

# **Canadian Society for Aesthetic Plastic Surgery, 43rd Annual Meeting**

**September 16 & 17, 2016 • Vancouver, British Columbia**

Program Chairpersons: Dr Julie Khanna, President; Dr Eric Bensimon, Vice-President

**01**

## **MY MOST DIFFICULT SECONDARY IMPLANT PROBLEMS: STRATEGIES FOR CORRECTION**

**M Brown**

**Toronto, Ontario**

With each passing year, the number of women who have undergone breast implant surgery for either aesthetic or reconstructive indications is increasing. Given the significant percentage of women who develop complications or require secondary surgery related to their breast implants, the number of cases seen in a typical plastic surgery practice is growing. Additionally, there is a noticeable increase in the number of patients presenting for more complex surgery after multiple previous operations.

This presentation will focus on strategies to prevent implant related complications and outline surgical approaches for the correction of common secondary issues, namely capsular contracture and implant malposition.

**02**

## **STRATEGIES FOR OPTIMIZING OUTCOMES IN OUTPATIENT ABDOMINOPLASTY: A REVIEW OF 250 CONSECUTIVE CASES**

**M Mosher**

**Langley, British Columbia**

Abdominoplasty remains one of the most common outpatient cosmetic Plastic surgical procedures and has been associated with significant morbidity. A single surgeons approach to minimizing complications and optimizing outcomes using evidence based strategies has resulted in a low complication rate and high patient satisfaction. In this consecutive series of 250 patients over 6 years there were zero major complications and a minor complication rate of 15%. Safe and predictable patient selection, pre-op planning, intra-op techniques and post-operative care are summarized.

**03**

## **THE PRINCIPLES AND PRACTICE OF THE PINCH BLEPHAROPLASTY AND PINCH RHYTIDOPLASTY**

**LK Rosenfield**

**Burlingame, California, USA**

In our ongoing quest for the best approach to the eyelid and face, the Pinch Blepharoplasty and Rhytidoplasty have proven to be reliable innovations, delivering optimal aesthetic results with minimal complications. The Pinch Rhytidoplasty, a higher, lower, wider, and tighter lateral SMASectomy, definitively obviates the need for a direct submental neck lift and consistently produces a complete, natural, and enduring neck rejuvenation. Moreover, patients recover more rapidly, with little risk of skin flap ischemia or motor nerve injury. The Pinch Blepharoplasty empowers the surgeon to tame and command greater control of the lower eyelid. With the integration of an intelligent lateral canthopexy and a confident skin pinchplasty, the surgeon can enjoy predictable canthal and eyelid positioning, faster patient recovery and improved aesthetic outcomes. The evolution of the principles and practice girding these techniques will be presented with the lucid unveiling, play by play, of my learning curve from its failed beginnings to its reliable advances.

**04**

## **CRITICAL DEVELOPMENTS IN THE UNDERSTANDING OF BREAST IMPLANT ASSOCIATED ANAPLASTIC LARGE CELL LYMPHOMA**

**M Clemens**

**Houston, Texas, USA**

Breast implant-associated anaplastic large-cell lymphoma (BIA-ALCL) is a distinctive type of T-cell lymphoma arising around breast implants.

The United States FDA recently updated the 2011 safety communication, warning that women with breast implants may have a very low risk of developing ALCL adjacent to a breast implant. According to the World Health Organization, BI-ALCL is not a breast cancer or cancer of the breast tissue; it is a lymphoma, a cancer of immune cells. The incidence of BIA-ALCL is estimated to be 1 to 3 per 1,000,000 patient-years with breast implants. Recent case series have reported clinical presentation, prognosis, and treatment outcomes demonstrating the critical role for surgical management. Breast implant associated-ALCL (BI-ALCL) is highly curable in the majority of patients.

Informed consent should include the risk of BI-ALCL with breast implant patients. Women with breast implants are encouraged to contact their plastic surgeon if they notice swelling, fluid collections, or unexpected changes in breast shape. Physicians are encouraged to send suspicious periprosthetic fluid for CD30 immunohistochemistry, cell block cytology, and culture in symptomatic patients. An observation from reported cases indicates a predominance of textured device involvement. More information is needed to fully understand risk factors and etiology. The association of bacteria and biofilm with ALCL is currently being investigated and one theory is that biofilm may play a role in this disease process stressing the importance of best practice techniques intraoperatively.

**05**

## **CROTON OIL PEELS**

**Richard H Bensimon**

**Portland, Oregon, USA**

This presentation will discuss the utility of phenol/croton oil peels as an excellent modality for facial resurfacing. The origins of these peels will be traced as will the evolution of modern variants which represent a significant improvement. The preparation and execution of the peels will be explained in detail and multiple examples will be shown. A very practical modification which allows peeling without formal anesthesia will be highlighted, greatly increasing the availability and cost-effectiveness of the procedure.

**06**

## **THE ROLE FOR THE OPEN ANTERIOR COMPARTMENT AND COMPOSITE DEEP PLANE ELEVATION IN NECK AND FACELIFTING**

**R. Stephen Mulholland**

**Toronto, Ontario**

In this talk, Dr. Mulholland will outline his open approach to the aging pathology of the anterior cervical compartment. Specific indications for dissection of the anterior compartment will be outlined, as well as the technical maneuvers and operative techniques. Dr Mulholland will also review a composite deep plain approach to the elevation of the jawl and mid-face, including the specific operative steps, tissue planes and dissection strategies to optimize efficiency and safety. Specific steps on avoiding injury to branches of the facial nerve will be outlined. The critical importance of deep plane adjunctive soft tissue techniques, including subdermal thermal simulation, fractional resurfacing techniques and soft tissue volumization will be reviewed, particularly, as they relate to the composite deep plane facelift approach. Long term before and after composite deep plane lifts will be reviewed as well as complications and the management of complications. It is the objective of this talk, that participants will have a clarified understanding of the indications and role of deep plane lifting. The importance of selected open management of anterior cervical compartment, the aesthetic pathology and the aggressive, but necessary, non-excisional techniques that may need to be deployed to get the best possible outcome.