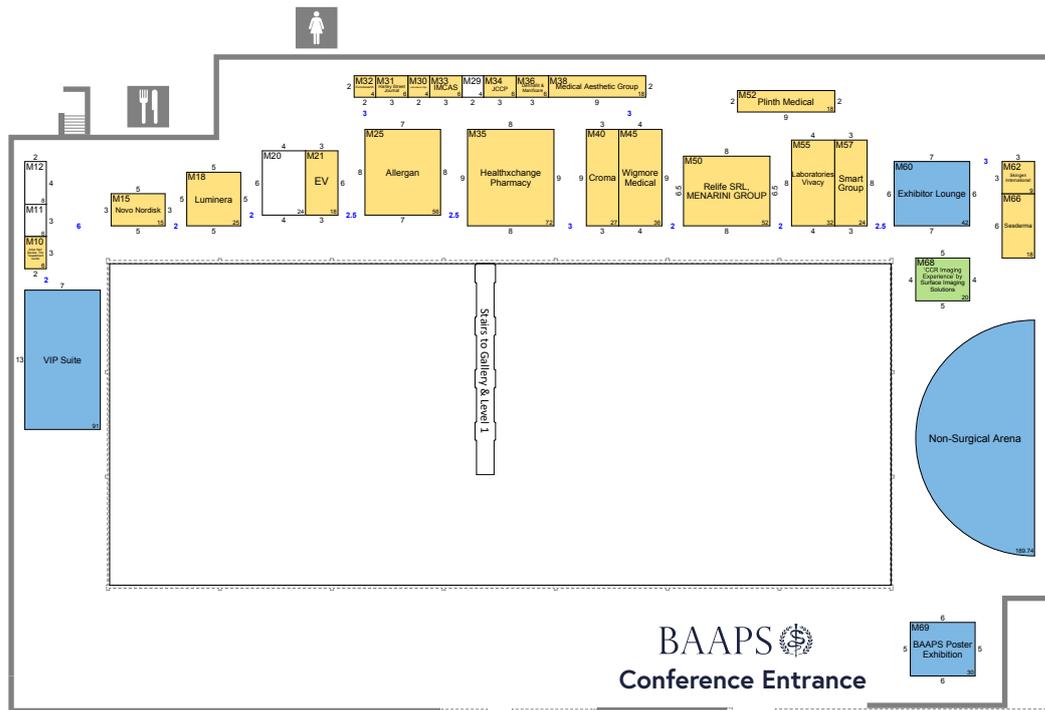


Please remember to attend your bespoke exhibitor meetings in the BAAPS lounge at your allocated times. Visit the BAAPS Connect concierge with any queries

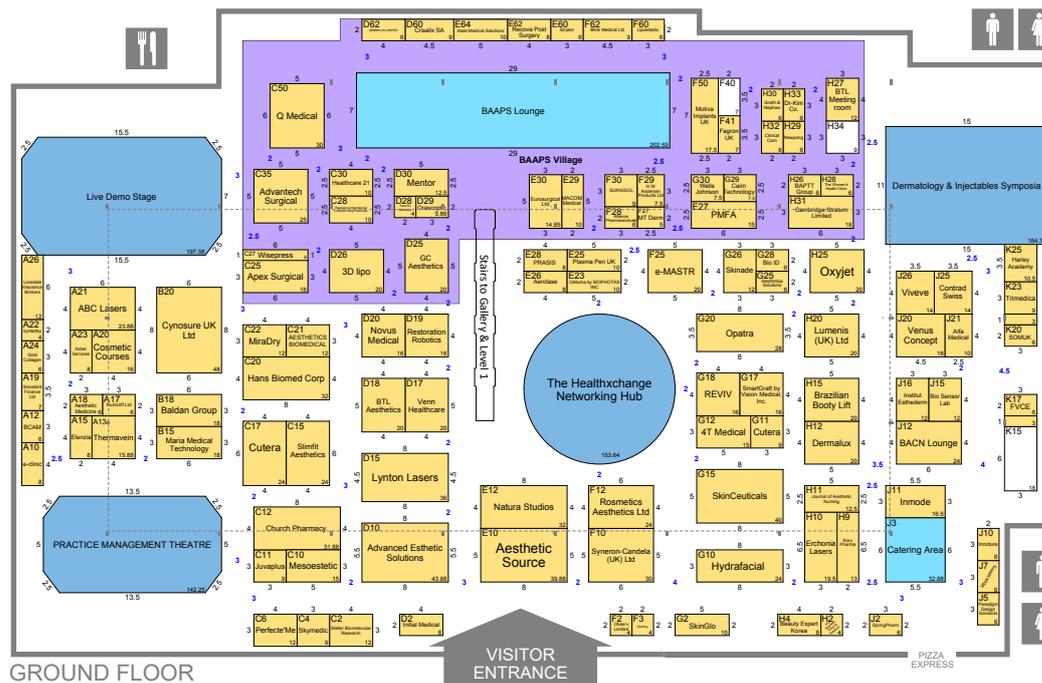
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# Exhibition Floorplan



FIRST FLOOR



GROUND FLOOR

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