

BAAPS Annual International Conference 2018

4th & 5th October 2018,
London Olympia

Conference Programme



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Reference: 1. Kaminer, M.S., et al., A Multicenter Pivotal Study to Evaluate Tissue Stabilized-Guided Subcision Using the Cellfina Device for the Treatment of Cellulite With 3-Year Follow-up. Dermatol Surg. 2017(0): p. 1-9

M-CEL-UKI-0253 Date of Preparation July 2018

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BAAPS Council

President	Mr Simon Withey
Vice-President	Mr Paul Harris
Honorary Secretary	Prof Ashfin Mosahebi
Honorary Treasurer	Mr Stephen Hamilton
Elected Members (in alphabetical order)	
.....	Mr Andrew Fleming
.....	Mr Dan Marsh
.....	Mr Neil McLean
.....	Ms Nora Nugent
.....	Mr Marc Pacifico
.....	Mr Jeyaram Srinivasan
.....	Mr Michael Tyler
Honorary Advisers (in alphabetical order)	
.....	Mr Rajiv Grover
.....	Mr Mark Henley
.....	Mr Douglas McGeorge
.....	Mr Charles Nduka
.....	Miss Mary O'Brien

CME Points

4 October 2018	6 pts
5 October 2018	6 pts
.....	Total 12 pts

Foreword



Marc Pacifico,
Consultant Plastic Surgeon,
BAAPS Council Member
and 2018 Conference
Programme Producer

Dear Delegate,

Thank you for coming to participate in the 2018 BAAPS conference - one that I am very proud to have been involved in putting together. To complement last year's themes of breast and rhinoplasty, this year's conference is dedicated to body contouring and facial rejuvenation. We are lucky enough to have an outstanding faculty both from the UK and abroad, and we aim to deliver a thought-provoking 2-days, with plenty of opportunity for debate and discussion. I am particularly looking forward to our faculty taking part in the jousting sessions, that serves to pit contrasting views against each other with explanations and justifications for approaches and patient management choices. Please get involved and challenge the faculty from the floor!

For the first time at a BAAPS conference, we have some live injecting sessions by two of the UK's leading injectors, who have a depth of experience and expertise we can truly learn from. In addition to the clinical programme, we have our first lecture given on behalf of BAAPS Support on VAT in Plastic Surgery, insights into the growing trend for UK surgeons to set up clinics as well as RealSelf's Tom Seery returning with insights into patients' expectations.

This conference would not have been possible without the indefatigable work of Megan Lancaster-Smith, who has worked on every facet of the conference organisation and social programme, alongside the team from EasyFairs. I would like to take this opportunity to thank her personally for all her hard work, alongside managing all other aspects of BAAPS Council business and keeping so many plates spinning simultaneously.

I hope you enjoy what promises to be an excellent 2018 conference!



Simon Withey,
Consultant Plastic Surgeon
& Current BAAPS President

Dear Delegate,

I would like to welcome you all to the 34th British Association Aesthetic Plastic Surgeon's International Annual Conference 2018. This year marks the 4th year co-located with CCR Expo, an event which has helped bring surgical and non-surgical worlds closer together.

We are very privileged to have such exceptional speakers from across the globe to share with you their knowledge in blending the non-surgical and surgical worlds even further. Thank you to Mr Marc Pacifico, BAAPS Council member for putting together such an exciting programme filled with jousting and battle formats which are going to allow for interaction and participation throughout the event.

I do encourage you to make the most of the CCR Expo and visit the exhibition, if you would like to meet any specific exhibitors then sign up to the CCR Connect, an excellent service helping you get the most of the two events in the two days.

We hope you take as much away from these two days as you can and enjoy the event.

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Conference Programme

Thursday 4 October

Body Contouring Chair: Steve Hamilton

- 08:30 - 08:40
- Introduction by Simon Withey
- 08:40 - 08:50
- The 10 Commandments of Body Contouring Surgery
Jean-Francois Pascal (SOFCEP)
- 08:50 - 09:00
- Implications of approaches to bariatric surgery
Chris Pring

Abdominoplasty & Umbilicus

- 09:00 - 09:15
- New concepts in lipoabdominoplasty & Omphaloplasty
Oswaldo Saldanha
- 09:15 - 09:25
- Abdominoplasty: to drain or not to drain
Awf Quaba
- 09:25 - 09:35
- Avoiding the vertical scar: Fleur de lis vs Extended abdominoplasty
Awf Quaba
- 09:35 - 09:50
- Mummy Makeovers
Gary Ross
- 09:50 - 10:00
- BRA – Breast reconstruction Abdominoplasty
Oswaldo Saldanha
- 10:00 - 10:10
- Cellfina cellulite dimples treatment – the untapped market and opportunity
Nick Rhodes

10:10 - 10:40 Coffee Break

Body Contouring

Chair: Marc Pacifico

- 10:40 - 12:00
- Body contouring jousting (battle formats) & Q&A from the floor
All faculty: Jean-Francois Pascal, Oswaldo Saldanha, Awf Quaba, Gary Ross, David Ross
- Why I stop my brachioplasties in the axilla vs. Why I continue my brachioplasties beyond the axilla
 - Why I prefer a horizontal thigh lift vs. why I prefer a vertical thigh lift
 - Why I use drains in Abdominoplasty vs. why I don't use drains in Abdominoplasty
 - Why I use quilting sutures in Abdominoplasty vs. why I don't use quilting sutures in Abdominoplasty
 - Why I discharge my Abdominoplasty patients early (1-2 days) vs. Why I don't discharge my Abdominoplasty patients early (3+ days)
 - Why I prefer a low Abdominoplasty scar even if it means adding a small vertical component vs. why I prefer a higher Abdominoplasty scar
 - Liposuction and abdominoplasty – how much, where, at what stage of the surgery
 - When do you use pharmacological venous prophylaxis?
 - When to use pressure garments and for how long?
 - Do you stage procedures and what combinations do you prefer during one stage procedures?

12:00 - 13:30 Lunch

Lower Body, Arms and Thighs

Chair: Mike Tyler

- 13:30 - 13:45
- Vertical lateral body lift
Jean-Francois Pascal (SOFCEP)
- 13:45 - 14:00
- Lower body lift and fleur de Lis abdominoplasty
Gary Ross
- 14:00 - 14:20
- How I do my thigh lifts – video or photo sequence & Questions
Jean-Francois Pascal & Awf Quaba
- 14:20 - 14:30
- Upper Body Lift
Jean-Francois Pascal
- 14:30 - 14:45
- Brachioplasty and lateral thoracic lifting
Jean-Francois Pascal
- 14:45 - 14:55
- Cellfina Breakthrough treatment for cellulite dimples demonstration
Nick Rhodes
- 14:55 - 15:25
- Coffee Break

Refinements in Body Contouring

Chair: Nora Nugent

- 15:25 - 15:35
- The techniques to achieve an ideal mons pubis
Jean-Francois Pascal
- 15:35 - 16:00
- My top 3 body contouring tips in 5-minutes & Questions
All faculty: Jean-Francois Pascal, Gary Ross, Oswaldo Saldanha
- 16:00 - 16:10
- Free Paper: The Oncoplastic Training Simulator - Bridging Gaps in current Training
Lopa Patel
- 16:10 - 16:20
- Plastic Surgery Safety Score
Oswaldo Saldanha
- 16:20 - 16:40
- Your Patients Have Uber Expectations: How To Meet Them
Tom Seery
- 16:40 - 16:55
- BAAPS Support Talk - VAT and plastic surgery; a European case
Veronica Donnelly

Day 1 Closed

- 17:10 - 17:45
- BAAPS Member Annual General Meeting
BAAPS Members ONLY
- 18:45
- Coaches to Syon House from Kensington Olympia for Annual Conference Dinner

Friday 5 October

Facial Rejuvenation

Introduction and Neck Rejuvenation

Chair: Charles Nduka

- 09:00 - 09:15
- Appraisal of patients for facial rejuvenation
Awf Quaba
- 09:15 - 09:25
- Facial contouring with implants
James McDiarmid
- 09:25 - 09:35
- Nerve injury in neck rejuvenating surgery – how to stay away from it
Mario Pelle-Ceravolo
- 09:35 - 09:45
- Neck lift and the submental area – back to anatomy
Daniel Labbé
- 09:45 - 09:55
- Complete platysma transections in neck rejuvenation – a critical approach
Mario Pelle-Ceravolo
- 09:55 - 10:05
- Treatment of anterior neck ageing without a submental approach
Mario Pelle-Ceravolo
- 10:05 - 10:15
- Approaching the heavy and post-weight loss neck
Daniel Labbé
- 10:15 - 10:45
- Coffee Break

Non-Surgical & Live Injecting

Chair: Ash Mosahebi & Marc Pacifico

- 10:45 - 10:55
- Lip anatomy for injectables
Ali Pirayesh
- 10:55 - 11:05
- SILC – balancing surgery, injectables and lasers
Ali Pirayesh
- 11:05 - 11:15
- IMCAS Alert Surgery, a new approach in an app format
Michel Rouif
- 11:15 - 11:25
- Injectable and Threads complications, What we learn from the IMCAS Alert
Jonathan Fernandez

Continued on Page 7

Conference Programme

Live Injection Session

- 11.30 - 12.05

Advanced injection techniques in the male face
Tapan Patel
- 12.05 - 12.35

Advanced injection techniques in the female face
Raj Acquilla
- 12.40 - 14.10

Lunch Break

Practice Management & Hackett Prize

Chair: Douglas McGeorge

- 14.10-14.20

Hackett Memorial Prize Presentation
Prize Winner
- 14.20-14.30

My personal approach to ethical clinic success
James McDiarmid

Face/Neck Lifting

Chair: Douglas McGeorge

- 14.35 - 15.05

Face/neck lifting jousting (battle formats) & Q&A from the floor
All faculty: Awf Quaba, Mario Pelle-Ceravolo, Daniel Labbé, Ali Pirayesh, James McDiarmid
 - Why I prefer a lateral approach to the neck vs. an anterior approach
 - Preferred SMAS technique – Plication vs SMASectomy vs. flaps vs. MACS
 - Preferred approach to the brow – direct vs. endoscopically
 - Why I frequently fat graft the face vs. why I don't often fat graft the face
 - Preferred scar approach to face/neck lift and why
 - Tips for addressing the heavy neck and the weight loss patient
- 15.05 - 15.30

Invited case analysis by faculty
3-4 face/neck cases to be presented and commented on with the faculty member's preferred approach
All faculty: Awf Quaba, Mario Pelle-Ceravolo, Daniel Labbé, Ali Pirayesh, James McDiarmid
- 15.30 - 15.50

Coffee Break

Refinements in facial rejuvenation

Chair: Paul Harris

- 15.50 - 16.00

Optimising facelift surgery with injectables
Ali Pirayesh
- 16.00 - 16.10

Facelifting strategies after permanent filler sequelae: a review of 120 patiens
Ali Pirayesh
- 16.10 - 16.20

TBS – the easiest way to shape the brows
Mario Pelle-Ceravolo
- 16.20 - 16.30

My personal approach to the brow
Awf Quaba
- 16.30 - 17.00

My worst facelift complication and how I handled it
5-minute presentations each
All faculty: Awf Quaba, Mario Pelle-Ceravolo, Daniel Labbé, Ali Pirayesh, James McDiarmid
- 17.00

Prizes & End of Meeting

Annual Dinner

The BAAPS Conference Dinner will take place at one of the most beautiful country estates in the country – and the last privately owned one in London – Syon Park. Throughout the centuries, Syon has hosted some lavish parties since the 9th Earl entertained King James 1 in 1603. This one may just be as lavish and is not to be missed!

The evening will start with a (little pre-drinks reception) coach ride to the Syon; on arrival, the champagne reception will take place in the central courtyard garden where you can wander through Syon House and marvel at the history!

Later, you will follow the music and lanterns to the breath-taking conservatory for a scrumptious 3 course meal, music and after dinner entertainment by the very funny Adam Kay, author of "This is going to Hurt".

This stunning networking event has been created for you to have the best experience and visit a beautiful venue in London as a part of the BAAPS Conference and we look forward to seeing you there.



Faculty Members

In Alphabetical Order

- Dr Raj Acquila

Cosmetic Physician
- Dr Mario Pelle Ceravolo

Plastic Surgeon
- Veronica Donnelly

Chartered Tax Advisor
- Dr Daniel Labbé

Plastic Surgeon
- Mr James McDiarmid

Consultant Plastic Surgeon
- Dr Jean-Francois Pascal

Plastic Surgeon
- Dr Tapan Patel

Aesthetic Dermatologist
- Dr Ali Pirayesh

Plastic Surgeon
- Mr Chris Pring

Consultant Laparoscopic, Upper GI and Bariatric Surgeon
- Mr Awf Quaba

Consultant Plastic Surgeon
- Mr Nick Rhodes

Consultant Plastic Surgeon
- Mr Gary Ross

Consultant Plastic Surgeon
- Mr David Ross

Consultant Plastic Surgeon
- Dr Osvaldo Saldanha

Plastic Surgeon

Speaker Biographies



Dr Raj Acquila
Cosmetic Physician

Dr Raj Acquilla graduated from Manchester University Medical School in 1999 and during his medical career has gained 15 years experience in Cosmetic Dermatology having performed over 50,000 procedures.

He is an expert in medical aesthetics, facial contouring and non-surgical facelift, Dermatological surgery including facial skin cancer and undergraduate / postgraduate clinical education. He runs busy private clinics in Cheshire, London and Ibiza in addition to his own Facial Aesthetic Academy where he is a recognised Masterclass Trainer using the latest and most innovative facial rejuvenation techniques from demonstrating all around the globe.

He is a full member and North West Regional Chair of the British College of Aesthetic Medicine, UK Ambassador for Allergan Facial Aesthetics, Faculty Member of The European College of Aesthetic Medicine & Surgery, IMCAS and Global Key Opinion Leader in the cosmetic use of Botulinum toxin and Fillers. He has been mentored by Dr Mauricio de Maio (Brazil), who recently honoured him among 20 international experts for his Compendium Board.

In addition to speaking at every major UK domestic conference, he has lectured extensively in Europe, South Africa, Japan, India, Australia and the USA. In 2012 he was given the prestigious title of Speaker of the Year at the UK Aesthetic Awards where he was also highly commended as Trainer of the Year and nominated as Aesthetic Practitioner of the Year 2013 & 2014. In 2014 he was listed as one of Tatlers finest cosmetic doctors in the UK. He is actively involved in scientific audit, research and development of pioneering products, techniques and the continuous refinement of the art and science of medical facial aesthetics.



Dr Mario Pelle Ceravolo
Plastic Surgeon

In 1975, Mario Pelle Ceravolo was graduated from the University of Rome, Medical School. In 1975, he was appointed as teaching-assistant in General and Experimental Surgery at the University of Rome, Medical School.

On January 1979, he was admitted to Prof. Pitanguy private clinic where he spent 5 years up to January 84 working as resident and teaching attending at the University of Rio de Janeiro Medical School and as Prof. Pitanguy's assistant in his private clinic. On February 1980, he was Chief Resident at Prof. Pitanguy's Clinic and Santa Casa General Hospital.

On January 86, Dr Pelle was Chief of Plastic Surgery at Hesperia Hospital, Modena Italy. Since January 1990 is President of "The International Medical Academy". In February 1992, he was Chief of Plastic Surgery at Rome American Hospital, University affiliated Hospital.

He is Member of "The Italian Society for Plastic, Reconstructive and Aesthetic Surgery". He is honorary member of the "Romanian Society Plastic Surgery". He is corresponding member of "The Brazilian Society for Plastic Surgery". He is member of the ISAPS International Society of Aestheticc Plastic Surgery. He is teaching attending at the Master in Aesthetic Surgery, at the University of Padova Medical school He is, presently, chief of Plastic Surgery at Mercede Hospital, Rome. He has been invited to Teaching Plastic Surgery Programs all over the world by "The Plastic Surgery Ambassador Plan". He has published about 60 papers in different languages (Italian, Portuguese, English).

Speaker Biographies



Veronica Donnelly
Chartered Tax Advisor

Veronica Donnelly is a partner at Campbell Dallas. She has been a VAT advisor for over 30 years, working in HMRC and accountancy firms. Her work includes strategic planning for aesthetic businesses as well as providing advice to deal with compliance issues and disputes with HMRC.

Veronica is a Chartered Tax Advisor and Associate of the Institute of Indirect Taxation, speaks regularly at aesthetic conferences and writes articles for industry journals. Her clients are based across the UK.



Dr Daniel Labbé
Plastic Surgeon

Dr. Daniel Labbe, M.D., graduated in medicine at the University of West Paris. He is a former intern at the CAEN hospital, and practices Aesthetic, Plastic and Reconstructive Surgery part-time at the Teaching Hospital in Cean and the Saint-Martin Private Hospital Centre. He has written 51 articles in specialized reviews and 4 chapters in books. He has held numerous conferences in regions, in France and abroad (Belgium, Brazil, Chile, Spain, Italy, Israel, Tunisia). He has performed demonstration surgery operations in many cities throughout France: Paris, Marseilles, Strasbourg, Tours and abroad : Belgium, Brazil, Tunisia.



Mr James McDiarmid
Consultant Plastic Surgeon

Mr McDiarmid gained his medical degree at the University of Aberdeen Medical School in Scotland in 1990. He went on to complete his training in general surgery within accredited training posts within the UK. Having completed his training he passed the written and oral examinations of the Royal College of Surgeons and became a fellow of the Royal College of Surgeons of England in 1994.

Mr McDiarmid then went on to specialise in plastic and reconstructive surgery in units recognised for training by the British Association of Plastic Surgeons and the Specialist Advisory Committee in Plastic Surgery within the UK. His training in plastic surgery includes extensive experience in cosmetic surgery. He is also a specialist in reconstructive microsurgery of the breast and hand and completed a fellowship in hand and microsurgery at the prestigious Christine M. Kleinert Institute in Louisville, Kentucky, USA.

In 1996 Mr McDiarmid was awarded a masters degree in surgical science conferred with distinction by the University of London for scientific research he performed at University College London. This research work was subsequently awarded prizes at international meetings both in the United Kingdom and United States of America.

In October 2000 his name was entered on the United Kingdom General Medical Councils Specialist Register for plastic surgery. Between September 2000 and October 2008 Mr McDiarmid practiced as a consultant plastic surgeon at Derriford Hospital, Plymouth. Since October 2008 he has been solely involved in full time independent practice.



Dr Jean-Francois Pascal
Plastic Surgeon

Dr. Jean-Francois Pascal is specialized in figure surgery and especially for the restorative surgeries after significant weight losses. Thus, he practices daily interventions such as body lifting, thighs lifting, arm lifting, abdominoplasty ...

However, he has for the last few years also focused on "purely aesthetic" cases of figure surgery. He invented and developed new surgical techniques for a complete body remodeling with tightening of the buttocks while at the same time optimizing the surgical follow-ons for the patient's well being.

His work has been rewarded several times and he received an award from the American Society of Plastic Surgery in 2017.

His private practice is located at 13 Quai Général Sarraill and his operations take place at the clinic of the Parc de Lyon.

He also regularly consults at the Geneva clinic in Switzerland.



Dr Tapan Patel
Aesthetic Dermatologist

Dr Tapan Patel Director And Visionary Behind PHI Clinic Is Recognised Amongst His Peers, Industry Experts And By His Patients As One Of The Most Talented And Skilful Injectors In The UK.

Dr Tapan's demand for excellence means he remains at the forefront of his field. and is always introducing the latest techniques and technologies to PHI Clinic.

Having previously set up VIVA Clinic in North London, Dr Tapan embarked on a new venture, starting up PHI Clinic on London's renowned Harley Street, back in January 2014.

Part of the reason why Dr Tapan is so trusted and highly commended, is his experience. He has been practising aesthetic medicine for over 17 years and teaches other medical professionals on the international stage. Being a Key Opinion Leader for Allergan, he is incredibly respected and is a leading authority when it comes to Botox and dermal filler treatments. He also specialises in non-surgical laser treatments and aesthetic dermatology to treat a whole range of skin conditions and concerns.



Dr Ali Pirayesh
Plastic Surgeon

Dr Ali Pirayesh is founder and owner of Amsterdam Plastic Surgery (APS), a modern private clinic and outpatient surgery facility, centrally located in Amsterdam.

Dr Pirayesh has extensive experience in all aspects of aesthetic surgery of the face, breasts and body. He is an authority on the application of medical lasers and injectables (Botox and fillers). His specialist interest includes treating patients with complications from cosmetic surgery or permanent fillers.

Dr Pirayesh graduated with honours from University of Leiden. He continued his surgical training in England and became a member of the Royal College of Surgeons. He completed his training as a plastic surgeon at the famous Plastic Surgery Department of the University of Ghent in Belgium. Dr Pirayesh spent a year in Brazil to improve his skills in Aesthetic Surgery operating together with various talented colleagues. He is the co-founder of Glyaderm dermal substitute for major burns and soft tissue defects . The intellectual property was donated by the Gent research team to the EuroSkinBank for the benefit of patients.

He is an international lecturer and instructor in facial anatomy, aesthetic surgery and non-surgical facial rejuvenation .

Dr Pirayesh is an executive council member of the Dutch Society of Plastic Surgery (NVPC), President of the Dutch Society for Aesthetic Plastic Surgery (NVEPC), Member of the Royal College of Surgeons of England (RCSEng) and the International Society of Aesthetic Plastic Surgery (ISAPS).



Mr Chris Pring
Consultant Laparoscopic, Upper GI and Bariatric Surgeon

Chris is a specialist laparoscopic (key-hole), upper GI and bariatric (weight loss) surgeon.

Having graduated from Cambridge University Chris went on to complete his surgical training in London and Leeds. In addition to his UK training Chris trained in some of the best units across the world, including Australia, Japan and the USA.

He has trained alongside some of the most eminent surgeons, Chris has been able to develop a reputation as a highly skilled surgeon himself.

Chris is a Fellow of the Royal College of Surgeons of England and was awarded a Doctorate (MD) by thesis for his research into the molecular biology of oesophageal cancer.

Since 2008 Chris has been a Consultant Surgeon for the NHS and performs over 350 laparoscopic procedures each year.

As a recognised trainer of laparoscopic and bariatric surgery for the NHS, Chris runs a number of successful surgeon training programmes.

He is an active member of the specialty associations for laparoscopic and bariatric surgery – The Association of Laparoscopic Surgeons (ALS), The Association of Upper GI Surgeons (AUGIS), The British Obesity and Metabolic Surgery Society (BOMSS) and The International Federation for Surgery of Obesity (IFSO). Chris is often invited to present and lecture to other healthcare professionals and patient groups on aspects of laparoscopic and bariatric surgery.



Mr Awf Quaba
Consultant Plastic Surgeon

Having served as an NHS consultant for over 20 years, Mr Quaba is now in full time private practice at the Spire Murrayfield Hospital and at the Edinburgh Clinic. He has a special interest in cosmetic facial surgery and breast surgery but continues to offer a wide spectrum of both surgical and non surgical aesthetic care. He is on the GMC Specialist Register for Plastic Surgery.

He gained his primary medical qualifications in Mosul, Iraq. He was awarded the prestigious Hallett prize by the Royal College of Surgeons of England for outstanding performance in their examination. He completed six years of higher surgical training at the renowned St Andrew's Plastic Surgery Unit in Essex and was appointed as a Consultant Plastic Surgeon in Edinburgh in 1987.

His NHS work covered a broad spectrum of adult and paediatric reconstructive problems. He established the first NHS pulsed dye laser service focusing on the treatment of birthmarks. He also built up expertise in the management of lower limb trauma, skin cancer, congenital hand surgery and breast surgery.

He has published over 60 papers in peer-reviewed journals, written a number of book chapters and co-edited a text on reconstructive surgery. Much of his work has been cited by others in their scientific papers.

He performs ongoing audit of his practice which is submitted annually to the British Association of Aesthetic Plastic Surgeons.

Speaker Biographies



Mr Nick Rhodes
Consultant Plastic Surgeon

Mr Rhodes was educated at Leeds Grammar School before graduating in both Medicine (MBChB) and Dental Surgery (BDS) from the Universities of Leeds and Liverpool respectively. He initially trained in Oral and Maxillofacial Surgery and was made a Fellow of the Faculty of Dental Surgeons at the Royal College of Surgeons (FFD RCSI). Mr Rhodes went on to complete his training in general surgery within designated accredited training posts in the UK.

After successfully passing the Royal College examinations, he became a Fellow of the Royal College of Surgeons of Ireland in 2002 (FRCSI). Mr Rhodes then specialized in Plastic and Reconstructive Surgery undertaking Higher Surgical Training in the Yorkshire Region and passed the Intercollegiate Specialty examination in Plastic Surgery in 2005 (FRCS)(Plast.).

His training in Plastic surgery includes extensive experience in Cosmetic Surgery and Reconstructive Microsurgery. Mr Rhodes gained his Certificate of Completion of Specialist Training, (CCST) and was entered onto the General Medical Council, (GMC), Specialist Register for Plastic Surgery in April 2006 and was appointed as a Consultant Plastic Surgeon.

Mr Rhodes was appointed Consultant in Plastic and Reconstructive Surgery at the Bradford Royal Infirmary and Huddersfield Royal Infirmary in 2007. His NHS work is mainly concerned with surgery to the breast particularly micro-surgical reconstruction following cancer.

Mr Rhodes has been trained in some of the newer techniques available in cosmetic surgery and talks for Cellfina on the programme.



Mr Gary Ross
Consultant Plastic Surgeon

Mr Gary Ross is a Plastic, Reconstructive and Aesthetic surgeon in the North West of England and offers an individualized range of plastic and cosmetic surgery treatments to enhance appearance. He is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS); British Association of Aesthetic Plastic Surgeons (BAAPS), American Society of Plastic Surgeons (ASPS) Association of Breast Surgeons (ABS), British Association of Head and Neck Oncologists (BAHNO) and is a fully accredited plastic surgeon on the General Medical Council's specialist register for plastic surgery. He began his NHS Consultant career at the Christie specialising in breast and head and neck reconstruction before retiring from the NHS in 2013 to offer a wide range of plastic reconstructive and aesthetic procedures in the private sector. He is an Honorary Senior Lecturer at the University of Manchester and heavily involved in education and training.



Mr David Ross
Consultant Plastic Surgeon

Mr Ross is Consultant Plastic Surgeon and Head of Plastic Surgery at Guy's, St Thomas' Hospitals and Kings College Hospital, London. He graduated from UCL Medical School in 1986 and gained his MD following research into melanoma.

He went on to complete his specialist surgical training in Plastic Surgery in 1997, having studied in London, Atlanta and Houston. David Ross is listed on the GMC Specialist Register (Number 3117691) and is a member of the British Association of Plastic, Reconstructive & Aesthetic Plastic Surgeons (BAPRAS) and British Association of Plastic Surgeons (BAPS).

He is the author of many publications and several textbook chapters.



Dr Osvaldo Saldanha
Plastic Surgeon

- President of Brazilian Society of Plastic Surgery (SBCP) - 2006-2007
- Head of Osvaldo Saldanha Plastic Surgery Service – Unimes (accredited by SBCP)
- Director of Department of Accredited Plastic Surgery Services of SBCP
- Coordinator of Safety Committee of SBCP
- International Editor of Aesthetic Plastic Surgery
- Permanent member of the Counsel of Brazilian Society of Plastic Surgery.

Hackett Prize 2018

The following three presentations will take place on Friday 5th October in the London Room. The winner will then present in the main BAAPS programme and be presented the Hackett Memorial Prize.

1. External quilting in gynecomastia correction: Novel surgical approach to avoid haematoma

Presenter: Mr Log Murugesan
Co authors: Mr Alex Karidis

Background

To avoid haematoma (the most common early complication in gynecomastia surgery), a novel technique using external quilting sutures is demonstrated.

Technique

Following tumescent solution infiltration and liposuction using a 3mm cannula via a stab incision in the anterior axillary fold, a separate 8 mm incision is made at the 6 o'clock position of the areola border for piecemeal resections of subcutaneous tissue using the pull-through technique. Wounds are not closed. No drains are inserted. With 26 mm 4/0 cutting Prolene™(Ethicon™), external quilting sutures are applied 1.5 cm from each other opposing skin to pectoralis fascia. Skin is dabbed with betadine, followed by Mepore® dressing and cooling therapy at 10°C for 4 hours. The patient is discharged and reattends clinic the following day for suture removal.

Patients and Results

1 incidence of haematoma was recorded in a series of 68 patients using this technique. Suture tracks were not seen at 4 weeks follow up and scars were inconspicuous.

Conclusion

Despite being initially grotesque, this simple yet effective method, has shown to be useful in avoiding haematoma in gynecomastia surgery.



2. Integrated Aesthetic Fellowships During Training

Presenter: Mr Matthew James Pywell
Co authors: Ms Henrietta Creasy,
Mr Benjamin Way,
Mr Mark Gorman
Mr Marc Pacifico,
Mr Martin Jones

Introduction

Plastic surgery certification guidelines specify trainees should gain exposure to 100 aesthetic cases, performed or assisted [1]. Commissioning changes means exposure in the NHS is more difficult [2] so Queen Victoria Hospital (QVH) has introduced a 4-month aesthetics rotation to The McIndoe Centre (TMC), a local private hospital. Our aim is to review the surgical exposure of the first four aesthetic fellows. Other secondary benefits of the scheme will also be presented.

Methods

The anonymised eLogbook records were grouped into common aesthetic procedures and averaged over 4 months. The number of cosmetic cases performed in TMC were also collated.

Results

The trainees attended an average of 103 cases (95% CI 90-115). 41% were breast, 27% face and neck, 27% trunk and 5% extremities. An average of 274 cosmetic cases were performed in 3 theatres at TMC over 4 months.

Conclusion

A four month cosmetic surgery fellowship in a private hospital with a 4-monthly turnover of 274 cases is sufficient for trainees to gain exposure to all of their required 100 cosmetic surgery cases. Based on the success of this fellowship we can recommend this model to other NHS trusts in collaboration with local private hospitals.

References

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3. The "ABCDE" Approach in the Psychological Assessment of Patients Pursuing Aesthetic Surgery

Presenter: Ms Maria Chasapi
Co author: Mr Andrej Salibi

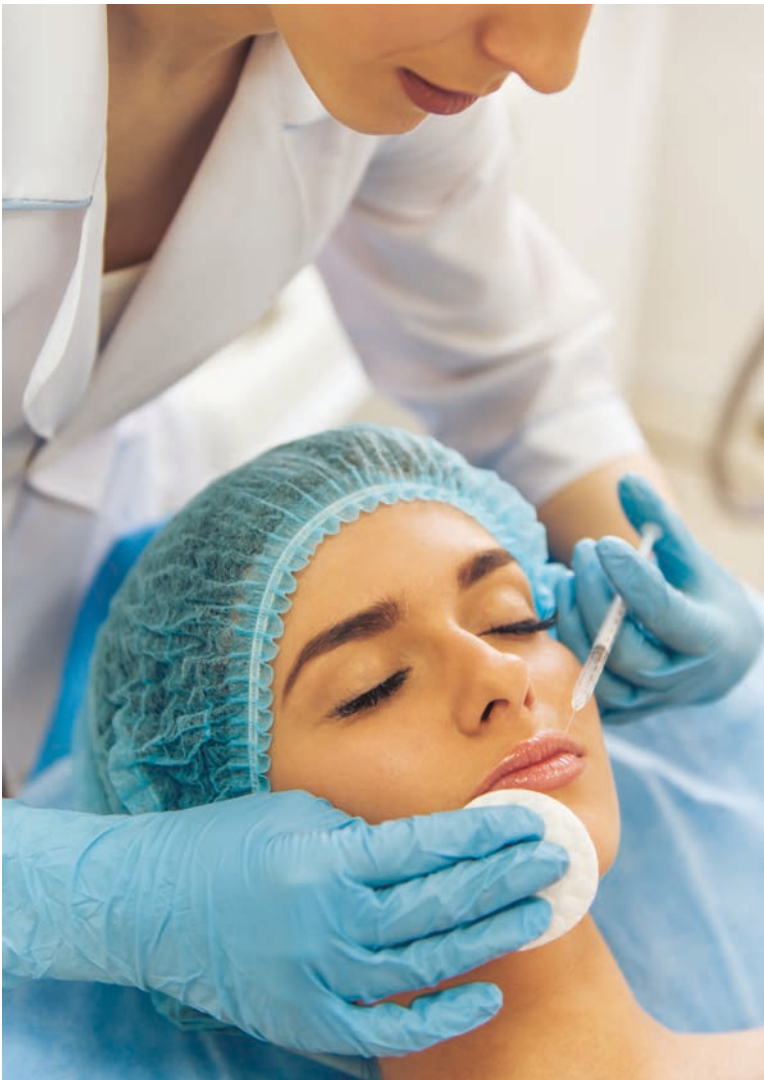
Introduction
Most surgeons receive inadequate training in the psychological assessment of patients pursuing cosmetic surgery. It is accepted that systematic pre-operative psychoanalytical approach is crucial for a favourable aesthetic outcome. However, few comprehensive screening tools are described in the literature to guide the aesthetic surgeon through the vital domains of psychological evaluation. Hereby, we propose a ready-reckoner based on the "ABCDE" approach as a simple and effective tool to screen patients before undertaking aesthetic surgery.

Methods
Literature search was performed to review all screening tools used in psychological assessment of patients undergoing aesthetic surgery.

Results
Data compiled from available evidence constituted the basis of the "ABCDE" approach summarised in a form of a ready-reckoner that can be readily used in the clinical setting. Its components are summarised in the below table:

Conclusion
The "ABCDE" approach provides a simple and comprehensive aide-memoire for aesthetic surgeons to explore systematically their patients' psychosocial background and flag up any potential problems that can negatively affect postoperative results.

	A	B	C	D	E
Aims	Appearance/Asymmetry	Boost	Confidence	Deficits/Defects	Externally Driven
Background & Body language	Appearance	Behaviours /Body dysmorphic disorder (BDD)	Contact	Discrepancy	Effect on you - intuition
Consciousness preoccupation	Awareness & Assumption	Bashfulness	Critical Judgement	Distraction	Excessive
Developmental Influences					
Expectations					



The BAAPS Poster Competition can be found at G12, these abstracts will be voted on for a prize of £200 which will be awarded at the end of the meeting.

1. A Systematic Review: What is the Evidence Supporting Hand Rejuvenation Using Dermal Fillers and Fat Grafting?

Presenter: Miss Raina Zarb Adami
Co authors: Mr Luke Geogheghan
Mr Jeremy Rodrigues

Introduction
Hand rejuvenation treatments are gaining popularity. Dermal fillers and fat grafting are often used to reverse age-related changes in hands, either alone or in combination with other treatment modalities. A systematic review evaluates the evidence supporting these treatments.

Technique
In keeping with PRISMA principles, sensitive search strategies were built, then applied to AMED, MEDLINE, EMBASE and the Cochrane Library (including CENTRAL - grey literature source) from inception until July 2018. After deduplication, abstracts of search results were screened using pre-specified stepwise criteria. Data were extracted and if appropriate, meta-analysis would be performed. Otherwise, narrative synthesis was performed.

Results
125 abstracts were identified. Of these, 36 met pre-specified inclusion criteria. Five relevant randomised controlled trials were identified, 3 non-randomised studies, 1 case control study and 28 case series. The evidence base informing treatment of the ageing hand is limited, with low number of participants studied, and the roles of varying different treatment strategies are as yet not well- supported by evidence.

Level of evidence
LLA



2. Are We Close to Achieving Scarless Wound Healing? A Systematic Review of Studies on Scarless Wound Healing and its Progression with Regards to the Current Concepts and Future Perspectives

Presenter: Dr Xin Yi Teo

Introduction
Since the discovery of scarless wound healing in human foetuses, an intensive research has been conducted to unravel the mechanisms underlying it. This study aims to summarise the progression thus far and identify areas which are less understood in order to guide further research.

Technique
Pubmed was the main database used to source suitable journal articles, using the terms 'scarless', 'wound' AND 'healing'. The inclusion criteria were papers in English, articles done on humans and published in the last 5 years. Exclusion criteria are articles without a full text.

Results
A recent discovery was the interaction between MG53, a novel tripartite motif family protein and TGF-B signalling. This interaction promotes scarless wound healing via three mechanisms, a facilitator of rapid injury repair, a mediator of cell migration and a modulator of myofibroblast differentiation. Another comparative study on oral mucosa shows a higher level of expression of fibronectin and chondroitin sulphate, which resembles foetal skin. Another study was done on the human gingiva regarding the function and expression of Connexin (Cxs) 43 in fibroblasts to promote migration and accelerated healing. Lastly, advancement on regenerative medicine have elucidated the contribution of stem cells and growth factors to scarless wound healing.

Conclusion
To date, specific cellular differences in foetuses and adults have been identified. The less well understood areas are the cell populations, particularly fibroblasts and transitions from scarring to scarless healing, which can be further looked into. However, regenerative medicine remains the most promising research area thusfar.



Abstract Poster Competition

3. Complications of Cosmetic Surgery Abroad – Cost Analysis and Patient Perception

Presenter: Mr Mohammed Farid
Co authors: Mr Dariush Nikkhah
Mr Max Little
Mr Daren Edwards
Ms Wendy Needham
Mr Mohammed Shibu

Introduction

Cosmetic surgery tourism is increasingly prevalent in the UK. We aimed to identify factors underlying patients' decisions for treatment abroad and gathered information regarding ensuing complications.

Technique

A retrospective review (January 2013 to August 2017) was conducted at a major trauma centre of complications from cosmetic surgery abroad. Cost analysis was based on national tariffs. Complications were grouped based on Clavien-Dindo classification and Clinical Commissioning Group cost (minor, intermediate, major). Telephone survey evaluated reasons for travel, details of complications and healthcare perception at home/abroad.

Results

A total of 20 patients (1 male, 19 female), mean age of 36 years (range 23–59), were included. The most frequent reason for travel was lower cost, followed by lack of expertise and friend's recommendation. Abdominoplasty (n=9) had highest complication rate, followed by gluteal augmentation (n=7). All major complications were due to gluteal augmentation (n=4). Cost for minor (n=8), intermediate (n=8) and major (n=4) complications was £3,448.00, £18,271.00 and £42,083.59, respectively.

Conclusion

We raise serious concerns over the lack of regulation and patient follow-up of cosmetic tourism, specifically gluteal augmentation cases which counted for all major complications. International consensus regulating surgical practice abroad is crucial for protecting patients and promoting safe practice.

4. New Year, New You; A Surge in Cosmetic Tourism in Northern Ireland

Presenter: Miss Serena Martin
Co authors: Miss Rebekah Long
Mr Stephen Sinclair
Mr Chris Hill

Introduction

Over the new year period we recognised a high number of admissions with post-operative complications following cosmetic surgery abroad. We aimed to determine the driving forces and impact on the NHS

Technique

All patients attending the regional plastic surgery unit with complications following surgery abroad were reviewed. Patients completed a survey on the peri-operative period abroad and driving forces. In addition, the costing department were contacted to determine the financial burden associated with cosmetic tourism

Results

6 patients were admitted to the regional unit after independently organising surgery abroad. Countries; Turkey, Belgium, Poland, Estonia and India. Reasons; cost and access to procedures not recommended by UK surgeon. 50% had multiple procedures. Surgery; Breast 5, abdominoplasty 2, liposuction 2, labiaplasty 1. Complications; necrotic wound 33%, infected breast implant 33%, VTE investigated 33%, wound infection 17%. 67% required surgery on the NHS. Total cost was £23,976.82. Average £4000/patient (Range £1294 – £6291)

Discussion

This surge in cosmetic complications occurred in the New Year period. Complications were seen after a wide range of surgical procedures. 2/3 required surgery and all required an inpatient stay with a significant cost burden to the NHS. Patients are unaware of the risks involved, highlighted by the lack of pre-operative counselling and follow up. In addition, this series has highlighted the risks associated with travelling in the peri-operative period with 2 patients investigated for Pulmonary embolus.



5. Safe, High Quality Breast Augmentation in the UK – An Enlarging Market

Presenter: Mr Naveen Cavale
Co authors: Miss Annika Dekker
Mr Flaviu Deme
Mr Hazim Sadideen
Miss Camilla Jay Stewart

Introduction

Breast augmentation (BA) is a highly competitive market, and until recently has been dominated by cosmetic surgery groups who have had a chequered history of employing inexperienced and non-plastic surgeons. This is now changing with such groups increasingly employing highly qualified and able surgeons. We present the technique and experience of a single plastic surgeon (senior author) performing 601 of these procedures over a 5.5 year period.

Technique

All primary BAs performed between August 2012 and January 2018 were prospectively reviewed. All BAs were performed under general anaesthetic using a subglandular or dual plane technique. The overall aesthetic result was graded post operatively on return to outpatient clinic for final assessment at 6-8 weeks.

Results

The average age of women was 28.7 years (range 18-57ys) with the majority (83%) having good skin quality, no ptosis, no tuberous breast deformity nor significant breast asymmetry pre-operatively (77%). Three patients (1%) suffered complications. The majority (84%) scored good or excellent in overall aesthetic outcome post-operatively.

Conclusion

We have demonstrated the ability of a plastic surgeon to perform a high volume of primary BAs and achieve good outcomes in the context of working for a cosmetic surgery group over the 5.5-year period.

6. Technical Refinements to a Validated Autologous Fat Harvesting Technique

Presenter: Dr Corina Mary Lavelle
Co authors: Mr Ranjeet Jeevan
Mr Azhar Iqbal

Introduction

Autologous fat transfer is used in a variety of aesthetic and oncological reconstructive procedures. Harvesting techniques need to be rapid and inexpensive, and maintain a high number of viable adipocytes for transfer to the desired location. One of the authors previously developed and published a technique for which optimal adipocyte yield and viability was confirmed in vivo.

Technique

We present a modification to the previously described and validated fat harvesting technique, with the connection of the simple harvesting cannula and drain bottle system previously described to mains suction in series.

Results

Continuous suction at the selected pressure (up to 100kPa) is achieved and maintained throughout the procedure. This obviates the need to clamp the drain tube when re-siting the harvesting cannula or to address inadvertent loss of vacuum, reducing procedural time significantly. Harvested fat can be extracted from the bottle for preparation and transfer at intervals rather than only when harvesting is complete. The modified system can be re-used indefinitely for further harvesting without the need for additional drain bottles.

Conclusion

This modification increases efficiency without additional expenditure, while providing a simple, effective and equivalently high adipocyte yield alternative to conventional syringe-based harvest techniques.



Abstract Poster Competition

7. The British Association of Aesthetic and Reconstructive Surgeons and The British Association of Aesthetic Plastic Surgeons Aesthetic Fellowship

Presenter: Mr William Holmes
Co author: Mr Muhammed Riaz

Overview

The BAAPS BAPRAS Aesthetic fellowship, formally known as the Scar Fee Foundation fellowship, is available to post-CCT plastic surgery trainees to enable an intensive three period of observership and training with a senior aesthetic surgeon.

I present my experience with Mr. Muhammad Riaz in Hull, February – May 2018. This 3-month fellowship involved attendance at all clinics and theatre lists. During the three months, I observed 35 out-patient clinics and 26 General Anesthetic theatre sessions. I observed 80 new-patient consultations and assisted in over 113 aesthetic procedures.

My fellowship involved participation at the Farjo hair transplantation clinic and the opportunity to visit six other aesthetic surgeons.

I would like to detail my experiences with arranging the fellowship and highlight important considerations for future applicants. Issues such as adequate indemnity cover, how to choose a mentor, and how to maximize your fellowship to get the very best out of it.



2. The Current UK Perspective of Breast Surgeons on Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA- ALCL)

Presenter: Miss Serena Martin
Co authors: Mr Michael McBride
Mr Khalid Khan

Introduction

Breast implant associated anaplastic large cell lymphoma (BIA- ALCL) is a rare type of T-cell lymphoma associated with breast implants. 521 cases have been reported worldwide to date. We wanted to determine the implications of this and the current practice of breast surgeons in the United Kingdom (UK) and Ireland and whether they have changed their practice following growing reports of BIA- ALCL in the literature.

Technique

A questionnaire was developed to address the aims. An electronic survey was produced and sent to four associations; Association of Breast Surgery (ABS), British Association of plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), British Association of Aesthetic Plastic Surgeons (BAAPS) and the Irish Associations of Plastic Surgeons (IAPS). It was advertised in the BAPRAS newsletter and ABS website. The questionnaire was emailed to consultant members of BAPRAS.

Results

72 responses from consultant surgeons (UK and Ireland). 97% discussed the risk of BIA-ALCL with their patients. 64% told patients the risk might be higher with textured implants. In these cases, 67% offer the patient a choice of implant following discussion. 17 had a patient diagnosed with ALCL. 17% surveyed have already changed their practice, including a transition to using smooth implants or using micro- or nano- textured implants. A further 11% will consider changing their practice in the future depending on more information and recommendations from higher departments.

Conclusion

Our survey has shown a growing knowledge of BIA-ALCL and at least a consideration to change practice in just under a third of consultants. The key currently, is informed consent with the most up to date information and risk levels until we discover more definitive evidence.

9. The Evidence for Adjunctive Facelift Procedures

Presenter: Miss Sarah-Jane Edmonson
Co authors: Mr Fulvio Urso-Baiarda
Mr Rajiv Grover

Introduction

Facelift surgery is a popular treatment but exhibits high variation amongst practitioners in terms of core technique and adjunctive measures: pre-infiltration, drains, fat grafting, fibrin tissue adhesives, hilotherapy and laser skin resurfacing. Analysis of risk versus benefit mandates the understanding of the impact of all adjunctive interventions. This review aims to assess the current evidence for purported adjuncts for facelift surgery.

Technique

A PubMed search was performed using the search term: "Rhytidoplasty"[Mesh] (n=2879). Hits were manually edited, categorised and expanded based on their citation list to include further relevant publications. These were then shortlisted and, where appropriate, recommendations were formed.

Results & Conclusion

There is reasonable supportive evidence for: pre-infiltration (Level of Evidence (LOE) III (reduction seen in swelling, oozing, skin necrosis, alopecia, hypertrophic scarring and scar stretch but not haematoma)); fat grafting (LOE IV, retention 32% at 6 months); and, laser skin resurfacing (LOE I/II), which appear to be safe and effective in appropriately selected patients. Drain use is not mandatory but may confer some benefit (LOE II/III). Evidence for fibrin tissue adhesive (LOE I-III) and hilotherapy is not compelling.



10. A Trip Down Mammary Lane

Presenter: Mr Avind Mohan
Co authors: Ms Rosemary Chukwulobelu
Mr Raj Ragoowansi

Overview

Breast augmentation literature is sparse regarding longevity of silicone implants and advice we need to share with our patients with regards to explantation/exchange.

We present a small series of 6 patients with implants in situ for prolonged periods of time who have undergone explant (with/without exchange). Average age of patients was 58.8 years and average implant duration in situ was 26.6 years (15- 35yrs). Main reasons for explant were firmness, asymmetry and mild/moderate encapsulation with discomfort. Five patients had textured silicone implants and one smooth saline. Four were placed subglandular and 2 subpectoral. Two implants were found to have intracapsular rupture with the others being intact.

None of the patients had a double capsule and/or signs suggestive of ALCL. An independent survey of the 8 most popular implant manufacturers suggested explantation thresholds between 10 years and lifetime.

In light of disparity of advice from implant manufacturers, we propose that implants can be left in situ for longer periods of time unless symptoms supervene. Patients should be reassured and offered 5 yearly check-ups and/or scans to ensure integrity of implants. We also wish to engage the discussion regarding the safety of textured implants in the context of ALCL.

Abstract Poster Competition

11. GDPR - What Plastic Surgeons Need to Know

Presenter: Mr Fulvio Urso-Baiarda
Co author: Mr Christopher Wright

Overview

The General Data Protection Regulations came in to force in May 2018, and the penalties for non-compliance may be harsh. However, the regulation is currently confusing, advice is conflicting and practitioners may be confused by opposing requirements to maintain and preserve medical records and the need to destroy data that is no longer in active use.

Based on comprehensive analysis of the GDPR legislation and discussion with the Information Commissioners Office, we have developed an online tool aiming to educate practitioners as to GDPR compliance and assist them in becoming GDPR compliant quickly, simply and easily. This talk provides an overview of the legislation and offers practical advice to help the busy practitioner address the challenges it raises.

12. UAL Skin Tight

Presenter: Dr Alexandre Nunes

Introduction

There are two large groups of patients with abdominal flaccidity who should be reviewed for surgery: multiparous and patients who tend to constantly lose and gain weight. They are the candidates for abdominoplasty. The author indicates liposuction under some circumstances. In order to avoid classical treatment of these patients he uses UAL (Ultrasound Assisted Liposuction) which has proven to be highly efficient.

Objective is to show that there is secure liposuction technique to treat specific biotype. Method: The author uses UAL in specific cases, overweight patients with sagging. There are few criteria for selecting suitable candidates, it is described in the form of chart. The skin treatment goes from the operative to the postoperative phase with necessary use of an adequate compression.

Results

There is an adequate abdominal and body contour, greater contraction of the skin, reduced sagging, satisfactory skin regularity and adherence to the deep plane.

Conclusion

This way of doing the liposuction has shown to be really efficient and it provided really good results, especially with overweight multiparous patients. Therefore, UAL Skin Tight is effective alternative treatment of the abdomen. Liposuction done with support of new technologies will change the way abdomenoplasty is done in the future.



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