

OSAPS
2008



11th
International
Congress of
ORIENTAL SOCIETY OF
AESTHETIC PLASTIC SURGERY




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11th OSAPS 2008
Optimizing Surgical
Outcomes in
Breast
Augmentation
in Asia

16 November 2008
Sunday
15:00 – 19:00

Mediterranean Room
Waterfront Cebu City
Hotel, Philippines

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Chairperson Prof Kiyonori HARII
Co-Chair Charles RANDQUIST

Time	Topics	Speakers
	Corporate Video	
15:00	Opening Remarks	Pat WELCH <i>VP, Medical Aesthetics Allergan Asia Pacific</i>
15:10	Welcome Speech	Kiyonori HARII
15:15	Using Style 410 Form-stable Anatomical Implants	Charles RANDQUIST
16:00	Breast Augmentation through IMF in Asian Patients	Sung-Soo PARK
16:30	The Use of Style 410 in Chinese Patients	Jie LUAN
17:00	Coffee Break	
17:20	Revision Surgery using Style 410	Wilson HO
17:50	Managing Asian Patient Expectations	ALL
18:15	Case Studies / Complications Panel Discussion	ALL
19:00	Closing Remarks / Session Ends	Kiyonori HARII
19:30	Allergan Academy Dinner	

Welcome Message



Dear Partners in Breast Aesthetics,

A warm welcome to Allergan Academy Asia, held in conjunction with the 11th International Congress of the Oriental Society of Aesthetic Plastic Surgery in Cebu, Philippines. As part of Allergan's commitment in the education and upgrading of the medical community in Asia, we are dedicated to continuously provide updates in clinical management, practice management and surgical techniques with our Academies which have been held over the last few years in many countries in the region, either in conjunction with society meetings, regional congresses or as standalones.

The chosen theme of this Academy in 'Optimizing Surgical Outcomes in Breast Augmentation in Asia' will allow our esteemed plastic surgeons to discuss the progress, advancement in surgical techniques and skills amongst our Asian surgeons especially with the use of anatomical implants to achieve the best outcomes in Asian patients. We have lined up a list of eminent speakers from within and outside the region and we believe you will find the meeting to be interesting and meaningful.

Allergan Asia is proud to be your partner in medical aesthetics and we sincerely hope you will enjoy this program which we have specially put together. Here's wishing you a very pleasant stay in beautiful Cebu with its friendly people, culture and sandy beaches. Enjoy the Academy!

Yours sincerely,



Pat Welch

Vice President, Medical Aesthetics
Allergan Asia Pacific



Dear colleagues,

The field of medical aesthetics, and in particular breast aesthetics in Asia, has progressed greatly over the last two decades. There is now a much greater openness and acceptance of augmentation mammoplasty by Asian women and they are now demanding that their plastic surgeons provide them with optimal outcomes which suit their specific needs and desires.

The use of round silicone implants has been the mainstay for many years amongst plastic surgeons in Asia. Recently, there is a growing interest in the use of highly cohesive form-stable gel-filled anatomical implants which offer a wide array of options in heights, projections and sizes to allow the surgeon to choose a custom solution catering to the specific needs of each woman's body type and shape.

This Academy's theme is the optimization of surgical outcomes in breast augmentation in Asian women by using Allergan's Style 410 in primary and revision augmentation, as well as, considering the choice of incision site for the Asian woman. The speakers invited are mainly from Asia and they will share their experiences in clinical and surgical techniques in their own practice and in their countries. We are also honored to have Dr Charles Randquist from Stockholm, Sweden to speak on his use of Style 410 and he will help to co-chair this Academy. The meeting will end with a session on managing Asian patient expectations as well as a complications panel discussion.

We are excited to have surgeons from across Asia here today and are confident that this academy will provide you a valuable learning platform for an open and interactive exchange of ideas. We are confident that it will be a fruitful and memorable experience for everyone.

Yours truly,



Prof Kiyonori Hari
Kyorin University
Tokyo, Japan

Dr. Charles RANDQUIST
Victoria Kliniken
Stockholm, Sweden



Twenty minute success

Background

Scientific evaluation of combined specific surgical techniques, tissue assessment planning systems and choice of implants is very difficult. Nevertheless, short and long term complication rate is based on surgeon decisions. This combined with involving the patient in choices and planning, to reconcile what her desires and expectations are, without risking long-term adverse consequence is a delicate balance.

I was first introduced to style 410 implants and dimensional tissue thinking by Dr J. Tebbets in 1996. Since then I have performed more than 1700 style 410 breast augmentations. With the introduction of the full range of the Matrix system 2001, becoming more accurate in choice of implant depending on patient status, was a challenge. My goal was to bring my breast augmentation practice to the next level with predictable results, lesser complication rates and a better postop experience.

Methods

A more detailed, focused patient education deciding implant size outside the OR. Quantitative tissue assessment. Developing surgical skills on specific “breast augmentation Days” to shorten operative times while reducing bleeding and tissue trauma. Minimizing intraoperative drugs, narcotics and mobilizing patients early. Between 2001 and November 2005, 762 patients (1523 implants) underwent breast augmentation. 706 patients (92.6%), using an inframammary approach, 51 patients (6.7%), using an areolar approach and 5 patients (0.7%) using Endoscopic auxiliary approach. Using a minimalistic breast augmentation set with a monopolar forceps moving from the medial of the incision to the lateral eliminating all the perforators without bleeding, a bilateral pocket and augmentation is performed in twenty minutes. No drains or special bras are used post operative. Patients are mobilized within two hours with a special gymnastic program.

Results

Looking at the different models 70.9% were full high implants. 29% were medium high implants. The overall complication rate was 2.9%. 2.7% due to capsule contraction. 0.2% due to implant size exchange. No reoperations due to infection or hematoma. On my last 56 patients with an average of 315g the skin stretch on N-IMF (nipple inframammary fold) distance was 1.1cm.

Conclusion

Delivering an easy understandable overall concept that involves most factors necessary to make a good judgment together with your patient for what is best for her short and long term was my aim. Today I have a more efficient use of time, performing 8-10 breast augmentations in 4-5 hours, with staff that is trained to work simultaneously in two operation theaters. I have a more accurate prediction of outcomes, deal with fewer complications and perform fewer reoperations with a faster recovery for my patients.

Two simple key messages regarding measurements and implants. Respect base with and you will be rewarded long term with lesser reoperation rate due to rippling, implant visibility, bottoming out etc. Assess N-IMF fold distance combined with maximum skin stretch and you will be able to predict where your position of inframammary fold should and will be, depending on implant size.



Dr. Sung-Soo PARK
BK-DONGYANG
Plastic Surgery Clinic
Seoul, Korea

Breast Augmentation through IMF in Asian patient

Nobody wants to have traces of surgery in their body related to breast augmentation. The traces of augmentation mammoplasty are unnatural feeling, shape, scar and sensory change of nipple. The history of advance in augmentation mammoplasty has helped to minimize these traces.

In breast augmentation, favorable surgical outcomes depend on appropriate patient selection and delicate surgical technique. According to the survey about the satisfaction of augmentation mammoplasty, patients value natural feeling and shape above incision scar location. Usually, patients prefer the surgical method that can hide scar better on the assumption that they can get natural breast feeling and shape. Korean women also hope to hide their surgical scar. Korean public bath cultural traits make choice more restrictive. Of course, it is important to make an effort to minimize a scar.

Therefore, the speaker considers the advantage of the infra-mammary approach as a method that helps minimize capsular contracture and realizes rapid recovery and normal activity. Speaker also reports about the experiences of various cases, proper application of this technique, patient selection, incision location, dissection plane and extent.



LUAN Jie, MD.

Breast Plastic and
Reconstructive Surgery Center
Plastic Surgery Hospital, CAMS,
Beijing, China

The Use of Style 410 in Chinese Patients

The dual plane technique is a popular procedure for breast augmentation. However, traditional dual-plane augmentation mammoplasty usually requires incisions through the areola or inframammary crease, which produces a scar on the breast. Therefore, women may not favor this technique, especially Chinese women who are genetically susceptible for hyperplastic scars. In our institution, endoscopic transaxillary dual-plane augmentation mammoplasty was performed in patients under general anesthesia. Four centimeter incisions were designed to overlap the natural creases of the skin bilaterally at the mid-transaxillary frontline. The space behind the pectoralis major muscle was separated conventionally. Assisted by a 10 mm/30° endoscope, part of the ectopectoralis was excised. Through the transaxillary incision, the rough-surfaced silicone gel breast prosthesis was implanted. The volume varied from 185 g to 315 g, and a routine indwelling drainage tube was placed. From March 2006 to May 2007, we performed 49 cases of augmentation mammoplasty applying endoscopic-assisted dual-plane technique. At 6- to 12-month follow up, the surgical outcomes were satisfactory. There were no complications, such as capsular contracture, bleeding, scar hyperplasia, or infection. We believe that the dual-plane augmentation mammoplasty can be performed via transaxillary incision using an endoscope. Since the surgical incision is far from the front of the breast with this method, no scarring of the breast develops. Furthermore, the adoption of the dual-plane technique provides superior form to the anatomical prosthesis in the breast, alleviates postoperative pain, and improves suppleness of the postoperative breast.

Dr. Wilson HO
The Specialists
Hong Kong



Revision Surgery using Style 410

Ever since women first sought means to enlarge their breasts beyond their natural dimensions, a large variety of methods, such as insertion of solid or semi-solid prostheses and injection of high viscosity fluids, have been used. Although augmentation by implant is proven to be safe and effective, injection mammoplasty is most tempting because it is cheap, easy to perform, relatively painless and has an attractive early result. Injection of liquefied paraffin or silicone by unqualified people was popular in the 1950s and 1960s in South East Asia until we recognized the long term complications: from a painless mass to a destructive ulcer. Unfortunately, history repeated again in 1980s and 1990s in China where more than 100,000 women had injection mammoplasty by polyacrylamide hydrogel (PAAG). Apart from secondary implant surgery, the author shall discuss how to manage women with PAAG injection mammoplasty by using Style 410.

CHAIRPERSON / SPEAKERS



Pat WELCH
Vice President,
Medical Aesthetics
Allergan Asia Pacific



Prof Kiyonori HARII
Kyorin University,
Tokyo, Japan



Dr Charles RANDQUIST
Victoria Kliniken,
Stockholm, Sweden



Dr PARK Sung-Soo
BK Dongyang Clinic,
Seoul, Korea



Prof Jie LUAN
Plastic Surgery Hospital,
Beijing, China



Dr Wilson HO
The Specialists,
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