

ISAPS COURSE BEIRUT - LEBANON

Supported by the Lebanese Society of
Plastic, Reconstructive, & Aesthetic Surgery
Nov. 25-27, 2011

Venue: Metropolitan Hotel



Body Contouring Conference & Live Surgery

For Information

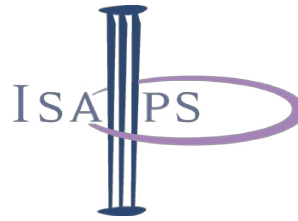
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ISAPS COURSE BEIRUT - LEBANON

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NOVEMBER 25 - 27, 2011

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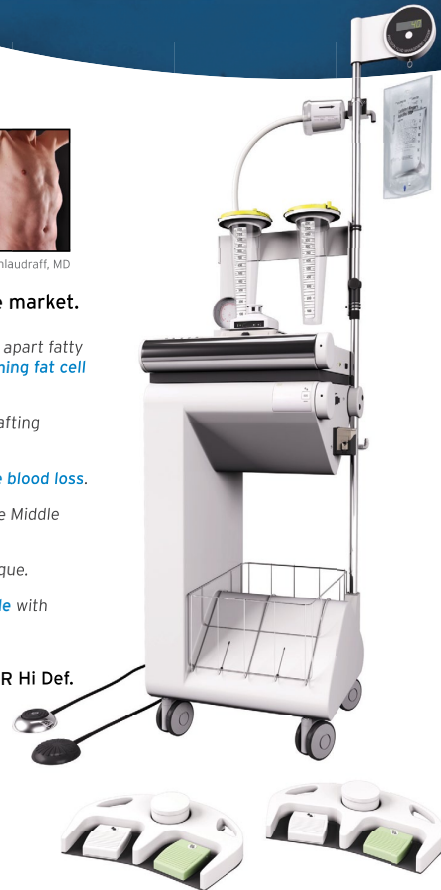
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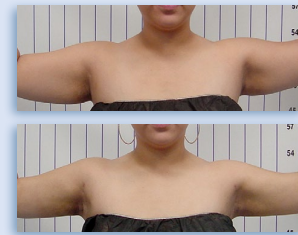
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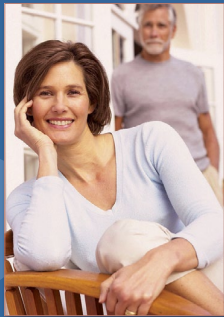
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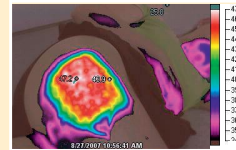
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The Lebanese Society of Plastic Reconstructive & Aesthetic Surgery – LSPRAS has the pleasure to invite you to the 3rd ISAPS Course to be organized in Beirut. Unlike any other ISAPS course already organized anywhere, we have planned, for the first time, a 2 days live surgery ISAPS course. Surgeries will be performed by a renowned faculty and cover almost all aspects of body contouring with an emphasis on the hottest recent topic of body contouring following post-bariatric massive weight loss.

The third day will be dedicated to the 2nd annual congress of LSPRAS and will be mainly a continuation of the same topic in the form of informative lectures as well as free presentations.

An exciting social program has also been arranged we hope that you will all enjoy.

President: N. Hokayem, MD
Course Directors: N. Cerkes, MD; S. Saad, MD
Local Hosts: B. Atiyeh, MD; N. Hokayem, MD

Organizing Committee:	Scientific Committee:
B. Atiyeh, MD	N. Cerkes, MD
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S. Hayek, MD	G. Ghanime, MD
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Dear Friends,

It is a great pleasure to be here again. Last year we thought we could never do it, and we doubted that ability every single day preceding the congress. But with our persistence, and your presence as participants, and the great participation of the medical companies, we had a great success. We thank you all.

As it has been said previously, and frequently repeated by Dr Tom Biggs, "we stand on the shoulder of giants". We have many teachers to learn from, and many predecessors to follow. Last year our congress was a great success, and we received many encouraging and acclaiming remarks and responses. In a brief moment of rest between runs from one room to another and from one floor to another trying to keep thing running as they should, Dr Sam Hamra came up to the organizing committee and said "You have put Beirut (Lebanon) on the international map of meetings on plastic surgery".

And this year, we will do it again, but this time with a much greater confidence in our abilities and your participation. This year, we are organizing a live surgery ISAPS course, in collaboration with the ISAPS Educational Commission chaired by Dr Nazim Cerkes, consisting of two live surgery days, with two operating rooms running simultaneously. Great names are going to be in Beirut this year, and we will be presenting to you an excellent program that you will find both instructional and educational. The course will conclude on the third day with the 2nd annual congress of the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS), which will include many renowned speakers and industry sponsored instructional lectures.

An excellent social program will accompany the course, including dinners, dancing the night away, touring and visiting ancient cities of Lebanon, as well as shopping in some of the most famous areas of Beirut.

We would like to welcome you again in Beirut, and hope that those who missed last year's event and regretted it will not miss it again this year and live to regret it forever.

Dr. Sami H. Saad
Course Director

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BODY CONTOURING FOLLOWING BARIATRIC SURGERY AND MASSIVE WEIGHT LOSS



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Faculté de Médecine Toulouse-Rangueil
France

Bentham Books

SCIENTIFIC PROGRAM

LIVE TRANSMISSION COORDINATORS: B. Atiyeh, S. Saad

FRIDAY 25 NOVEMBER 2011			
PANNEL 1 – LIVE SURGERY			
Moderators: M. Abboud, N. Hokayem, I. Kaddoura			
OR 1		OR 2	
7:30		OPENING	
8:00		8:00-13:00	8:00-11:30
11:00	R E	Sam Hamra (USA) - Lower Body Lift	Cemal Şenyuva (TR) - Vaser Lipo-Abdominoplasty
11:30	G I		11:30-14:30
13:00	S	13:00-16:30	Richard Moufarrege (CA) - Mammoplasty
14:00	T R A T I O N	Joachim Graf von Finckenstein (DE) - Chest Lift and Abdominoplasty Bishara Atiyeh (LB) - Torsoplasty Presentation	Marwan Abboud (BE) - Mammoplasty Video
15:30			14:30-16:30
16:00			Tunç Tiryaki (TR) Stem Cell Enriched Fat Grafting
18:30	TOUR - BYBLOS		
21:15	DINNER - LEBANESE NIGHT WITH LIVE ENTERTAINMENT BYBLOS SUR MER – L' AZRAK HISTORY, BYBLOS		
SATURDAY 26 NOVEMBER 2011			
PANNEL 2 – LIVE SURGERY			
Moderators: N. Sader, S. Hojeily, G. Ghanime			
OR 1		OR 2	
8:00		8:00-13:00	8:00-12:00
11:00		Al Aly (USA) - Belt Lift	Fabio Nahas (BR) - Abdominoplasty
11:30		Bishara Atiyeh (LB) - Gluteal Contouring Presentation	12:00-14:00 - Bodylight Laser Liposuction
13:00		13:00-16:30	
14:00		Gary Horn (FR) - Buttock Augmentation	14:00-16:00 Joachim Graf von Finckenstein (DE) - Fat Transfer
15:30			
16:00			
18:30	TOUR - BEIRUT DOWNTOWN		
21:15	GALA DINNER - LEBANESE NIGHT WITH LIVE ENTERTAINMENT HOTEL LE ROYAL – AZUREA, DBAYEH		

SCIENTIFIC PROGRAM

LIVE TRANSMISSION COORDINATORS: B. Atiyeh, S. Saad

SUNDAY 27 NOVEMBER 2011	
8:30 - 11:10	SESSION 1 Moderators: J.G. Poell, B.Atiyeh, M. Nasr, P. Audi
8:30 - 8:50	- Gary Horn (FR) Buttock augmentation
8:50 - 9:20	- Sam Hamra (US) 270° Body Lift
9:20 - 10:20	- Al Aly (US) Post Bariatric Body Contouring Surgery
10:20 - 11:00	- Fabio Nahas (BR) Understanding the types of myoaponeurotic deformities of the abdomen
11:00 - 11:10	- DISCUSSION
11:10 - 11:30	COFFEE BREAK
11:30 - 13:00	SESSION 2 Moderators: N. Cerkes, S. Saad, E. Abdel Hak, F. Ferran
11:30 - 11:50	- Fabio Nahas (BR) Treating excess skin and subcutaneous tissue during abdominoplasty
11:50 - 12:05	- Jan G. Poëll (CH) Sagittal Breast Reduction
12:05 - 12:20	- Nazim Cerkes (TR) Aesthetic Breast Surgery
12:20 - 12:35	- Constantin Stan (RO) Patient Evaluation and Multiplane Surgical Technique Management of the Ptotic Breast with Minimal Scars
12:35 - 12:50	- Joackim Graf von Finckenstein (DE) Chest Lift – Torsoplasty
12:50 - 13:00	- DISCUSSION
13:00 - 14:30	LUNCH
14:30 - 15:40	SESSION 3 Moderators: G. Abu Sittah, K. Abouzaher, Z. Sleiman, R. El Khoury
14:30 - 14:37	- Ziad Kalash (DE), Bannasch H, Eisenhardt SU, Momeni A, Stark GB The use of the anterolateral thigh flap for microsurgical reconstruction of distal extremities after oncosurgical resection of soft-tissue sarcomas
14:37 - 14:44	- Ali Bourji (CI), L.Kaba , Boni N'guessan Grip of a Traumatic temporal loss substance of the Scalp: Report case and a literature review
14:44 - 14:51	- Sarvnaz Sepehripour (UK), H Ridha, C. M. Malata An expected outcome following radiotherapy tattooing in patients with implant-based breast reconstructions
14:51 - 14:58	- Christian El Amm (USA) A novel minimal scar surgical technique for managing lateral breast rolls using axillary suspension
14:58 - 15:05	- Marwan Abboud (BE), Saad Dibo (LB) Large volume fat grafting following autologous breast reconstruction: a report of 43 cases

SCIENTIFIC PROGRAM

LIVE TRANSMISSION COORDINATORS: B. Atiyeh, S. Saad

15:05 - 15:12	- Ghassan Abu Sittah (LB) Facial changes post bariatric surgery
15:12 - 15:32	- Constantin Stan (RO) Minimal Invasive Mid Face Rejuvenation with Silhouette Threads
15:32 - 15:40	- DISCUSSION
15:40 - 16:00	COFFEE BREAK
16:00 - 17:30	SESSION 4 Moderators: S. Hayek, W. Raffoul, F. Sleilati
16:00 - 16:10	- Wassim Raffoul (CH) Microvascular monitoring with a novel full field laser doppler imaging system easy LDI
16:10 - 16:20	- Jean Paul Deslypere (SG,BE), D. Barritault (FR) RGTA based matrix therapy is a new regenerative medicine to treat skin lesions
16:20 - 16:27	- Elias Zgheib (LB), Shady Hayek The successful use of synthetic Heparan Sulfate (Cacipliq20®) in the treatment of a sickle cell ulcer
16:27 - 16:34	- Joseph Bakhach (LB) The Digits-Metacarpal Dorsal Flap. A useful flap for large finger skin defect
16:34 - 16:40	- DISCUSSION
16:40 - 17:00	- Cemal Şenyuva (TR) Vaser Liposuction
17:00 - 17:07	- Samir Chebaro (USA) Body Contouring – Vaser Technology
17:07 - 17:14	- Samir Ibrahim (PO, KSA) Safety and Efficacy of Laser Assisted Lipolysis. Own Experience, over 1500 Cases
17:14 - 17:21	- Elie Nassif (LB) Experience After 200 Cases of Vaser High Definition Liposuction
17:21 - 17:30	- DISCUSSION
CLOSING	
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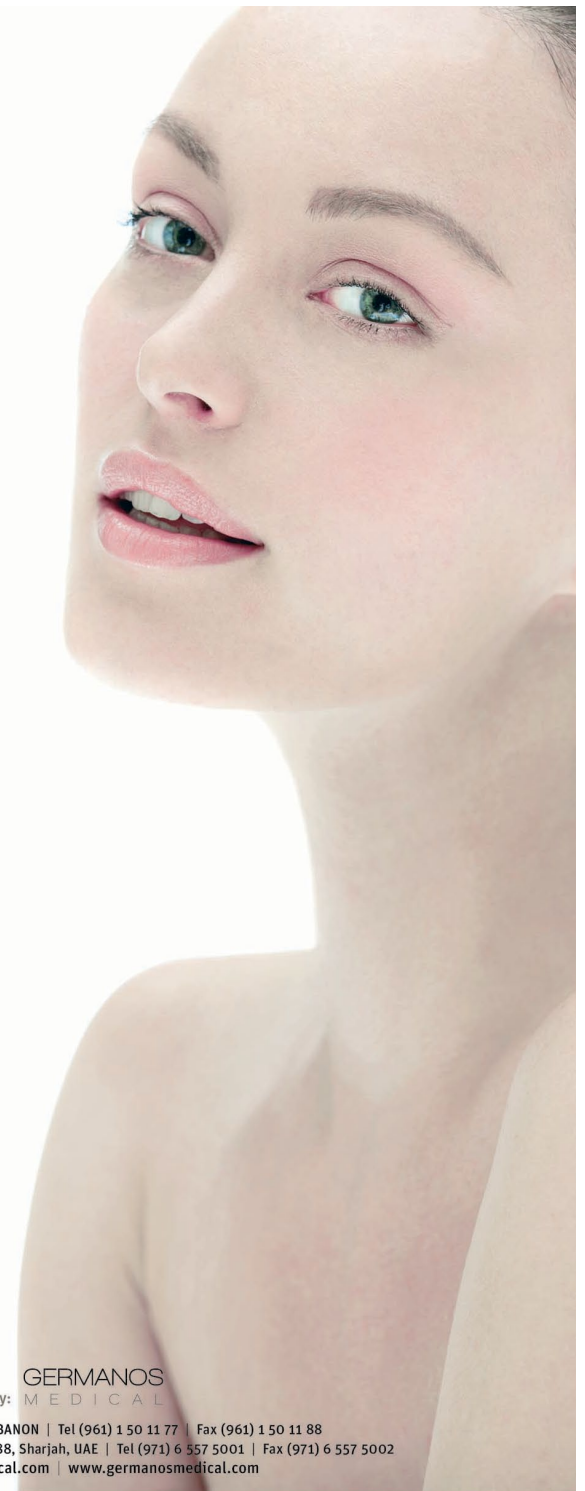
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WELCOME TO LSPRAS CONGRESS 2012!

2ND WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT

CANCUN - MEXICO
OCTOBER 10-13, 2012

Ricardo Baroudi, MD
President

Bishara Atiyeh, MD
General Secretary

Jose Luis Haddad, MD
Congress President

Secretariat:

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Dear Colleagues,

It is my pleasure to invite you to participate in the 2nd World Congress of Plastic Surgeons of Lebanese Descent. This event is endorsed by the AMCPER (Mexican Association of Plastic, Reconstructive and Aesthetic Surgery) and LSPRAS (Lebanese Society of Plastic, Reconstructive and Aesthetic Surgery).

This scientific meeting is scheduled for October 10-13, 2012, in the beautiful city of Cancun, Mexico, and is intended to gather together surgeons from Asia, Europe, North, Central and South America, Australia and Africa. Some months ago, I had the opportunity to participate in the 1st World Congress LSPRAS in Beirut (October 14-17, 2010) and must say that it was a splendid scientific and social meeting conducted by Bishara Atiyeh and the local organizing committee. It was decided in Beirut that the 2nd World Congress of LSPRAS should be in Mexico, and this represents a big deal of responsibility to me and my organizing committee because it is our intention to overcome that beautiful Congress and we intend to fulfill our very high scientific and social expectations.

There are many renowned professors already confirmed. From the scientific standpoint we will have free papers, debates on hot topics, special conferences and workshops.

The social program will include visits to the spectacular sites around Cancun, The Mayan Riviera, the world wonder Chichen Itza, spectacular restaurants, and of course a diversity of water and land sports. The Congress will be at the Fiesta Americana Coral Beach, a wonderful hotel with optimal facilities. We think this is a splendid opportunity to bring your family and enjoy the very special Mexican hospitality.

We will welcome you with open arms!

José Luis Haddad, M.D.
Congress President

Message from RICARDO BAROUDI, President of the Association of Plastic Surgeons of Lebanese Descent - APSLD

Often times, messages have a beginning, middle and end. This is what we have here as well, despite being the first of an informative series. It all began when Prof. Bishara Atiyeh and I developed the same idea, around twelve years ago, to put together an event in Beirut on plastic surgery which held the promise of continuity in light of its special aspects. Beyond the implication of a scientific gathering like so many that take place in the world of plastic surgery, the peculiarity was in getting together the plastic surgeons living in Brazil who are Lebanese descendents. The invitation was extended to other countries as well. There was a predominance of Brazilian colleagues at the meeting which took place in 1999. We planned the scientific portion of the program for the morning periods, leaving the afternoons free for tourism and the evenings for gastro-musical encounters during which the Lebanese cuisine was appreciated by all. Three details left their mark in the memories of the participants on that occasion: the first was the most unusual in the history of medical congresses. It is common knowledge that, at national and international plastic surgery events, the presence of guests – spouses or others – rarely passes more than 40%. At this event, for every registrant there were 1.2 guests, an unheard of number.

The second, the traditional Lebanese cuisine, known and appreciated throughout the world, needs no further explanation. The third, the nature and geography of the country, the unique Lebanese hospitality with its proximity to Syria and other Middle Eastern countries, in addition to being a large center for emigration to Brazil, comprise an atmosphere which impresses its visitors. Of the scientific part, as always the world over, after only a few weeks, little remains of the information received and exchanged which is retained in the memory of the participants. On the other hand, the social aspects linger unless they have little appeal, in which case the scientific agenda remains the sole motive for returning to future congresses.

For reasons related to the political instability in Lebanon, the event did not occur again until November, 2010, when it was put on for the second time, concurrently with the First Congress of the Lebanese Society of Plastic and Reconstructive Surgery, as always under the ingenious leadership of Prof. Bishara and his professional colleagues.

The event named The First World Congress of Plastic Surgeons of Lebanese Descent was an absolute scientific and social triumph. There were speakers from 25 countries, the majority Lebanese descendents living outside their home country, with more than 200 scientific presentations in two concurrent sessions. Once again, the Lebanese hospitality and social programs were integrated naturally and effortlessly. Pleasant recollections still remain in the memories of all the participants. By the end of the event, Dr. Jose Luis Haddad from Mexico had already been elected and installed as successor to organize the third gathering and The Second World Congress of Plastic Surgeons of Lebanese Descent to be scheduled for 2012. The internationalization of this idea has steadily gained more followers in the hopes of greater integration among the plastic surgeons of Lebanese origin. There are no descendents of the second, third or even other generations who don't have, in addition to their family name, knowledge of their ancestors, cities of origin and the particular saga of their family. Though Lebanon may be a small country, it has, throughout its six thousand years of history and culture, exported descendents to every continent. As with the descendents of other countries around the world who have migrated from their homelands, cultural ties are maintained to varied degrees. This is part of culture and the human sensibility.

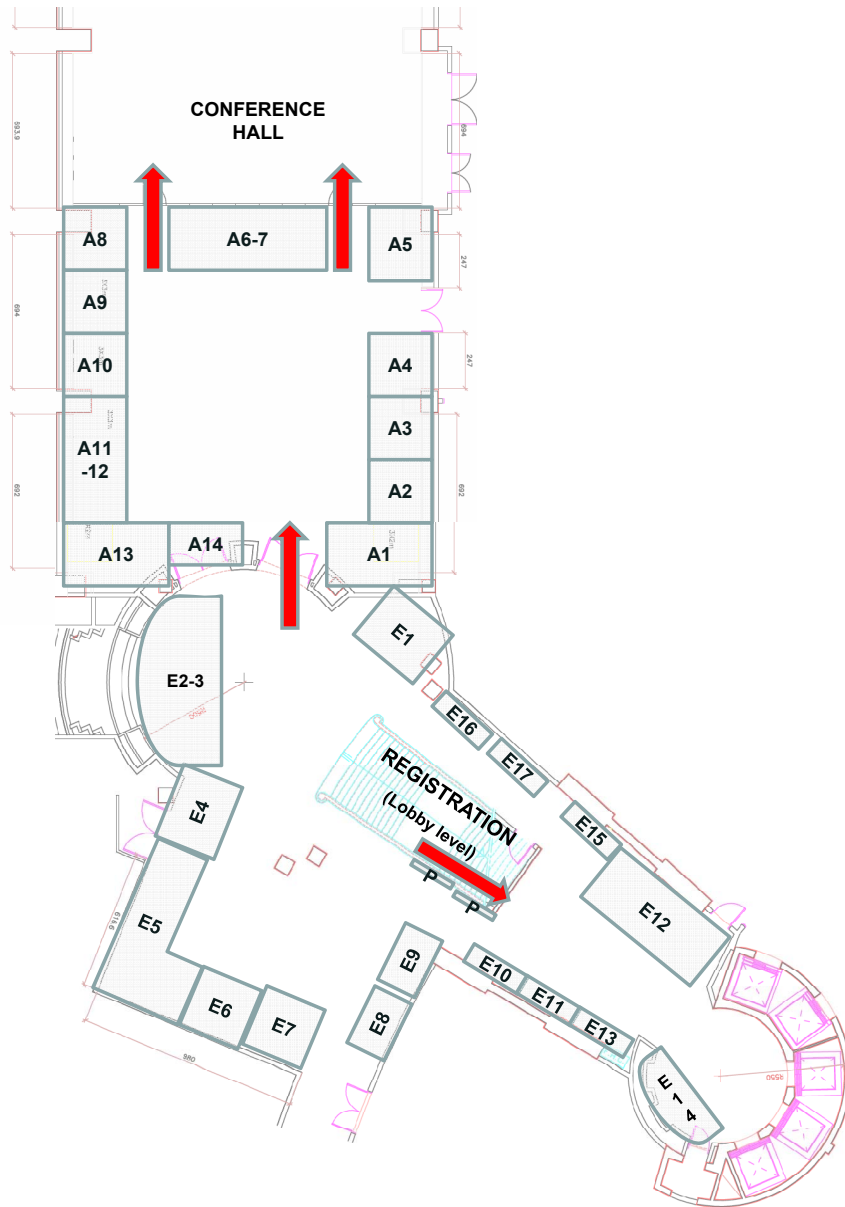
This message is the first of a series which will be distributed in order to raise awareness of the next meeting - to be held in Mexico - among the international members of the new Association of Plastic Surgeons of Lebanese Descent. Shortly, the announcement of a new medical association model will be sent to all constituents. Become a member. The payoff is friendship, affection and the maintenance of our ancestors' culture. Those who have no past, have nothing to speak of in the present, nor the future.

For more information visit our website
WWW.CONGRESSMEXICO.COM/LSPRAS2012

WE HOPE TO SEE YOU IN CANCUN!

Jose Luis Haddad Tame, MD.
Congress President

FLOOR PLAN



EXHIBITORS

Gac Hospital Supply		A1
Newmed		A2
Dysport		A3
Obagi		A4
Julphar		A5
Bader Sultan & Bros. Company W.L.L.		A6 - A7
MediComfort		A8
Medicals International		A9
Avène		A10
Germanos Medical		A11 - A12
OT3		A13
Asmar Medical	 	A14
Mentor		E1
Dima	 	E2 - E3

Allergan	 	E4
Medica	 	E5
Medimex	 	E6
Sadco		E7
Gannage		E8
Silhouette-Lift		E9
Intermedic		E10
Sterimed		E11
Rose Aljazeera	    	E12
MedVent Offshore		E13
Omni Medica		E14
Arwan		E15
ISAPS		E16
Nü Yü Medi Spa		E17
Orthocare		P - P

FREE PRESENTATIONS

Ali Bourji (CI), L.Kaba , Boni N'guessan

Directeur Général de la CLINIQUE LA ROCHELLE (Abidjan / Côte d'Ivoire)

Vice Président de la SICPRER (Société Ivoirienne de Chirurgie Plastique, Reconstructrice Esthétique et Réparatrice)

- Grip of a Traumatic temporal loss substance of the Scalp: Report case and a literature review

The authors report the case of a 6-year-old child victim of a serious accident which occurred in the public highway, on September 19th, 2010 (ejected from the moving vehicle on which he was) with cranial trauma and notion of initial loss of consciousness associated with a trauma of the thorax.

The initial clinical assessment noted:

- An important abrasion of the left frontoparietotemporal scalp;
 - A left retroauricular wound taking off the upper portion of the auricle that held only by the tragus and the earlobe;
 - A homolateral temporal fracture embarrure
 - External right ophthalmoplegia;
- The assessment highlighted by the CT scan:
- A fracture of the left occipital scale
 - A fracture of the left temporal scale with depressed skull
 - A right occipital fracture with filling of the ipsilateral mastoidal cells
 - And a not compressive parasellar pneumatocele on the same side and left temporal moderately repressing the parenchyma with an intracranial foreign body

To sum up, the patient was taken care as a matter of emergency in neurosurgery with levying of the depressed skull, suture of the wound of the dura mater, parage and suture of the scalp.

The immediate post-operative periode complicated of a necrosis of full thickness of a portion of left parieto-temporal scalp of 8cm on 5cm, in which the excision put in nude the external table and a part of the reduced depressed skull, the cerebellar ataxia of type in the walking with help, and the right side diplopia.

This loss of substance was filled by two rotation flaps of the scalp. The patient totally recovered and the ataxia completely regressed. It remains however a temporal area of alopecia which might require hair transplantation.

Christian El Amm (USA)

Assistant Professor, University of Oklahoma, Plastic, Reconstructive and Craniofacial Surgery

- A novel minimal scar surgical technique for managing lateral breast rolls using axillary suspension

PURPOSE: To introduce a novel minimal scar surgical technique for managing lateral breast rolls using axillary suspension.

MATERIALS AND METHODS: Concept, surgical technique and illustrative case presentations.

OUTCOMES: Participating surgeons will increase their armamentarium of surgical options for managing the difficult early lateral axillary roll in body contouring and breast reduction/augmentation cases.

Elias Zgheib (LB), Shady Hayek

American University of Beirut Medical center, Beirut, Lebanon

- The successful use of synthetic Heparan Sulfate (Cacipliq20®) in the treatment of a sickle cell ulcer

Patients with sickle cell disease are known to have recurrent lower extremity ulcers that have a high pain score and are resistant to conventional means of wound therapy. This study reports the successful use of synthetic Heparan Sulfate (Cacipliq20®) in the treatment of a sickle cell ulcer that has failed several other means of treatment. Therapeutic success was assessed by complete wound coverage and vast improvement in pain score. This is the first study to report use of Heparan Sulfate in sickle cell ulcers.

Elie Nassif (LB),

- Experience After 200 Cases of Vaser High Definition Liposuction

1- **BACKGROUND:** The safety & efficacy of vaser liposuction were evaluated in different body areas.

2- **METHOD:** From october 2010 to april 2011,200 people underwent vaser & vaser HD liposuction, the treatment consisted of 5 steps:

- a- drawing and pictures
- b- deep then superficial infiltration

- c- superficial then deep vasering
- d- deep then superficial liposuction
- e- vaser high definition

Vaser settings (power, duration) & probe choice (ring & diameter) as well as canulas choice were selected in relation to individual body areas. Patients satisfaction was evaluated & side effects were recorded.

3- RESULTS: 200 vaser and vaser HD liposuction were performed on 200 patients by the same surgeon and the same group, different areas were treated (chin, arms, deltoid, back, sacral dimples, midvertebral line, flanks, breast, pectoral definition, latissimus dorsi definition, serratus anterior definition, tummy, rectus definition, outer & inner thighs, buttocks definition, inner knees and legs), contour correction & skin tightening as well as HD muscles sculpture were observed in the majority of our patients. post operative discomfort & bruises were minimal patients satisfaction was very high.

Jean Paul Deslypere (SG,BE), Denis Barritault (FR)

Institute: PROCLINCRO SINGAPORE and UNIVERSITY PARIS EST CRETEIL

- RGTA based matrix therapy is a new regenerative medicine to treat skin lesions

Objective: Our ability to replace dead cell by an identical new cell is locally regulated by signals such as growth factors or chemokines, which are stored and protected by heparan sulfates acting as scaffold element structuring the extracellular matrix. After tissue injury, circulating and inflammatory cells bring their loads of glycanases and proteases destroying local signals and architecture, and factors to trigger a repair process resulting in scars or fibrosis. Introducing in the wound bed nano-biodegradable-polymers engineered to mimic and replace heparansulfates, restores the scaffold. Local signals are again protected and resume a spatial organization that triggers a regeneration process.

Hence named RGTA for Regenerating Agent, this regenerative medicine polymer technology is documented in many animal models. A specific engineered poly-glucose-carboxymethyl -sulfated polymer, developed to treat skin wounds is now commercially available under the trade name CACIPLIQ20, as a CE marked device in Europe and registered in many other countries worldwide. To day few thousand patients, with chronic, ischemic or acute wounds have been treated, most of them in therapeutic failures after unsuccessful attempts. We report over view of trials and cases to illustrate the potential of this new technology. Materials & Methods: CACIPLIQ20 kits manufactured by OTR3 Paris, France were used as recommended. Results: Complete closure was obtained in over 80% of the 20% months-stagnant non-healing-wounds including heat and radio burns. Healing process was usually reinitiated within two weeks.

Conclusions: RGTA in skin wound healing is a safe, simple to use and cost effective technology solving an unmet need.

Marwan Abboud (BE), Saad Dibo (LB)

CHU-Tivoli, La Louviere, Belgium and American University of Beirut Medical Center, Beirut, Lebanon

- Large volume fat grafting following autologous breast reconstruction: a report of 43 cases

The purpose of this article is to report 43 cases of lipofilling in the breast following autologous reconstruction in order to achieve large breast volumes, tissue expansion and repair post reconstruction defects.

A retrospective analysis of all the patients who underwent lipofilling following autologous breast reconstruction between 2008 and 2010 was performed. The patient population included 31 immediate and 12 delayed breast reconstructions. We were inspired from the same lipofilling technique we use for buttock augmentation. Fat was harvested from the abdomen, flanks or thighs and injected without processing. Injection was performed in multiple planes mainly within the flap, using a liposuction cannula connected to a 60 ml syringe. Multidirectional tunneling, using a Vibroliposuction machine in a way to create a matrix within which the injected material will diffuse, was performed before and after fat injection. Following the injection, the vibroliposuction hand piece was detached from the suction tube and used to form an emphysematous recipient site, the aim of which is to facilitate diffusion of the injected fat in the created matrix.

The study comprised 35 unilateral and 8 bilateral reconstructions including 38 Thoracodorsal flaps and 13 LD flaps, all performed by the senior surgeon. Injections were performed between 3 and 12 months following reconstruction. All the cases were performed under general anesthesia. The injected volumes ranged between 100 ml and 300 ml per session. One to two injection sessions were required, performed at 6 months intervals. The follow up period ranged between 6 and 30 months. The average resorption rate was 50 % at 6 months follow up, estimated by the patient cup size. No infections were reported in this series.

The robust blood supply provided by autologous flap reconstruction enables survival of large volumes of fat injected within the flap. Tunneling of the recipient site creates a matrix where the fat will diffuse, insuring better graft survival. The technique achieves larger breast volume, autologous tissue expansion, repair of secondary reconstructed breast defects and improvement in the skin quality over the irradiated breast.

Samir Chebaro (USA)

Elite Plastic Surgery Clinic, Beverley Hills, CA

- Body Contouring – Vaser Technology

Third-generation ultrasound-assisted lipoplasty (UAL) using VASER has become the gold standard for UAL. VASER Lipo uses a process called Acoustic Streaming to selectively dislodge fat cells from the tissue matrix. This is important because this process results in superior fat removal, minimizes damage to surrounding tissues, and maintains fat cell viability for harvest. Using VASER, better outcomes and a much improved safety profile has been realized. The VASER Lipo technique for body contouring has been embraced all over the world for good reason: with proper training, it represents a safe, efficient method for countering all body areas, including the neck and face, with a quicker recovery for the patient than traditional methods, and is regularly performed purely under tumescent local anesthesia without sedation or general anesthesia. Using various probes, large and small delicate areas are treated, and skin tightening is optimized through superficial contouring close to the dermis.

Samir Ibrahim (PO, KSA)

Mandala Beauty Clinic, Poznan , POLAND; Obagi Hospital, Riyadh , Saudi Arabia

- Safety and Efficacy of Laser Assisted Lipolysis. Own Experience, over 1500 Cases

Laser Lipolysis is :

- A / Melting fat
 - Heat
 - Photoacoustic

B / Skin Tightening by stimulating collagen reproduction through Heat

My experience working with the CoolLipo Laser- Nd: YAG 1320 nm wavelength.

The benefits of using laser lipolysis: Delicate liquefaction and removal of fat in less accessible places in the conventional liposuction. It is particularly recommended for use in highly sensitive areas: neck, neck, chin, abdomen, upper arms, thighs. And it is less invasive

The procedure can be performed under local anesthesia, with short treatment time, safe, minimal bruising and no significant complications, short recovery time.

The results of my work with laser lipolysis will be discussed and shown during my presentation.

Sarvnaz Sepehrpour (UK), H Ridha, C. M. Malata

- An expected outcome following radiotherapy tattooing in patients with implant-based breast reconstructions

We describe two cases of significant breast /chest wall cellulitis occurring around ink sites, following tattooing for adjuvant radiotherapy in two patients who had recently undergone immediate latissimus dorsi-with-implant breast reconstructions. One patient was successfully treated with high dose in-patient intravenous antibiotics for a week and she recovered from her cellulitis. The second patient went on to develop a peri-implant infection which necessitated emergency removal of her expandable implant. Patients with implant-based breast reconstructions should be warned of the potential infection risk of radiotherapy tattooing with resultant implant loss.

Journal of Radiotherapy in Practice, Volume 11, Issue 1, due for publication March 2012.

Ziad Kalash (DE), Bannasch H, Eisenhardt SU, Momeni A, Stark GB

Department of Plastic and Hand Surgery, University of Freiburg Medical Center, Freiburg, Germany

- The use of the anterolateral thigh flap for microsurgical reconstruction of distal extremities after oncological resection of soft-tissue sarcomas

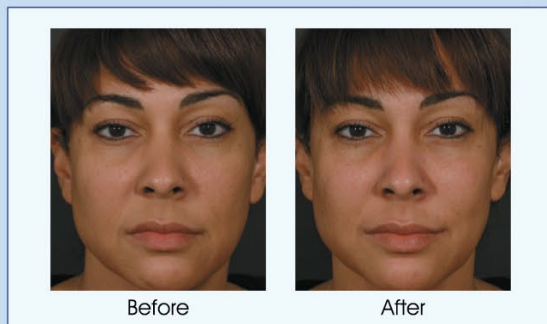
Prior to the advent of a multidisciplinary approach to the treatment of soft-tissue sarcomas, surgical treatment consisted of extremity amputation. Advances in treatment modalities such as radiotherapy allowed more limited resections with similar survival rates. As local control is the primary objective in the management of these neoplasms, distally located tumours pose a particular reconstructive challenge. Limb preservation is now possible due to the availability of microsurgical techniques. A retrospective analysis was conducted assessing the suitability of the free anterolateral thigh (ALT) flap for distal-extremity reconstruction after wide local excision of sarcomas. Nine patients were included in the study with a median follow-up period of 36 months. In all patients, tumours were located at or distal to the elbow and knee, respectively. All flaps survived. In one patient, the ALT donor site was addressed with a split-thickness skin graft after wound dehiscence was observed postoperatively after initial primary closure. The free ALT perforator flap is an ideal flap for the reconstruction of distal-extremity defects after sarcoma resection as it allows coverage of large skin defects with minimal donor-site morbidity. Its thinness addresses the shallow defects typically encountered in the distal extremity and thus avoids the bulkiness encountered after reconstruction with musculocutaneous flaps.

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One glowing result.



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