

# II Reunião Internacional Advanced Skin Care

## Work & Play

Avanços  
na estética  
médico-  
cirúrgica.

Work

Sábado, 18 Set. CCC Caldas da Rainha

II Torneio  
de Golfe  
Advanced  
Skin Care  
e Clínica de Golfe.

Play


Sexta, 17 Set. Golden Eagle Rio Maior

**Informações**  
(Inclui Abstracts)

Atualizado a 8/09/ 2010



É JÁ NOS DIAS 17 E 18 DE SETEMBRO  
ÚLTIMAS INSCRIÇÕES



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### Convite

Estimado Dr(a),,

É com grande satisfação que o (a) convidamos a estar presente na II Reunião Internacional Advanced Skin Care.

Depois do sucesso da primeira edição em 2009, estamos orgulhosos por lhe voltar a apresentar reconhecidos especialistas, nacionais e internacionais, que irão partilhar a sua considerável experiência na área da estética médico-cirúrgica.

Esta iniciativa é uma forma de lhe agradecer o apoio que nos tem dado e o seu contributo para o êxito do nosso projecto.

A cada ano que preparamos e organizamos a Reunião Internacional Advanced Skin Care sentimo-nos desafiados a melhorar e a elevar a sua qualidade.

Mais uma vez iremos aliar Trabalho e Lazer (Work and Play), um verdadeiro Hole in One.

O primeiro dia será dedicado exclusivamente aos nossos clientes:

- II Torneio de Golfe Advanced Skin Care para jogadores experientes ou a Clínica de Golfe, para quem esteja interessado em familiarizar-se com este desporto. Os vencedores serão anunciados num jantar informal que decorrerá no Golden Eagle Resort Rio Maior.

O segundo dia será aberto a toda a comunidade médica nacional e terá a apresentações clínicas a decorrer em simultâneo em duas salas de reunião:

Sala 1- Avanços em estética médica

Sala 2- Avanços em estética cirúrgica,

As apresentações são feitas por especialistas nas respectivas áreas e no final, palestrantes e convidados, terão oportunidade de discutir e debater os temas apresentados.

Encerramos os nossos trabalhos com um jantar informal de convívio entre palestrantes e participantes.

Contamos com a sua presença.

Ies Korswagen & João Morais

ASC- Advanced Skin Care

[www.asc-advancedskincare.com](http://www.asc-advancedskincare.com)



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### 15 Prelectores convidados

Prof. Berend van der Lei, Plastic Surgeon, Groningen, Netherlands.

Prof. José Rosa, Plastic Surgeon, Lisbon, Portugal.

Prof. Júlio Morais, Plastic Surgeon, São Paulo, Brazil.

Dr. Alexandre Krassoulia, Aesthetic Medicine, Bidart, France.

Dr. Ali Pirayesh, Plastic Surgeon, Ghent & Amsterdam, the Netherlands.

Dr. António Boavida, Aesthetic Medicine, Lisbon, Portugal.

Dr. Hartmut Meyer, Plastic Surgeon, Hamburg, Germany.

Dr. Fernando Galceran, Aesthetic Medicine, Barcelona, Spain

Dr. Fernando Guerra , Dermatologist, Lisbon, Portugal.

Dr. José Manuel Appleton, Plastic Surgeon, Lisbon, Portugal.

Dr. Miguel Peres Correia, Dermatologist, Lisbon, Portugal

Dr. Pierre Coulon, Ophthalmologist, Ales, France.

Dr. Pierre Nicolau, Plastic Surgeon, Paris, France.

Dr. Rui Oliveira Soares, Dermatologist, Lisbon, Portugal

Dr. Vítor Figueiredo, Aesthetic Medicine, Lisbon, Portugal



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## Programa

## Work & Play

### Work

#### Avanços na estética médico cirúrgica

Centro Cultural Caldas da Rainha

**18** de Setembro 2010

### Work

CCC, Sala 1

**ESTÉTICA  
MÉDICA**

### Work

CCC, Sala 2

**ESTÉTICA  
CIRÚRGICA**

### Play

#### Torneio de Golfe Advanced Skin Care

Golden Eagle de Rio Maior

**17** de Setembro 2010

### Play

#### II Torneio de Golfe

Advanced Skin Care

Clínica de Golfe

## Programa 18 de Setembro 2010 Manhã

### Estética Médica Sala 1

- 09.15** *Boas vindas*
- 09.20** *Toxina Botulinica- O refinamento da técnica*  
*Dr. Vítor Figueiredo*
- 09.50** *Peeling's, Polivitamins, Bot. tox. and Fillers: Complete bio-restoration in 4 weeks*  
*Dr. Alexandre Krassoulia*
- 10.20** *Beauty is around the eye of the beholder: About facial rejuvenation and the impact of the (tw-) eyelid zone*  
*Prof. Berend van der Lei*
- 10.50** *Discussão*
- 11.00** *PAUSA PARA CAFÉ*
- 11.30** *Avaliação médica da alopecia e técnica de transplante de cabelo*  
*Dr. Miguel Peres Correia*  
*Dr. Rui Oliveira Soares*
- 12.00** *Chemical "Blepharoplasty" and "Cheiloplasty"*  
*Dr. Alexandre Krassoulia*
- 12.20** *Discussão*
- 12.30** *ALMOÇO*

### Estética Cirúrgica Sala 2

- 09.20** *Boas vindas*
- 09.25** *Skin retraction after Liposuction- The Lipomatic experiences.*  
*Dr. Pierre Nicolau*
- 09.50** *Abdominoplasty- how to achieve optimal results*  
*Prof. Júlio Morais*
- 10.20** *Surgical treatment of axillary hyperhidrosis: clinical experience of 800 cases.*  
*Dr. Hartmut Meyer*
- 10.50** *Discussão*
- 11.00** *PAUSA PARA CAFÉ*
- 11.30** *Lipofiling enriquecido com PRP:*  
*A reedição do lipofilling na cirurgia estética e reconstrutiva*  
*Prof. José Rosa*
- 12.00** *The purse-string reinforced SMASectomy - Short scar face-lift.*  
*Prof. Berend van der Lei*
- 12.20** *Discussão*
- 12.30** *ALMOÇO*

## Programa 18 de Setembro 2010 Tarde

### Estética Médica

#### Sala 1

**14.00** Particle based Fillers, the pros and cons.

*Dr. Pierre Nicolau*

**14.30** Polyvalent treatments with Hyaluronic Acid Products

*Dr. Pierre Coulon*

**15.00** Remoção eficaz de tatuagens

*Dr. Fernando Guerra*

**15.30** Long term results with dermal fillers

*Dr. Ali Pirayesh*

**15.50** *Discussão*

**16.00** *PAUSA PARA CAFÉ*

**16.30** Respostas bioquímicas ao anti-envelhecimento

*Dr. António Boavida*

**17.00** Facial rejuvenation with grow factors

*Dr. Fernando Galceran*

**17.30** *Discussão*

### Estética Cirúrgica

#### Sala 2

**14.00** Beauty is around the eye of the beholder: About facial rejuvenation and the impact of the (tw-)eyelid zone

*Prof. Berend van der Lei*

**14.30** Long term results with dermal fillers

*Dr. Ali Pirayesh*

**15.00** Particle based Fillers, the pros and cons.

*Dr. Pierre Nicolau*

**15.30** Polyvalent treatments with Hyaluronic Acid products

*Dr. Pierre Coulon*

**15.50** *Discussão*

**16.00** *PAUSA PARA CAFÉ*

**16.30** Águia Vitória – Técnica de reconstrução do mamilo

*Dr. J.M. Appleton*

**16.45** Breast surgery: Anatomical versus round implants

*Dr. Hartmut Meyer*

**17.15** Novel approaches in Tissue Engineering

*Dr. Ali Pirayesh*

**17.45** *Discussão*

**19.00** - Jantar de encerramento



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### Programa 17 de Setembro 2010

Play

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Clínica de Golfe

#### Golden Eagle Rio Maior

13.00 Boas vindas com café & snack

13.30 INICIO DO TORNEIO (jogadores experientes)


14.00 INICIO DA CLINICA DE GOLFE (para iniciantes)

19.00 Final do Torneio e da Clínica de Golfe

19.30 Jantar e anúncio dos vencedores no Golden Eagle.

Actividade totalmente patrocinada pela ASC – Advanced Skin Care, Lda.

Oferta a todos os seus clientes interessados e inscritos na II Reunião Internacional Advanced Skin Care.



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## Inscrição

II Reunião Internacional Advanced Skin Care - €145

II Torneio de Golfe Advanced Skin Care - € 55

Clínica de Golfe Advanced Skin Care - € 45

**A ASC patrocina a inscrição na II Reunião ASC, no Torneio e Clínica de Golfe a todos os seus clientes e internos de especialidade.**

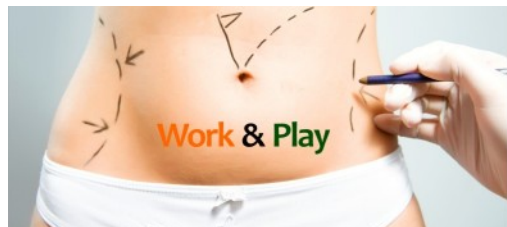
A sua inscrição pode ser feita através de:

Telefone 21 3958589, fornecendo-nos os seus dados.

Fax : 21 397 4440 ou Email: [asc@asc-advancedskincare.com](mailto:asc@asc-advancedskincare.com)

O formulário de inscrição está disponível em [www.asc-advancedskincare.com](http://www.asc-advancedskincare.com)

**Confirme a inscrição e a participação nas actividades até 14 de Setembro.**



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## Coffee– Break e Almoço no CCC da Rainha



Os coffee – breaks, da manhã e da tarde, e o almoço buffet que serão servidos junto das salas de reunião são uma oferta da Advanced Skin Care.

A sua confecção é da responsabilidade do restaurante “ Nau dos Corvos” uma referência gastronómica da região de Peniche.

<http://www.youtube.com/watch?v=vfXYSFVjLvM>

[www.naudoscorvos.com](http://www.naudoscorvos.com)

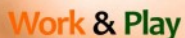
## Jantar de Encerramento

Jantar de convívio entre palestrantes e participantes na II Reunião Advanced Skin Care.

Local: a combinar (perto do CCC da Rainha)

Preço por pessoa (Menu completo com bebidas incluídas) – 30 €

Confirmação e pagamento até 10 de Setembro de 2010.

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## Contactos

<b>Comissão organizadora</b>		Ies Korswagen Rita Rolo	<a href="mailto:ieskorswagen@asc-advancedskincare.com">ieskorswagen@asc-advancedskincare.com</a> <a href="mailto:ritarolo@asc-advancedskincare.com">ritarolo@asc-advancedskincare.com</a>
<b>Secretariado</b>		Luís Silva	<a href="mailto:asc@asc-advancedskincare.com">asc@asc-advancedskincare.com</a> 21 395 85 89
<b>Equipa Comercial</b>	<b>Região Sul</b>	João Morais	<a href="mailto:jmorais@asc-advancedskincare.com">jmorais@asc-advancedskincare.com</a> 919100964
		Carla Teixeira	<a href="mailto:cteixeira@asc-advancedskincare.com">cteixeira@asc-advancedskincare.com</a> 913651447
	<b>Região Norte</b>	Alexandra Martins	<a href="mailto:amartins@asc-advancedskincare.com">amartins@asc-advancedskincare.com</a> 916 72 12 90

[www.asc-advancedskincare.com](http://www.asc-advancedskincare.com)

Asc, Advanced Skin Care Lda  
Rua da Quintinha, 19 B  
1200 Lisboa

## Patrocinadores

ASC Advanced Skin Care agradece a participação dos seus parceiros neste evento:



Cocktails e soluções para mesoterapia e mesolift



Linha de preenchimentos dérmicos de curta, média e longa duração com microesferas reabsorvíveis de Policaprolactone (Ellansé)



Pigmentos médicos esterilizados para dermopigmentação cirúrgica



Linha de preenchimentos dérmicos com ácido hialorónico (Princess)



Equipamentos para vibriliposucção (Eva Sp e Lipomatic)  
Equipamentos para mesoterapia (Dermatic)



Implantes corporais de gel coesivo de silicone



Roupa compressiva pós cirúrgica



Gel de silicone reparador cutâneo indicado na cicatrização e tratamento de cicatrizes (Eurogel)



Síntese de Plasma Rico em Factores de Crescimento  
Método para lipofiling enriquecido com PRFC  
(Mesopras e Lipopras)



Peelings e cosmética pós peelings

## Como chegar

### Centro Cultural das Caldas da Rainha

[www.ccc.eu.com](http://www.ccc.eu.com)

Rua Dr. Leonel Sotto Mayor, 2500 Caldas da Rainha

Seguir pela **A8**

**Saída 18** em direcção a **Caldas da Rainha Sul/ Foz do Arelho**

Na rotunda, **1ª saída**, em direcção à R. Victória Frogs e seguir até próxima rotunda.

Na rotunda, **3ª saída** para Av. Eng. Luis de Paiva e Sousa e seguir até próxima rotunda.

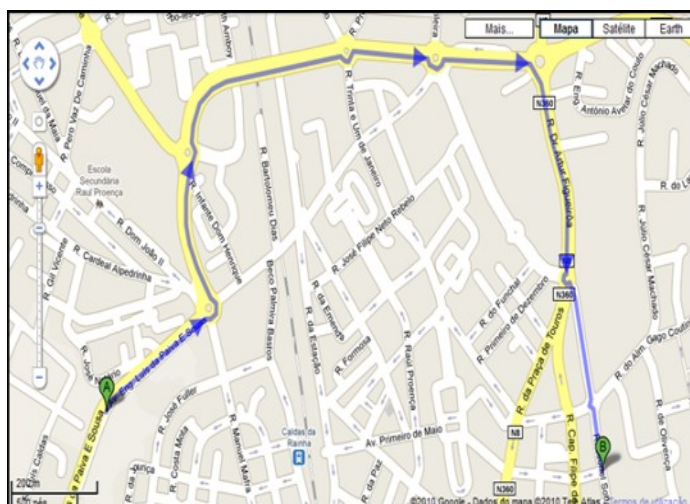
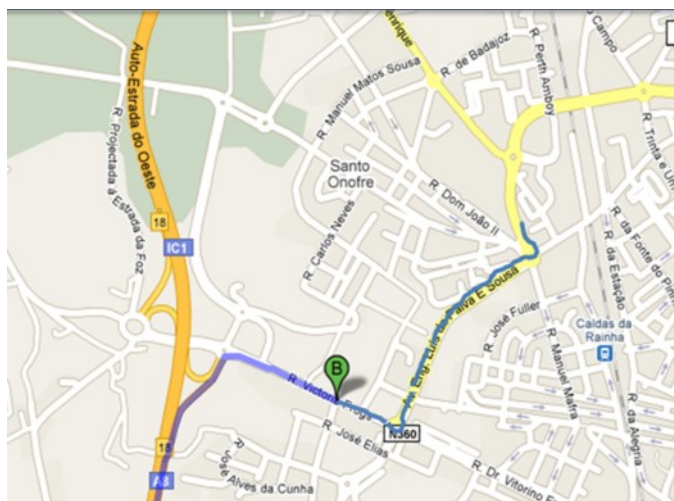
Na rotunda, **3ª saída** até próxima rotunda.

Na rotunda, **2ª saída**.

A partir daqui pode seguir as placas castanhas que dão indicações para o CCC Caldas da Rainha, localizado na **R. Leonel Sotto Mayor**.

**Chegou ao CCC Caldas da Rainha**

Pode estacionar na rua ou no parque interior (pago).



## Como chegar

### Golden Eagle de Rio Maior

[www.goldeneagle-golfresort.com/pt](http://www.goldeneagle-golfresort.com/pt)

Localização: Golden Eagle, EN 1, Km 63/64, Asseiceira, 2040-481 Rio Maior

Seguir <b>pela A1</b>	
Saída 5 em direcção à <b>N366, para indicação Aveiras/Alcoentre</b>	
Passar 1 rotunda	
Seguir cerca de 12,9 km	
Continue até <b>IC2</b>	
Continuar em frente	
Seguir pela saída em direcção a <b>EN1.</b>	
Virar à <b>esquerda</b> na <b>N1</b>	
Seguir pela 1ª à <b>direita</b> em direcção a <b>R. Clemente Sampaio.</b>	
Continuar em frente para <b>R. Clemente Sampaio</b>	
Continue até <b>R. Primeiro de Maio</b>	
Continue até <b>Travessa José Gomes</b>	
<b>Entrada para o Golden Eagle</b>	



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## Prelectores Convidados

### Resumo Curriculum Vitae

**Prof. Berend van der Lei,**

**Plastic Surgeon, Groningen, Netherlands.**

Studied Medicine at the University of Groningen, The Netherlands, where he graduated in June 1986. He finished his Thesis cum laude on experimental microvascular surgery in October 1986. Thereafter he was trained in general surgery followed by plastic surgery at the University Medical Centre of Groningen.

Since May 1995 then he has been working as a full time all-round plastic surgeon in the Department of Plastic, Reconstructive, Aesthetic and Hand Surgery of the Medical Centre of Leeuwarden, the Netherlands. His main areas of attention here were Aesthetic Surgery, reconstructions in the Head and Neck Area and Lymfoedema.

In December 2005, he became president of the Dutch Society of Aesthetic Plastic Surgery.

In September 2006 he became part-time staff member of the Department of Plastic, Reconstructive, Aesthetic and Hand Surgery (head: Prof. dr. P.M.N. Werker) of the University Medical Centre of Groningen, The Netherlands, with special attention for Aesthetic Surgery. By January 2007, he has been appointed here as the first Professor in Aesthetic Plastic Surgery in the Netherlands.

**Prof. José Rosa,**

**Plastic Surgeon, Lisbon, Portugal.**

Medical Degree at the University of Coimbra, 1975

Head of Unit of Plastic and Reconstructive Surgery at Instituto Português de Oncologia, Francisco Gentil – E.P.E. Lisboa.

PhD in Plastic and Reconstructive Surgery - Universidade Nova de Lisboa.

50 written articles.

**Prof. Júlio Morais,**

**Plastic Surgeon, São Paulo, Brazil.**

Professor Doutor da Disciplina de Cirurgia Plástica e Queimaduras da Faculdade de Medicina da Universidade de São Paulo

Ex-Presidente da Sociedade Brasileira de Microcirurgia Reconstructiva

Ex- Director do Departamento de Ensino da Sociedade Brasileira de Cirurgia Plástica

**Dr. Alexandre Krassoulia,  
Aesthetic Medicine, Bidart, France.**

Diploma of Morphological Medicine and Anti-ageing, awarded by the French Board of Universities (Professor Cohen) Paris, France

**2005:** Diploma on Obesity and Ageing, awarded by Paris University, Paris, France (Professor Chevalier),

**2003:** Diploma on Medical Plastic and Aesthetic Surgery, awarded by the University of Bordeaux II, Bordeaux, France

- Dissertation on 'The Anatomy of Cellular Subcutaneous Tissue of the Palpebromalar Region'. (Professor Caix)

**2000:** Diploma on Mesotherapy, awarded by the University of Bordeaux II, Bordeaux, France

Dissertation on 'The Use of Mesotherapy in the Treatment of Alopecia' (Professor Lavignolles)

**1998:** Diploma on Aesthetic Medicine, awarded by the National College of Aesthetic Medicine, Descartes University Paris, France

**Dr. Ali Pirayesh,  
Plastic Surgeon, Ghent & Amsterdam, the Netherlands.**

Current Hospital and research position

Consultant Plastic Surgeon & Founding Partner

Dutch Clinic, Plastic Surgery, Aesthetic treatments and BeautySpa

Harderwijk, Amsterdam, The Netherlands

Consultant Plastic Surgeon & PhD Research Investigator Tissue Engineering

October 2007 –Present

Department of Plastic, Reconstructive & Aesthetic Surgery, Regional Burn Centre, Wound healing and Tissue Engineering Unit, University Hospital Gent, Belgium

**Dr. António Boavida,  
Aesthetic Medicine, Lisbon, Portugal.**

Physician with extensive knowledge in Aesthetic, Preventive and Anti-Ageing Medicine.

Consultant for Medical Aesthetical and Anti-Ageing SPAs.

- Graduate in Biochemistry and Orthomolecular .
- Graduate in Anti-Ageing Medicine, Spain;
- Master degree in Aesthetic Medicine, Spain;
- Training in Mesotherapy, Spain;
- Training in Aesthetic Medicine, France;
- Graduate in Homeotoxologie;
- Graduate in Homoeopathic;



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**Dr. Hartmut Meyer,**

**Plastic Surgeon, Hamburg, Germany.**

Medical Director of Praxisklinik Brahmsallee Clinic in Hamburg, Germany,  
1980 – 1987: Human Medicine Study, University Hospital Hanover, Germany  
1988- Conferral of a doctorate, department of Trauma Surgery, University Hospital,  
Hanover, Germany  
1989 - MD, Doctor in Medicine, Surgeon  
1987 – 1993: Resident, University Hospital Hanover, department of Plastic Surgery  
1994 – 1995: Postgraduate Studies, Massachusetts General Hospital, Boston, USA  
Assistant Medical Director, Otto-von-Guericke University Hospital, Division of Plastic  
Surgery, Magdeburg, Germany  
1995 Approbation as Plastic Surgeon  
1995 – 1998 Medical Director, Clinic Friederikenstift Hanover, Department of Plastic Surgery  
Medical Director, St. Joseph Hospital Bremerhaven, Department of Plastic Surgery  
1988 – 2002 Opening of his Private Plastic Surgery Clinic, emphasis on Aesthetic Surgery, Ham-  
burg, Germany  
2002 -- Clinic move to its current location, Brahmsallee, Hamburg

**Dr. Fernando Galceran,**

**Aesthetic Medicine, Barcelona, Spain**

Master en Medicina Estética, Barcelona, Spain

**Dr. Fernando Guerra,**

**Dermatologist, Lisbon, Portugal.**

Responsável pela Epilaser, Clínica de Dermatologia e Laser, em Lisboa.  
Foi assistente hospitalar graduado dos Hospitais Cívicos de Lisboa.  
É sócio da Sociedade Portuguesa de Dermatologia, no seio da qual fundou o Grupo Português de  
Dermatologia Cosmética e Estética, o Grupo Português de Psoríase, o de Fotobiologia e o Derma-  
toscopia.  
Membro fundador da Academia Europeia de Dermatologia e Venereologia (EADV).

**Dr. José Manuel Appleton,**

**Plastic Surgeon, Lisbon, Portugal.**

Actual Coordenador do Departamento de Cirurgia Plástica Reconstructiva e Estética do Hospital Cuf  
Descobertas.

Cirurgião Plástico Assistente Graduado em Chefe de Serviço desde 1989. Trabalhou no serviço de  
CPRE do Hospital de Santa Maria de 1973 a 2002.

Assistente da Faculdade de Medicina de Lisboa da cadeira de Cirurgia Plástica Reconstructiva e  
Estética, 1975 a 2000.



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**Dr. Pierre Coulon,**

**Ophthalmologist with oculoplastic surgery practice, Ales, France.**

Dr Coulon has an extensive 15 years experience as an ophthalmologist in France where he has performed over 7000 ophthalmic successful surgeries. He has devoted himself to the practice of state of the art oculo-plastics and aesthetic rejuvenation procedures such as lid surgeries, rejuvenation techniques by fillers and Botulinum Toxin injections and laser treatments. He is a frequent lecturer and attends all most renowned European Oculo-plastics/Aesthetic conventions and training seminars which allows him to remain on the forefront of latest technology usage.

**Dr. Pierre Nicolau,**

**Plastic Surgeon, Paris, France.**

MEDICAL STUDIES, FRANCE, University of MONTPELLIER I, Oct. 1968 - Sept. 1975.

French Baccalauréat, Serie D, Mathematics and Sciences, Perpignan, France

Medical Doctorate, MONTPELLIER, 23 May 1979.

"Diplome d'Etudes Médicales relatives à la Réparation Juridique du Dommage Corporel", specialised Medical Studies in Forensic medicine, Montpellier, 15 June 1979.

French national certification in Plastic and Reconstructive Surgery, 10 december 1992.

French national certification in Maxillo-facial surgery, 14 april 1994.

University diploma of specialised studies: treatment of burns, Université René Descartes, Paris, 4 July 1997.

Board certification as Specialist in Plastic Reconstructive and Cosmetic Surgery, Paris, 8 January 2003.

### **TEACHING: UNIVERSITY HOSPITALS.**

University Hospital, Montpellier, France, 1978 and 1979: maxillo-facial traumatology /surgery teaching to post graduate students.

Queen Victoria Hospital, East Grinstead, England, 1980-1981, post graduate plastic surgery seminars .

St JAMES'S UNIVERSITY HOSPITAL, LEEDS, 1981-1982, teaching plastic surgery to medical students.

MONTPELLIER, Professeur F. BONNEL, International course on knee surgery, in charge of teaching skin coverage of knee defects, June 1985, June 1986, June 1987.

PARIS, University Hospital Rothschild, monthly bibliography sessions to residents, interns, and consultants, since 1999;

PARIS, University Hospital Louis Mourier, Yearly teaching courses for nurses: burns management, management of post bariatric surgery patients. From 2001 to 2007.

National board diploma in Plastic Surgery: surgery of the aging face and neck, PARIS, March 2003.

University Diploma, University Paris V, Paris XII. Evaluation and control of injection and filling techniques for dermatology and plastic surgery: Artecoll, May 2003, March 2005, March 2006, March 2007, March 2008, March 2009; Biologic effects of injectables fillers, March 2005, March 2006, March 2007, March 2008, March 2009.

### **PRIVATE PRACTICE AND ACTUAL POSITION**

April 1983 - december 1995, PERPIGNAN, France, Plastic and aesthetic surgery personal practice and local hospital.

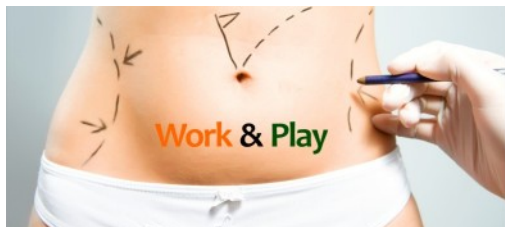
Since december 1995, PARIS, France, Plastic and aesthetic surgery personal practice

From January 1997 to April 2007: Consultant Plastic Surgeon, General Surgery Unit, Professor J.M. HAY, Louis Mourier University Hospital, Colombes, Paris, France.

Since february 1996: Consultant Plastic Surgeon, Plastic and reconstructive Department, Rothschild University Hospital, and Burns Unit, St Antoine University Hospital, Professor M.MIMOUN, Paris, France.

Since January 2007: Consultant Plastic Surgeon of the Assistance Publique - Hôpitaux de Paris .

**100 written articles.**



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**Dr. Rui Oliveira Soares, Dermatologist, Lisbon, Portugal**

**Dr. Miguel Peres Correia, Dermatologist, Lisbon, Portugal**

Formação na Clínica Dermatológica Universitária do Hospital Santa Maria, onde trabalharam alguns anos. Foram assistentes da disciplina de Dermatologia da Faculdade de Medicina de Lisboa.

O Dr Miguel Correia é Coordenador do Centro de Dermatologia do Hospital Cuf Descobertas.

O Dr Rui Oliveira Soares é responsável pela Consulta de Cabelo do mesmo Centro. Ambos trabalham em Transplante de Cabelo há mais de dez anos.

**Dr. Vítor Figueiredo,**

**Aesthetic Medicine, Lisbon, Portugal**

Dr. Vitor Manuel Figueiredo was born in 1974 and was graduated in Medicine in the University of Coimbra, Portugal. He has always been interested in Aesthetic Medicine and begun working on it in 1999.

His training was performed in several countries, being worth highlighting the title of University Expert of Anti-Aging Medicine by the University of Sevilha - Spain, the International University Course of Aesthetic Medicine and Anti-aging by the International Union of Aesthetic Medicine (UIIME), the Pan-American Certificate of Aesthetic Medicine, the International Certificate of Anti-Aging Medicine by the Aesthetic and Anti-Aging Medicine International Society and the National Course of Aesthetic Medicine by the Argentinean Society of Aesthetic Medicine.

Currently, he is in private exclusive practice in the Milénio Clinic, in Lisbon, where he is responsible for the Aesthetic Medicine unity. The main fields in which he works are botulinum toxin, fillers, lipofilling, peelings, biostimulation, applications of plasma rich in platelets and growth factors for rejuvenation and reparation, mesotherapy, lipolysis, laser, mesoglow, intense pulsed light, radiofrequency, carboxitherapy, microdermabrasion, endermology, electrophoresis, ultrasounds and cosmetology. He is an enthusiastic defender of the minimally invasive procedures, not only for facial and body rejuvenation but also for the prevention of aging.

He is a member of the advisory board of several companies that operate in aesthetics and provides training in different Aesthetic Medicine techniques for doctors and other aesthetic professionals. He is the coordinator of several modules of the Advance Post-Graduated Program in Aesthetic Health of the Lusófona University, Portugal.

He regularly participates in workshops, courses, symposiums and congresses in several countries as an invited speaker and belongs to several international societies of anti-aging and aesthetics.



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## Abstracts



## Abstract

### Peeling's, Polivitamins, Bot.tox. and Fillers: Complete bioestoration in 4 weeks

**Dr. Alexandre Krassoulia**

How to combine Poly Vitamins; TCA Peelings (Trichloroacetic Acid Peel/ Reverse Meso-peel); Botulinum Toxins and Fillers.

Esthetic Facial treatments are based on the following three stages:

- The morphological analysis;
- Deciding on the indication;
- The treatment plan.

Our 4 week treatment procedure consists of different anatomical units:

#### 1. BIO-RESTORATION:

The TCA peeling activates the cutaneous relaxation of the face and prevents elastase.

During the course of this treatment it additionally acts to stimulate the papillary dermis through:

(i) An ultra-rapid injection of a combination of selected Vitamins; Antioxidants; Non-reticulated Hyaluronic Acid (Injectable Reparestim); Dmae & 2% Procaine.

(ii) Followed by an Easy TCA Peeling 15%, with a specific action for the papillary dermis, either manually or by an ultra-rapid meso-injection.

(iii) Reverse stimulation of the cells and the base layer of fibroblasts; reverse loss of collagen.

#### 2. SCULPTING:

We combine the treatments of the Pro-face and the Meso-face by peri-orbital and peri-oral replenishments of the Meta-face, temples, zygomatic and mandibular branches and treatment of the muscular balance.

### Chemical “Blepharoplasty” and “cheiloplasty”

**Dr. Alexandre Krassoulia**

Synthesis of results in Morphologic and Anti-aging Medicine

Choice of the indications with phenol in perioral and peri-orbital area is efficacy-dependant.

However in peri-orbital area patients need to know that erythema can persist 6 month, and achromia is a constant side effect, to allow a perfect lift.



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## Abstract

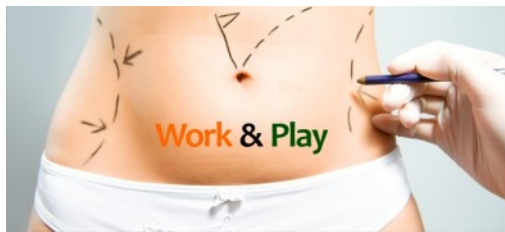
### **Botulinium Toxin– The refinement of the technique**

*Dr. Victor Figueiredo*

The effectiveness and safety profile of Botulinum toxins is very well established among the medical community. The current challenges lie on improving patient satisfaction and ultimately this should be the focus.

Effective treatments with no complications are definitively important in order to achieve success. The author describes the full face and neck treatment and presents his considerations on the importance of different dilutions and depths of application.

Each patient should always be approached individually. A correct knowledge about the anatomy and the muscular physiology is essential not only to manage dangerous areas but also to reach the maximum benefits of each treatment.



## Abstract

### **Beauty is around the eye of the beholder: About facial rejuvenation and the impact of the (tw-)eyelid zone**

*Prof. Berend van der Lei*

Beauty is in the eye of the beholder : This statement indicates that our perception of beauty is just a product of our mind and as we know, indicates that this perception differs among individuals based upon our body image. However, when reviewing literature and based upon personal experience, I think we can also state that Beauty is around the Eye of the beholder: aesthetic rejuvenation around the eye has a profound effect on our perception of improvement of the appearance of a face. Psychologist already have shown by means of so-called "eye tracking 'studies that the areas of the eyes are of great importance to which one looks when observing faces. Especially these areas determine whether a face is found to be perfect and attractive. By means of clear examples from daily practice, the statement that beauty is around the eye of the beholder will be illustrated.

### **The purse-string reinforced SMASectomy : Short scar facelift**

*Prof. Berend van der Lei*

The Purse-string Reinforced SMAS-ectomy (PRS) Short Scar Facelift combines both a SMAS-ectomy in vertical direction, as well as suspension sutures in order to improve structural facial support. The PRS facelift technique is simple and safe and can be performed under local anaesthesia on out-patient base. Complications are uncommon and usually minor. However, in the presence of platysma bands and/or local fat deposition an anterior neck procedure (liposuction and/ or anterior platysmaplasty) should be incorporated in order to optimize the results.

Over the past 5 years more than 250 patients have been treated with this technique.

Most patients are satisfied or very satisfied with their result at the end of follow-up.

## Abstract

### Avaliação médica da alopecia e técnica de transplante de cabelo

*Dr. Miguel Peres Correia  
Dr. Rui Oliveira Soares*

A alopecia é um motivo frequente de procura de Dermatologista. Na nossa clínica as causas mais frequentes da mesma são o deflúvio telógeno, a alopecia areata e a alopecia androgenética.

A dermatoscopia capilar com tricograma, a observação microscópica do cabelo, o exame micológico directo e cultural e o exame histopatológico da pele (hematoxilina-eosina e imunofluorescência) são armas disponíveis sempre que o diagnóstico de alopecia não é claro. Menos frequente é a alopecia cicatricial, que pode ser primária ou secundária a uma agressão mais ou menos óbvia. A biopsia é importante quando não há causa evidente, quer para obter certeza de se tratar de alopecia cicatricial, quer porque pode ajudar no diagnóstico, consoante a natureza do infiltrado perifolicular.

O tratamento cirúrgico da alopecia é uma opção, sobretudo na alopecia androgenética e na alopecia cicatricial sem actividade. A técnica actual é o transplante de cabelo por unidade folicular (microenxertos contendo um ou dois cabelos). Esta técnica permite obter um aspecto capilar semelhante ao original, embora com densidade mais baixa.. A área dadora, como recurso finito, deve ser aproveitada da forma mais eficaz para o transplante. A investigação em células estaminais poderá, num futuro próximo, criar cabelos do próprio utilizáveis no transplante.



## Abstract

### Particle based Fillers, the pros and cons.

*Dr. Pierre Nicolau,*

Particle based fillers were originally designed as permanent filling agents. Some of them are now resorbable, although mainly long lasting.

This duration has led to sometimes dramatic complications. But knowledge of biomaterial reactions within the host tissues allows for a clear choice of which products are really safe enough for permanent or long lasting excellent results. A classification according to their effects and composition is presented, with their possible side effects, complications and treatment.

### Skin retraction after Liposuction- The Lipomatic experiences


*Dr. Pierre Nicolau*

Skin retraction following fat destruction, whichever mean is used, depends on several factors, mainly the localization, depth and volume of the fat, and the quality of the dermal and sub dermal planes.

Liposuction was the great breakthrough for the treatment of unsightly fat deposits, but enthusiastic practitioners were rapidly confronted to skin irregularities.

Illouz was the first to explain why skin retraction was good in some areas, and unfavourable in others. Multiplication of different therapeutic possibilities to destroying fat, such as injections, ultra sounds, laser probes, has not simplified the approach of this problem.

We present our experience with these different treatments, and our choice of vibroliposuction with Lipomatic® to achieve consistently good results.



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## Abstract


### Polyvalent treatments with Hyaluronic Acid Fillers

*Dr. Pierre Coulon*

A recently introduced product line of HA fillers and mesotherapy products consisting of 3 polyvalent products is described. The 3 products are complementary to each other and in combination or as a single product, they seem to be the solution for a complete rejuvenation treatment. The manufacturer is not new in this field and has an extensive experience in HA for Ophthalmologic and Orthopedic use.

Following a unique protocol, it is possible to achieve a complete and natural facial rejuvenation with HA through the combination of the Princess products, in all safety.

Indeed, through a treatment of 3 sessions, the skin is rejuvenated with the 3 Princess products.



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## Abstract

### Remoção eficaz de tatuagens

*Dr. Fernando Guerra*

O autor faz uma introdução às tatuagens e suas implicações sociais. Depois fala da eliminação das mesmas, aparelhos usados e limitações das cores. Aborda a associação de Lasers Q-Switch com Luz Pulsada e outros Lasers Semiablativos, dando exemplo de resultados possíveis.

## Abstract

### Long term results with dermal fillers

*Dr. Ali Pirayesh*

The U.S. dermal filler market is projected to expand at a compound annual rate of more than 25% through 2011 in the U.S.,

and 20% throughout the rest of the world, reaching \$1.5 billion in global sales.

The drivers of this expanding market demand are many: the aging population, increasing disposable incomes, expanding media exposure and consumer awareness, new and improved filler technologies, more effective and safer treatment protocols, expanding social acceptance, improving global economies, and simple vanity – the reluctance to age gracefully. Additionally, the impact of the arrival of Botox Aesthetic can not be overstated, as this product has become the “gateway” into a cosmetic physician’s office for hordes of patients. Many of whom are consulted on dermal filler options as a part of the emerging standard of “combined therapies” to create more significant comprehensive aesthetic results.

The perfect filler does not exist at the moment, and there is some debate on what actually defines the “perfect filler.” Many clinicians insist on non-permanent dermal filler enhancements, due to the ever changing facial structures as a person ages and thus the possibility of permanent filler becoming out of proportion or migrating over time. Some argue that a permanent filler “mistake” is a permanent mistake that is difficult, if not in some cases impossible, to remedy without surgical intervention.

Additionally, fashionable trends today may fade and the patient may be left with a permanent enhancement that falls out of favor.

The gamut of currently widely used NASHA fillers have an excellent safety profile but their longevity is not always as desired. The market is quite void of safe and effective fillers with longevity ranging from 12 to 24 months.

We discuss our early experience with Ellanse and its scope and role in non surgical facial rejuvenation and plastic surgery.

Ellansé™ is a safe and clinically proven synthetic dermal filler, composed of totally smooth Polycaprolactone (PCL) microspheres (diameter of 25 – 50 µm), homogeneously suspended in an aqueous Carboxymethyl cellulose (CMC) gel-carrier. Ellansé™ is constituted of 30% PCL microspheres suspended in 70% gel carrier. The primary component of Ellansé™ is PCL in the form of totally smooth microspheres, Ellansé™ is a synthetic dermal filler composed of totally smooth Polycaprolactone (PCL) microspheres, homogeneously suspended in an aqueous Carboxymethyl cellulose (CMC) gel-carrier. Its Tunable Longevity property is based on variation and control of the initial polymer chain length of the PCL microspheres.

## Abstract

### **A novel cost-effective dermal substitute based on glycerinized allo graft ( GLYADERM) : Development and use in Plastic Surgery**

*Dr. Ali Pirayesh*


Plastic Surgery remains at the forefront of tissue-engineering with the quest for an optimal and cost-effective dermal substitute (DS) which improves the outcome of split skin grafted (SSG) defects.

Skin restoration with a dermal substitute and a thin SSG significantly reduces scarring, contracture and donor morbidity compared to SSG alone. Currently available dermal substitutes remain controversial due to variable take rates, susceptibility to infection and high costs. No valid monitoring modality has yet been reported to gauge the ingrowth of the DS and elucidate the optimal time for SSG application. We developed a prototype derived from human glycerinized allograft by processing in low concentrations of NaOH and assessed its efficacy in experimental and clinical trials.

We initiated monitoring of the DS with Laser Doppler Imaging (LDI is a validated tool for burn depth assessment) that can delineate vascularization of the DS and optimal time for SSG engraftment.

A viable, cost-effective Dermal Substitute can be procured from decellularised, glycerinized allograft. Most favorable results were obtained in a two stage procedure. Emphasis is placed on initial clinical application of the prototype including the use of LDI for monitoring purposes. These promising results prompt us to advocate Glyaderm for dermal substitution bi-layered skin restoration. Indications include deep burns, giant nevi and other large full thickness soft tissue defects such as oncological resections, necrotizing fasciitis repair or free radial forearm flap donor defects. Dermal substitutes are also used in breast reconstruction and hernia repair. Glyaderm distribution lies with EuroSkinBank foundation, a non-profit organization aiming to promote the widespread application of cost-effective bilayered skin restoration. Ongoing comparative clinical trials and multicentre protocols are discussed which include web-based multicentre interactive database, objective scar assessment and paired intra-individual comparison.

Also discussed is the tissueengineering of this matrix into a gel as a supportive carrier for lipofilling and comparison with other soft tissue fillers as carriers in immunocompromised mice.



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### Respostas bioquímicas ao anti-envelhecimento

*Dr. António Boavida*

A identificação e tratamento dos distúrbios bioquímicos e estéticos decorrentes do processo natural de envelhecimento, deve sempre, pressupor uma correcta avaliação personalizada, de modo a poder efectuar e obter metas realistas.

A associação das várias técnicas e tratamentos conhecidos, vai permitir o correcto equilíbrio desde o meio interno até ao externo.

Qualquer processo de “rejuvenescimento” deve ter início, no nosso meio interno.

## Abstract

### Rejuvenescimento facial com Fatores de Crescimento

Dr. Fernando Galcerán

La Bioestimulación Cutánea con Plasma Rico en Factores de Crecimiento plaquetarios autólogos (PRFC), también conocidos como Plasma Rico en Agentes Señalizadores (PRAS), se ha demostrado como una técnica viable, económica, poco invasiva y totalmente biocompatible, en el tratamiento del rejuvenecimiento facial.

El PRAS es un concentrado de citoquinas/proteínas autólogas que son mediadores/señales que estimulan al fibroblasto, para que de forma natural aumenten/incrementen la producción de Acido Hialurónico, Elastina y Colágeno tipo III a partir de sus percursores respectivos: Glucosamina, Lisina y Prolina. Es autólogo, natural, fácil, económico y se complementa perfectamente con otros tratamientos, dando al rostro la revitalización necesaria para mejorar su aspecto.

A lo largo de mi experiencia de 5 años de utilización, hemos evolucionado la técnica original modificando el protocolo, aumentando el volumen de plasma a infiltrar, con unos resultados mucho mas satisfactorios que al inicio de su utilización.

La Bioestimulación Cutánea es un tratamiento de reparación y estimulación que se debe de considerar de primer orden, en el concepto de ANTIAGING FACIAL.

## Abstract

### Abdominoplasty- how to achieve optimal results

**Prof. Júlio Morais**

The modern women aesthetic standards includes a nice looking belly. The feminine fashion nowadays demands for a pleasant body contour and well shaped abdomen.

The association of liposuction and different surgical approaches of the abdomen can accomplish this demand.

A systematic approach to different types of abdominoplasty procedures based on subcutaneous, skin and abdominal muscles deformities will be presented.

A practical way to evaluate the deformities will permit the plastic surgeon to choose the best option for the specific patient. Special details to achieve best results in scar position and quality, navel reconstruction and fat excision will be exhaustively discussed. Tips to reduce complications will be emphasized.

## Abstract

### **Lipofiling enriched PRP:** The reissue of lipofilling in cosmetic and reconstructive surgery

***Prof. José Rosa***

Lipoplasty, also known as structural fat grafts or fat grafting, is considered an important technique in aesthetic plastic and reconstructive surgery, integrated with other grafts or flaps to correct soft tissue defects.

Fat graft is also an old technique with increasing new applications in all anatomical areas and pathologies. The main reason to use this technique is the fact it's well documented. On the other hand patients always ask for secondary procedures and refinements to obtain better aesthetic results, with minimal risk. Its versatility, natural soft consistency, the absence of rejection, makes this autologous fat graft the ideal filler.

The author presents some cases in aesthetic and reconstructive surgery. The evolution of his practice is also commented. Results, limitations and complications are discussed.

## Abstract

### Breast surgery: Anatomical versus round implants

*Dr. Hartmut Meyer*

Round implants in different generations have been used for more than 40 years up until now with often good results in the hands of experts. Nevertheless, in times of increased expectations concerning “the perfect shape” of the breast, individual factors require more sophisticated strategies. This led to the introduction of anatomical implants. While there is a huge variety of shapes, a clear guideline for choosing the optimal implant is helpful and necessary to avoid frustration. Obviously, it is not as simple as we are told by manufacturers, because all the individual factors have to be part of the decision. Although tables were introduced and planning algorithms were established, e.g. by Per Heden et al. But still there is a zone of insecurity because the individual factors are not included in these guidelines efficiently. Outlining these factors and naming their role in the decision process is essential for the best choice and subsequently for the best individual result.

The presentation will help to do this and to focus the different options by considering the implant properties and specialties. The decision for a position before or behind the breast muscle and how to avoid the risk of implant rotation will be addressed, too.

### Surgical treatment of axillary hyperhidrosis: clinical experience of 800 cases.

*Dr. Hartmut Meyer*

While there is an increasing demand for easy and safe treatment of axillary hyperhidrosis in an estimated group of more than 2 million people in Germany, different approaches have been developed. The flaw in almost all these methods is either an unsatisfying result or a high risk of skin necrosis. With established methods, the average success rate differs from 50 to app. 75 percent and a complication rate from 10 to app. 40 percent.

Analyzing the existent approaches, safeguarding blood supply of the axillary skin seems to play the major role in avoiding necrosis. Pitfall in surgical approaches is the way of dissection and the technique for sweat gland removal.

The author has co-developed the “Body-Jet” technique for liposuction throughout the last 8 years. The observation of a significantly decreased tissue trauma and reduced side effects and complications lead to an extended field of application.

By combining this technique for skin dissection, as a preliminary condition, with the appropriate curettage of sweat glands, more efficacy and reliability shall be achieved.

After a description of anatomical defaults, the mode of operation of a pressurized and redirected fluid beam in the soft tissue for separation of tissue layers is described. The shape and the effect of different instruments for curettage are described, thereafter.

A short video demonstrates the combined performing of the jet-assisted removal and the short- and long term results.

Success rates, complications and potential application errors are going to be addressed.

## Abstract

### Águia Vitória – técnica de reconstrução do mamilo

*Dr. J.M. Appleton*

A reconstrução do complexo aréolo mamilar é normalmente o ultimo tempo da tarefa difícil que é a reconstrução mamária pós mastectomia radical.

Esta reconstrução pode ser feita tendo como zona dadora os tecidos do complexo aréolo mamilar contra lateral ou através de retalhos locais para o mamilo e tatuagem para a simulação da cor mais ou menos acastanhada desta zona a reconstruir.

Há uma tendência nos primeiros tempos do pós operatório para a perda da saliência mamilar que depende sobretudo da falta de "souplesse" da pele onde se talham os retalhos, o que aconselha desde logo a uma ligeira hipercorreção.

A técnica que descrevo é baseada no desenho de uma ave a que chamei "técnica da águia Vitória" em que as asas se verticalizam e se enrolam, com mais ou menos gordura, o que permite simular a saliência e o volume do mamilo contra lateral. O peito da águia tapa a zona cruenta que se cria com o enrolamento das asas.

Conclusão: A correcta colocação e morfologia do novo complexo aréolo mamilar é fundamental na cirurgia da reconstrução mamária



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