

### Canadian Society for Aesthetic (Cosmetic) Plastic Surgery/ Société canadienne de chirurgie plastique esthétique

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#### Program Chairpersons:

**President:** Dr Wayne Carman

**Vice-President:** Dr Elizabeth Hall-Findlay

#### 1 IMPLANT SELECTION IN BREAST AUGMENTATION

**DC Hammond**  
Grand Rapids, Michigan

One of the most critical variables related to successful breast augmentation is implant selection. Despite the numerous choices with regard to implant design, and the many ways such variables including shape, texture and fill can be mixed and matched, there are very consistent and well-defined principles that can be identified to enhance the aesthetic success of the procedure. Such principles include maximizing soft tissue cover, merging volume with skin elasticity to enhance a harmonious relationship with the native breast, matching implant dimensions to the patient's anatomy, and precisely controlling the boundaries of the breast pocket. In particular, respecting the anatomy of the inframammary fold can greatly affect the overall result. By combining intelligent and strategic manipulation of these variables, and coupling them with artistic technical expertise, optimal results in breast augmentation can be achieved.

#### 2 COMPARATIVE OUTCOMES OF SMOOTH VERSUS TEXTURED ROUND GEL IMPLANTS IN PRIMARY BREAST AUGMENTATION

**KM Davidge, R Levine, MH Brown**  
Toronto, Ontario

**PURPOSE:** Textured gel implants have several potential advantages over smooth devices including lower rates of capsular contracture, reduced implant mobility, and less long-term stretch of lower pole tissues. Disadvantages of textured implants include greater potential for contamination during insertion, increased seroma rate, and traction rippling. No prior direct comparison of textured versus smooth gel implants has been made. This study sought to compare the experience and clinical outcomes associated with textured versus smooth round gel implants in primary breast augmentation.

**METHODS:** A consecutive series of patients undergoing primary bilateral breast augmentation with round silicone gel implants (2004-2009) were identified from two breast augmentation practices. Patients receiving textured versus smooth implants were compared on clinical, operative, and outcome (complications, reoperations) characteristics. A stratified comparison of complications and reoperations by implant pocket was also performed. Parametric (Student's t test, chi square test) and nonparametric tests were utilized for statistical comparisons, as appropriate.

**RESULTS:** 336 patients (mean age 32.0 years; mean f/u 8.2 months) were included. Patients receiving smooth (n=165) and textured (n=171) round gel implants were similar with respect to demographics and indications for augmentation. Moderate profile implants were most common in both study groups, but median implant size was slightly smaller in the textured group (300 vs. 325,  $p=0.003$ ). Textured devices were more frequently placed in a subpectoral pocket (63.7% vs. 40.0%,  $p<0.0001$ ), and through an inframammary fold incision (87.1% vs. 77.6%,  $p=0.053$ ). Total number of complications ( $p=0.004$ ) and reoperations ( $p=0.017$ ) were lower in patients with textured versus smooth implants. Patients receiving textured implants had fewer capsular contractures than patients receiving smooth implants when implants were placed in the subglandular position (5.0% vs. 14.7%,  $p=0.059$ ). This effect was lost for implants placed in a subpectoral pocket.

**CONCLUSIONS:** In this series, complications and reoperations were less frequent with textured implants. Our findings support existing evidence that textured implants are associated with decreased capsular contracture rates, and that this benefit exists mainly for subglandular augmentation.

#### 3 MY CONFESSION AFTER 14 YEARS OF EXPERIENCE WITH FORM STABLE HIGH COHESIVE SILICONE GEL IMPLANTS

**C Randquist**  
Saltsjobaden, Sweden

This lecture shares my experience, concepts and refinements for primary breast augmentation with highly cohesive gels, and its consequences regarding complications and reoperation based on data from 1126 primary breast augmented patients having had the same kind of surgery.

In order for a breast augmentation practise to advance and improve, its surgeon must constantly strive towards fewer complications and reoperations, predictable long-term results and a better experience for the patient. The surgeon must be attentive in the communication with the patient and adhere to certain principles, both during implant selection and surgery. These principles can be summarized by the following "five P's":

- Patient selection/education is the most crucial and requires an attentive and thorough surgeon, as well as well trained staff.
- Preoperative planning with implant selection and marking is critical in order to gain a predictable result and should be based on a careful assessment of the patient's measurements and features. Respecting the patient's base width is an important guidance when choosing implants. Lowering of the inframammary fold is often a must when positioning the implant. Understanding the concept of controlled tissue expansion.
- Proportional thinking during implant selection, taking the patient's height and the characteristics of her hips, waist, chest and shoulders into consideration leads to attractive results. Understanding the matrix and concept of volume distribution.
- Performance during surgery is pivotal. Bloodless, swift and a traumatic surgery with a precise design of the implant pocket and without using sizers or drains lessens the risk of complications. This also assures a cosmetically controlled long-term result.
- Postoperative care with early mobilization, having the patients spend one postoperative night at the clinic and with responsible follow-ups by the surgeon adds safety and increases the patient's confidence and overall satisfaction.

The authors outline a set of pre-established principles for breast augmentation with highly cohesive textured implants. In the speakers' clinical experience, the strict adherence to these principles during surgery and preoperative planning leads to a result that is predictable, reliable and highly satisfying

#### 4 MY TOP FIVE LIST OF PRINCIPLES THAT HAVE HELPED ME WITH RHINOPLASTY

**M Constantian**  
Nashua, New Hampshire

Five principles have helped me understand rhinoplasty:

#5 Nasal anatomy is interconnected.

#4 The nasal soft tissues are the fixed, not the variable, parameter.

#3 Primary and secondary rhinoplasty are the same operation.

#2 Rhinoplasty is a right brain operation.

#1 I must select my patients wisely.

Within these topics, I will discuss the important anatomical variants that must be recognized to make rhinoplasty a success, outline a protocol for safe patient selection, and discuss the impact of rhinoplasty on the airway.

## 5 TREATMENT OF FACIAL LIPODYSTROPHY

**N VanLaeken**

**Vancouver, British Columbia**

A brief presentation on the management of facial lipodystrophy in patients who have the facial stigmata associated with the anti-retroviral agents. A number of different procedures have been attempted over the past 7 years, some which have been associated with success and others have been associated with complications that have been difficult to correct. The paper will outline a series of different treatments, both invasive and non-invasive, and identify pitfalls and advantages of the various techniques. This will include surgical correction via facelifts and modified facelifts, insertion of gortex sheets into the subcutaneous space to augment the hollowing, as well as soft tissue fillers of various types. A review of the literature will be included.

## 6 FILLER COMPLICATIONS

**C Delorenzi**

**Kitchener, Ontario**

Fillers have become the most commonly provided minimally invasive procedure provided by aesthetic practitioners. The number and severity of serious complications reported have been low, but practitioners should be aware of the serious vascular complications that may arise from these procedures. Clinical examples of severe complications are presented along with concepts to improve patient safety and mitigate risk. A 'filler crash kit' which should be present in every injector's office is discussed. Strategies for management of severe complications are presented, along with clinical case studies.

## 7 RFAL™: RADIOFREQUENCY ASSISTED LIPOCONTOURING: A NEW TECHNIQUE FOR THE CLOSED MANAGEMENT OF THE NECK

**RS Mulholland**

**Toronto, Ontario**

**GOALS/PURPOSE:** Skin laxity following closed liposuction of the submentum and neck remains a clinical concern with non-excisional approaches to the cervicomental region. RFAL™, or Radiofrequency Assisted Liposuction, is a new one stage thermal liposuction system that deploys a bipolar radiofrequency body contouring hand piece (NeckTite, Invasix Ltd Israel) to deliver simultaneous coagulation and aspiration of adipose, fibrous and vascular tissue. RFAL™ in the neck was studied to assess its effects on soft tissue contour and contraction.

**METHOD/TECHNIQUES:** 27 patients with various degrees of focal submental lipodystrophies and skin laxity were treated using a new contouring technology, Radiofrequency assisted liposuction, or RFAL™. 22 patients were female and 5 were male, with an average age of 49.6 years. The neck was divided into three zones and tumescent infiltration was performed. Through a sub-mental incision, the NeckTite RFAL device was then used in each zone to heat and coagulate the subcutaneous tissue and then to elevate the epidermal skin temperature to 42 degrees Celsius, while performing synchronous aspiration of the coagulated soft tissue. Through the continuous measurement and feedback, RF energy cutoff occurred at preset epidermal temperatures and internal impedances, and we were able to maintain the target temperature for a prolonged period of time, facilitating both vascular and adipose tissue contraction and coagulation, as well as dermal and soft tissue contraction and shrinkage.

## 8 COSMETIC MEDICINE AND AESTHETIC SURGERY: STRATEGIES FOR SUCCESS

**R Saltz**

**Salt Lake City, Utah**

Aesthetic surgeons can no longer afford to ignore the growing importance that noninvasive procedures play in aesthetic surgery practices today. Surveys and industry statistics indicate the importance of recognizing and adapting to the new trends that are overtaking the specialty. The writing is on the wall: we need to find a way to incorporate cosmetic medicine treatments in our daily practices. The only question is how to accomplish this goal in an efficient, effective and financially viable manner.

Cosmetic medicine and noninvasive treatments represent enormous growth potential for aesthetic surgeons, who have the professionalism, training and ability to provide the entry portal for patients seeking cosmetic treatments and the data to substantiate safe outcomes through our services. By offering patients a continuum of care, aesthetic surgeons can better compete in the local market as full-service providers, attract prospective plastic surgery patients, and retain current patients by offering them a wide range of new techniques and treatments to address market demand.

## 9 THE EVOLUTION OF THE SUPERIOR PEDICLE SHORT SCAR BREAST REDUCTION

**S Brady**

**Vancouver, British Columbia**

This paper details a 16 year experience with the superior pedicle – short vertical scar reduction mammoplasty. The evolution of the procedure from the initial presentation by professor Madeleine LeJour is described. The current indications and methodology are outlined as well as a free nipple graft variation, which is my preferred method for large reductions.

The superior pedicle reduction along with the free nipple graft variation gives a plastic surgeon an excellent, reliable and aesthetically pleasing choice for nearly all sizes of breasts. A few limitations are noted as are some comparisons with the medial pedicle and inferior pedicle techniques.

## 10 MASTOPEXY-BREAST AUGMENTATION: HOW I DO IT

**E Pugash**

**Vancouver, British Columbia**

Mastopexy-breast augmentation is a procedure that bedevils plastic surgeons. It has a tendency to lead to unsatisfactory outcomes and frequent revisions. It is the most frequently litigated plastic surgery procedure in the US. This presentation will include a concise literature review; a rationale will then be outlined for a surgical technique that includes vertical mastopexy and form-stable silicone gel implants. The technique will be demonstrated from surgical marking to final suture with pertinent video clips from the operating room. Representative results will be shown and a list of "lessons learned" will be discussed.

## 11 CLINICAL IMPLICATIONS OF THE PERIAURICULAR ADIPOSE COMPARTMENTS: GREAT AURICULAR NERVE INJURY AND THE "SUBAURICULAR BAND" PHENOMENON

**J Ahmad, JE Pessa, NS Taylor, A Lu, RJ Rohrich**

**Dallas, Texas**

Experience with anatomical dissection and surgery has suggested that two potential complications of rhytidectomy are related to the anatomy of the periauricular adipose compartments: great auricular nerve injury, and the "subauricular band" phenomenon. This study describes this anatomy and its relationship to these potential complications. Twenty four fresh hemifacial cadaver dissections were performed. Injections included the use of methylene blue and fixable dye injected into specific regions around the ear. The study incorporated digital macro photography, time lapse photography, and three dimensional cross sections in multiple planes (coronal,

sagittal, and axial) to identify structural relationships. This study defined five periauricular adipose compartments: superior, middle, inferior, subauricular, and preauricular compartments. The main branch of the great auricular nerve always ran within the subauricular membrane. The subauricular membrane was located between the subauricular and inferior adipose compartments. Failure to release this membrane completely results in banding of the lateral neck, a stigma of face lift surgery. McKinney's point was consistently found to lie at the inferior border of Lore's fascia and the tail of the parotid; below this point, the great auricular nerve is exposed to potential injury. In summary, two possible complications of the rhytidectomy, great auricular nerve injury, and the "subauricular band" phenomenon are avoidable by understanding the anatomy of the periauricular adipose compartments.

## 12 ATYPICAL MYCOBACTERIUM INFECTION ASSOCIATED WITH BREAST IMPLANTS

S Voice

Woodbridge, Ontario

Atypical mycobacterium are known to cause infections in patients with implanted devices, including pacemakers, leads, joints, and breast implants. This paper looks at the clinical picture of atypical mycobacterium infections in patients with breast implants. Presentation of the infection varies, and if cultures are not sent specifically for atypical mycobacterium, the diagnosis can easily be missed. Treatment usually, but not always consists of removal of the implant, appropriate antibiotic therapy which has to be type-specific, and later re-augmentation of the breast.

## 13 BILATERAL TESSIER NUMBER 4 ORBITO-FACIAL CLEFT RECONSTRUCTION BY BILATERAL MONOBLOCK PROCEDURE

R Neira

Red Deer, Alberta

**PURPOSE:** To present an easy monoblock surgical approach to reconstruct a complex cranio-orbito-facial malformation.

**METHOD:** An 18-month-old girl of Hispanic parents is presented with a full thickness bilateral longitudinal orbito-facial cleft (bilateral Tessier number 4 cleft). They extended longitudinally lateral to the Cupid's bow bilaterally (bilateral cleft lip) to the inferior aspect of the orbit. As a result, she had full thickness bilateral inferior colobomas that communicate the eyes, mouth and cleft palate with unilateral anophthalmia. Nose was morphologically acceptable without any other malfunction with the upper airway.

A single monoblock surgery was performed to correct all congenital malformations in each side of her face. Progressive orbital tissue expansion on the left orbit due to anophthalmia, as well as bilateral facial and cleft lip reconstruction were performed.

**RESULTS:** Satisfactory anatomic, functional and cosmetic results were obtained with a monoblock procedure on this patient and 7-year follow up.

**CONCLUSION:** This case presentation shows that monoblock surgery can be an effective surgical procedure in certain complex craniofacial malformation as Tessier number 4 deformities.

*Learning objectives of the presentation:*

1. Participants will be able to identify that monoblock surgeries can be used as a definite procedure with acceptable surgical results.
2. Participants will be able to understand this single procedure in benefit of the patient.
3. Participants will be able to identify advantages and disadvantages of this procedure.

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