



WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT



AUGUST 26th - 27th, 2023
HILTON BEIRUT METROPOLITAN PALACE HOTEL



Rise of the phoenix

Organized by

Association of Plastic Surgeons of Lebanese Descent - **APSLD**

In collaboration with:

Lebanese Society of Plastic,
Reconstructive, & Aesthetic Surgery (LSPRAS)

Lebanese Society of Reconstructive
Microsurgery (LSRM)

International Lebanese
Medical Association (ILMA)

Arab Association of Surgical and
Medical Aesthetics (AASMA)

Euro-Mediterranean Council for
Burns and Fire Disasters (MBC)

Società Italiana di Chirurgia Plastica
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"The VIIth World Congress of Plastic Surgeons of Lebanese Descent, Beirut, Lebanon, 26/08/2023-27/08/2023 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 11 European CME credits (ECMEC®s).



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Dear Colleagues and Friends

It is our great pleasure to announce the VIIth World Congress of Plastic Surgeons of Lebanese Descent that will be held in Beirut, August 26th - 27th, 2023.

The VIIth World Congress of Plastic Surgeons of Lebanese Descent is organized in collaboration with the Lebanese Society of Plastic, Reconstructive and Aesthetic Surgery (LSPRAS), the Lebanese Society of Reconstructive Microsurgery (LSRM), the International Lebanese Medical Association (ILMA), the Arab Association of Surgical and Medical Aesthetics (AASMA), the Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE), the Société Française des Chirurgiens Esthétique Plasticiens (SOFCEP), and the Euro- Mediterranean Council for Burns and Fire Disasters (MBC).

The Organizing and Scientific Committees have prepared a rich program with international guest speakers covering a wide range of topics of high interest to most Plastic and Reconstructive Surgeons including Facial Rejuvenation, Rhinoplasty, Non-invasive Facial Aesthetic Procedures, Breast Aesthetic Surgery, Body Contouring, Reconstructive Surgery, and Aesthetic Medicine. Workshops related to various topics of interest will also be organized.

All Plastic and Reconstructive Surgeons, Facial Aesthetic Surgeons, Aesthetic Medicine Specialists, Residents, and Medical Students are welcome to participate. Participants will receive a certificate of attendance with CME credits from a recognized accreditation authority.

Our official organizer, Infomed International for Events, will spare no effort to assist you. For any further details, kindly contact: Mrs. Mira Chaptini Saade +961 3 11 06 06 or mirachaptini@infomedweb.com

Best regards,

Bishara Atiyeh, MD
APSLD President



WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT



AUGUST 26th - 27th, 2023 | HILTON BEIRUT METROPOLITAN PALACE HOTEL

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SICIENTIFIC PROGRAM AT A GLANCE

DAY 1: SATURDAY AUGUST 26th, 2023 – 6 CME Credit Hours

07:00-08:00	Registration
08:00-09:45	Session 1: BODY CONTOURING
09:45-10:15	Coffee Break
10:15-10:45	Symposium (None CME)
10:45-12:30	Session 2: FACIAL AESTHETIC SURGERY (1)
12:30-13:30	Workshops (None CME)
13:30-14:30	Lunch
14:30-16:15	Session 3: BREAST AESTHETIC SURGERY
16:15-16:45	Coffee Break
16:45-18:30	Session 4: RECONSTRUCTIVE SURGERY
18:30-19:00	Symposium (None CME)
19:00-19:30	OPENING CEREMONY
19:30-20:30	IIIrd RICARDO BAROUDI LECTURE

DAY 2: SUNDAY AUGUST 27th, 2023 – 5 CME Credit Hours

07:00-08:00	Registration
08:00-09:30	Session 5: FACIAL AESTHETIC SURGERY (2)
09:30-10:00	Coffee Break
10:00-10:30	Symposium (None CME)
10:30-12:15	Session 6: BODY CONTOURING & BREAST AESTHETIC SURGERY
12:15-14:00	Session 7: MINIMALLY-INVASIVE AESTHETIC PROCEDURES & AESTHETIC MEDICINE
14:00	CLOSING CEREMONY – GROUP PICTURE

ACCREDITATION STATEMENT: "The VIIth World Congress of Plastic Surgeons of Lebanese Descent, BEIRUT, Lebanon, 26/08/2023-27/08/2023 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 11 European CME credits (ECMEC@s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity."

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DISCLAIMER AND LIABILITY: The information in this educational activity is provided for general medical education purposes only and is not meant to substitute for the independent medical judgement of a physician relative to diagnostic and treatment options of a specific patient's medical condition. The viewpoints expressed in this CME activity are those of the authors/faculty. They do not represent an endorsement by APSLD, LSPRAS, LSRM, ILMA, AASMA, MBC, SICPRE, SOFCEP, and EACCME®. In no event will the EACCME® be liable for any decision made or action taken in reliance upon the information provided through this CME activity. Congress organizers are not liable for personal accidents, losses of or damage to any private property of registered attendees or any accompanying persons during the Congress.

In accordance with the standards for Commercial Support, none of the organizers and speakers has any fee, honorarium or arrangement for re-imbursement of expenses in relation to this live educational event (LEE) that may constitute a potential Conflict of Interest.

This activity was assessed by EthicalMedTech and was found to be compliant with MedTech Europe Code of Ethical Business Practice and Mecomed Code of Business Practice.



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AUGUST 26th - 27th, 2023 | HILTON BEIRUT METROPOLITAN PALACE HOTEL

DAY 1: SATURDAY AUGUST 26th, 2023

07:00-08:00 REGISTRATION

8:00-9:45

Session 1 BODY CONTOURING

Moderators: Fabio NAHAS, Ahmad SAAD, Rômulo MÊNE

08:00-08:15

S1-GSL1

GUEST SPEAKER LECTURE

Safety in Patients with Body Countoring Surgery
Arturo RAMIREZ-MONTAÑANA – Mexico

08:15-08:30

S1-GSL2

GUEST SPEAKER LECTURE

The Science Behind Abdominoplasty: What I Have Changed
Fabio NAHAS – Brazil

08:30-08:38

S1-1

Proper Abdominoplasty Scar Positioning and Hope to Maintain it
Sami SAAD – Lebanon

08:38-08:46

S1-2

Can Abdominoplasty be Pain Free?
Sami SAAD – Lebanon

08:46-08:54

S1-3

4D Liposculpture: From the Bones to the Skin
Edgar Alberto LOPEZ CAMPOS – Brazil

08:54-09:02

S1-4

From Liposuction to HD Liposculpture: What Patients Want
Ahmad SAAD – Spain

09:02-09:10

S1-5

A New Approach in Staging a Bodylift and HD-LIPO After Massive Weight Loss
Joseph ELKHOURY – Lebanon

09:10-09:18

S1-6

Avoiding Complications in High-Definition Liposuction
Nancy ZEAITER – Lebanon

09:18-09:26

S1-7

Calf and Pectoral Implants
Richard ABS – France

09:26-09:34

S1-8

Cruroplasties et Brachioplasties
Elias SABBAGH – France

09:34-09:45

DISCUSSION

09:45-10:15

COFFEE BREAK

10:15-10:45

SYMPOSIUM 1 (None CME)

10:45-12:30

Session 2 FACIAL AESTHETIC SURGERY (1)

Moderators: Bishara ATIYEH, Jamal JOMAH, Bertha TORRES GOMEZ

10:45-11:00

S2-GSL3

GUEST SPEAKER LECTURE

Ethnic Rhinoplasty – a Twenty-Year Experience
George BITAR – USA

11:00-11:15

S2-SP1

SPECIAL PRESENTATION

Secondary Rhinoplasty and Hybrid Rhinoplasty Adapting Preservation Concepts to Structural Rhinoplasty
Juan José JURI – Argentina

11:15-11:23

S2-1

Tip Projection with a Natural Result
Roberto BITAR – Ecuador

11:23-11:31

S2-2

Advantages of ADM in Aesthetic Rhinoplasty
Jamal JOMAH – KSA

11:31-11:39

S2-3

Preservation Rhinoplasty: Indications and Limitations
Richard ABS – France

11:39-11:47

S2-4

Rhinoplasty in Patients with Previous Use of Nasal Fillers
Bertha TORRES GOMEZ – Mexico

11:47-11:51	My Evolution of Face Aging Management
S2-5	Juan José JURI – Argentina
11:51-11:59	A Holistic Approach for Facelifts, Safe Technique for Beginners
S2-6	Patricia BERBARI – Canada
11:59-12:15	15 Years of Experience with the MACS Lift: What I Have Learned
S2-7	Nicolas CHAMI – Switzerland
12:15-12:23	Assesment of Aging Symptoms and Strategy for Treatment in Upper Blepharoplasty
S2-8	Vakis KONTOES – Greece
12:23-12:30	DISCUSSION
12:30-13:30	WORKSHOPS 1 & 2 (None CME)
13:30-14:30	LUNCH

14:30-16:15

Session 3 BREAST AESTHETIC SURGERY

Moderators: Vakis KONTOES, Marwan ABOUD, Juan José JURI

GUEST SPEAKER LECTURE	
14:30-14:45	Bottoming Out and IMF Violation in Breast Aesthetic Surgery. Two Entities Often Confused. How to Avoid, How to Treat
S3-GSL 4	Vakis KONTOES – Greece
GUEST SPEAKER LECTURE	
14:45-15:00	A Scarless and Minimally Invasive Procedure in Tuberous Breast Correction: The PALL Technique
S3-GSL 5	Marwan ABOUD – Belgium
15:00-15:08	From Implant Removal to Breast Remodeling Using Fat Grafting and Threads: How I Do It
S3-1	Marwan ABOUD – Belgium
15:08-15:16	Small Scar Composite Breast Augmentation: my SSS (Safe, Smooth, Scarless) Technique
S3-2	William WATFA – Lebanon
15:16-15:22	Good Practices to Increase Safety in Breast Surgery
S3-3	Rachid GORRON MALOOF – Colombia
15:22-15:30	The NIU Principle: A New Tool to Predict the Ideal Nipple/Areola Complex Position during Augmentation Mastopexy
	Preoperative Markings
S3-4	Fadel CHAHINE – Lebanon
15:30-15:38	Simultaneous Augmentation Mastopexy: An Innovative Anatomical Approach- The Fascioglandular Flap for Improved Lower Pole Support
S3-5	Alexandre MANSUR – Brazil
15:38-15:46	How to Reduce Capsular Contracture in Breast Augmentation
S3-6	Bertha TORRES GOMEZ – Mexico
15:46-15:55	DISCUSSION
GUEST SPEAKER LECTURE	
15:55-16:15	Morphogenetic Surgery: Bringing the Plastic to Plastic Surgery
S3-GSL 6	Roger KHOURI – USA
16:15-16:45	COFFEE BREAK

16:45-18:30

Session 4 RECONSTRUCTIVE SURGERY

Moderators: Marzia SALGARELLO, Joseph BAKHACH, Ziad SLEIMAN

GUEST SPEAKER LECTURE	
16:45-17:00	Optimizing the Aesthetic Components of the Abdominal Closure in DIEP Flap Reconstruction
S4-GSL 7	Marzia SALGARELLO – Italy
17:00-17:08	Breast Reconstruction: Economic Impact Swiss Health Insurance System
S4-1	Nathalie KOCH – Switzerland
17:08-17:16	Breast Reconstruction, a Patient Targeted Approach
S4-2	Amir IBRAHIM – Lebanon
17:16-17:24	Our Experience with Vascularized Fibula Flaps in Complex Traumatic Limb Reconstruction
S4-3	Raymond CHALLITA – France
1724-17:32	Graft and Flap. A Novel Orthoplastic Approach to Achilles Tendon Secondary Rupture
S4-4	Antonio STAFFA – Italy
17:32-17:40	Case Management of an Open Abdominal Wound Post Abdominoplasty Complicated by Bowel Perforation
S4-5	Firas HAMDAN – Lebanon

17:40-17:43	A Rare Presentation of Donkey Bites Involving the Cheek and Ear
S4-6	Charbel AOUN – Lebanon
17:43-17:46	Necrotizing Fasciitis of the Lower Extremity
S4-7	Nancy ZEAITER – Lebanon
17:46-17:50	Rhinocerebral Mucormycosis: An Emerging Threat in the Era of COVID-19
S4-8	Deoda MAASARANI – Lebanon
17:50-18:00	DISCUSSION
18:00-18:10	SPECIAL TOPIC
S4-ST1	Traumatic Craniofacial Deformity Raja KUMMOONA – Iraq
18:10-18:20	SPECIAL TOPIC
S4-ST2	Migraine Surgery: Experience and Evidence Ahmad SAAD – Spain
18:20-18:30	SPECIAL TOPIC
S4-ST3	Financial Education for Plastic Surgeons Romeu FADUL Jr. – Brazil
18:30-19:00	SYMPOSIUM 2 (None CME)
19:00-19:30	OPENING CEREMONY
	Marzia SALGARELLO – Italy, SICPRE Ambassador Richard ABS – France, SOFCEP Representative Jamal JOMAH – Saudi Arabia, AASMA President Wally AHMAR – Australia, ILMA President Robert DAOUD – Lebanon, Senior LSPRAS Founding Member Joseph BAKHACH – Lebanon, LOP and LSPRAS President Bishara ATIYEH – Lebanon, APSLD President
19:30-20:30	IIIrd RICARDO BAROUDI LECTURE Arturo RAMIREZ-MONTAÑANA – Mexico



Ricardo Baroudi was born on June 1st 1932 in São Paulo. He was the fourth son of a Lebanese couple. His father is from Tripoly North Lebanon and his mother was originally from Beirut. All through his life, he was very proud of his origins. From 1969 to 1973, he developed the Plastic Surgery Department of the Medical School of Campinas University, São Paulo State. During this active period, he combined scientific activities and his private clinic with the administration of National and International Plastic Surgery Societies. Founder and President of the Association of Plastic Surgeons of Lebanese Descent – APSLD from 2010 to 2017 after which he became its Honorary President. APSLD has now matured into a solid organization with members spread across the vast Lebanese diaspora bound by sincere friendship. This achievement definitely could not have been possible without the inspiration and enthusiastic devotion of Ricardo Baroudi. With his loss, we have lost a pioneer and innovative Plastic and Reconstructive Surgeon, a great teacher and a unique human being. However, his spirit will never be lost and will remain the prime driving force behind our Association.

Dr. Baroudi was President of the Brazilian Society of Plastic Surgery twice, President of the IPRAS World Congress 1979, President of ISAPS, President of the ISAPS World congress 2007, IPRAS Journal Senior Ambassador, Editor in Chief of the Brazilian Journal of Plastic Surgery and IPRAS Board of Trustees member. He passed away on April, 2018. To honor him, The Special Ricardo Baroudi Lecture was initiated. The first lecture was given in Beirut at the Vth World Congress of Plastic Surgeons of Lebanese Descent – WCPSLD in 2019 by Dirk Richter, ISAPS President. The 2nd Lecture was in 2021 at the VIth WCPSLD by Gregory Evans, Past President of the American Society of Plastic Surgeons.



Arturo Ramirez-Montañana comes from Monterrey, Mexico and the Institute of Plastic Surgery where he is the director. His areas of expertise are Aesthetic Face and Body Surgery. He is ISAPS President Elect and Past President of the Mexican Board of Plastic and Reconstructive Surgery.

Dr Ramirez-Montañana's academic title and affiliation are with the Goldratt Institute Ph.D. He has a book of Breast Surgery Book, JL Haddad Dual Plane Breast Augmentation. He also wrote a chapter of the book History of the Mexican Plastic Surgery. Recently he published a report on "Mortality from Gluteal Fat grafting Recommendations from the ASREF Task Force". We are thankful to Arturo Ramirez-Montañana for his contribution to the VIIth WCPSLD and for giving the 3rd Ricardo Baroudi Lecture.

DAY 2: SUNDAY AUGUST 27th, 2023

07:00-08:00 REGISTRATION

08:00-09:30

Session 5 FACIAL AESTHETIC SURGERY (2)

Moderators: Paolo PERSICHETTI, Arturo RAMIREZ-MONTAÑANA, Romeu FADUL Jr.

08:00-08:15
S5-GSL8

GUEST SPEAKER LECTURE

Lift and Fill Approach to Central Face to Promote Vector Correction and Rejuvenation
Paolo PERSICHETTI – Italy

08:15-08:23
S5-1

Strategies for Facial Rejuvenation Combining Surgical and Non-Surgical Techniques

Laila MUSRI - Argentina

08:23-08:31

Upper Blefaroplasty

S5-2

Arturo RAMIREZ-MONTAÑANA – Mexico

08:31-08:39

Periorbital Rejuvenation

S5-3

Jamal JOMAH – KSA

08:39-08:47

Surgical Correction of Tear Trough Deformity (TTD) With Orbicularis Retaining Ligament Release and Volume Augmentation for Periorbital Rejuvenation – Review of the Literature

S5-4

Ahmad ONEISI – Lebanon

08:47-08:55

Aesthetics of the Gaze: Combination of Surgical and Non-Surgical Techniques to Optimize our Results

S5-5

Amal ABID – Tunisia

08:55-09:03

Objective Outcome Measure of Beauty and Attractiveness in Esthetic Surgery: Making the Impossible Possible

S5-6

Bishara ATIYEH – Lebanon

09:05-09:20
S5-GSL9

GUEST SPEAKER LECTURE

How to Start Doing the Auersvald Surgical Net in Facial Surgery
Bertha TORRES GOMEZ – Mexico

09:20-09:30

DISCUSSION

09:30-10:00

COFFEE BREAK

10:00-10:30

SYMPOSIUM 3 (None CME)

10:30-12:15

Session 6 BODY CONTOURING & BREAST AESTHETIC SURGERY

Moderators: Richard ABS, Elie ABDELHAK, Merlin GUGGENHEIM

10:30-10:45
S6-GSL10

GUEST SPEAKER LECTURE

Gluteal Augmentation: Implants, Lipomodeling, or Hyaluronic Acid Filler Injection
Richard ABS – France

10:45-10:53

Avoiding Problems in Gluteal Surgeries

S6-1

Romeu FADUL Jr. – Brazil

10:53-11:01

Surgical Experience with the Removal of Biopolymers in the Buttocks; Open Technique

S6-2

Rachid GORRON MALOOF – Colombia

11:01-11:09

Safety and efficiency of minimally invasive buttock augmentation - a review

S6-3

Fadi GHIEH – Lebanon

11:09-11:17

Combining High-Definition Liposuction Brazilian Butt Lift and Abdominoplasty in Order to Achieve an Optimal Result

S6-4

Joseph ELKHOURY – Lebanon

11:17-11:25

Middle East Butt Contouring

S6-5

Mohamed ABOZEID – Egypt

11:25-11:33

Update of Task Force Recommendations in Buttock Augmentation Surgery

S6-6

Arturo RAMIREZ-MONTAÑANA – Mexico

11:33-11:41

Approaches to the Post-Bariatric Breast

S6-7

Merlin GUGGENHEIM – Switzerland

11:41-11:49

Gynecomastia: A Multimodality Approach to Enhance Skin Tightening and Avoid Periareolar Scarring

S6-8

Firas HAMDAN – Lebanon

11:49-11:57

Simplified Planning and Marking of Reduction Mammoplasty and Mastopexy: The Circumvertical Matryoshka Pattern

S6-9

Ahmad ONEISI – Lebanon

11:57-12:05

Transaxillary Breast Augmentation (TBA): A 21-Year Experience and Evolution of Technique

S6-10

George BITAR – USA

12:05-12:15

DISCUSSION

12:15-14:00

Session 7 MINIMALLY-INVASIVE AESTHETIC PROCEDURES & AESTHETIC MEDICINE

Moderators: George BITAR, Sami SAAD, Wassim RAFFOUL

12:15-12:30

S7- GSL 11

GUEST SPEAKER LECTURE

Endoscopic Brow and Midface Lift: Minimally Invasive Alternative

Ahmad SAAD – Spain

12:30-12:38

S7-1

Lip Lift: A Simple Office Based Procedure That Can Enhance and Rejuvenate the Perioral Area

Firas HAMDAN – Lebanon

12:38-12:46

S7-2

Threads for Browlift – New Approach – A.I.L.A. Technique

Hussein ABOU KHALIL – Lebanon

12:46-12:54

S7-3

Mini-Invasive Face and Neck Lifting Using the PALL Technique

Marwan ABBOUD – Belgium

12:54-13:02

S7-4

Rheology of Fillers and Avoiding Complications

George BITAR – USA

13:02-13:10

S7-5

Laser and Chemical Peel in Plastic Surgery

Rômulo MÊNE – Brazil

13:10-13:18

S7-6

Complications of Aesthetic Medicine

Michele CHEMALI – Switzerland

13:18-13:26

S7-7

Fat Grafting in Burn Scars

Joseph BOURGI – Lebanon

13:26-13:45

DISCUSSION

13:45-14:00

S7-ST4

SPECIAL TOPIC

Is it Time to Formalize a University Training in Aesthetic Medicine?

Wassim RAFFOUL – Switzerland

14:00

CLOSING CEREMONY – GROUP PICTURE

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14:30

TOUR & DINNER MEETING POINT AT HOTEL LOBBY FOR DEPARTURE

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LEBANESE DESCENT**



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SPEAKERS & ABSTRACTS



Marwan ABBOUD - Belgium

Head of Department, Plastic Surgery
Tivoli University Hospital; La Louvière
marwan.abboud@maclinic.eu



(S3-GSL5) - A Scarless and Minimally Invasive Procedure in Tuberous Breast Correction: The PALL Technique

(S3-1) - From Implant Removal to Breast Remodeling Using Fat Grafting and Threads: How I Do It

(S7-3) - Mini-Invasive Face and Neck Lifting Using the PALL Technique



Amal ABID - Tunisia

Spécialiste en Chirurgie Plastique, Esthétique et Réparatrice
Kantaoui Medical Center, Bloc B, 3^{ème} étage, Avenue 14 Janvier, Route touristique,
Hammam Sousse 4011 Sousse, Tunisia
docteuramalabid@gmail.com



(S5-5) – Aesthetics of the Gaze: Combination of Surgical and Non-Surgical Techniques to Optimize our Results
Author : Dr Amal Abid

Facial beauty, particularly of the periorbital complex, is an important component of physical attractiveness and nonverbal communication, and reflects chronological age.

In fact, eye contact is often the first and some say the most important, form of interaction between individuals.

These properties have made rejuvenation of the periorbital complex highly desirable.

According to the indication and the case, eye rejuvenation meant the need for invasive surgical treatments like blepharoplasty, browlift, nano and micro fat transfer.

Minimally invasive or non invasive procedures wich includes botulium toxin, dermal filler injections, laser, laser skin resurfacing, have increasingly become a necessity in association to invasive procedures to achieve best results for the periorbital rejuvenation.



Mohamed ABOZEID - Egypt

Asc. Prof. of Plastic Surgery; Cairo University School of Medicine
Chairman of Egyptian Society for Women's Health - VENUS
Founder and Honorary President of the International Cosmetic Congress ICC
Founder and Medical Advisor of ICME Medical Training Academy
Faculty board of IMCAS, SCC, MEIDAM, and AIDA
mabozeid@gmail.com



(S6-5) – Middle East Butt Contouring

New classification for Middle East Butt Defects and treatment modalities with Video presentation of Butt Filler injection



Hussein ABOU KHALIL - Lebanon

Plastic and Reconstructive Surgery
A-KH Beauty Clinic for Aesthetic Plastic Surgery - Tyr
Jabal Amel Hospital
aboukhalilps@gmail.com



(S7-2) - Threads for Browlift - New Approach - A.I.L.A. Technique

Background: Brow lift is one of the most requested aesthetic treatments, with or without upper eyelid blepharoplasty, starting from the medical indication in cases of severe ptosis, ending with the trend "cat eye, fox eye, etc.", we know different non invasive, minimal invasive, and surgical techniques used in order to correct the position of the eyebrow.

Methods: First we needed to accept the possibility of using threads as alternative for surgery or to combine both: surgery and threads, to achieve the best results. Inverted lifting approach is the latest update of eyebrow lift using "double sharp – double needle" threads, with a new entry point and the simplest technique of implantation. We applied the new approach either as a simple brow lift or during upper lid blepharoplasty with direct anchoring of the subcutaneous layers across the open wound. We suggest 3 different variations of our technique with different levels of stability and durability.

Results: We applied A.I.L.A. technique to more than 25 cases, 35% combining thread lifting with blepharoplasty, 65% simple brow lift. Analysis of results, comparisons and durability show that: A.I.L.A. technique is a successful update or upgrade of brow lifting using threads

Conclusion: A.I.L.A. technique is a serious alternative of brow lifting with excellent results and feedback, safety and comfort depend on the ability of practitioner to respect anatomy, we observed not only a nice elevation of the brow, but also an improvement of the lateral canthus. Suggesting 3 different variations will expand the area of selection between patients, it will allow practitioners to achieve desired final results.



Richard ABS – France

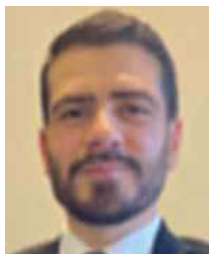
Past President, Board Member Société Française des Chirurgiens Plasticiens – SOFCEP
Board Member Société Française de Chirurgie Plastique SOFCPRE
Marseille
richard.abs@wanadoo.fr



(S1-7) - Calf and Pectoral Implants: Calf implants come after buttock implants in order of frequency. Pectoral implants are the latest. These body implants find their indications both in reconstructive and aesthetic surgery. The surgical technique is described with tips and pitfalls to avoid.

(S2-3) - Preservation Rhinoplasty: Indications and Limitations: Currently, the preservation rhinoplasty technique is in vogue. By preserving the nasal dorsum, it certainly has advantages but also has its limits in its indications and a learning curve necessary for its mastery.

(S6-GSL10) - Gluteal Augmentation: Implants, Lipomodeling, or Hyaluronic Acid Filler Injection: Buttock augmentation primarily refers to BBL, Brazilian Butt Lift. If this operation is attractive and very often practiced, it has its own safety rules and a surgical technique necessary for its success. Nevertheless, implants are necessary in cases of lack of fat and/or high ambition on the part of the patient. The surgical technique is described in order to place it securely in the hands of plastic surgeons. Nevertheless, there is still a place for gluteal augmentation with fillers, mainly hyaluronic acid.

**Charbel AOUN – Lebanon**

PGY1 Plastic and Reconstructive Surgery Resident
Lebanese University
charbelbaoun@gmail.com

**(S4-6) - A Rare Presentation of Donkey Bites Involving the Cheek and Ear**

Although animal bites account for a fair number of emergency department visits, donkey bites account for a very limited proportion. A 12-year-old boy presented to our department with a severe donkey bite involving his face. The injury included his left cheek with a laceration of the left ear cartilage. The examination revealed no serious morbidity (no vascular or nerve involvement). The patient received prophylactic antibiotics and anti-rabies/anti-tetanus vaccination. The wound was cleaned thoroughly with copious irrigation. Afterward, the patient underwent surgery to correct the defect in the cheek using a rotational advancement cervicofacial flap, while the penetrated ear cartilage was repaired and the skin margins were approximated and sutured. During the follow-up period, no complications were observed and the functional and cosmetic outcomes were satisfactory. Donkey bites are rarely encountered and they can result in different presentations and morbidities/outcomes. It is suggested that the timing from the bite injury to presentation, the stage/extent of the bite, the use of anti-tetanus and anti-rabies vaccines, and the prophylactic use of antibiotics may play a role in determining the outcomes and/or complications of donkey bites.

**Bishara ATIYEH – Lebanon**

APSLD President
LSRM President
MBC President
Professor Plastic and Reconstructive Surgery
American University of Beirut Medical Center
bechara.atieh@gmail.com

**(S5-6) - Objective Outcome Measure of Beauty and Attractiveness in Esthetic Surgery: Making the Impossible Possible**

B. Atiyeh, F. Chahine

Notoriously characterized by subjectivity and lack of solid scientific validation, reporting aesthetic outcome in plastic surgery is usually based on ill-defined end points and subjective measures very often from the patients' and/or providers' perspective. With the tremendous increase in demand for all types of aesthetic procedures, there is an urgent need for better understanding of aesthetics and beauty in addition to reliable and objective outcome measures to quantitate what is perceived as beautiful and attractive. In an era of evidence-based medicine, recognition of the importance of science with evidence-based approach to aesthetic surgery is long overdue. View the many limitations of conventional outcome evaluation tools of aesthetic interventions, objective outcome analysis provided by tools described to be reliable are being investigated such as advanced artificial intelligence (AI) and eye-tracking (ET) technology.

A literature review has shown that some AI applications such as facial emotions recognition systems are capable of objectively measuring and quantitating patients reported outcomes (PROMs) and defining aesthetic interventions success from the patients' perspective. Though not reported yet, observers' satisfaction with the results and their appreciation of aesthetic attributes may also be measured in the same manner. Furthermore, ET data should be interpreted with caution; how a specific visual stimulus directly influences one's sense of aesthetics is still not clear. Furthermore, despite its great potentials, it is still too early to confirm or deny ET usefulness. Nevertheless, PROMs being most indicative of an aesthetic intervention success, measurement of patients' satisfaction by ET technology could offer a major breakthrough in objective assessment of aesthetic outcomes that need further in-depth investigation.

**Patricia BERBARI – Canada**

Plastic Surgeon/Chirurgienne Plastique
555-B boul de la Gappe
Gatineau, QC
pberbari@videotron.ca

**(S2-6) - A Holistic Approach for Facelifts, Safe Technique for Beginners**

Face and neck lift surgery is a procedure performed more frequently by experienced surgeons. The practice of plastic surgery often begins in a hospital setting with facial and body reconstruction procedures; few surgeons start in private clinics with exclusively cosmetic procedures. The reasons are diverse, but often there is a lack of exposure during plastic surgery training and additional training is required for those with an interest in aesthetics. Several techniques of face and neck lifts have been described, from the simplest to the most complex ones and the choice is made according to the degree of confidence of the surgeon and according to his training.

This presentation is intended to be unpretentious, to describe a simple technique, borrowing steps from several techniques; it is simple, safe, reproducible methodology, to be performed by a young surgeon. It gives a natural and lasting result thanks to the combination of liposculpture, resurfacing laser and other adjunctive treatments.

**George BITAR - USA**

Assistant Clinical professor, GWU
Founder, and Medical Director, Bitar Cosmetic surgery Institute
APSLD- North America Secretary and
APSLD-President of Sixth World Congress APSLD in Washington DC 2021
georgebitar@bitarinstitute.com

**(S2-GSL3) - Ethnic Rhinoplasty – a twenty-year experience**

Rhinoplasty is an operation growing worldwide, with 786,852 rhinoplasties performed worldwide in 2016 according to ISAPS statistics. Rhinoplasty is a difficult and challenging, yet fun and exciting operation for the plastic surgeon because of the important location of the nose, and the complex nasal structures that are contoured to give an aesthetically pleasing result. The definition of Ethnic rhinoplasty evolved over the years loosely from any nose that is non-Caucasian to simply becoming defined as a rhinoplasty that maintains and enhances the patient's own ethnically unique features. "I want my own nose only prettier" is something commonly heard from a rhinoplasty patient.

Performing ethnic rhinoplasties successfully requires many skills: Technical expertise, an artistic eye, ethnic and cultural sensitivity, age sensitivity and knowledge of pop culture. Various ethnic rhinoplasties, techniques, and considerations will be explored. Non-surgical as well as surgical algorithms will be demonstrated with videos and B/A photos. The conclusion will be drawn that the ethnic rhinoplasty procedure is a precise and demanding operation due to many factors discussed in this talk. The upside is that if all the considerations are addressed, then our patients will be very happy and have noses that match their identity and sense of beauty

(S6-10) - Transaxillary Breast Augmentation (TBA): A 21-Year Experience and Evolution of Technique

Transaxillary Breast Augmentation (TBA) is an elegant, easy, and dependable technique for breast augmentations with a low rate of complications and very high patient satisfaction. A 21-year experience and the evolution of the TBA technique with different breast implants is presented. The TBA approach has several advantages over the peri-areolar or infra-mammary approach. The TBA approach leaves an imperceptible scar in the axilla. The dissection from the axillary approach is performed through the delto-pectoral fascia and posterior to the pectoralis major muscle. The dissection is away from the milk ducts, and the blunt dissection of the sub-pectoral pocket makes the injury of the fourth intercostal nerve incredibly rare. Furthermore, with efficient dissection and lack of need to tighten the muscles anterior to the implant, the operative time is significantly reduced. Initially, TBA was performed endoscopically assisted. The advantage of the endoscope assistance was to delineate anatomy, allow the surgeon to visualize the structures, and to achieve hemostasis under direct visualization. The next phase was performing TBA with saline implants through a 2 cm incision without endoscopic assistance (Non-endoscopic TBA). The most recent phase was to perform TBA with silicone implants with a Keller Funnel and a No Touch technique, with fat grafting to create a desirable cleavage when necessary.

A 5-7 cm incision is sufficient for implants up to about 600 cc. 1140 patients underwent breast augmentations with the TBA technique with the same surgeon, with post-operative pain in general limited to the first few days and controlled with analgesic medications. Return to daily activity has occurred within a week to 10 days. Exercise is usually encouraged after the third week. Techniques, results, and complications will be discussed. The Non-endoscopic TBA technique is a safe and effective way to perform a breast augmentation. This presentation will demonstrate the simplicity and elegance of this approach with predictability and very high patient satisfaction.

(S7-4) - Rheology of Fillers and Avoiding Complications

The global dermal filler market was \$5.05 Billion in 2021 and projected to reach \$8.74 Billion in 2029. As the filler market increases, so should our understanding of fillers, their properties, and managing their injections safely. The rise of facial injections has caused a rise in complications, ranging from the mild, such as irritation and mild allergic reactions, to the catastrophic, such as large areas of facial tissue necrosis, as well as blindness. Our duty as aesthetic surgeons, who also perform facial filler injections, is to learn about the properties of injectables and how to inject them safely. Rheology is a branch of physics that deals with the deformation and flow of materials, both solids and liquids. Selection of dermal filler with the right rheological properties is a key factor in achieving a natural-looking, long-lasting desired aesthetic outcome. There are 4 main rheological parameters used to describe viscoelastic properties: G^* (measures overall viscoelastic properties or "hardness"), G' (measures elastic properties), G'' (measures viscous properties), and $\tan \delta$ (measures the ratio between viscous and elastic properties). Those parameters are affected by the biochemical structure of the filler, the cross-linking, dilution, and other factors. Selecting the right filler for the right area of the face and injecting at the proper depth is essential in achieving the best results.

Understanding the properties of the fillers is very important in avoiding complications, but an excellent knowledge of the anatomy of facial arteries, veins, nerves, and other important structures is also important to avoid complications. Certain "high risk zones" of the face will be discussed and should be avoided while injecting. The type of needle or microcannula used, technique of injection, and location of injection are all important to avoid complications. A discussion of how to treat complications will follow.



Roberto BITAR – Ecuador

Member of the Ecuadorian Society of Plastic,
Reconstructive and Aesthetic Surgery (SECPRE)
Member of the Ibero-American Federation of Plastic Surgery
Centro Estético Quirúrgico, Guayaquil
drbitar@hotmail.com



(S2-1) - Tip Projection with a Natural Result

Always looking for a long lasting result in the projection of the tip of the nose, I am using the cartilage of the dorsum to make a strut-shield. This technique has a very good result in projection and help a lot to avoid irregularities, with the pass of the time, on the tip of the nose especially on thin skins.



Joseph BOURGI – Lebanon

Plastic Surgeon

khourybourgi.joseph@gmail.com



(S7-7) - Fat Grafting in Burn Scars

Introduction: Fat grafting is now part of the armamentarium in plastic surgery. It is successfully used in burn scars. The aim of our study is the discussion of the value of this technique in optimizing cosmetic result of burns sequelae.

Patients and method: A total of 136 burn scars were assessed from February 2013 to January 2023. The scars resulted from severe burns occurring 2 to 9 years ago. The patients were treated by injection of adipose tissue harvested from abdominal subcutaneous fat and processed according to Coleman's technique. Two to three injections were administered at the dermohypodermal junction. Ages, sexes, aetiology of burn, burn sequelae, recipient sites, quantity of fat injected and aesthetic results are discussed.

Results: Patients age ranged from 21 to 55years (average: 38). The mean follow-up of the study was 66 months (23-118). Patients received 7.5 (5-11) restorative surgeries before fat grafting. Patients underwent two or three sessions of fat transfer, 33cc average per session. We did not report any complications. The clinical appearance, discussed by three surgeons and subjective patient feelings, after a 6-months follow-up period, suggests considerable improvement in the mimic features, skin texture, and thickness. The result is good in 86% of cases and acceptable in the other cases.

Discussion: Burns sequelae offer local conditions which justify the use of special cannula that can cross fibrosis. The intense fibrosis explains the value of multiplying the sessions. Fat grafting can restore a missing relief, fill a localized depression, reshape a lack of volume or smoothen a scarring skin.

Conclusion: Fat grafting seems to complete and improve the results of the standard surgical approach in burn scars.



Fadel CHAHINE – Lebanon

Consultant Plastic Surgeon

Trad Hospital - Beirut

fadel@chahine.md



(S3-4) - The NIU Principle: A New Tool to Predict the Ideal Nipple/Areola Complex Position during Augmentation Mastopexy Preoperative Markings

Background: While the beauty of the breast depends on aesthetic proportions, the position of the nipple-areola complex on the breast footprint and in relation to the implant during mastopexy augmentation is critical, and has only lately been recognized.

We hereby present a simple formula that allows accurate and proper prediction of the ideal nipple areola complex (NAC) positioning for every patient depending on the chosen implant in case of mastopexy augmentation, or revision mastopexy with exchange of implants.

Methods: A prospective Level IV analysis of all consecutive patients undergoing primary mastopexy augmentation or revision mastopexy with exchange of implants was performed between January 2021 and January 2022.

48 consecutive patients were included in the study. The "NIU" (Nipple - Inframammary Fold - Upper Breast Border) principle was applied to all patients to determine the ideal position of the NAC.

Patients were photographed preoperatively and postoperatively in a standardized manner.

The main end point was to determine if the NAC is located at the most projected point of the breast upon follow up.

Results: The NIU principle has been applied to 48 patients between January 2021 and January 2022. Of those patients, 27 underwent primary augmentation mastopexy, while 21 underwent revision augmentation mastopexy with exchange of implants.

The mean follow up duration was 9.2 months (6-18 months). All patients demonstrated proper NAC positioning upon follow up

Conclusion: The NIU principle is a simple and reliable method to determine the ideal NAC position during mastopexy augmentation or mastopexy with implant exchange.

**Raymond CHALLITA - FRANCE**

Fellow, Plastic and Reconstructive Surgery
Grenoble Alpes University Hospitals
rchallita@chu-grenoble.fr



(S4-3) - Our Experience with Vascularized Fibula Flaps in Complex Traumatic Limb Reconstruction
R. Challita, J.Ph. Giot, D. Corcella

Introduction: Open long bone fractures can be challenging and difficult to manage even for experienced surgeons. Various treatment options are discussed in the literature with no consensus on the preferred treatment. Vascularized fibula flap are commonly used in maxillofacial surgery, however their usage is reserved for complex cases with large defects in limb injuries. With the tremendous improvement in microsurgery, previously non-salvageable limbs can be reconstructed. Thus long term results after limb reconstruction can help surgeons in choosing the best treatment with the best functional outcomes. Our retrospective study aims to assess the reliability of the vascularized fibula flap in complex traumatic limb defects and the long-term outcomes of patients treated with this technique at our institution.

Materials and Methods: We conducted an observational mono centric retrospective study from the year 2011 to the year 2021. Patients operated for complicated traumatic limb fractures using a vascularized Fibula flap (VFF) were included in the study. Long term amputation and consolidation rates were evaluated. The LEFS, Q dash, and VAS scores were evaluated at the end of follow-up. The statistical analysis was done using the R Software.

Results: Twenty patients were included in our study. 80% achieved complete union with no re fracture rate at a median follow-up of 41 months (IQ range 26.25) . 20% of patients were amputated. All patients who underwent amputation were smokers, presented with complex lower limb fractures, and were males. At the end of follow-up, the median value for the pain VAS was 4 (IQ range 3). The total LEFS median score was 67 (IQ range 21.25) and 63.5 (IQ range 18.5) for lower limb reconstruction patients.

Conclusion: Decision making process in traumatic limb reconstruction is complex. Advances in medicine and in microsurgery made the salvage of complex traumatized limbs possible. We presented our experience with VFF in treating patients with complex limb fractures with encouraging long term functional and clinical outcomes.

Keywords: Vascularized fibula flap, free fibula flap, limb reconstruction, Masquelet technique, Ilizarov technique, open fractures.

**Nicolas CHAMI – Switzerland**

APSLD Secretary for Europe
Member of Swiss Society of Plastic and Reconstructive Surgery (SSCPRE)
and of Swiss Society of Aesthetic Surgery (SSCE)
Rue du Midi 12, 1003 Lausanne
dr.nchami@gmail.com



(S2-7) - 15 Years of Experience with the MACS Lift: What I Have Learned

**Michele CHEMALI – Switzerland**

Resident, Plastic and Reconstructive Surgery
Lausanne University Hospital
michele.chemali@gmail.com



(S7-6) - Complications of Aesthetic Medicine
M. Chemali, W. Raffoul

The number of non-invasive aesthetic procedures performed by non-qualified practitioners is clearly on the rise and leading to an increasing number of complications. Our role as plastic and reconstructive surgeons is crucial to provide an effective and safe treatment, and to resolve potential complications. We would like to present several cases of patients who presented to our clinic for severe complications following non-invasive aesthetic procedures (radiofrequency and cryolipolysis).



Joseph ELKHOURY – Lebanon

Plastic Surgeon
Clinique du Levant, Beirut
drjosephelkhoury@gmail.com



(S1-5) - A New Approach in Staging a Bodylift and HD-LIPO After Massive Weight Loss

This talk is my approach on performing first a Bodylift and thereafter doing a true HD-LIPO and Brazilian Butt Lift in order to minimize complications and achieve athletic aesthetics.

(S6-4) - Combining High Definition Liposuction Brazilian Butt Lift and Abdominoplasty in Order to Achieve an Optimal Result

This talk will be centered on showing the difference between a tradition tummy tuck and my technique in the age of social media. All in order to achieve a pre-pregnancy aesthetics.



Romeu FADUL Jr. – Brazil

APSLD Secretary for South America
Member of Sociedade Brasileira de Cirurgia Plástica - SBCP
Hospital Sírio-Libanês Bela Vista, São Paulo
fadul.romeu@gmail.com



(S4-ST3) - Financial Education for Plastic Surgeons

The plastic surgeon is one of the physicians with the best financial profits in medicine in most countries. Surgeons accumulate a lot of wealth that comes from worked hours and they need to work more and more to maintain the acquired wealth, and often lack time to accompany their family or for leisure. Financial education and investment strategies that allow earnings regardless of the hours worked are fundamental to being able to have freedom and financial independence.

(S6-1) - Avoiding Problems in Gluteal Surgeries

Gluteal augmentation (fat graft or implants)- are growing in the last 3 years
Aesthetic gluteal body contouring surgery is growing.
Clinical anatomy is critical role in plastic surgery
Isolated buttock lifts can cause a flattened buttock contour
Implants augmentation or fat injection alone do not correct the ptosis
Avoiding complication is imperative for advancement of any procedure
This presentation: relevant anatomy, anatomical landmarks and how to train residents and plastic surgeons to improving results and avoiding complications

**Fadi GHIEH – Lebanon**

Chief Resident

Plastic, Reconstructive & Aesthetic Surgery

Department of Surgery, American University of Beirut Medical Center

fg10@aub.edu.lb



(S6-3) - Safety and efficiency of minimally invasive buttock augmentation - a review
B. Atiyeh, F. Ghieh, A. Oneisi

Background: Volume restoration and enhancement of the gluteal region appearance has become nowadays a popular concern in particular for many women. Several options are available, none however are without complications and side effects. Volume enhancement with soft tissue fillers of the gluteal region is emerging as a highly attractive minimally invasive modality. It has led unfortunately to more unlicensed, nonmedical practitioners administering illicitly injections for buttock augmentation at relatively low costs.

Methods: To determine safety, efficacy, and cost effectiveness of mostly used soft-tissue fillers for buttock augmentation, a systematic literature search of PubMed, Medline, and Embase was conducted to identify the mostly used fillers for gluteal augmentation. It was complemented by searching for each of the identified filler material separately to retrieve any missed reports. References of clinical studies and trials, reviews, and consensus reports were reviewed as well for the same objective.

Results: In the final analysis 12, mostly strongly biased clinical reports providing a low level of evidence, were identified for inclusion in the review. Two studies involved Polymethylmethacrylate (PMMA), 5 Poly-L-lactic acid, 1 Calcium hydroxyapatite and 4 hyaluronic acid filler injection. No studies were identified involving liquid silicone or Polyacrylamide hydrogel. The little available evidence provided by this review indicates that a specific brand of PMMA in Brazil has a demonstrable relatively good safety, efficiency, and cost-effectiveness record superior to surgical alloplastic gluteal augmentation or to lipofilling only when injected by experts.

Conclusions: Gluteal augmentation with soft tissue fillers is not as simple and innocuous as advertised. Serious complications may occur. Moreover, optimal buttock contouring entails not only volume augmentation but also volume removal; thus, volume augmentation with soft tissue fillers may not be ideal. Popularizing this modality must also be approached with great care. Serious complications do occur; they become inevitable when performed illegally by non-specialized, non-authorized, and unscrupulous practitioners in non-accredited facilities. Patients must be warned that adherence to regulations is critical and that only well-trained certified experts practicing legally in accredited facilities can address safely and efficiently their concerns.

**Rachid GORRON MALOOF – Colombia**

Cirujano Plastico

Member of Sociedade de Cirurgia Plastica Colombiana

and Associate Member of Sociedade de Cirurgia Plastica Brasileira

rachid.plastica@gmail.com



(S3-3) - Good Practices to Increase Safety in Breast Surgery

Silicone implant augmentation mammoplasty continues to be one of the most frequently performed surgeries by plastic surgeons. Techniques, methods and materials are increasingly known or improved to optimize surgical protocols in this regard. It seems very important to me to follow the recommendations given by some colleagues and systematize a step by step that helps us to try to reduce the possible complications in this procedure. It is logical that there are many topics in surgical safety such as preoperative management, patient preparation, the surgical act itself, postoperative follow-up, medications used and several that we regularly consider in our practice. In this presentation we will review some of the many points to take into account, which I think are relevant when it comes to how to avoid infections in breast augmentation surgery with silicone implants.

(S6-2) - Surgical Experience with the Removal of Biopolymers in the Buttocks, Open Technique

In recent years we have experienced a very significant increase in the volume of patients seeking treatment for complications secondary to the presence of foreign bodies in the buttocks. Specifically, the application of fillers in this region by non-specialists or intruders from the specialty has caused an increase in complications after these procedures.

Methods: This retrospective study evaluated 70 female patients who underwent surgery to remove foreign bodies in the buttocks specifically called biopolymers. The approach incision was that of "gull wings" of various sizes according to the need of the procedure. The dissection was performed up to the muscular plane from the superior part and then distally dissected to remove the greatest amount of product or foreign bodies. Data collection forms were used for all, in addition to the information in the patients' medical records.

Results: The patients reported in their postoperative control feeling good with the results and improvement of the symptoms that led them to seek treatment. 4 cases reported hyperpigmentation of the scar, 2 presented mild hypertrophy of the scar, 1 case mild dehiscence of a specific point of the incision in the immediate postoperative period 6 days later, 1 required complementary surgery to remove more product from the buttocks, 65 patients followed their strict postoperative control, of these all improved the characteristics of the skin prior to surgery, symptoms such as pain, recovered their self-esteem, improvements in their freedom for daily activities of life such as work and social life. 5 patients did not return to controls after 1 month of follow-up.

Conclusions: This surgical approach with the gull-wing incision with the open technique has been shown to be safe, effective and very complete when treating this type of medical condition. Achieving a high rate, in these patients, of improvement in their clinical condition prior to the procedure.



Merlin GUGGENHEIM – Switzerland

Member of Executive Committee of the Swiss Plastic Surgery Society

Past Executive Committee of EBA

Swiss Parc, Steinentischstrasse 5, CH-8002 Zürich

merlin.guggenheim@swissparc.ch



(S6-7) - Approaches to the Post-Bariatric Breast

Correction of the breast is often sought - by women and men - after massive weight loss following bariatric surgery. A wide range of procedures, from breast reduction to breast lifts with or without breast implants or autoaugmentation, are available to provide the desired correction. The changes to the breast during weight loss to the breast itself but also to neighboring anatomical entities as well as the often inferior skin quality pose many challenges to the surgeon aiming to achieve an aesthetically pleasing and long-lasting result. The objective of this talk is to provide a summary of the distinctive challenges the surgeon faces when planning an performing post-bariatric breast surgery as well as to present solutions to these problems, which have worked well for the author.



Firas HAMDAN – Lebanon

Plastic Surgeon

Highness Clinic

drfiras7@gmail.com



(S4-5) - Case Management of an Open Abdominal Wound Post Abdominoplasty Complicated by Bowel Perforation

This presentation is a clinical chronologic management of an abdominoplasty wound dehiscence and flap necrosis. The original lipo abdominoplasty was complicated by a bowel perforation that was recognized 24-48 hours later. After the surgical intervention, by the general surgeon via a midline incision, the patient developed flap necrosis. I was consulted 2 weeks later for "hematoma evaluation" and realized the severity of the condition. A step by step management and rational of the treatment short of microsurgical flap reconstruction which I don't offer and the patient and family were reluctant to travel to Germany where they offered such a treatment.

(S6-8) - Gynecomastia: a multimodality approach to enhance skin tightening and avoid periareolar scarring

Introduction: Following up my own patients and patients coming for a second opinion (from well esteemed and respected colleagues), after having Gynecomastia surgery Persistent deformities are identified and can be minimal or major. This does exist even with use of a Single Modality or Mutli modality approach : Traditional liposuction and gland and skin excision, or use of technology (Vaser, Laser, PAL, Jplasma or Bodytite)

Materials and Methods: A series of clinical cases of ascending severity will be reviewed.

Discussion and Results: Develop a Multimodality approach to Gynecomastia surgery combining multiple modalities of treatment all in One setting.

Always counseling the patient that a revision may be needed, if the skin does not retract adequately or minimal asymmetry persists which is almost always the case but usually mild enough to be a non surgical issue

Conclusions: The demand for cosmetic treatment of Gynecomastia will continue to exist. With proper training and experience, the clinician should be able to provide treatments that are consistently beneficial to their patients while delaying surgical scars on the male breast.

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(S7-1) - Lip Lift: A Simple Office Based Procedure That Can Enhance and Rejuvenate the Perioral Area

Lip Lift is an office based procedure that can both enhance and rejuvenates the perioral area. This simple procedure can be used for both young and older patients. Young patients who are unable to achieve lip beautification with adding filler material to their upper lip due to various reasons will benefit from the lip lift. Whereas older patients, seeking full facial rejuvenation, face the fact that the aging face often develops changes in the perioral region, and a facelift will not affect the perioral region to any appreciable degree. So the lip lift can be used in conjunction with a facelift to better enhance the results.



Amir IBRAHIM – Lebanon

Associate Professor

Head of Division, Plastic and Reconstructive Surgery

American University of Beirut Medical Center

Secretary, Lebanese Society of Reconstructive Microsurgery, LSRM

ai12@aub.edu.lb



(S4-2) - Breast Reconstruction, a Patient Targeted Approach



Jamal JOMAH – KSA

Consultant Plastic Surgeon,

ASPS International visiting Professor (American Society of Plastic Surgery)

ACS KSA Chapter President (American College of Surgeons)

EPSS General Secretary (Emirates Plastic Surgery Society)

PABPS President (Panarab Association for Burns & Plastic Surgery)

AASMA President (Arab Association of Surgical & Medical Aesthetics)

ISAPS Educational Co-chair for MEASA region (Middle East, Africa, South Asia)

jamaldr@gmail.com



(S2-2) - Advantages of ADM in Aesthetic Rhinoplasty

(S5-3) - Periorbital Rejuvenation



Juan José JURI – Argentina

CO Director Clínica Juri de Cirugía Plástica

Head Director of the department of anatomy applied to plastic surgery of the chair of anatomy of the Faculty of Medicine of the University of Business and Social Sciences.

Invited Professor by the Peruvian Society of Plastic Surgery

drjjuri@gmail.com



(S2-SP1) - Secondary Rhinoplasty and Hybrid Rhinoplasty Adapting Preservation Concepts to Structural Rhinoplasty

(S2-5) - My Evolution of Face Aging Management

**Roger KHOURI – USA**

Founding Member and Past President

International Society of Plastic and Regenerative Surgeons www.ISPRES.org

Founder of Miami Breast Center

Key Biscayne Surgery Center - FL

roger@khouiri.us

**(S3-GSL6) - Morphogenetic Surgery: Bringing the Plastic to Plastic Surgery**

With scalpels and crafty tailoring, reconstructive plastic surgery “borrows from Peter to pay Paul”. But plastic surgery comes from “Plastikos”, the Greek word for giving form. Since soft tissue shape is largely determined by its fibro-vascular structural scaffold, can an incisionless remodeling of this scaffold bring plastic surgery closer to its original mission? Can plastic surgeons become less tailors and more sculptors?

We refined techniques that modifies this structural framework and enable us to enlarge, reduce, and reshape soft tissues without incisions, resections or flap transfers. Because it is generating new shapes, we named this procedure morphogenetic surgery.

A number of morphogenetic tools are available and can be used in various combinations as needed. These are: 1- External vacuum expansion to enlarge the framework and enrich its vascular network; 2- percutaneous needle release of tethering fibers (Rigottomies) to mesh expand native fascia, increase tissue recruitment, turn cicatrix into matrix, and re-organize the fibrous framework; 3- Internal harmonic vibration to loosen the fibrous structures, improve tissue mobilization and facilitate remodeling; 4- mechanical scarring with a rasp to induce controlled fibrosis and tissue retraction; 5-autologous fat transfer to provide a cementing filler; 6- post operative application of an adhesive conforming splint as a mold to maintain the new tissue morphology till healing ensues.

We present our clinical experience with morphogenetic surgery, a promising plastic surgery procedure. Over the past decade we performed hundreds of morphogenetic procedures to reshape and regenerate various body parts without incisions or flap transfers. Percutaneous release of tethering fibers and mesh expansion of surrounding tissues markedly increased local tissue recruitment, and along with lipofilling, obviated the need for distant flap transfer. Immobilizing the construct with an external adhesive conforming mold till healing ensues preserved the immediate postoperative shape and size.

The potential for morphogenetic surgery is illustrated by case examples covering extremity and facial reconstructions, mastopexies, breast augmentation and reconstruction, contracture releases, and complex wound closures. We show that excellent results can be achieved with less disfiguring scars and with minimal complications; though small repeat procedures were often required to achieve the ultimate form, shape, and size. Conclusion: Reconstructive surgery using morphogenetic tools is the incisionless alternative to skin resections, tailoring, and flap transfers. It brings the “plastic” to plastic surgery.

**Raja KUMMOONA – Iraq**

Emeritus professor of Maxillofacial Surgery,

Iraqi Board for Medical Specializations,

Baghdad, Iraq

dr_raja_kummoona@yahoo.com

**(S4-ST1) - Traumatic Craniofacial Deformity**

Traumatic deformities might lead to death either isolated or part of multiple injuries due to laceration and damages to cranial cavity and brain.

The advances in the treatment of Craniofacial surgery have been achieved by advances in medications, instrumentation, tools of examination including ultra sound, CT scan and MRI with progress and advancement in anaesthesia technique making.

The care of injured patients by advancing trauma life support care by application of 4 Golden C and ATLAS 1-Control of Breathing and patent airway with tracheotomy if required, 2-Control of circulation and shock by intravenous fluid, plasma and blood after blood grouping, 3-Control of bleeding by cauterization of small blood vessels and ligation of large vessels, 4-Control of soft tissue laceration and control of bony fragments by reduction and fixation.

Facial deformities and malformation are quiet interesting topics, these diseases effecting the skull and facial skeleton, making life patient miserable and excommunication from society.

The aetiology of Craniofacial deformities either traumatic or hereditary or genetic with chromosomal aberration.

We will present few cases of traumatic Craniofacial deformities

**Nathalie KOCH – Switzerland**

Service de chirurgie plastique et de la main.
Médecin Associée, CHUV
Médecin Agrée, EHC Hôpital de Morges
Nathalie.Koch@chuv.ch

**(S4-1) - Breast Reconstruction: Economic Impact Swiss Health Insurance System**

Koch N. Raffoul W.

We retrospectively investigated charges to the Swiss healthcare system for different breast reconstruction procedures at the Centre Hospitalier Universitaire Vaudois. Methods: We selected all hospitalized patients at the University Hospital who underwent a "total" delayed breast reconstruction from January 2012 to December 2015. 72 women who underwent autologous or implant-based reconstructions were included. Three main breast reconstruction techniques were analysed: Deep Inferior Epigastric Perforator (n = 46) autologous flap reconstruction, Tissue Expander followed by Implant (n = 12) and pedicled Latissimus Dorsi (n = 12) flap with or without tissue expander and implant (n = 7). For all different groups, the global costs of reconstruction and total number of required operations were statistically compared. Results: Global costs for Deep Inferior Epigastric Perforator reconstruction were 29,728 ± 1892 CHF while Tissue Expander reconstruction showed a significantly higher global cost, reaching an average of 44,313 ± 5553 CHF.

LD showed a similar cost, compared to the Deep Inferior Epigastric Perforator reconstruction 29,813 ± 3637 CHF, increasing when including an implant 37,688 ± 4840 CHF. No significant differences in the number of interventions were detected. Conclusion: These data show that autologous breast reconstruction (DIEP) delivers the best cost ratio, with lower overall costs. Implant-based reconstructions showed a greater likelihood of complications and re-intervention, globally creating superior costs when compared to autologous reconstructions.

**Vakis KONTOES – Greece**

ISAPS Membership Chairman and Board Director
Professor (vis.) Aesthetic Surgery, ISAPS (www.isaps.org)
Professor (inv.) Plastic Surgery, University of Liege Medical School,- Belgium
President DrK Medical Group, Director Plastic Aesthetic & Laser Surgery
Dept. HYGEIA Hosp., Athens
Consultant European Medical Center & Aesthetic Surgery, Dubai-UAE
vakiskont@gmail.com

**(S2-8) - Assessment of Aging Symptoms and Strategy for Treatment in Upper Blepharoplasty**

The periorbital anatomy and its ageing changes are very often confused by surgeons and this can lead to wrong decision making for the correction of the ageing manifestations presented by time.

A detailed description of the basic periorbital anatomical structures and their changes due to gravity symptoms, fat atrophy, bone resorption and muscular laxity of this anatomical facial region, are presented in this lecture. Moreover the lines, grooves and other anatomical manifestations induced by ageing, are described in an effort to clarify the differences among several anatomical and aesthetic definitions (SOOF, festoons, fat bags, tear trough, etc). Classification of patients according to ageing changes in different categories is presented and treatment per category is described

Decision making, different surgical or non surgical techniques, preoperative and postoperative pictures of patients for each of the different anatomical entities described and their correction, are also analytically presented.

(S3-GSL4) - Bottoming Out and IMF Violation in Breast Aesthetic Surgery. Two Entities often Confused. How to Avoid, How to Treat

The inframammary fold is a defining element in the shape and structure of the female breast. From the onset of breast development, the inframammary fold anchors the inferior pole of the breast to the chest wall, and with age, the breast begins to sag or becomes ptotic relative to this point.

This structure has paramount importance in both aesthetic and reconstructive surgery of the breast, with considerable attention paid to its role in determining the technique used and in the difficulty in creating a natural-appearing inframammary fold both in augmentation mammoplasty and reconstruction after mastectomy.

The IMF exists, despite the controversy on its anatomical and histological origin among authors, and SHOULD NOT be violated during augmentation mammoplasty.

IMF violation and concurrent asymmetry of the breast appearance following breast augmentation, is a very stressing outcome for the patients and in their majority, they seek correction within 2-3 months after surgery.

The difference between IMF Violation and bottoming out is clarified and explained in detail, as these 2 entities need completely different correction if present.

The correction of IMF violation is performed with our technique by the modification of the Capsular Hummock flap method, with the addition of external non-absorbable sutures, placed through the skin to the periosteum of the rib, along the long axis of the IMF for further and stronger support of the newly formed IMF

Videos of the technique, step by step presentation, tips, tricks, before and after pictures are presented in this lecture.



Edgar Alberto LOPEZ CAMPOS – Brazil

Associate Member of Sociedade Brasileira de Cirurgia Plástica

Member of Associação dos ex alunos do Prof. Ewaldo Bolivar de Souza Pinto

São Paulo

<https://www.dredgarlopez.com.br>



(S1-3) - 4D Liposculpture: From the Bones to the Skin

Liposculpture has had an impressive evolution in recent years and is one of the most performed plastic surgery procedures in the world for both men and women. With our work and experience, we want to share with you how we carry out this art, from the initial evaluation, categorization of the patient, marking as one of the key points of the process, use of various technologies that help and enhance the results, some safety advice in these procedures, how we perform them and their postoperative management. It is important to mention that it is the description and evolution of the technique described in its beginnings by the teachers and that with our contributions and development they led us to obtain the expected results and longed for by our team and patients.



Deoda MAASARANI – Lebanon

PGY 5 Plastic and Reconstructive Surgery

Lebanese University

At present, resident in Grenoble, France; Department of Hand and microsurgery

deoda.maassarani@gmail.com



(S4-8) Rhinocerebral Mucormycosis: An Emerging Threat in the Era of COVID-19

Deoda Maassarani, Georges F. Bassil, Michael Nehme, Anis Nassar, George Ghanime, Ziad Sleiman

Mucormycosis is a rare but aggressive and fatal infection that is prevalent in immunocompromised patients. The variation in its clinical presentation and the lack of specificity are misleading and lead to a delay in the diagnosis and management. However, the era of coronavirus disease 2019 (COVID-19) is marked by the increasing emergence of Mucor infections, now identified as coronavirus-associated mucormycosis (CAM). Although many clinical forms exist, the most encountered in CAM is rhino-orbito-cerebral, as already reported in India.

We present a case of a 56-year-old male patient with uncontrolled diabetes mellitus and a history of recent SARS-CoV-2 infection treated with IV steroids, presenting for maxillary teeth pain and instability on day 16 of COVID-19 infection. Early diagnosis of CAM is crucial and will help decrease mortality in COVID-19 patients, especially those with comorbidities such as diabetes mellitus. Increasing cases of CAM should prompt clinicians to have a high index of suspicion for rhinocerebral mucormycosis, especially in patients with risk factors receiving steroid therapy.

In such patients, baseline glycosylated hemoglobin level and strict glycemic control by frequently measuring blood glucose levels and strictly adhering to insulin protocols would be rational but its efficacy in limiting the numbers of CAM in developing countries still needs to be confirmed.



Alexandre MANSUR – Brazil

Plastic Surgeon
Member of Sociedade Brasileira de Cirurgia Plástica
Curitiba, PR
mansur@alexandremansur.com.br



(S3-5) - Simultaneous Augmentation Mastopexy: An Innovative Anatomical Approach- The Fascioglandular Flap for Improved Lower Pole Support

Mansur AEC, Graf RM, Fadul R Jr, Balbinot P, Nasser IG, de Paula DR, Maschio AG, Chahine F, Atiyeh B

Simultaneous breast augmentation and mastopexy is very challenging often considered to be one of the most difficult cosmetic breast surgeries. Although a patient is sometimes better served with 2 separately staged procedures, the demand for single-stage combined augmentation mastopexy is increasing associated with increasing demands for larger implants.

Combining these 2 operations presents special problems because of the interplay of opposing forces. To avoid bottoming out, wound dehiscence, and ultimately implant extrusion, it is essential to provide proper coverage and support of the inferior breast pole. The goal of this report is to illustrate the benefit of an inferiorly based fascioglandular flap in providing adequate breast lower pole support in simultaneous breast augmentation mastopexy.



Rômulo MÊNE – Brazil

Regenerative Plastic Surgeon
Past APSLD Treasurer
Clinica Rômulo Mêne, Ipaneam, Rio de Janeiro
mene@romulomene.med.br



(S7-5) - Laser and Chemical Peel in Plastic Surgery



Laila MUSRI – Argentina

Consultant Plastic Surgeon
Member (Assistant Secretary) of Executive Committee of SACPER – Argentinian Society of Plastic, Aesthetic and Reconstructive Surgery
Av. Rivadavia 15931, Haedo, Provincia de Buenos Aires
musrilaila@gmail.com



(S5-1) - Strategies for Facial Rejuvenation Combining Surgical and Non-Surgical Techniques

My purpose is to speak from the point of view that the patient wanted natural rejuvenation and with the fastest recovery possible, so by providing strategies such as combined blepharoplasty with facial lipotransfer and associating non-surgical treatments for the skin, great results are achieved with rapid recovery.

**Fabio NAHAS – Brazil**

APSLD International Secretary

Prof. Adjunto -Universidade Federal de São Paulo / Escola Paulista de Medicina

Sao Paulo, Brazil

fabionahas@outlook.com

**(S1-GSL2) - The Science Behind Abdominoplasty: What I Have Changed**

This presentation shows the main clinical concerns that I faced along my professional life as a body contouring surgeon. In order to get the answers to my doubts, I did specific studies that have changed the way I manage these cases. These changes were at the pre, intra and postoperative of abdominoplasties. Therefore, all points that we will show in this presentation are scientifically based. Conditions such as preoperative nutrition, specific psychological conditions, and special types of deformities are discussed. Technical improvements and postoperative care are also displayed and the advantages of these changes are pointed out.

**Ahmad ONEISI – Lebanon**

Chief Resident

Plastic and Reconstructive Surgery

American University of Beirut Medical center

oneisi.ahmad@gmail.com

**(S5-4) - Surgical Correction of Tear Trough Deformity (TTD) With Orbicularis Retaining Ligament Release and Volume Augmentation for Periorbital Rejuvenation – Review of the Literature**

B. Atiyeh, C.R. Hakim, A. Oneisi, F. Ghieh, F.Chahine

Background: Tear trough deformity is a hallmark of peri- orbital aging. It is not, however, an exclusive feature of old age. While protruding orbital fat results in lower lid bags that are traditionally corrected by excision, correction of TTD can constitute a real challenge requiring volume enhancement in addition to addressing prolapse of orbital fat and descent of cheek tissues. Described therapeutic options include minimally invasive soft tissue augmentation with fillers or structural autologous fat transfer as well as invasive surgical procedures concomitantly with lower lid blepharoplasty or other facial rejuvenation procedures.

Material and Methods: Six eponyms have been used in the literature to describe the Condition: (1) naso-jugal fold, (2) naso-jugal groove, (3) naso-jugal ditch, (4) tear trough, (5) tear trough deformity, and (6) tear trough depression. A separate PubMed database search of each of the 6 terms was conducted in addition to an advanced literature and systematic PICO searches to identify all described clinical retrospective or prospective, comparative or simple cohort studies related to surgical correction of TTD. An additional screening of references of retrieved clinical studies was performed to identify any missed reports.

Results: A total of 435 publications were identified with the initial search. After excluding all none relevant studies, 44 papers were selected for review. 6 additional studies were identified by screening relevant references.

Conclusion: Almost all authors agree on the necessity to release the tear trough retaining ligament together with volume enhancement. Transconjunctival and transcutaneous incisions are reported. Most recommend repositioning of the protruding orbital fat for volume enhancement to mostly subperiosteal, or pre-periosteal pockets. Other reported options include pedicled buccal fat pad transposition, segmental fat grafting, and minced micrografts. Internal as well as external fixation of repositioned fat flaps have been described. Despite lack of solid objective evidence, several of these techniques when properly executed for the proper indication in selected patients are reported to result in a rewarding and long-lasting outcome. Unfortunately, it is difficult to determine the most appropriate technique that would universally yield the most pleasant and harmonious facial contour without creating an unnatural puffy appearance. It remains for the surgeon to identify the safe surgical approach that does not compromise lower eyelid function and achieves the most pleasing aesthetic outcome with the least complications and downtime.

(S6-9) - Simplified Planning and Marking of Reduction Mammoplasty and Mastopexy: The Circumvertical Matryoshka Pattern

B. Atiyeh, R. Raful Jr., N. Habr, F. Chahine

Introduction: Like most other aesthetic procedures, particularly in paired organs for which symmetry is critical, the successful outcome of mastopexy and reduction mammoplasty is greatly determined by pre-operative planning. By carefully considering the design of the skin reduction and choosing and designing an appropriate pedicle, prevention of skin necrosis, unsightly scars, and shape distortion can be minimized.

Methods: We present an original skin marking technique that combines the advantages of using a Wise template as the basis for skin marking with those of the vertical mammoplasty pattern together with a limited circumareolar skin excision to shorten the subareolar vertical scar.

Results: The circumvertical skin marking design we propose mimics a Russian doll silhouette, the "Matryoshka".

Conclusion: Incorporating a geometrically based and measurable pre-operative marking certainly offers a great degree of control and consistency.



Paolo PERSICHETTI – Italy

Professor and Chairman Plastic and reconstructive Surgery Dept
Campus Bio-Medico University of Rome School of Medicine
Editor in Chief European Journal of Plastic Surgery
P.Persichetti@policlinicocampus.it



(S5-GSL8) - Lift and Fill Approach to Central Face to Promote Vector Correction and Rejuvenation



Wassim RAFFOUL – Switzerland

Chef de Service de Chirurgie Plastique et de la Main
Lausanne University Hospital
Wassim.Raffoul@chuv.ch



(S7-ST4) - Is it Time to Formalize a University Training in Aesthetic Medicine?

The development of aesthetic medicine in the last decade has been spectacular and as a result, these procedures became an integral part of the care of patients seeking aesthetic treatments.

Some of these procedures are done in conjunction with cosmetic surgery.

However, in many other situations they have replaced complex surgical procedures.

The success of aesthetic medicine is obvious and linked to several factors:

- Advances in molecular biology and the development of reliable & cost effective products.
- Advances in the development of devices that produce physical effects in a safer way.
- The democratization of the demand for aesthetic care.

This rapid development of aesthetic medicine has been done without regulation, opening the door to significant competition from other health care professionals, but also from other professionals who have no medical or para-medical training. Consequently, serious complications leaving patients with severe side effects are regularly reported.

Aware of this situation we have worked to set up a university training program in aesthetic medicine. Thus, we have inaugurated in early 2022 the University Center of Aesthetic Medicine in the department of plastic surgery of the university hospital of Lausanne. This center must accomplish the 3 university missions:

- To deliver care in aesthetic medicine, evaluate and publish the results.
- To ensure the training of residents and fellows.
- To develop research and development projects.

In this talk, we will present the results of this first-year experience.



Arturo RAMIREZ-MONTAÑANA – Mexico

ISAPS President Elect

Instituto Montañana, Medico, Cirujia Plástico

Colonia los Doctores, Lomas de San Francisco, 64710 Monterrey, N.L., México

docarturo@gmail.com



IIIrd RICARDO BAROUDI LECTURE

(S1-GSL1) - Safety in Patients with Body Contouring Surgery

(S5-2) - Upper Blefaroplasty

(S6-6) - Update of Task Force Recommendations in Buttock Augmentation Surgery



Ahmad SAAD – Spain

Diplomate, American Board of Plastic Surgery

Clinical Asst. Professor of Plastic Surgery

University of California in San Diego -- School of Medicine

Private Practice: Barcelona

ahmadsaad78@gmail.com



(S1-4) - From Liposuction to HD Liposculpture: What Patients Want

(S4-ST2) - Migraine Surgery: Experience and Evidence

(S7-GSL11) - Endoscopic Brow & Midface Lift: Minimally Invasive Alternative



Sami SAAD – Lebanon

Past LSPRAS President

Past ISAPS National Secretary for Lebanon

APSLD Secretary

samsadmd@gmail.com



(S1-1) - Proper Abdominoplasty Scar Positioning and Hope to Maintain it

(S1-2) - Can Abdominoplasty be Pain Free?



Elias SABBAGH – France

Plastic and Maxillofacial Surgery

CHU de Grenoble

ESabbagh@chu-grenoble.fr



(S1-8) - Cruroplasties et Brachioplasties

Cruroplasties et brachioplasties sont à présent des interventions dont les complications sont rares.

L'utilisation d'une lipoaspiration préalable à la dermolipectomie récemment apportée par les travaux de Pascal et Le Louarn a grandement participé à la diminution de ces complications principalement représentées par les séromes.

Un des objectifs de cette lipoaspiration préalable est la préservation des vaisseaux lymphatiques et des veines superficielles.

De nombreuses techniques ont été décrites, elles se différencient principalement par leurs dessins préopératoires. Peu de publications décrivent la technique utilisée pour la résection cutanéograsseuse couramment appelée « dé-dermisation ».

La plupart des équipes utilisent un bistouri électrique en s'efforçant de rester sous dermique et au-dessus de la trame vasculaire superficielle.

Le but de cette présentation est de décrire une technique d'avulsion qui permet de réaliser cette résection rapidement et en préservant la trame vasculaire à coup sûr.

Nous avons également remarqué que cette technique permet de diminuer le temps d'hémostase qui suit la résection. Une étude histologique est en cours pour essayer d'en comprendre les mécanismes.

La technique d'avulsion consiste en traction importante du lambeau cutanéograsseux à l'aide d'une pince Kocher.

Seules les berges du lambeau sont incisées au bistouri lame froide préalablement à ce geste.

Après avoir incisé les berges du lambeau de résection, l'opérateur saisi l'extrémité proximale du lambeau à l'aide d'une pince Kocher.

Il exerce ensuite une traction importante en direction de l'extrémité distale. Il a apporté au fur et à mesure de l'avancée de l'avulsion une contre-pression sur la trame vasculaire à l'aide de son autre main.

Arrivé à proximité de la berge distale, l'opérateur saisi celle-ci dans la pince Kocher et tracte en direction de l'extrémité proximale jusqu'à ce que le lambeau



Marzia SALGARELLO – Italy

Associate Professor of Plastic Surgery
Director, Residency Program in Plastic Surgery, Università Cattolica del Sacro Cuore,
Rome, Italy
Ex-Board Member of Società Italiana di Chirurgia Plastica Ricostruttiva
ed Estetica (SICPRE)
ICOPLAST Representative of Europe
SICPRE Ambassador to APSLD
marzia.salgarello@gmail.com



(S4-GSL7) - Optimizing the Aesthetic Components of the Abdominal Closure in DIEP Flap Reconstruction

The aesthetic components of the abdominal closure in deep inferior epigastric artery perforator (DIEP) flap breast reconstruction include on the one hand, considerations on the aesthetic flap design and navel aesthetics, and, on the other hand, on abdominal closure technique and on the cosmetic outcomes of the donor-site.

Abdominal closure techniques have drawn little attention in the literature, with many surgeons still following the principles of standard abdominoplasty. In this presentation the Author reports her experience with the cannula-assisted, limited undermining, and progressive high-tension suture ("CALP") technique of DIEP donor-site closure compared with standard abdominoplasty. Moreover, the importance of custom transverse plication is emphasized.

Since its introduction in 2008, the CALP technique for DIEP flap donor-site closure has demonstrated many advantages over the standard abdominoplasty technique which include low rate of donor-site complications, decreased daily abdominal drainage output, improved abdominal skin sensitivity, cosmetic outcomes, and patient satisfaction.



Antonio STAFFA – Italy

Plastic Surgery Resident
Policlinico di Bari
antonio-staffa@libero.it



(S4-4) - Graft and Flap. A Novel Orthoplastic Approach to Achilles Tendon Secondary Rupture

Dr. Staffa Antonio, Prof. Michele Maruccia, Prof. Giuseppe Giudice, Prof. Elia Rossella, Dr.ssa Nacchiero Eleonora

Introduction: The Achilles tendon rupture represents one of the most common tendon ruptures. Although its primary repair remains the treatment of choice, surgical complications, such as secondary rupture and tendon exposure, require salvage procedures.

Combined tendon and skin defects after surgery remains a complex and common reconstructive challenge. Various approaches have been described, but there is poor bibliography about management of combined tendon and cutaneous defects.

This study aims to present our orthoplastic approach for the functional reconstruction of composite secondary Achilles tendon defects.

Methods: Seven patients with chronic open wound and large Achilles tendon defects (Kuwada type IV) underwent one-stage reconstruction between October 2018 and October 2020. A combined team of orthoplastic surgeons performed the reconstructive procedure with a turndown gastrocnemius fascial flap, a fascia lata autograft for the tendon reconstruction and a free fasciocutaneous anterolateral thigh flap for soft issue coverage (graft and flap). Demographic and functional data were collected for each patient. Subjective evaluation and quality- of-life measures were obtained preoperatively and 12 months postoperatively using AOFAS and SF-36 questionnaire. Early and late complications were noted during each follow-up.

Results: The average soft tissue defect was 126,2 (range, 86,1-175,9 cm²) with a tendon gap of 8,2 cm (range, 7,1-10,3 cm). Mean follow-up was 18,3 months (range, 12-24 months). Flap survival was 100%. Overall range of motion of the reconstructed side was 87% of the unaffected side (54 degrees vs. 62 degrees). The SF-36 and AOFAS scores of all patients improved significantly ($p < 0.005$) at 12 months of follow-up.

Conclusion: Microsurgical approach combined with orthopedic techniques can solve complex cases of Achilles tendon secondary rupture providing a reconstructed tendon that achieves satisfactory anatomical shape and function.



Bertha TORRES GOMEZ – Mexico

Cirujana Plastico

President, Mexican Association of Plastic Surgeons

Member ISAPS Board of Directors, ISAPS National Secretaries Chair

Spanish Hospital Mexico City

berthatorresg@gmail.com



(S2-4) - Rhinoplasty in Patients with Previous Use of Nasal Fillers

(S3-6) - How to Reduce Capsular Contracture in Breast Augmentation

(S5-GSL9) - How to Start Doing the Auersvald Surgical Net in Facial Surgery



William WATFA – Lebanon

Assistant Professor of Clinical Surgery

Plastic, Reconstructive & Aesthetic Surgery

St George University Medical Center - Beirut

Fellow of the European Board (EBOPRAS)

williamwatfa@gmail.com



(S3-2) - Small Scar Composite Breast Augmentation: my SSS (Safe, Smooth, Scarless) Technique

Background: Worldwide, breast augmentation remains one of the top 5 cosmetic surgical procedures. Currently, when a natural and tear-drop breast shape is desired, most surgeons would opt for a dual plane pocket with a round or anatomical textured implant for maximum stability and natural shape. During the last decade, composite breast augmentation has emerged, implying the addition of lipofilling to the breast implant augmentation.

Objectives: I am presenting my experience and the reasons I shifted from simple primary breast dual-plane augmentation to a more refined small scar (<2 cm) composite breast augmentation. I aim to share the details of this technique which achieves a safe, smooth and stable result with a minimal scar.

Methods: Over the last 4 years, all patients have benefited from the SSS breast augmentation. After a minimal inframammary incision is created, the no-touch technique is used with the help of a funnel and the fat is harvested and injected through a closed pure graft system. The technique spares the muscle as a sub-glandular pocket is prepared before inserting a round and smooth implant.

Results: A detailed video of the surgical technique and before/after results are shown. Safety is achieved by the use of smooth implants. Stability was achieved by the absence of implant displacement or bottoming-out. The natural and smooth shape was reached by the addition of fat to the upper pole and cleavage converting the round shape into a more anatomical shape. At the same time the lipofilling of the medial borders will allow to reduce the cleavage width and thus enhance the décolleté. Finally, scarless (<2cm) is achieved with the use of a funnel which helps the smooth implant to slide into its pocket.

Conclusions: The combination of a composite breast augmentation with a minimal scar is achievable for most primary augmentation. In addition to offering the patient a quicker recovery, the technique is safe, the result is natural with major improvement to the décolleté and requires a minimal learning curve.

**Nancy ZEAITER – Lebanon**

4th Year Plastic Surgery Resident

Hopital Libanais - Geitawi

zeaiternancy@gmail.com

**(S1-6) - Avoiding Complications in High-Definition Liposuction**

High-definition liposuction has become increasingly popular worldwide in recent years due to advancements in surgical techniques, as well as the influence of social media and marketing. This procedure takes liposuction to the next level by not only reducing fat but also creating a more athletic and aesthetically pleasing musculature. During this talk, we will be presenting our experience with high-definition liposuction, including how we select our patients, surgical tips and tricks, and our follow-up routine aimed at minimizing complications and achieving the desired aesthetic appearance.

(S4-7) - Necrotizing Fasciitis of the Lower Extremity

Necrotizing fasciitis (NF) is a necrotizing soft tissue infection that can result in fast tissue loss, necrosis, and potentially fatal acute sepsis. Diabetes, cancer, alcohol abuse, and chronic liver and renal disease are all risk factors for NF. In this talk, I will present a 19-year-old man with a negative past medical and surgical history who was diagnosed with aggressive rapidly progressive necrotizing fasciitis of the left lower extremity after a recent history of falling down from a skateboard. A successful treatment with long-term debridement surgeries followed by reconstructive surgery with skin grafting was made. Although the severity of this condition, the patient was able to resume a normal range of motion of the concerned extremity. NF has been described in the literature, but early diagnosis, which is crucial for successful management, rests a challenge.

SYMPOSIUM & WORKSHOPS

SATURDAY AUGUST 26, 2023 (NONE CME)

10:15 - 10:45

Symposium 1
Allergan Aesthetics & Abbvie
Bahaa ARBID



12:30 - 13:00

Workshop 1
XIRONETIC - Augmented Reality Surgical
Software in Plastic Surgery



13:00 - 13:30

Workshop 2
CLINIMED



18:30 - 19:00

Symposium 2
LIPOCOSM – Fundamental Principles for
Successful Large Volume Fat Transfer
Roger KHOURI



SATURDAY AUGUST 26, 2023 (NONE CME)

10:00 - 10:30

Symposium 3
MENTOR



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The myth of Europa Godmother of Europe and Lebanon's Epic Heritage

The most popular myth about Europa says that she was the daughter of Agenor, Phoenician king of Tyre and queen Telephassa. According to the legend, Europa was the epitome of feminine beauty on Earth. Zeus, the King of Gods, once saw her on the seashore of Phoenicia playing with her friends and gathering flowers. He became so captivated by her beauty that he fell in love with her and developed a strong desire to possess her. Immediately, he took the form of a white bull and approached her. The bull looked wonderful with its snow-white body and gem-like horns. Europa looked at the extraordinary animal curiously and dared to touch and to climb on its back. As soon as she did so, Zeus ran to the sea and carried her all the way from Phoenicia to the island of Crete. There he regained his human form and mated with her under an evergreen tree. Europa became the first queen of Crete and gave birth to three sons, Minos, Rhadamanthys and Sarpedon.

In the meanwhile, her father had ordered her four brothers to cross the whole world and not to return if they hadn't found his precious daughter. Cilix, her eldest brother, searched for a long time but with no success. He ended up in a region in Asia Minor, which he named Cilicia after him and became a king there. Thasus eventually landed on the island of Thassos, also gave it his name and reigned there. Phoenix went to Africa. Cadmus, the youngest and most beloved brother of Europa, was told by the Oracle of Delphi not to worry about his sister because she was safe. They also told him to go to Boeotia, a region to the north of Athens, to found a town there that would become rich and powerful in the years to come. Indeed, Cadmus, the legendary hero who came to Greece from Phoenicia, founded Thebes in Boeotia the Acropolis of which was originally named Cadmeia in his honour. Cadmus, is credited with the introduction of the Phoenician alphabet to the Greek language; in its Hellenized early form the alphabet is called Cadmeian.

It is said that when Europa died, Zeus transformed her into a star complex and he himself took again the shape of the white bull to merge in the complex. The Taurus Constellation is believed to be the form of Zeus. Today the name Europa has been given to one of Jupiter's 16 moons and in fact this moon is very special, as it is believed to have water on its surface. The continent Europe was name after Europa and nowadays, this lovely fable is depicted in the 2-euro coin of the European Union to pay tribute to the Godmother of Europe.



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The APSLD Cedar Tree Planting Project was initiated at the Shouf Biosphere Reserve on September 21, 2019.

A cedar tree was planted in the name of APSLD and another in memory of Ricardo Baroudi.

All APSLD members as well as their colleagues and friends are invited to contribute to this effort by adopting a cedar tree and help expand and grow for eternity the APSLD Cedar Forest that we will all be proud of.

For information and for planting an APSLD Cedar Tree:
bechara.atieh@gmail.com





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REGISTRATION FEES

	Before May 31 st , 2023	May 31 st , 2023 - August 20 th , 2023	On Site
LSPRAS - APSLD Members	200\$	250\$	300\$
Delegates	300\$	350\$	400\$
Residents & Students of non Lebanese Universities and training programs	100\$	125\$	150\$

Registration fees include access to the conference room and exhibition area for 2 days

Coffee breaks & lunch

Free registration for Residents and Students of Lebanese Universities and Plastic Surgery Training programs

Venue: Hilton Beirut Metropolitan Palace hotel

Social Program

August 26	Gala Dinner	100\$
August 27	Tour & Dinner	100\$

www.apsld.org

Contact

Mrs. Mira Chaptini Saade

Lebanon: +961 3 11 06 06

mirachaptini@infomedweb.com

Organized by:



LEBANON

4th Floor, Qubic Center
Daoud Ammoun Street
Horsh Tabet - Sin El Fil
P.O. Box: 90-361 Beirut
Tel: +961 1 510880/1/2/3
Mobile: +961 71 103123

UAE

DMCC Business Centre
Almas Tower
Jumeirah Lakes
Dubai, United Arab Emirates
Unit No: 3820
Mobile: +971 50 9110475

KUWAIT

Mezzanine floor,
Aliya Complex
Salem Al Mubarak St
Block 2, Salmiya - Kuwait
Tel: +965 6556 7669



infomed@infomedweb.com | www.infomedweb.com