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Friday 1st October 2021
Waldorf Hilton, London

**Conference
Programme.**

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Foreword.



Mary O'Brien
BAAPS President
Consultant Plastic
& Hand Surgeon

Dear Friends & Colleagues,

It is a great pleasure to welcome you all to London for the 2021 British Association of Aesthetic Plastic Surgeons' International Annual Conference.

This year we have a bespoke & independent meeting for surgeons with an exciting academic programme hosting world class speakers from the United States, Brazil, Italy & Spain as well as the U.K. More than ever this year, after the disruption we have all faced during the pandemic, we can at last look forward to celebrating together at the Annual Dinner to be held in the fabulous and iconic Palm Court of the Waldorf Hotel, Aldwych.

I am very grateful to Nora Nugent & Dan Marsh who have worked extremely hard despite ongoing challenges to coordinate the excellent speakers who we are so privileged to hear from. I am also indebted to our fantastic Secretariat, Megan & Jo and BAAPS Council for their support.

I hope that you thoroughly enjoy both the scientific programme and the long awaited opportunity to meet each other in person!



Nora Nugent
Elected Council Member
Consultant Plastic Surgeon

Dear Delegate

We are very pleased to welcome you to the BAAPS Annual Conference 2021. After a gap in face-to-face meetings over the last eighteen months, we are very much looking forward to seeing you all again in person. For those unable to travel and in case circumstances change, this year's conference will be in a hybrid format catering for a virtual audience as well as in-person delegates.

This year, the focus is on finesse and innovations in aesthetic breast and facial plastic surgery. From the haemostatic net in facelift surgery to deep plane neck lifting through to the role of lipofilling in aesthetic breast surgery and future directions for breast implants, the BAAPS annual meeting will cover new techniques and trends in aesthetic plastic surgery.

Our faculty are world-renowned in aesthetic plastic surgery and will showcase their innovations and advances in technique to us as well as joining us for interactive panel discussions. Our international faculty include: James Grotting (US), Nina Naidu (US), Francisco Gomez Bravo (Spain), Chiara Botti (Italy) and Andre Auersvald (Brazil).

Please also join us for the Conference Dinner (taking place at The Waldorf Hilton). We are pleased to offer this complimentary to BAAPS members this year to thank them for their loyal support over a difficult year. Finally, thank you to Megan Lancaster-Smith and Jo Montgomery in the BAAPS Office for their amazing help and tireless support in bringing the conference to fruition.

With thanks,

Nora Nugent & Dan Marsh
Consultant Plastic Surgeons,
BAAPS Council Members and 2021 Conference Programme Directors



Dan Marsh
Honorary Secretary
Consultant Plastic Surgeon

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Conference Programme.

Friday 1st October.

8:00 – 9:15	Registration
9:15 – 9:20	President’s Welcome
Chairs: Dan Marsh/Caroline Payne	
9:20 – 9:35	Medial turnover capsular flaps for revision breast augmentation Francisco Gomez Bravo
9:35 – 9:50	Mastopexy with autoprosthesis and fat grafting Chiara Botti
9:50 – 10:05	BAAPS Mentorship Programme Launch Marc Pacifico
10:05 – 10:30	Panel Discussion – Audience Q & A Fat grafting in primary augmentation Francisco Gomez Bravo, Chiara Botti & Marc Pacifico
10:30 – 11:00	Break
Chairs: Alastair Platt/Stephen Hamilton	
11:00 – 11:15	Achieving a stable, long term result in augmentation Mastopexy Mark Ho-Asjoe
11:15 – 11:30	Breast Implant Usage & Trends in the UK Thangasamy Sankar
11:30 – 11:45	Treating the tuberous breast Nina Naidu
11:45 – 12:10	Breast Panel Discussion – Audience Q & A Trends in breast implants Mark Ho-Asjoe, Thangasamy Sankar & Nina Naidu
12:10 – 12:20	The President’s Prize – Free Paper Presentation Edward Donnelly
12:20 – 12:30	Incision Indemnity – Sponsored Talk Joanne Staphnill
12:30 – 13:30	Lunch
Chairs: Niall Kirkpatrick/Nora Nugent	
13:30 – 13:45	Dual Plane Reduction Neck Lift Francisco Gomez Bravo
13:45 – 14:00	Early Experience with the Gliding Brow Lift Norman Waterhouse
14:00 – 14:25	An Algorithm for Neck Rejuvenation Jim Grotting
14:25 – 14:55	Cervical anatomy applied to plastic surgery Andre Auersvald
14:55 – 15:20	Panel Discussion – Audience Q&A Francisco Gomez Bravo, Norman Waterhouse, Jim Grotting & Andre Auervald
15:20 – 15:50	Break

Conference Programme.

Chairs: Anthony MacQuillan/Mike Tyler	
15:50 – 16:00	Skin tightening devices in facial rejuvenation – what works best Sebastien Garcon (IMCAS)
16:00 – 16:15	My Approach to the Secondary Facelift Niall Kirkpatrick
16:15 – 16:30	Extended lower Blepharoplasty and mid-face lift Chiara Botti
16:30 – 16:45	Marionette sliding facelift Francisco Gomez Bravo
16:45 – 17:00	Pre-emptive priming of skin & the effect on cutaneous scarring (sponsored) Ardeshir Bayat
17:00 – 17:05	Presentation of Awards Mary O’Brien
17:05 – 17:15	Motiva UK – Sponsored Talk Erik Vogelenzang
17:15	Close of Conference
17:15 – 18:00	BAAPS Member A.G.M
18:00	Drinks reception
19:15	Dinner in the Palm Court

PRASIS: Investing in Plastic Surgeons.

- RCS Certification course: financial contribution for PRASIS members to the value of £300.00.
- PRASIS Board serviced by plastic surgeons available for individual support and advise.
- Free two year membership of the Confederation of British Surgery, created by surgeons to support the whole surgical team through the Surgical Advisory Service.
- PRASIS funding of BAPRAS educational webinar series.
- Access to Elsevier Clinical Key, consisting of five plastic surgery journals published by Elsevier, twenty-six plastic surgery books, NICE guidelines and patient educational material.

Faculty Members.

Faculty (in alphabetical order)

- Andre Auersvald (connecting via web)
- Chiara Botti (attending)
- Francisco Gomez Bravo (attending)
- Sebastian Garson (connecting via web)
- Jim Grotting (connecting via web)
- Mark Ho-Asjoe (attending)
- Niall Kirkpatrick (attending)
- Nina Naidu (connecting via web)
- Mary O'Brien (attending)
- Marc Pacifico (attending)
- Thangasamy Sankar (attending)
- Norman Waterhouse (attending)



Andre Auersvald
Plastic Surgeon
(connecting via web)

André Auersvald, M.D., M.Sc. is the Director of the Auersvald Plastic Surgery Institute. He is a Full Member of the Brazilian Society of Plastic Surgery, ISAPS, IPRAS and was President of the Brazilian Society of Plastic Surgery, section of Paraná between 2011-2013.



Chiara Botti
Plastic Surgeon
(attending)

Chiara Botti works in Northern Italy, at Villa Bella Clinic, an entirely dedicated cosmetic surgery clinic, which she shares with her father Giovanni.

She is a regularly invited speaker to Plastic Surgery congresses on all continents. Often, on such occasions, she also performs live surgery. In the last years, she participated with lectures, presentations and live-surgery at the annual congresses of the Plastic Surgery Societies of France, Germany, Greece, Spain, Switzerland, USA, Russia, Mexico, Paraguay, Iran, Saudi Arabia, Kuwait and Vietnam.

In October 2019 she won the “Best Presentation Award”, with a lecture on face-lifting at the CSAPS meeting in Vancouver, Canada.

In February 2020, she taught at the AAPSW (Advanced Aesthetic Plastic Surgery Workshop) in Melbourne, Australia. In February 2020, she also presented and operated ‘live’ at the SOAP meeting in Bremen, Germany.

Due to cancellation of most medical meetings for the past year, she was a presenter at several webinars on facial aesthetic procedures for different Plastic Surgery groups around the World.

Every year since 2008, together with her father, she organizes prestigious conferences of Aesthetic Plastic Surgery at Villa Bella Clinic, gathering participants from all over the world.

She regularly participates in humanitarian surgical missions in Africa and Iran, where she takes care of reconstructive cases.

Since 2018 she is Associate Professor of Plastic Surgery in the Maxillofacial Residency Program of the University of Verona.

She is the author and co-author of many scientific papers published on international journals of Plastic Surgery.

Faculty Members.



Francisco Gomez Bravo
Plastic Surgeon
(attending)

Dr. Bravo became a member of the Royal College of Physicians of Madrid in 1996, undertaking his plastic surgery training both in across Madrid, Barcelona, Paris, London, New York and Rome.

After completing a Clinical Microsurgery Fellowship at the New York University Medical Center’s Institute of Reconstructive Plastic Surgery, Dr. Bravo returned to Europe as Consultant Plastic Surgeon at the Erasmus Medical Center in Rotterdam.

He later settled in Madrid to become Program Director of Plastic Surgery at one of the largest surgical centers in Spain, the Doce de Octubre University Hospital, where he also served as Associate Professor of Surgery at the Complutense University Medical School. He recently shifted focus to his private practice after opening his clinic with an integrated operating suite in central Madrid.

As a speaker, Dr. Bravo has received the prestigious Ralph Millard and Raymond Vilain Awards from both the Canadian and American Societies of Aesthetic Plastic Surgery respectively and has published his work on eyelids, face and neck rejuvenation surgery, rhinoplasty, breast augmentation and body contouring in the most relevant scientific journals of the specialty.

Dr. Bravo is an active member of the American Society for Aesthetic Plastic Surgery and is currently President of the Spanish Association of Aesthetic Plastic Surgery. He also serves on the Editorial Boards of both the Aesthetic Plastic Surgery Journal and the Aesthetic Surgery Journal as International Senior Editor and is part of the Board of Directors of ISAPS as the Education Council Vice-Chair.



Jim Grotting
Plastic Surgeon
(connecting via web)

James C. Grotting, M.D., is the immediate past chair of the American Board of Plastic Surgery, past chairman of the Board of Trustees of the American Society of Plastic Surgeons, and Past President of the American Society for Aesthetic Plastic Surgery (ASAPS). He is a clinical professor of plastic surgery at the University of Alabama at Birmingham and the University of Wisconsin-Madison, and operates a private practice in Birmingham, Alabama. In addition to being President of ASAPS, Grotting has served as chair of the Society’s Education Commission, serves on multiple Society committees and is a former board member of the Aesthetic Surgery Education and Research Foundation (ASERF), the nonprofit research and education arm of ASAPS. He serves on the editorial board of The Aesthetic Surgery Journal and is the author of five major textbooks in the specialty of plastic surgery. Dr. Grotting has directed a fellowship in aesthetic and breast surgery for the past 25 years. Dr. Grotting is a member of the prestigious American Association of Plastic Surgeons, past-president of the Southeastern Society of Plastic and Reconstructive Surgeons and a traveling Professor for both the Plastic Surgery Foundation and ASAPS. Dr. Grotting is also a fellow of the American College of Surgeons.

Dr. Grotting is the founder of CosmetAssure, an insurance program that covers unexpected financial expenses for patients from complications of cosmetic surgery. The data regarding complications from aesthetic surgery from this program has been published in over 23 manuscripts in various peer reviewed journals. He has provided free plastic surgery for children with facial deformities in developing countries, through Operation Smile, since 1987.

Dr. Grotting is a private pilot who enjoys skiing, ice hockey, and sailing. He and his wife Ann, have two boys, Jimmy and Ben. Ben and his wife, Kelly, have just welcomed their second grandchild, a granddaughter, Josephine Ann.



Mark Ho-Asjoe
Consultant Plastic Surgeon
(attending)

Mark Ho-Asjoe is a Consultant Plastic Surgeon at St Thomas’ Hospital, London since 2003. He graduated from the Royal College of Surgeons in Ireland and began his surgical training in the U.K., he embarked on his Plastic Surgery residency in London and during his specialist training, he worked in a number of prestigious international hospitals gaining expertise in microsurgery & reconstruction fields.

In private practice Mark undertakes all aspects of cosmetic and aesthetic surgery, as well as reconstructive surgery. He also has a non-surgical practice that complements his cosmetic surgery practice. His special interests include facial and body aesthetic, congenital breast anomaly and microsurgical breast reconstruction. Over the years he has contributed to a number of press articles on the subject of plastic and reconstructive surgery and in peer reviewed journals.

Faculty Members.



Niall Kirkpatrick
Consultant Plastic Surgeon
(attending)

Niall Kirkpatrick qualified in both Medicine and Dentistry from Guy's Hospital. He is a Consultant Plastic surgeon and works in Private Practice in central London. He was previously head of the Craniofacial Unit at Chelsea and Westminster Hospital and a member of the Head and Neck Cancer Units at both the Royal Marsden Hospital and Charing Cross Hospital. He is a past President of the Royal Society of Medicine Plastic Surgery Section. He is also a council member of BAAPS. Niall is a previous Chairman, a Trustee, and the Medical Director of "Facing The World", an international Craniofacial charity.



Nina Naidu
Plastic Surgeon
(connecting via web)

Nina S. Naidu, MD FACS is a board-certified plastic surgeon practicing in New York City. After completing her education at The Johns Hopkins University and Cornell University Medical College, she performed her general surgery and plastic surgery training at New York Presbyterian Hospital - Weill Cornell Medical Center in New York City. Following a fellowship in hand surgery at the University of Pennsylvania, she returned to New York City to establish her private practice in 2004. Her practice is focused on aesthetic surgery of the breast and body. She lives in New York City with her son Kiran, a bad-tempered cat, and a Russian tortoise.



Mary O'Brien
Consultant Plastic & Hand Surgeon and BAAPS President
(attending)

Mary O'Brien is the current President of The British Association of Aesthetic Plastic Surgeons. She qualified in 1994 after completing her Medical Degree at Guy's and St Thomas' Hospital. She was awarded a Master's degree in Medical Law and Ethics in 2003. Her dissertation was in Cosmetic Surgery. She trained in Plastic Surgery and was awarded the FRCS (Plast). Initially she developed her interest in plastic surgery as a junior doctor in Bristol and subsequently East Grinstead. During her higher specialist training in the West Midlands, she was involved in the treatment and rehabilitation of soldiers from Iraq and Afghanistan. She undertook a Hand Fellowship at the Pulvertaft Hand Centre in Derby where she was subsequently appointed as a Consultant in 2008. She has a full time NHS reconstructive practice as well as an aesthetic practice. She has been involved in various capacities with the BSSH, BAPRAS, Scar Free Foundation and BAAPS. She was elected to BAAPS Council in 2014 and chaired many of the subcommittees including Professional Standards, Education & Training and Public Relations. After serving 2 years as Vice President, she was elected President of The British Association of Aesthetic Plastic Surgeons in 2020.



Marc Pacifico
Consultant Plastic Surgeon
(attending)

Marc Pacifico has been described as one of his generation's rising stars in plastic surgery. His academic, surgical and practice achievements include, amongst others, coming top in the UK's consultant level plastic surgery examinations (being awarded the Gold Medal), the publication of over 50 international peer-reviewed papers, being a regular invited speaker at conferences and the opening of a private clinic, Purity Bridge, alongside his busy NHS and private surgical practices. Marc Pacifico is a fully accredited specialist in plastic surgery, and is on the Specialist Register in Plastic Surgery with the GMC. He is Vice President of BAAPS and is a member of BAPRAS and ISAPS.

Faculty Members.



Thangasamy Sankar
Consultant Plastic Surgeon
(attending)

Mr Thangasmy Sankar is a Consultant Plastic Surgeon who holds his private practice at Nuffield Health Leicester Hospital. Mr Sankar specialises in cosmetic surgery and breast reconstructive surgery. He has extensive experience in skin cancer surgery, laser surgery, and non-surgical cosmetic treatments. He has a special interest in breast augmentation, uplift and reductions using fat transfer, male breast surgery, gender re-assignment breast surgery, body sculpturing, liposuction, rhinoplasty, non-surgical facial rejuvenation, skin tightening, muscle relaxing injections, and skin fillers.



Norman Waterhouse
Consultant Plastic Surgeon
(attending)

Norman Waterhouse graduated from Birmingham University in 1978. His higher surgical training was carried out in Bristol, London, Bordeaux, Tokyo and Adelaide. In 2003 he co-founded the charity Facing the World (www.facingtheworld.net) treating children from developing countries with a wide variety of craniofacial anomalies. He is a full member of the British Association of Aesthetic Plastic Surgeons 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 Section of Plastic Surgery of the Royal Society of Medicine. He has been in aesthetic private practice for 20 years and has a major interest in facial rejuvenation.



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1. Data on file, GC Aesthetics®, GCA catalogue, 2021
2. Data on file, GC Aesthetics®, 2020
3. Data on file, GC Aesthetics®, Countries Sales Report, 2021.
4. Duteille F, et al. Ten-Year Safety Data for Eurosilicone's Round and Anatomical Silicone Gel Breast Implants. Aesthet Surg J Open Forum. 2019;1(2): ojz012. Published 2019 Apr 27.

Tissue Engineering a PCL Scaffold for Breast Reconstruction (An Experimental Study)

Authors:
Mr E. Donnelly

Co Authors:
Miss Michelle Griffin
Prof Peter Butler

Introduction

Breast cancer contributes significantly to morbidity and mortality within the UK female population, being the most common cancer and second leading cause of cancer related deaths. Secondary to the sequelae association with traditional breast reconstructive techniques, new innovative hypotheses are focussing on tissue engineering and regenerative medicine. The aim of this experimental study was to 3-D print an implantable scaffold formed of polycaprolactone for use in engineering tissue to reconstruct the breast.

Methods

A 3-D printed biodegradable polycaprolactone scaffold was mechanically and biochemically analysed by calculating the Young's modulus of elastic compression, the pore size and wettability. After which the biocompatibility was assessed utilising the 3T3-L1 adipocyte-cell model, together with the effect of platelet-rich plasma on cellular attachment and growth.

Results

The study demonstrated the ability to reproducibly modify the pore size of the scaffold from 0.15mm to 1.5mm which altered the customisable properties of elastic compression and wettability; 35 to 100 MPa (p<0.0005) and 1.7 to 71° respectively. A scaffold of pore size 0.68mm, wettability of 69° and Young's modulus of 61MPa confirmed the biocompatibility of polycaprolactone with platerich plasma significantly enhancing earlier cellular attachment and maintaining cell growth for longer when used in combination with the 3-D model (p<0.05). Further, the scaffold exhibited differentiation potential with formation of lipid vacuoles and adipose tissue.

Conclusion

This experimental study successfully 3-D printed a biodegradable implantable scaffold formed of polycaprolactone for use in engineering tissue to reconstruct the breast.



1. Safety of Large-volume Liposuction in Aesthetic Surgery: A Systematic Review and Meta-analysis

Author
Mr M. Kanapathy

Co-Authors
Mr Ahmed Yassin
Mr Mark Pacifico
Dr Edward Bollen
Professor Afshin Mosahebi

Background

Current literature clearly outlines the complication rates of liposuction in general, however data specific to large-volume liposuction (LVL) remains unclear. This systematic review aims to synthesize the current evidence on the safety of aesthetic LVL.

Methods

A comprehensive search in the MEDLINE, EMBASE and CENTRAL databases was conducted for primary clinical studies reporting on safety or complications related to aesthetic LVL from 1946 to March 2020. The primary outcome measure was the incidence of surgical complication while the secondary outcome measure was changes in metabolic profile. Meta-analyses were conducted to pool the estimated surgical complication incidence and metabolic changes.

Results

Twenty-three articles involving 3583 patients were included. The average aspirate volume was 7,734.90ml (95%CI=5727.34ml to 9742.45ml). The pooled overall incidence of major surgical complications was 3.35% (95%CI=1.07% to 6.84%). The most common major complication was blood loss requiring transfusion (2.89% (95%CI=0.84% to 6.12%)) followed by pulmonary embolism (0.18% (95%CI=0.06% to 0.33%)), hematoma (0.16% (95%CI=0.05% to 0.32%)), necrotizing fasciitis (0.13% (95%CI=0.04% to 0.29%)), and deep vein thrombosis (0.12% (95%CI=0.03% to 0.27%)). No fat embolism or death was reported in the included studies. The pooled overall incidence of minor surgical complication was 11.62% (95%CI=6.36% to 18.21%), with seroma being the commonest minor complication (5.51% (95%CI=2.69% to 9.27%)). Reductions in lipid profile, glucose profile, body weight and hematocrit level were observed after LVL.

Conclusion

This study meta-analysed and highlighted the complication rates specifically related to LVL, however the current data is limited by the lack of level-1 evidence.



2. Defining a safe corridor of cervical branch preservation in lateral platysmaplasty surgery during facial rejuvenation surgery.

Author
Mr W. Malins

Co-Authors
Mr Hamish Walker
Mr John Guirguis
Mr Muhammad Riaz
Mr Daniel Saleh

Introduction

Platysmaplasty is an essential component of the modern rhytidectomy. In order to gain optimal excursion on the muscle laterally, cervical retaining ligaments, anchoring the platysma to the deeper cervical fascia, must ideally first be released. However, this dissection can endanger the cervical branch of the facial nerve (CBFN), which can cause a palsy of depressor anguli oris.

We sought to describe the course of the CBFN with regards to these cervical retaining ligaments, in order to determine a safe corridor of dissection along the anterior sternocleidomastoid.

Methods

We performed cadaveric dissections on eleven hemifaces at Newcastle University, UK. The distance between the nerve and the anterior border of sternocleidomastoid (SCM) (where the retaining ligaments are usually released) was then measured at several key points.

Results

A safe-corridor was identified and mapped, with on average 10mm width between the CBFN and SCM. Concave in shape, a danger-zone of 8mm width is noted at the midpoint.

Conclusion

These results establish a safe corridor for the dissection and lateral release of the cervical retaining ligaments of the neck so that robust deep lateral platysmal mobilisation, with SCM fascia, can be performed, with a reduced risk of injury to the CBFN.

Abstract Poster Competition.

3. Walnut augmentation – a simple effective autoaugmentation for correction of breast ptosis.

Author
Ms W. Chow

Co-Authors
Mr Titus Adams

Background

Multiple factors contribute to breast ptosis including breast tissue involution with age, significant weight loss, post pregnancy and breast-feeding. Mastopexy is a commonly performed procedure to correct breast ptosis. Auto-augmentation mastopexy is an effective method to redistribute existing breast tissues to correct ptosis while increasing the projection without the use of implants. Various surgical techniques for auto-augmentation mastopexy have been described in the literature, but longevity in maintaining upper pole fullness remains challenging.

Methods

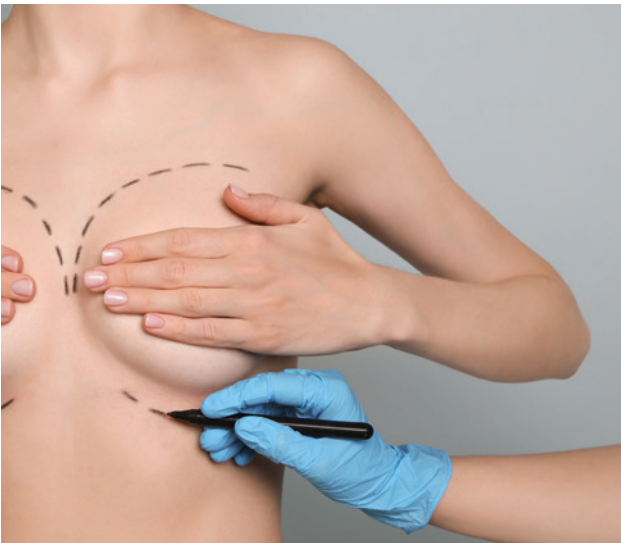
We describe a step-wise surgical technique using a wise-pattern skin reduction and an inferiorly-based dermoglandular pedicle advancement flap with triangular wrap-around flaps to create a 'walnut shaped' volume of parenchymal tissue, which acts as an auto-augmentation to maximise upper and central breast volume.

Results

Patients tolerated the procedure well. No major complications occurred.

Conclusion

This is a simple, safe, reproducible technique for auto-augmentation mastopexy to maximise use of parenchymal tissues to augment upper and central volume of the breast with reduction of breast width. The outcomes from this technique demonstrate long term robust improvement in the shape and contour of breast.



4. Management of periprosthetic breast infection: A Systematic review and Meta-analysis.

Author
Mr M. Kanapathy

Co-Authors
Dr Ryan Faderani
Mr Vinodh Arumugam
Mr Prateush Singh
Mr Shameem Haque
Professor Afshin Mosahebi

Background

The current management of an infected breast implant is varied. This systematic review aims to synthesize the current evidence and establish the efficacy of the various managements of infected breast implants.

Methods

A comprehensive search in the MEDLINE, EMBASE and CENTRAL databases was conducted for primary clinical studies reporting on the management of infected breast implants from 1946 to September 2019. The primary outcome measure was the proportion of patients with successful treatment.

Results

Eighteen articles involving 1027 patients were included. 34.18%(95%CI=14.60%-57.12%) of the patients were treated exclusively with antibiotics, of which, 81.41% (95%CI=57.82%-96.63%) were successfully treated without the need for any surgical intervention. Another 34.90%(95%CI=18.33%-53.61%) of the patients underwent surgical salvage of the infected breast implants, of which 82.93% (95%CI=72.90%-91.02%) successfully retained the salvaged implants without infection recurrence. Meanwhile, 40.28%(95%CI=32.93%-47.85%) of the patients underwent explantation of the infected breast implant, of which, only 39.02% (95%CI=23.93%-55.28%) had re-insertion of a new implant on a later date, and 4.99% (95%CI=1.66%-9.99%) of these patients had recurrence of infection requiring removal of the infected implant.

Conclusion

This study consolidates current available evidence on the management of infected breast implants, however current data is limited by the lack of level-1 evidence.

Abstract Poster Competition.

5. Systematic review of the venous thromboembolism risk assessment models used in aesthetic plastic surgery.

Author
Miss A. White

Co-Authors
Mr Muholan Kanapathy
Mr Mo Akhavan
Mr Dariush Nikkah

Background

A reliable venous thromboembolism (VTE) risk assessment model (RAM) can assist surgeons in identifying patients that would benefit from VTE prophylaxis. This systematic review was aimed at summarising the current available evidence on VTE RAMs used in aesthetic plastic surgery.

Methods

A comprehensive search was performed in the Pubmed, EMBASE and Cochrane databases to include primary studies describing VTE RAMs in aesthetic plastic surgery from 1946 to February 2019. The objective was to compare the different VTE RAMs described for aesthetic plastic surgery to recommend a reliable model to stratify patients.

Results

Of the 557 articles identified in the PubMed, EMBASE and Cochrane databases, six articles were included in the final review. Five different RAMs were used in the included studies: Caprini 2005 RAM, Caprini 2010 RAM, Davison-Caprini 2004 RAM, American Society of Anaesthesiologist's Physical Status (ASA) grading system and a tool developed by Wes et. al. The difference in risk weightage among the tools along with the VTE incidences for different categories were compared. The Caprini 2005 RAM was the most widely reported tool and validated in plastic surgery patients.

Conclusion

Due to the heterogeneity of the data and low quality of the current evidence, a definitive recommendation cannot be made on the best VTE RAM for patients undergoing aesthetic plastic surgery. However, amongst the five different tools currently used, the Caprini 2005 RAM was the most widely reported. This tool was validated in plastic surgery patients and reported to be a sensitive and reliable tool for VTE risk stratification, therefore we would support its use until further higher quality evidence becomes available. This paper highlights the need for randomised controlled trials evaluating the various RAMs which are essential to support future recommendations and guidelines.



6. Breast Implant Associated Anaplastic Large Cell Lymphoma – A UK regional unit's experience.

Author
Miss D. Hughes

Co-Authors
Miss Ewa Majdak-Paredes

Background

BIA-ALCL is a rare form of T-cell Non Hodgkin's Lymphoma associated with breast implants. The UK's guidance on its management was updated in 2021.

Methods

We identified cases of BIA-ALCL managed by our regional unit. We analysed the case notes of these 5 patients and focused on indications for initial surgery and type of implant inserted, time between initial surgery and diagnosis of BIA-ALCL, how it presented and how it was diagnosed and managed.

Results

Of the 5 patients, 1 had their implant inserted for a cosmetic procedure and the others for reconstruction. 4 had textured implants and one had a Becker's implant/expander. Time between insertion and diagnosis of ALCL ranged from 3-8 years. 4 had peri-implant seroma on USS preop and the other had one intraoperatively. All fluid was sent for cytopathology and positive for ALCL. All patients CT CAPs showed no evidence of spread of disease. All patients were treated with implant removal and total capsulectomy. No patients have shown evidence of recurrence.

Conclusion

The data from our regional unit's experience in the management of five BIA-ALCL cases supports the recommendations from the recently published 2021 UK guidelines on the diagnosis and treatment for BIA-ALCL.

Abstract Poster Competition.

7. Does climate affect the dose requirements of Botulinum toxin A in aesthetics?

Author
Miss K. Borsky

Co-Authors
Prof Jeremy Rodrigues
Miss Raina Rodrigues

Introduction
Botulinum toxin A to the glabella is a popular aesthetic intervention. Functional musculature differences may arise from chronic behavioural adjustment to highsun exposure levels, requiring greater doses. This could affect clinical practice globally. This study investigated the effect of climate on real-world doses.

Methods
We conducted a comparative cohort study using a prospectively-assembled registry from a two-centre single provider. One centre was classified as low-sun exposure (U.K. winter month treatment and the other high-sun exposure (Malta summer months). Patients were followed up 3-weekly and received top-up doses until full clinical paralysis was achieved.

To standardise, we only included women aged 35-60 undergoing glabellar onabotulinum toxin treatment by experienced clinicians following standard procedures from 2012-2019. Smokers, those not seeking maximal paralysis, noncompliance, those with colds/fevers and broken cold supply chains were excluded. Univariable and multivariable analyses were undertaken.

Results
523 patients were included: 292 "high-sun" and 231 "low-sun". Mean total doses were significantly higher in the high-sun group (29.2U vs. 27.3U, p=0.0031). When correcting for age in multivariable analysis, the low-sun group still had lower total dose requirements (p=0.00574).

Conclusion
Patients injected with glabellar onabotulinum toxin in high-sun climates may have significantly increased dose requirements to achieve maximal paralysis.



8. Cosmetic tourism during and despite the COVID-19 pandemic – A Case Series.

Author
Miss S. McCrossan

Co-Authors
Miss Helen Capitelli-McMahon
Miss Sharmila Jivan

Aims
We highlight our case series of cosmetic tourists during the year 2020/21, despite a pandemic.

Methods
Case-series of patients presenting to our plastic surgery unit with post-operative complications secondary to a cosmetic procedure undertaken abroad during the COVID-19 pandemic.

Results
Case 1
25yo female, augmentation-mastopexy and 11L abdominal liposuction in Turkey, July-2020, presented August-2020 with mastopexy wound dehiscence, admitted for IV-antibiotics, presented November-2020 with peri-implant infectiondeclined surgery, admitted for IV-antibiotics. 8-month follow up shows hypertrophic and hyperpigmented scars. Total bed-days-5.

Case 2
47yo male, abdominoplasty in Pakistan, December-2020, presented February - 2021 with abdominal dehiscence and infection, admitted for IV-antibiotics, theatre for débridement and VAC dressings. Total bed-days-7.

Case 3
29yo female, 360° liposuction and revision abdominoplasty May-2021 in Iran, initial abdominoplasty in Turkey, March-2020. Presented 20-days post-op, June-2021, for removal of drains, abdominal eschar and high temperatures. Admitted for IV-antibiotics, theatre for débridement and VAC dressings then delayed skin graft reconstruction. Total bed-days-6.

Discussion
Cosmetic tourism is increasingly popular often due to the cheaper options, shorter waiting lists and the associated holiday. Our case series highlights that patients are still keen to seek plastic surgery abroad despite lockdowns, restrictions on travel, fewer travel options and therefore increasing travel cost (self-isolation, PCR tests, increased airfare), and importantly the risk of catching and transmitting COVID-19. The pandemic also means that travelling back to the country where the surgery was performed to deal with a complication is very difficult and therefore these patients are treated locally, with costly theatre trips, bed days and prolonged dressing clinic visits.

Abstract Poster Competition.



9. Comparison of non-surgical aesthetic courses in the UK.

Author
Miss K. Smith

Co-Authors
Miss Rebecca Rollett
Mr Christopher West
Mr James Smith

Introduction
The demand for non-surgical aesthetic treatments is increasing. Currently, anyone is legally allowed to inject these treatments after attending a course that satisfies basic requirements of insurance companies.

Methods
We performed an internet search using the term "foundation toxin and filler course UK" and contacted the first 20 course providers. We sought to establish differences in the courses provided.

Results
All foundation anti-wrinkle courses provided teaching on crows-feet, glabella and forehead lines. Filler foundation courses varied, with all offering nasolabial fold and marionette line treatment, and 44% also offering lips or cheeks. 75% accepted only healthcare professionals with 25% also accepting NVQ level 3 beauticians. The majority offered e-learning prior to the practical day. Ratio of delegates to teacher ranged from 1:2 to 1:5 and the model to delegate ratio ranged from 1:1 to 3:1. Thirty percent offered the advanced course combined whereas two required 6 months experience prior to an advanced course.

Conclusion
We have shown significant variation in the required qualifications and content for courses providing non-surgical aesthetic treatments. We would endorse standardised mandatory basic qualifications and content. We believe this should be done, in part, with better regulation of the cosmetic industry and training.

10. A multi-cycle quality improvement audit of the Mersey Burns Unit admission proforma.

Author
Mr A. Noshirwani

Co-Authors
Dr Vishal Parekh
Dr Krystyna Drewniak
Dr Shivani Patel
Mr Anirban Mandal
Professor Kayvan Shokrollahi

Background
A thoroughly completed Burns Admission Proforma can provide vital information for the effective management of a burn. It provides clear details of the injury, medical information, details of the initial management plan, and enables sharing of information and tasks with other members of the multidisciplinary team.

Aims
We assessed the quality of record-keeping of the burns proforma, identified areas for improvement and created an improved proforma.

Method
Data on 63 individual fields on the Mersey Burns Proforma was collected for 80 new patients assessed on the Mersey Burns Unit between June and July 2019. The data was compared to the previous audit in September 2018.

Results
In comparison to the previous audit, the quality of the completion of the Burns Admission Proforma continued to require further improvements. In comparison to the April-September 2018 audit, 14 fields improved and 36 deteriorated. Of note, 'total body surface area percentage' and 'print name' improved, whilst 'time of clerking' deteriorated.

Conclusion
Good progress has been made to the proforma from its original version. An updated version of the proforma was created and distributed. It sets a high standard for data collection and presents itself as a useful tool for burns units across the United Kingdom.



Abstract Poster Competition.

11. Frequency and variation of aesthetic clinics in North Leeds.

Author
Ms R. Rollett

Co-Authors
Ms Kirsty Smith
Mr James Smith
Mr Christopher Wests

Introduction

The UK non-surgical cosmetic industry is worth an estimated £3.6billion. Ninety percent of procedures performed are anti-wrinkle or dermal fillers, and demand continues to rise. The resultant increase in demand has seen the opening of many aesthetic clinics operated by a range of practitioners and technicians.

Methods

We used an internet search to establish the number of aesthetic clinics within North Leeds and Harrogate area. Only clinics with a website including their team and procedures were included. Websites were examined for the professional status and terminology used to describe practitioners.

Results

Within our search area of approximately 200,000 people, we found 48 clinics, of which 40 met inclusion criteria. 33% are run by nurses, 15% by doctors 20% Beauticians, 5% surgeons, 8%dentists and 15% without clear description. Clinics used multiple terms to describe the practitioner including; ‘aesthetic practitioner’ ‘aesthetic consultant’ and ‘aesthetic specialist nurse’ which had no clear relation to their experience or certification.

Discussion

Aesthetic clinics are common and are run by a wide range of practitioners. We believe that transparency and clear terminology to reflect the professional status, qualification and experience of practitioners is fundamental. We believe this evidence supports the need for greater regulation of cosmetic procedures.

12. Veterinary Plastic Surgery; Lessons from the Animal Kingdom.

Author
Miss H. Creasy

Co-Authors
Miss Rebecca Rollett
Dr Rebecca Flynn

Overview

As plastic surgeons working across various multi-disciplinary teams, we often utilise techniques established within other allied surgical specialities. This crosspollination of understanding can help drive advancements in techniques.

Whilst veterinary surgery is clearly a vast jump across

the species, in this article with explore the literature surrounding plastic surgery within the animal kingdom. We carried out searches across veterinary literature, both published articles and reference texts, focusing on both plastic surgical techniques and procedures.

Plastic surgical techniques are extensively described throughout the veterinary curriculum, with reconstructive techniques such as grafts and flaps analogous to classical descriptions. Traditional aesthetic surgical approaches are performed for functional indications, particularly within the canine family. Blephroplasty techniques are commonly performed for entropion, with various modifications relating to the lateral canthal tendon. Rhinoplasty techniques such as wedge excisions of the lateral alar folds can be utilised in the management of brachycephalic obstructive airway syndrome. Other facial procedures such as chin lifts and excision of excess skin folds are also described. The comparisons are not limited to facial plastics; with various techniques for excess perivulvar skin excision published. We will explore these techniques and draw similarities to our practice within traditional aesthetic surgery.

13. Epilepsy related burn injuries: Our experience in a Midlands burns facility.

Author
Mr C. Karia

Overview

Patients with epilepsy are at high risk of accidents, such as burn injuries, which has an incidence of 1.6–10%. We aimed to assess and compare the incidence and severity of seizure-related and non-seizure related burns in epileptic patients over one year. We also evaluated the management of the patient's epilepsy following their burn.

Adults, with a background of epilepsy, that attended the emergency department (ED) due to a burn between June 2020 – June 2021, were included. Data were collected from patient record systems and discharge letters.

A total of 18 patients with epilepsy were seen in our facility. 38% presented postseizure. The upper limb was the most common area to be burned (55%) and the most common mechanism was a contact burn (57%). Patients presenting postseizure had a greater surface area (1.19% vs 2%) and depth of burn (2.56 vs 2.86), with one patient requiring surgical management. The mean time to follow up in an epilepsy clinic was 20 days, with a mean antiepileptic dosage increase of 37% observed.

This study is consistent with previous literature on the incidence and severity of seizure-related burns. It highlights the need for close plastic surgery and neurological follow up to prevent further injury.

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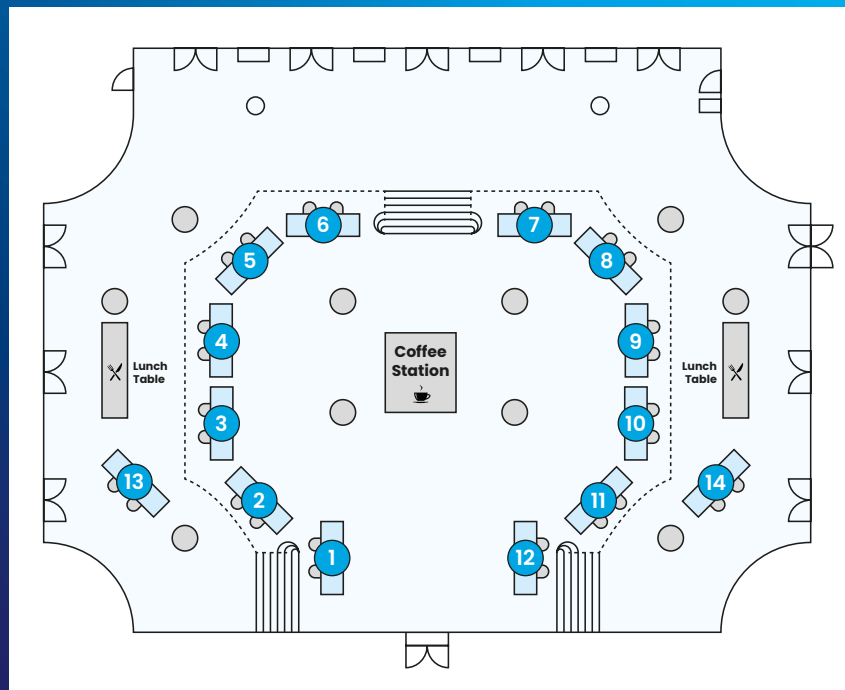
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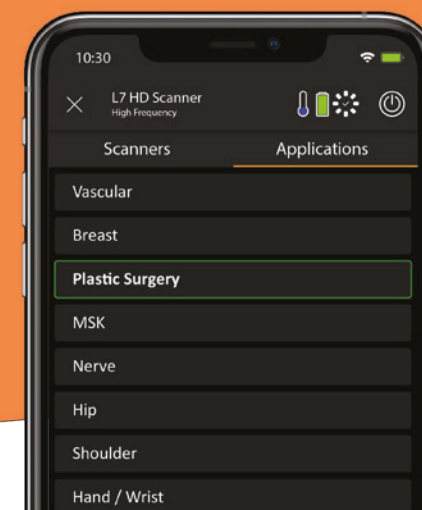
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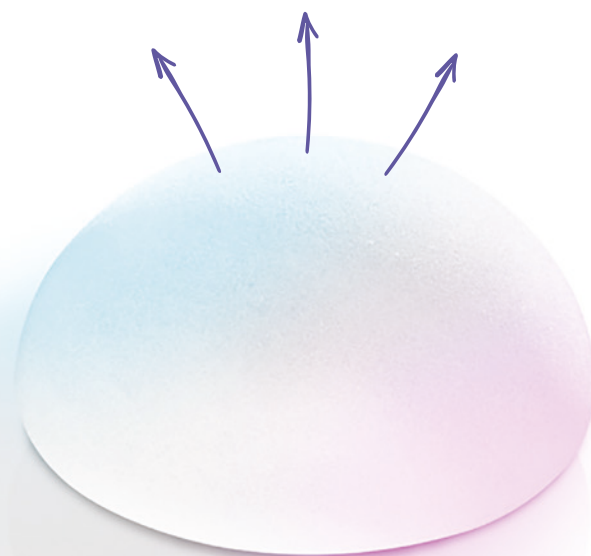
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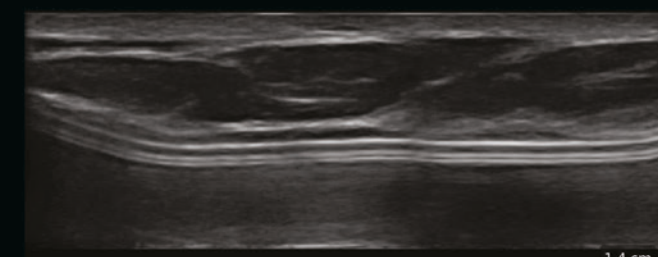


*Based on Dr. Coplin's clinical experience and observation.
1. Coplin, D (2018). Implant Testing and the 'Strain Energy' Concept. Plast Reconstr Surg. 2018 Oct;142(4S The Science of Breast Implants);12S-20S. Doi: 10.1097/PRS.0000000000004998
2. MENTOR® Worldwide LLC. MENTOR® Worldwide Expander and Share Sales Data through Q2 2020.
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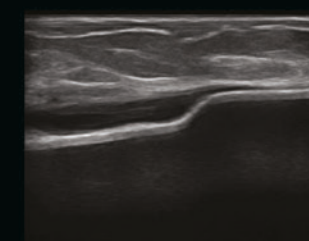


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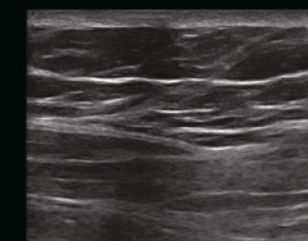
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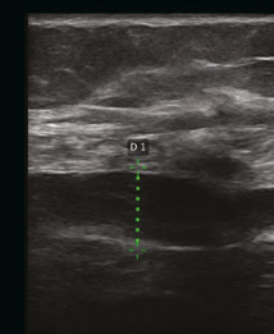
Breast Implant (L15)



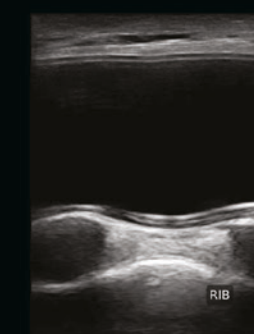
Breast Implant Seroma (L7)



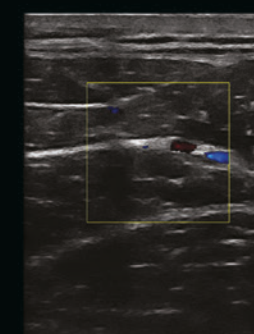
Anterior Rectus Sheath (L15)



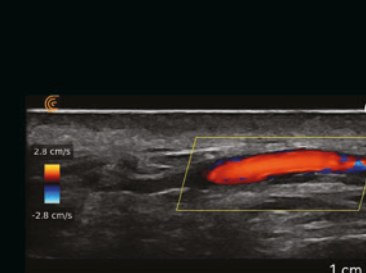
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¹. Sforza M, Hammond DC, Botti G et al. Expert Consensus on the Use of a New Bioengineered, Cell-Friendly, Smooth Surface Breast Implant. Aesth Surg. J. 2019 May, 39(S3):S95-S102. doi: 10.1093/asj/sjz054
². ISO 14607:2018 (Non-Active Surgical Implants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