

# APSLD NEWSLETTER

[www.apsld.org](http://www.apsld.org)



January 2026



Association of Plastic  
Surgeons of Lebanese Descent

**Sam HAMRA**

1937-2025

The Association of Plastic Surgeons of Lebanese Descent – APSLD is deeply affected by the passing away on October 1<sup>st</sup>, 2025, of Dr Sam Hamra at the age of 88. He was one of the founding and most esteemed members of APSLD.

Sam was a father figure to all of us. He gave our Association, together with the late Ricardo Baroudi (first APSLD President), international prestige and recognition.

A man of extraordinary talent, Sam was a pioneer in facial aesthetic surgery — introducing techniques like the Composite Rhytidectomy, deep-plane and mid-face lifts, canthopexy, cheek suspension — and body contouring.



**Sam T. Hamra (Sameer Towfeek Hamra) passed away peacefully in his home on Lakeside Drive on Wednesday October 1st at the age of 88. He was born on July 16th, 1937 in Ponca City, Oklahoma to Towfeek Abusamra Hamra, a Lebanese immigrant, and Adeline Homra Hamra of Fulton, Kentucky.** Sam's father was his hero, and he always credited him for instilling his unwavering dedication to family, his commitment to hard work, his sense of duty to act with integrity and take care of others, his passion for living life to its fullest, and his endless love of people. Sam grew up in Lawton, a small town in Oklahoma alongside his older sister and lifelong teammate Sameera Hamra Murad with whom he shared an extraordinary bond. Together they lived a charmed childhood as products of the American Dream, constantly surrounded by countless relatives and loved ones and strongly shaped by the immigrant Lebanese values of their parents.

After graduating from Lawton High School in 1955, blessed with a brilliant mind, fearless determination, and captivating charm, he went on to the University of Oklahoma (OU) where he was a member of Phi Delta Theta and President of his senior class. He graduated in 1959 with a Bachelor's degree in History but stayed at OU for the next nine years to complete Medical School, his Residency, and his General Surgery Residency with one year abroad for a Fellowship in Lausanne, Switzerland. After that he enlisted in the United States Air Force as a doctor, serving as a Major in California, Libya, and Wichita, Kansas. He followed that up with three years of Plastic Surgery Residency at NYU, training under legendary surgeon and mentor Dr. John Converse. It was during this time that he met the woman of his dreams - a beautiful and gifted jewelry designer for Tiffany

& Co. named Sonia Amal Younis, also of Lebanese descent. They were married on April 14, 1973 in Kingston, Jamaica where she was born and grew up. After that, they moved to Dallas, Texas where he would build his two most treasured achievements: his practice and his family.

Sam joined Dr. Mark Lemmon's practice in 1973. Gifted with unmatched technical skill, endless charm, and a genuinely assuring bedside manner, he ventured out on his own in 1981. He set out to not only master his trade but take it to greater heights. Starting in the 1980s, he began publishing papers and quickly established himself as a new pioneer in the world of aesthetic plastic surgery. Crediting the greats who came before him, he completely reimagined the approach for how to achieve beauty and youth, changing how generations of surgeons viewed facial rejuvenation. His contributions to the field of aesthetic plastic surgery are so heralded that, more than any other single surgeon, 7 of Sam's publications were listed as among the top 50 highly cited publications in facelift surgery over the last 50 years in a review paper published in *Aesthetic Plastic Surgery* (Aesth Plast Surg (2024) 48:312–323). He is credited with inventing the "Deep Plane" facelift in his 1990 paper, which has become a landmark contribution to this day. Soon after, he described the groundbreaking "Septal Reset" where for the first-time eyelid fat was not taken out but repositioned to restore a natural youthful look. In 1992 he published the "Composite Rhytidectomy" where the neck muscle, the cheek fat, and the orbit were all lifted as one unit. This technique created a new gold standard for restoring facial harmony. Throughout his incredible career, his door was always open, and he acted as a mentor to countless young surgeons. His most meaningful lessons were taught by setting an example - how to treat people with respect, take care of others, work hard, have fun, and do what you love. He also lectured all over the world, teaching

his techniques and encouraging all surgeons to constantly improve on traditional procedures. He retired and closed his practice in 2019 at the age of 81.

Despite his extraordinary career, what always meant most to him was his family. He was intensely proud of his father's story and legacy, and he was committed to passing on the same values with which he was raised. He did so throughout his life as a dedicated son, brother, cousin, nephew, and uncle, but it was only after marrying Sonia that he was able to add the two roles he cherished most: husband and father. His devotion to his sons Andrew and Taylor was endless and powerful, and he once wrote to Sonia that their two boys completed the love story of their lives. To his sons, Sam was larger-than-life - towering, strong, and protective. A worthy patriarch, his love and support were unconditional. He encouraged their passions, told them to chase their dreams, and insisted they take advantage of every opportunity life had to offer. He took them around the world, exposed them to different cultures, and preached his love of life. No matter what his work or social obligations were, he was always home every weekday night at 7pm to sit down and have dinner with them. At the age of 80, Sam added one last accolade to his long list: grandfather. **Known as "Jiddo", (grandfather in Lebanese)**, by his grandsons Wyatt and Quinn, he cherished this role and treasured his time with them. In his final days, it was hearing about them that brought him the most joy.

To anyone who knew him, Sam Hamra was one-of-a-kind. A force. He had an active mind - constantly seeking, reading, and learning. He walked fast, talked fast, and loved to drive fast. He was dapper and elegant, armed with

a divine sense of style. He was fiercely honest, direct, and had little tolerance for nonsense. Always informed and convicted to his beliefs, he never shied away from active debate. He was an outlier, a renegade. He was generous, loyal, and he knew the value of true friendship. The man just loved to eat and drink and dance and talk. He had an unquenchable thirst for social interactions and was either out on the town with his glamorous Sonia on his arm or hosting vibrant dinner parties in their home... but if ever a call came in and someone needed help, he was immediately available.

At the behest of his wife, he became a dedicated patron of the Dallas Opera, the Dallas Symphony, and DMA. **He was proud of his origins, acting as a benefactor to Middle Eastern Studies at the University of Oklahoma, and he always maintained a strong connection to his Lebanese heritage alongside his deep love and gratitude for America.** Though Sam is no longer with us, his contributions live on: in every surgeon who practices with care, in every student influenced by his techniques, in every patient who benefits from sound, safe aesthetic surgery.

All this said, there was one thing that shined the brightest in his life and was closest to his heart, and that was his beloved Sonia. As the story goes, he knew the moment he saw her that he was destined to marry her, then he pursued her with the same relentless conviction he did everything else in his life. For the next 52 years, their love affair prevailed and was known by all, as he simply never wanted to be without her by his side. As one dear friend said, "When you saw Sam, you saw Sonia." They traveled the world together, holding hands until his very last day. She was his greatest love, his one and only, his "Kitty." In his own words: She was the one who made his life so incredibly perfect.

Adapted from Obituary published by Dallas Morning News on Oct. 12, 2025.

Sam is survived by his wife Sonia Hamra, his sons Andrew Hamra and Taylor Hamra, his grandsons Wyatt Hamra and Quinn Hamra, his sister Sameera Hamra Murad, as well as many wonderful cousins, nieces, and nephews. He was predeceased by his father T. A. Hamra, his mother Adeline Hamra, his aunt Shafica Hamra, his nephew Stephen Massad, and his brother-in-law Dr. John Murad.

The First World Congress of Plastic Surgeons of Lebanese Descent  
Beirut, Lebanon, Oct. 14-17, 2010



ISAPS Live Surgery Course. Beirut, Lebanon, Nov. 25-27, 2011



Vth WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT - BEIRUT - Sept. 19-21, 2019





**LSPRAS 50<sup>th</sup> Anniversary Conference, April 26-28, 2016  
Scientific Sessions**



2nd World Congress of Plastic Surgeons of Lebanese Descent, Cancun, Oct.10-13, 2012



IV<sup>th</sup> World Congress  
of Plastic Surgeons  
of Lebanese Descent São Paulo, Brazil, April 21-22, 2017



21/9/19

6215

- **Sam HAMRA**

- [drhamra@drhamra.com](mailto:drhamra@drhamra.com)



**Plant a Cedar Tree at the  
Shouf Biosphere Reserve – Barouk Cedar Forest**

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**  
Bishara Atiyeh: [bechara.atieh@gmail.com](mailto:bechara.atieh@gmail.com)

**Adopt a Cedar Tree Program - <http://shoufcedar.org>**

Individuals and organizations wishing to contribute to the program may do so by adopting a Cedar. For a small fee, a Cedar will be planted bearing the name of the person who adopted it and an official certificate with a serial number will be issued.

1908-2008

From Marjeyoun, Lebanon, to the heart  
of the medical world

“I am a son of Lebanon —  
even though I was born  
in America.”

A portrait of Dr. Michel Elias Dabaghi, an elderly man with a white surgical cap and a dark V-neck scrub top. He is looking slightly to the left of the camera. The background is a light beige color with a large green silhouette of a Christmas tree behind him.

**Dr. MICHEL ELIAS  
DABAGHI**  
MICHAEL E. DEBAKEY

---



Born Michel Elias Dabaghi, son of Lebanese immigrants Shaker and Raheerja Dabaghi, he became the legendary Dr. Michael E.

DeBakey — pioneer of modern heart surgery.

His story is ours: of sacrifice, faith, and family — the timeless Lebanese legacy that beats in every heart he saved





## EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

### EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30

[www.eaccme.eu](http://www.eaccme.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

EACCME® Event Report

**Event title: LEBANESE AESTHETIC MEDICINE AND SURGERY CONFERENCE**



**Event date: Oct. 4-5, 2025**      **Event city: Beirut, Lebanon**

**EACCME® reference number: LEE/2025/01020**

**Actual number of participants: ..... 141 .....**

**Please provide breakdown (in %) of international participation:**

European participants	5%
American participants	-
Canadian participants	-
Other: please specify	3.5% (Brazil); 1.5% (Jordan); 90% (Lebanon)

**Number of evaluation forms submitted: ..... 33 .....**

**Number of EACCME® certificates distributed: ..... 141 .....**

**Summary of evaluation forms completed by the participants:**

Category	Number of respondents	Mean score
Quality of the event	<b>33</b>	<b>90</b>
Relevance of the event	<b>33</b>	<b>89</b>
Suitability of formats used during the event	<b>32</b>	<b>84</b>
Ways the event affected the participant's practice	<b>32</b>	<b>84</b>
Commercial bias (absence of)	<b>32</b>	<b>84</b>

# TOP TWO PERCENT MOST CITED SCIENTIST

## APSLD excellence at its best



## World's top two percent most-cited scientists



<b>Abbas, Ossama M.</b> Dermatology	<b>El-Hajj Fuleihan, Ghada A.</b> Internal Medicine	<b>Sayegh, Mohamed H.</b> Internal Medicine
<b>Abboud, Miguel Raul</b> Pediatrics & Adolescent Medicine	<b>Ghafari, Joseph George</b> Dentofacial Medicine	<b>Seoud, Muhieddine A.F.</b> Obstetrics & Gynecology
<b>Akl, Elie A.</b> Internal Medicine	<b>Kanj, Souha S.</b> Internal Medicine	<b>Shamseddine, Ali I.</b> Internal Medicine
<b>Araj, George F.</b> Pathology & Laboratory Medicine	<b>Khoury, Samia J.</b> Neurology	<b>Sharara, Ala I.</b> Internal Medicine
<b>Atiyeh, Bishara Shafic</b> Surgery	<b>Khuri, Fadlo R.</b> Internal Medicine	<b>Taher, Ali T.</b> Internal Medicine
<b>Badr, Kamal F.</b> Internal Medicine	<b>Mansour, Ahmad M.</b> Ophthalmology	<b>Tamim, Hani Mohammed</b> Internal Medicine
<b>Bazarbachi, Ali Abdul Hamid</b> Internal Medicine	<b>Meho, Lokman I.</b> Internal Medicine	<b>Usta, Ihab M.</b> Obstetrics & Gynecology
<b>Beydoun, Ahmad A.</b> Neurology	<b>Sawaya, Raymond E.</b> Surgery	<b>Ziyadeh, Fuad N.</b> Internal Medicine

In a notable ascent within the global academic community, the American University of Beirut (AUB) continues to gain broader international recognition, with more of its researchers than ever named among the world's most-cited scientists, according to [Stanford University's Science-wide Author Databases of Standardized Citation Indicators](#).

This acknowledgment of AUB's scholars reflects a trajectory of excellence and resilience, supported by the university's commitment to advancing research in a region with unique and intractable challenges.

### Steady Climb in Global Ranking

The Science-wide Author Databases of Standardized Citation Indicators—commonly known as the Stanford citation ranking—identifies and ranks the top 100,000 scientists worldwide based on citation impact, showcasing the reach and influence of their work. In the 2024 edition, 64 AUB faculty members and researchers were recognized for their contributions to knowledge production and dissemination, marking a significant increase from 44 in 2020.

Dr. Elie Akl, vice provost for research at AUB, commented on the rising number of AUB scholars receiving such recognition, noting, "As the number of highly cited faculty rises, AUB remains dedicated to supporting scholars whose innovative, interdisciplinary work transforms lives worldwide. This demonstrates that locally driven research truly knows no borders and can be globally highly impactful."

The disciplines of AUB faculty recognized in this ranking span biology, business, education, engineering, epidemiology, medicine, nursing, nutrition, physical sciences, psychology, and health sciences, reflecting the university's strength across specialties and the breadth of its academic community. Overall, the 2024 list includes AUB researchers from 27 different departments spanning six of the university's faculties/schools.

# The Reconstruction of Plastic Surgery: A Historical Perspective on the Etymology of Plastic and Reconstructive Surgery

La reconstruction de la chirurgie plastique : une perspective historique de l'étymologie de la chirurgie plastique et reconstructive

Gabriel Bouhadana, MD<sup>1</sup> , Albaraa Algerian, MD, MSc, FRCSC<sup>2</sup>, and Stephanie Thibaudeau, MD, FRCSC<sup>2</sup>

Plastic Surgery  
2023, Vol. 31(4) 366-370  
© 2021 The Author(s)



Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/22925503211064377  
journals.sagepub.com/home/psg

 Sage



## Abstract

Although the origins of procedures now falling under the scope of modern plastic surgery date back thousands of years, it was only fairly recently that these were grouped under the umbrella term “plastic” surgery. However, mainly due to the industrialization period, the popular understanding of the term “plastic” would soon change—making way for the addition of the term “reconstructive” to the specialty’s name. Through a careful look at historical trends, the authors illustrate how this unintentionally led to an ideological divide between the aesthetic and reconstructive portions of our work, prompting a recent push to unify the field under the one, original, lexical choice: “plastic” surgery.

## Résumé

Même si les origines des interventions qui font désormais partie du champ de la chirurgie plastique moderne remontent à des millénaires, ces interventions n’ont été regroupées que récemment sous le vocable de chirurgie “plastique”. Cependant, en grande partie à cause de l’industrialisation, la compréhension populaire du terme “plastique” allait bientôt changer, laissant place à l’ajout du terme “reconstructive” au nom de la spécialité. Par un examen attentif des tendances historiques, les auteurs démontrent que cet ajout a involontairement entraîné un fossé idéologique entre la partie esthétique et reconstructive du travail, ce qui a suscité une récente impulsion en vue d’unifier le domaine sous un choix lexical unique et original : chirurgie “plastique”.

## Keywords

history, etymology, plastic surgery, esthetic surgery

## Mots-clés

chirurgie esthétique, chirurgie plastique, étymologie, histoire

## Background

Dating back to ~600 B.C. India, with the origins of the forehead flap for nasal reconstruction described in Sushruta’s *Samhita* text, surgeons have been performing reparative procedures falling under the scope of modern plastic surgery.<sup>1</sup> It was not until 1838 that these procedures were distinctly designated as “plastic” surgery by Eduard Zeis, alluding to the Greek adjective *Plastikós*, meaning moldable.<sup>2,3</sup> Since then, the name was fixed to the specialty. Yet one is left to wonder as to why other lexical options with similar meanings were not initially used, namely the term “reconstructive.”

<sup>1</sup> Faculty of Medicine, McGill University, Montreal, QC, Canada

<sup>2</sup> Division of Plastic and Reconstructive Surgery, Department of Surgery, McGill University, Montreal, QC, Canada

Received July 29, 2021. Revised September 27, 2021. Accepted October 6, 2021.

### Corresponding Author:

Gabriel Bouhadana, Faculty of Medicine, McGill University, 3605 Rue de la Montagne, Montreal, QC, Canada H3G 2M1.  
Email: gabriel.bouhadana@mail.mcgill.ca

Following the industrial revolution and the advent of synthetic plastics, leading to its now ubiquitous use in daily life, the public perception of the term “plastic” naturally evolved. In fact, when looking up the adjective “plastic” in the Merriam-Webster dictionary, the first definition is “made or consisting of plastic,” which demonstrates this change and potentially hints at the many misconceptions presently associated with the specialty of plastic surgery in popular culture.<sup>4</sup> “Capable of being molded or modeled” is the third on the list, showing how this definition has lost some attention over the years.<sup>4</sup> Following the rise of synthetic plastics, the name of the specialty evolved to include the term “reconstructive,” likely in an effort to reconcile the work being done by plastic surgeons with the concept behind the specialty’s original name. This, however, hypothesized to be due to the concurrent rise in aesthetic surgery, led to much confusion by the public and our medical colleagues. The attribution of the term “plastic surgery” was increasingly linked to solely aesthetic procedures, devaluing many of the reconstructive procedures performed by these same surgeons. On the other hand, the term “aesthetic” originates from the Greek word *aisthetikos*, meaning perception of the senses. It has then been linked to the philosophical study of beauty and taste, and later appropriated by plastic surgeons to describe their work to “reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.”<sup>5</sup>

The authors, therefore, aim to promote the diverse and unified scope of plastic surgery, including both aesthetic and reconstructive procedures, by highlighting the importance of the specialty’s name in this endeavour. Herein, the etymology of plastic surgery is concisely explored; beginning with its historical origins, navigating through changes during the industrialization period, with a final note on the contemporary state in the specialty’s designation.

## Origins

Plastic surgery is one of the oldest surgical specialties, as in its beginnings the practice of surgery was commonly limited to the body’s surface, tailoring to external lesions or injuries and the alleviation of wounds, which are all under the scope of contemporary plastic surgery.<sup>6</sup> There are even many allusions to it in Greek mythology, such as the depiction of Achilles providing wound management for Patrocleus’ arm during the Trojan war and the story of Hermes suturing the tendons of Zeus’ hands and feet back together after being avulsed during the battle of the Titans.<sup>7</sup> As the complexity and breadth of procedures performed by surgeons evolved throughout the 18th century, their education moved away from the conventional apprenticeship-based approaches and evolved into didactic and book-based learning.<sup>8</sup> That is when surgeons became on par with their medical counterparts in terms of academic and professional standing and allowed for the creation of universal frameworks and schools for surgery.<sup>6</sup> It is this academically inclined shift that then facilitated the creation of specific expertise, and prompted the division of surgery into distinct subspecialties.

Since surgeons were historically concerned with the surface of the body, this allowed for many procedures now falling under the scope of modern reconstructive plastic surgery to originate far before other surgical procedures still used today. These include nasal reconstruction with forehead flaps which finds its roots in ancient India in 600 B.C., and cleft lip repair and advancement flaps in ancient Rome in 30 A.D. in Celsus’ *De Medicina*, in addition to wound care.<sup>1,9</sup> The true beginning of plastic surgery as a distinct scientific medical endeavour, however, is often associated with Gaspare Tagliacozzi’s *De Curtorum Chirurgia per Insitionem* in 1597, due to his systematization of procedures, especially nasal reconstruction, and the text’s widespread dissemination made possible by the invention of the printing press.<sup>10,11</sup> From a historical perspective, the difficulty of the operations and the rise of prosthetics rendered these procedures obsolete, until the nasal reconstruction technique was later refined and published in 1816, keeping in line with the pedagogical shift of surgery occurring across the Western world.<sup>12,13</sup>

Although the term “restoration” was being used to describe these procedures, only 2 years later, Carl von Graëfe published the landmark text *Rhinoplastik*, in which he describes his experience with nasal reconstruction, which—more importantly—marked the first time in history the term “plastic” was associated with reconstructive procedures.<sup>3,14</sup> This was then followed by Eduard Zeiss’ naming of the specialty as “Plastische Chirurgie”—plastic surgery—in 1838.<sup>2</sup> It has been argued that at that time, the term “plastic” had deep philosophical and artistic connotations, based on its Greek root signifying malleability.<sup>3</sup> Although this name would then adhere to the specialty, the popular understanding of the term “plastic” would soon be drastically altered.

## The Reconstruction of “Plastic”

The industrial revolution brought on many changes to society at the time, by rendering the manufacturing of goods in large quantities now a feasible endeavour. This led to an unprecedented and exponential growth in trading and population numbers, although soon constrained by the limited quantity of natural resources. This fueled scientists to create new materials toward the end of the 19th century, namely with the creation of the first plastic material and the first fully synthetic plastic.<sup>15,16</sup> The adoption of these came at a swift rate, especially with their associated cost savings during both World Wars, and the industrialized world that followed. With this, the term “plastic” came to be widely used to describe these newly discovered polymers, now ubiquitous in society.

Interestingly, it was not long after the creation of plastic material, especially following the first World War where its industry saw a large increase in production, that the term “plastic and reconstructive surgery” began to appear in the medical literature. It is first found as the title of a piece published in *The Hospital* in 1919 describing the recent advances in craniofacial reconstruction after the Great War, in which the author curiously uses the term “restorative surgery” and

“plastic surgery” to describe the procedures in the text, rather than using the term “reconstructive.”<sup>17</sup> This comes to no surprise as the term “reconstruction” was still not widely used in this manner. Following, the American Society of Plastic and Reconstructive Surgery was created in 1931, and in an article published in 1947 by Dr. Maliniac recounting the foundation of the Society, the desire for “a more comprehensive title” seems to be the motivating factor behind the addition of “reconstructive” to their official name.<sup>18</sup> This allowed for a less restricted membership, which was especially important at the time considering the exponentially growing breadth of procedures and surgeons interested in the field, following the myriad of facial injuries sustained on the battlefields of the first and second World War. Namely the contributions of Sir Archibald McIndoe and Harold Gillies regarding the treatment of burns sustained by the Royal Air force pilots, later termed the “Guinea Pig Club,” are paramount to mention in this concern.<sup>19</sup> At this time, burn surgery was in its infancy, and its innovations continued pushing the boundaries of plastic surgeons’ breadth of expertise.

This naturally led to the creation of the Society’s journal *Plastic and Reconstructive Surgery*, which is in fact still its primary journal to this day.<sup>20</sup> Internationally, other societies were also attempting to address this change in perception of the term “plastic” by proposing new names for the specialty. For example, the first supranational society naming itself the *Société Européenne de Chirurgie Structive* and the French society *Société Française de Chirurgie Réparatrice Plastique et Esthétique*.<sup>21,22</sup> The terms “structive” and “reparative” soon faded out; as due to its allying with prominent domestic and international surgeons, the readership of *Plastic and Reconstructive Surgery* expanded rapidly and the widespread acceptance of the American Society of Plastic and Reconstructive Surgery’s annexation of the term “reconstructive” was soon to follow.<sup>13</sup> In fact, the Canadian Society of Plastic Surgeons has in the past prompted the Royal College of Physicians and Surgeons to add the term “reconstructive” to its official name.<sup>23</sup> Nevertheless, this term was rarely used on its own by plastic surgeons at the time, as it was often used by others to describe surgeries that did not fall within their existing scope of practice, such as urogynecological and orthopedic reconstruction.<sup>24–26</sup>

## Misperception

Around the same time that the term “reconstructive” was gaining acceptance from the plastic surgery community, aesthetic surgery began to see a rapid and widespread expansion in modern-day society.<sup>27</sup> New and improved techniques were being devised, while public acceptance grew larger for cosmetic procedures, that were in fact largely and rightfully appropriated by plastic surgeons.<sup>13,28</sup> As their scope of practice now included both aesthetic and reconstructive procedures, a nuance with their newly appointed title began to arise. The public began to associate the term “plastic” in the context of surgery with cosmetic procedures, as reconstructive procedures

were different and were accounted for under the term “reconstructive” in the specialty’s double name.<sup>29</sup> This was and is still largely driven and perpetuated by the media.<sup>30</sup> As well, with the now popular association of the term “plastic” to artificial or synthetic materials and their use, namely silicone, in some cosmetic procedures, the association of “plastic surgery” to aesthetic endeavours resonated with the layperson.

This has, unfortunately, led to much frustration from the plastic surgery community, as their specialty was increasingly viewed in a negative and misconstrued light, from both the public and their medical colleagues.<sup>31,32</sup> The association of plastic surgery with solely cosmetic, nonmedically indicated procedures has led to its devaluation in the public eye, as being ranked last out of 30 specialties in terms of importance in providing care for patients in a hospital in a recent study.<sup>33</sup> Considering the hefty financial compensation for cosmetic procedures, the media has also often portrayed plastic surgeons as strictly business-oriented, implying a certain degree of disregard for their patients’ health and wellbeing.<sup>34</sup> As well, due to the predominance of aesthetic surgery among plastic surgeons and its popularization in the media, the public and even other physicians often lack a true understanding of the scope of reconstructive surgical problems that fall under the plastic surgeons’ purview.<sup>30,35,36</sup> For instance, in a recent public survey in the United States, 69% of respondents believed hand/finger fractures were under the predominant expertise of orthopedic surgeons, while only 18% felt plastic surgeons had the requisite qualification to address such conditions.<sup>35</sup>

## Back to the Roots

Although some might relinquish this to semantics, it was to avoid promoting a firm divide between aesthetic and reconstructive procedures both performed by plastic surgeons, that many advocated changing the name of their largest society.<sup>29</sup> It was felt that a clarification was needed, mainly for the purpose of reconciling all subspecialty domains under the all-encompassing umbrella of “Plastic Surgery.” This thereby emphasized cooperation in research and education, in addition to building a more positive public image for the specialty, as names have been shown to have a meaningful impact from a psychological perspective.<sup>37,38</sup> By 1999, the American Society of Plastic and Reconstructive Surgeons in fact changed its name to the American Society of Plastic Surgeons.<sup>37</sup> This was largely met with support from their constituents and met with many calls for plastic surgeons to proudly defend both the aesthetic and reconstructive portions of their work, that fall under the common umbrella of “plastic surgery.”<sup>29</sup> This has also been demonstrated in the more recent creation of a journal for the Canadian Society of Plastic Surgeons named *Plastic Surgery*.

However, there is still much work to be done, as searches of PubMed title and abstracts show that in the *Plastic and Reconstructive Surgery* Journal, which is the official journal of the American Society of Plastic Surgeons, the term “plastic and reconstructive surgery” was used 17,722 times since

2000, while “plastic surgery” was only used 7192 times. There is nonetheless an overall increase in the use of the term “plastic surgery” in the journal in recent years, compared to a plateau in the term “plastic and reconstructive surgery.” This highlights the gap that has yet to be bridged in the endeavour of unifying all branches under the common name of “plastic surgery,” with an ultimate goal of improving its public perception. There exists encouraging data, however, as an analysis of the studies published in the Canadian journal show that the term “plastic and reconstructive surgery” was used 129 times since 2003, while “plastic surgery” was used 416 times.

The authors believe it is important to continue striving toward this goal, by for example publicizing the reconstructive aspects of plastic surgery on par with its cosmetic counterpart, as studies suggest a large portion of the population and our medical colleagues are unaware of the broad scope of practice in plastic surgery, even possibly leading to a decrease in referrals and appropriate medical care.<sup>30,35,36</sup> As terms such as “restorative surgery” reappear on the horizon, plastic surgeons must make no compromises in staying unified under the umbrella term of “plastic surgery,” as a look into the history of its etymology has clearly shown the repercussions otherwise.<sup>39</sup>

Rather than assert what the naming of the specialty must be, the authors’ main goal was to stimulate discussion on this topic, with the understanding that valid differing views exist. For example, some may plausibly argue that adding the term “reconstructive” has helped clarify to the public what plastic surgeons really do, given that the term “plastic” has become part of other subspecialties’ designations (eg, facial plastic surgery, oculoplastics, etc). In fact, this belief in the lack of specificity of the term “plastic” is common among plastic surgeons, as many choose to call themselves by their subspecialty’s name (eg, hand surgeon, craniofacial surgeon, etc).

## Conclusion

Although the origins of the specialty of plastic surgery date back to ancient times, it only received the name “plastic” in the mid-19th century, with a basis in the Greek word *Plastikós* signifying malleability. With the rise of synthetic plastics and the surge in need for plastic surgery procedures around the time of the World Wars, it was felt that adding the term “reconstructive” to the name would help mitigate the new public perception of the term “plastic.” Largely due to the following rise of aesthetic surgery, this led to more confusion among public perception, and eventually prompted many plastic surgeons to a reappropriation of the sole encompassing term “plastic” to describe their work. Further studies are needed to examine the long-term perceptible implications of this lexical choice.

## Author Contributions

G.B. and A.A. contributed to the design of the research, analysis of the results, and writing of the manuscript. S.T. contributed to the editing of the manuscript and supervision of the project.


## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

## ORCID iD

Gabriel Bouhadana  <https://orcid.org/0000-0002-4976-2140>

## References

1. Bath, K, Aggarwal, S, & Sharma, V. Sushruta: father of plastic surgery in Benares. *J Med Biogr.* 2019;27(1):2-3.
2. Zeis, E, Dieffenbach, JF. *Handbuch der plastischen Chirurgie.* Reimer, Berlin (1838). Accessed June 3, 2020. <https://archive.org/details/handbuchderplast00zeis/page/n3/mode/2up>
3. Macionis, V. History of plastic surgery: art, philosophy, and rhinoplasty. *J Plast Reconstr Aesthet Surg.* 2018;71(7):1086-1092.
4. The Merriam-Webster Dictionary—Definition of the word “plastic.” Accessed June 3, 2020. <https://www.merriam-webster.com/dictionary/plastic>
5. Nahai, F. What is aesthetic surgery, anyway? *Aesthetic Surg J.* 2010;30(6):874-875.
6. Gelfand, T. *Professionalizing modern medicine: Paris surgeons and medical science and institutions in the 18th century.* Greenwood Press; 1980.
7. Thoma, A. Plastic surgery and Greek mythology. *Can J Plast Surg.* 1995;3(2):102-104.
8. Brunton, D. *Health, disease and society in Europe, 1800–1930: a source book.* Manchester University Press; 2004.
9. Gurllt, EJ. *Geschichte der Chirurgie und Ihrer Ausübung: Volkschirurgie, Alterthum, Mittelalter, Renaissance.* Vol. 1. Hirschwald; 1898.
10. Tomba, P, Viganò, A, Ruggieri, P, & Gaspari, A. Gaspare tagliacozzi, pioneer of plastic surgery and the spread of his technique throughout Europe in “De curtorum chirurgia per insitio-nem.” *Eur Rev Med Pharmacol Sci.* 2014;18(4):445-450.
11. Gnudi, MT, & Webster, JP. *The life and times of Gaspare Tagliacozzi: surgeon of Bologna.* Herbert Reichner; 1950.
12. Carpué, JC. *An account of two successful operations for restoring a lost nose including description of the Indian and Italian methods.* Longman; 1816.
13. Gurtner, GC, & Neligan, PC. *Plastic surgery E-book: Volume 1. Principles.* Elsevier Health Sciences; 2017.
14. von Gräfe, CF. *Rhinoplastik, Oder die Kunst, den Verlust der Nase Organisch zu Ersetzen.* Realschulbuchhandlung; 1818.
15. Davis, H. Life & Death in the Anthropocene: A short history of plastic. In: Davis H, Turpin E, eds. *Art in the Anthropocene: Encounters Among Aesthetics, Politics, Environments and Epistemologies.* Open Humanities Press, 2015: 347-358.
16. Baekeland, LH. Method of making a plastic body. In: Google Patents; 1915.
17. Plastic and reconstructive surgery. *Hospital* 1919;66(1732):495-496.

18. Maliniac, JW. American society of plastic and reconstructive surgery; its beginning, objectives and progress, 1932–1947. *Plast Reconstr Surg.* 1947;2(6):517-530.
19. Macnamara, AF, & Metcalfe, NH. Sir Archibald Hector McIndoe (1900–1960) and the Guinea Pig club: the development of reconstructive surgery and rehabilitation in the second world War (1939–1945). *J Med Biogr.* 2014;22(4):224-228.
20. Goldwyn, RM. The early history of plastic and reconstructive surgery. *Plast Reconstr Surg.* 2008;121(4):1489-1498.
21. Mazzola, RF, & Kon, M. EURAPS at 20 years. A brief history of European plastic surgery from the société européenne de chirurgie structurée to the European association of plastic surgeons (EURAPS). *J Plast Reconstr Aesthet Surg.* 2010;63(6):888-895.
22. Rogers, BO. U.S. Plastic surgeons who contributed to the revue de chirurgie plastique and the revue de chirurgie structurée (1931–1938): “giants” in our specialty. *Aesthetic Plast Surg.* 1999;23(4):252-259.
23. The History of the Canadian Society of Plastic Surgeons. Accessed July 27, 2021. <https://plasticsurgery.ca/wp-content-csps/uploads/2016/05/HISTORY.pdf>.
24. Vitale, CC. Reconstructive surgery for defects in the shaft of the ulna in children. *J Bone Joint Surg Am.* 1952;34a(4):804-810.
25. Gebauer, PW. Reconstructive surgery of the trachea and bronchi: late results with dermal grafts. *J Thorac Surg.* 1951;22(6):568-584.
26. D’Ingianni, V. Reconstructive surgery of the fallopian tubes employing a cannula. *South Med J.* 1948;41(7):575-581.
27. Gilman, SL. *Making the body beautiful: a cultural history of aesthetic surgery.* Princeton University Press; 2000.
28. Haiken, E. *Venus envy: a history of cosmetic surgery.* 1997.
29. Zook, EG. Why we should simplify our name. *Plast Reconstr Surg.* 1994;94(2):359-360.
30. Kim, DC, Kim, S, & Mitra, A. Perceptions and misconceptions of the plastic and reconstructive surgeon. *Ann Plast Surg.* 1997;38(4):426-430.
31. Stevenson, TR. What is plastic surgery and who decides? *Plast Reconstr Surg.* 2007;120(4):1079-1080.
32. Dunkin, CS, Pleat, JM, Jones, SA, & Goodacre, TE. Perception and reality—a study of public and professional perceptions of plastic surgery. *Br J Plast Surg.* 2003;56(5):437-443.
33. de Blacam, C, Kilmartin, D, McDermott, C, & Kelly, J. Public perception of plastic surgery. *J Plast Reconstr Aesthet Surg.* 2015;68(2):197-204.
34. Vanderford, ML, Smith, DH, & Olive, T. The image of plastic surgeons in news media coverage of the silicone breast implant controversy. *Plast Reconstr Surg.* 1995;96(3):521-538.
35. Sinno, S, Barr, J, Wilson, S, Smith, BD, Tanna, N, & Saadeh, PB. Public perceptions of plastic surgery: analysis and implications. *J Craniofac Surg.* 2015;26(4):1238-1241.
36. Agarwal, P. Perception of plastic surgery in the society. *Indian J Plast Surg.* 2004;37(02):110-114.
37. Rohrich, RJ. American Society of plastic surgeons: what’s in a name change? *Plast Reconstr Surg.* 2000;105(3):1059-1060.
38. Wänke, M, Herrmann, A, & Schaffner, D. Brand name influence on brand perception. *Psychol Market.* 2007;24(1):1-24.
39. Brigham and Women’s Hospital – Department of Plastic Surgery, Restorative Surgery. Accessed June 6, 2020. <https://www.brighamandwomensorg/surgery/plastic-surgery/restorative-surgery/what-is-restorative-surgery>.

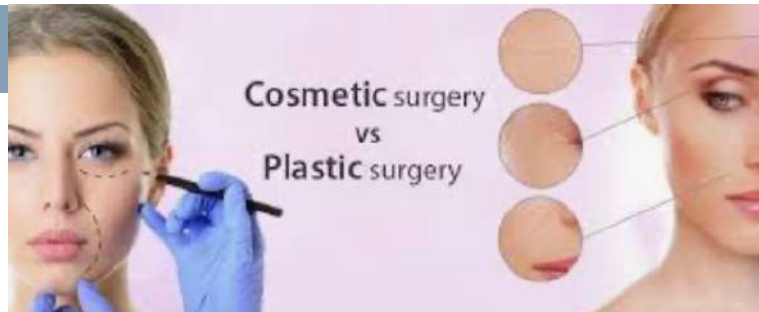


# Cosmetic Surgery and Plastic Surgery

## What is the Difference?

### What is Cosmetic Surgery?

The procedures, techniques, and principles of cosmetic surgery are entirely focused on enhancing a patient's appearance. Improving aesthetic appeal, symmetry, and proportion are the key goals. An aesthetic surgery can be performed on all areas of the head, neck, and body. Since cosmetic procedures treat areas that function properly, cosmetic surgery is designated as elective. Cosmetic elective procedures are performed by doctors from a variety of medical fields, including plastic surgeons.



### What is Plastic Surgery?

Plastic surgery is defined as a surgical specialty dedicated to reconstruction of facial and body defects due to birth disorders, trauma, burns, and disease. Plastic surgery is intended to correct dysfunctional areas of the body and is, by definition, reconstructive in nature. While many plastic surgeons choose to complete additional training and perform cosmetic surgery as well, the basis of their surgical training remains reconstructive plastic surgery.

In fact, in 1999, the American Society of Plastic and Reconstructive Surgeons changed its name to the American Society of Plastic Surgeons to more strongly communicate the message that "plastic and reconstructive surgeons are one in the same."

### Training Requirements: American Board of Plastic Surgery



**Only 1 of 6** required training categories are in Cosmetic Surgery

**150** Cosmetic Surgery procedures required to sit for certification exam

# What's the difference between reconstructive and cosmetic procedures?

• Minas Chrysopoulos, MD | San Antonio, TX  
• Friday, January 12, 2018

The term "plastic surgery" originates from the Greek word "plastikos," which means to mold or shape. The field of Plastic Surgery can be broken down into two main categories - reconstructive procedures and cosmetic procedures. Both are generally considered sub-specialties of plastic surgery.

## Reconstructive plastic surgery

Reconstructive surgery is performed to restore function and normal appearance, and correct deformities created by birth defects, trauma or medical conditions including cancer. Examples include cleft lip and palate repair, breast reconstruction following a lumpectomy or mastectomy for breast cancer, and reconstructive surgery after burn injuries. Typically, reconstructive surgery is considered medically necessary and is covered by most health insurance plans.

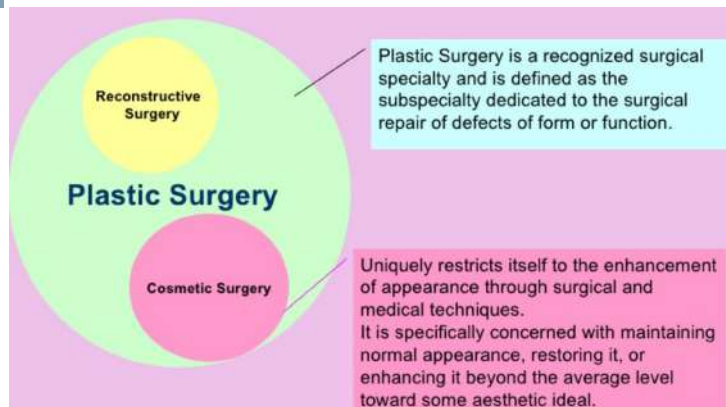
## Cosmetic Plastic Surgery

Cosmetic surgery is performed to enhance overall cosmetic appearance by reshaping and adjusting normal anatomy to make it visually more appealing. Unlike reconstructive surgery, cosmetic surgery is not considered medically necessary. Breast augmentation, breast lift, liposuction, abdominoplasty (tummy tuck) and facelift are popular examples of cosmetic surgery procedures.

## How are they similar?

In reality, there is often significant overlap between reconstructive and cosmetic plastic surgery since they share many of the same underlying surgical principles. No matter the type of plastic surgery that is being performed, the end goal should always include maximizing the cosmetic result as much as possible. Regardless of the plastic surgery procedure being planned, it is very important for patients to discuss the anticipated cosmetic result with their surgeon ahead of time to ensure appropriate expectations are met.

The lines between reconstructive and cosmetic surgery are further blurred when it comes to insurance coverage. Certain conditions can be deemed either "reconstructive" or "cosmetic" depending on the patient's specific situation. A perfect example is rhinoplasty (nose surgery) which is often performed to enhance the appearance of the nose but may also be required to restore normal nasal breathing and normal appearance after a bad nasal fracture.



# What's on the horizon? Plastic surgery trends for 2025

Adapted from  
**Alia Willson | Freelance Writer**  
Friday, January 10, 2025

Plastic surgeons may not have a crystal ball. Still, they work with so many patients throughout the year that many surgeons get an innate feeling for which procedures are popular, which are declining and which buzzworthy procedures are poised to take off.

No one can tell you what the new year will hold. If that were the case, everyone would place bets and get ready to head into the new year a little richer. However, experienced plastic surgeons can examine the trends in 2024, review the significant breakthroughs in plastic surgery technology and see what's popular across the pond to better understand the plastic surgery trends that could take the industry by storm in 2025.

## "Undetectable" tweaks

Patients are wanting subtle augmentations in both the breasts and buttocks now. We are also starting to see more people downsizing their breasts and buttocks from prior surgery as well.

The "natural" plastic surgery aesthetic has been tremendous. The emphasis is on creating a more subtle look that enhances a person's natural aesthetic without tipping people off that the result is because of plastic surgery.

## Beautiful breasts

One of the technological innovations approved by the FDA in 2024 that will continue creating buzz into 2025 is the

new Motiva breast implants.

"Motiva breast implants have taken the USA by storm. Without getting too much into the hype, these implants are more technologically advanced than the current models offered.



The innovative design of Motiva implants is suitable for placement over muscle tissue instead of underneath and mimics breast tissue's natural shape and feel. Perfect for achieving the natural breast aesthetic and other looks, these next-generation implants focus on putting patient health and safety first and could be a popular choice for breast augmentation heading into 2025.

## Fetching figures

We will probably continue to be "bullish" on waistline reduction with rib modeling. The procedure, new to the United States, gained traction with patients in 2024, and patients keep asking him about it. This is a new, innovative technique to narrow the waistline without the morbidity of rib removal surgery".

Patients will continue pushing for a more fit and slim torso. Although semaglutide weight loss drugs can help people shed pounds, they can't help sculpt a trimmer torso. More patients may turn to plastic surgery to help them contour their bodies, with the popularity of these drugs at an all-time high.

That could be accomplished with high-definition liposuction and high-definition body sculpting, which can also be combined with rib remodeling. As people are more in tune with their own personal health and fitness after the pandemic, there has been a little more of an emphasis on looking good and feeling good, particularly with high-definition body sculpting surgery to achieve a toned, defined look.

It is suggested that with the surge in Americans using semaglutide weight loss drugs, there may be more demand in 2025 for skin excision procedures such as neck lifts, facelifts, breast lifts, abdominal liposuction and tummy tucks, to contour the body and remove loose skin caused by significant weight loss.



## First-rate faces

There is also a trend toward smaller face and neck lifts at a younger age. With less surgery, less dissection and a faster recovery, more patients may opt for minor facelift procedures at a younger age to help them avoid significant procedures 10 to 15 years later.

Skincare is also moving in interesting directions, emphasizing skin boosters and biostimulators. Rejuran, a product made from salmon sperm and popular in South Korea, has not been FDA-approved in the U.S. as an injectable but is wildly popular outside the country since it helps stimulate collagen production and boost skin radiance. Similar products focusing on boosting the skin are also emerging on the market and may soon work their way to the U.S.



## Continuing to trend

ASPS statistics show a 5 percent increase in overall cosmetic surgery procedures between 2022 and 2023. There is no reason to believe that interest and demand for these

procedures will increase in 2025, with innovations, new techniques and new products hitting the market and your plastic surgeon's office.

# IX<sup>th</sup> World Congress of Plastic Surgeons of Lebanese Descent



# APSLD

BACK TO THE ROOTS

Mark your calendar

BEIRUT

2027



[www.apsld.org](http://www.apsld.org)