The Pearl fishers
Spa in the South Pacific

TEENAGE RAMPAGE
The acne offensive

RED-HOT AND BLUE
Chromatherapy explained

Operation Offshore
The perils of overseas plastic surgery

AISLE BE SEEING YOU
The best of bridal
As cosmetic plastic surgery and the makeover revolution becomes increasingly popular and socially acceptable, so the collaboration of surgical and minimally invasive or non-invasive procedures gains momentum, as reflected in the keynote lectures, panels and papers delivered by the world’s leading surgeons at the 19th Congress of the International Society of Aesthetic Plastic Surgery held in Melbourne Australia from February 10 to 13, 2008.

Gill Fish, Director of Brand New Solutions, below the line specialist Anti-Ageing PR Agency, presents a snapshot of ideas presented at this international congress.

Let’s face facts

To rise significantly - facial rejuvenation (face lift, blepharoplasty, rhinoplasty, neck lift) to body and breast rejuvenation (breast augmentation, mastopexy, liposculpture, abdominoplasty, liposuction amongst others).

Increasingly though, in a time-poor society, the need for minimally invasive aesthetic enhancement techniques with minimal downtime is driving the surge in non-invasive techniques. In addition, the call for options which pre-empt and deliver a solution to the younger market, is driving the market explosion. Research in medical technologies and modalities has delivered a significant increase in demand for hyaluronic acid fillers, Restylane, Radiesse, Juvederm and Esthesia delivering significant results with Botox the most popular procedure by far. So significant is the increase in these services that plastic surgeons are encouraged to incorporate these protocols into their practices to deliver a complete solution for cosmetic enhancement for a wide range of age groups.

“The primary morphologic aspects of the ageing process - including volume loss in the face and the structural modification of skin associated with muscle contracture - can be improved with a combination of botulinum toxin type A and fillers. Fillers can be used for younger patients to enhance the shape of their lips and for other facial contouring,” says Dr. Henry Delmar (France).

(ISAPS NEWS Vol 2 No 1, page 10)

Such is the importance of a comprehensive approach to enhancement that Dr. Tal Raine (USA)
STATISTICS
Whilst there are no official statistics available for the Australian market, it is commonly agreed that the plastic surgery market closely mirrors that of the American market:

NEW YORK, NY (February 25, 2008) - Nearly 11.7 million cosmetic surgical and nonsurgical procedures were performed in the United States in 2007, according to statistics released by the American Society for Aesthetic Plastic Surgery. The Aesthetic Society, which has been collecting multi-specialty procedural statistics since 1997, says the overall number of cosmetic procedures has increased 457 percent since the collection of the statistics first began. The most frequently performed procedure was Botox injections and the most popular surgical procedure was liposuction.

“Our statistics confirm that aesthetic plastic surgery is not defined by race or gender,” said Aesthetic Society President Foad Nahai, MD, “The number of surgical and nonsurgical procedures performed on men increased 17 percent since last year”.

TRENDS AND DEMOGRAPHIC DATA
Top surgical and nonsurgical cosmetic procedures among men and women in 2007:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>653,530</td>
<td>4,564,680</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>399,440</td>
<td>3,268,570</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>240,763</td>
<td>1,402,657</td>
</tr>
<tr>
<td>Abdominoplasty</td>
<td>185,335</td>
<td>829,658</td>
</tr>
<tr>
<td>Female breast reduction</td>
<td>153,047</td>
<td>647,707</td>
</tr>
</tbody>
</table>

Top cosmetic procedures for WOMEN:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>599,440</td>
<td>3,268,570</td>
</tr>
<tr>
<td>Lipoplasty</td>
<td>398,440</td>
<td>1,226,974</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>208,399</td>
<td>743,248</td>
</tr>
<tr>
<td>Abdominoplasty</td>
<td>180,457</td>
<td>584,530</td>
</tr>
<tr>
<td>Breast Reduction</td>
<td>153,087</td>
<td>584,530</td>
</tr>
</tbody>
</table>

Women had 91 per cent of cosmetic procedures. The number of procedures (surgical and nonsurgical) performed on women was over 10.6 million, an increase of 1 per cent from the previous year. Surgical procedures increased 9 per cent; nonsurgical procedures decreased by less than 1 per cent. Since 1997, surgical procedures increased 142 per cent, while nonsurgical procedures have increased 743 per cent.

Top cosmetic procedures for MEN:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>57,980</td>
<td>129,510</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>32,564</td>
<td>81,684</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>31,718</td>
<td>65,919</td>
</tr>
<tr>
<td>Male breast reduction</td>
<td>20,080</td>
<td>84,184</td>
</tr>
</tbody>
</table>

Men had 9 per cent of cosmetic procedures. The number of procedures (surgical and nonsurgical) performed on men was just over 1 million, an increase of 17 per cent from the previous year. Surgical procedures increased 5 per cent; nonsurgical procedures increased 21 per cent. Since 1997, surgical procedures have increased 3 per cent while nonsurgical procedures have increased 886 per cent.

Frequency of cosmetic procedures by AGE GROUP:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>35-50</td>
<td>5.4 million</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>51-64</td>
<td>2.9 million</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>19-34</td>
<td>2.4 million</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>65-80</td>
<td>700,096</td>
</tr>
<tr>
<td>Male breast reduction</td>
<td>18 and under</td>
<td>203,119</td>
</tr>
</tbody>
</table>

Below: President of the International Society of Aesthetic Plastic Surgery, Dr. Byun Mendelson, Aesthetic Society President Foad Nahai, MD, with Sarah Markas-Hamer, APM National Manager at ICMS Pty Ltd. Images courtesy of Vicki Jones Photography.

And... a look into the future
Even plastic surgery is taking its stride the advancement in internet technology with the introduction of video into patient assessment techniques. As Dr John S Eng (USA) highlighted, "Surgeons have always been watching and learning post-op surgical patient results in still photographs. However, the time has come to embrace the three-dimensional medium of internet with video which enables the surgeon to achieve preoperative planning with more accuracy. "Skillz photographez," he said, "depicts the subject frozen in time, without functionality and the flash light flatters, softens and distorts the subject. Both as a teaching and assessment tool, video is becoming increasingly important as a means to assess accurately."

For more details, visit www.isaps.org
Recent figures indicate last year alone approximately 1500 Australians, 95 per cent of whom were female, traveled overseas for cosmetic plastic surgery procedures. Holidays, run by medical tour operators, that lift more than the spirit are becoming increasingly popular with age-aware Australians, who enjoy luxury accommodation and designer-brand shopping as part of their budget make-over.

Relaxation, rejuvenation and retail therapy in South-East Asia, particularly in current hot-spot Malaysia, are being marketed, naturally enough, as a winning combination. But, as with most great deals, the true cost often becomes apparent at a later date. Lying on a bed should not be confused with lying on an operating table simply because it is cheap and close. This is certainly the experience of a growing number of Australian plastic and cosmetic surgeons who have, in addition to their regular work, been spending disproportionate amounts of time rectifying the outcomes of cut-price Asian cosmetic surgery holidays.

An article in the Herald Sun, August 31, 2007, identified an even more disturbing trend in the many more people who are booking surgery over the internet.

A 2007 survey conducted by the Australian Society of Plastic Surgeons indicated two-thirds of their members had performed corrective surgery on botched overseas operations. In a classic tale of buyer beware, five respected Australian surgeons spoke to Professional Beauty to outline the pitfalls and risks of undergoing serious surgery in countries where medical standards and results can be questionable at the least, and financially and physically ruinous at worst.
Australia has seen a notable increase in women travelling overseas for reduced-cost plastic surgery. Dr Kourosh Tavakoli, a leading Australian plastic surgeon, outlines the problems with opting for surgery overseas and the resulting complications he has experienced with returning patients.

The possibility of saving thousands of dollars is a key reason women elect to have surgery overseas. The idea of a holiday in a tropical paradise, combined with a breast augmentation operation which could save up to $20,000, is very enticing.

We are definitely seeing an increase in women travelling to countries such as Thailand, Malaysia, China, Korea and Vietnam for popular plastic surgery operations including breast augmentations, tummy tucks, facelifts and rhinoplasty. The problem arises in that not all overseas surgical standards match the stringent safety procedures in Australia, and many women are simply not aware of the dangers they might be placing themselves in. The only way I see the rate decreasing is to increase public awareness of the dangers and risks associated.

And the risks are huge. For example, with a breast augmentation that isn’t performed properly, the patient risks the chance of death, chest infection, implant infection, excessive bleeding, implant rupture, asymmetry of breasts and a too small or too large augmentation. Some of the worst cases I have seen include implant infection, poor breast shape, implants appearing obviously fake and scarring.

The reasons patients are exposed to these high risks comes down to the type of implants that are used, some of which are not tested and approved, the surgeon’s qualifications, which can be difficult to establish, and poor patient-doctor contact prior to the procedure, with patients who are potentially making a huge life changing decision usually only meeting the surgeon the night before the operation.

Then there are the obvious sterilisation protocols and associated health care standards, which are nowhere near as stringent as those we enjoy in Australia.

Follow-up is often minimal, usually happening within a few days of the surgery before the patient is discharged back to Australia. By contrast, most Australian plastic surgeons will guarantee their work for at least 12 months after surgery with unlimited post-operative visits.

For advice on plastic surgery contact the Australian Society of Plastic Surgeons in Sydney and speak to a representative about a qualified plastic surgeon in your area or visit www.plasticsurgery.org.au

Dr Kourosh Tavakoli is a Sydney based plastic surgeon - www.drkourosh.com.au

Dr Christopher Moss, MBBS, Dip. Anat, FRACS
10 Malboum Road, Toorak, VIC 3122
Email info@christophermoss.com.au

Dr. Craig Layt - Accredited Cosmetic Plastic Surgeon
Restorative Rejuvenate Reemption
www.drlayt.com - (07) 3397 4100

Why are women travelling overseas for plastic surgery/breast augmentation rather than having the procedure performed in Australia?

Identify two main reasons:

- Seductive advertising painting surgery as a holiday
- False economy - the lure of supposedly cheaper surgery

What are the risks involved with having plastic surgery, especially breast augmentation, done overseas?

It is a medical fact that the majority of problems or complications involving breast implants only become visible well after the early recovery period - i.e. months or years later.

Most problems with 'tourist surgery' therefore relate to lack of follow up or treatment or complications after the first few weeks.

Breast implants and potential problems with the client for a lifetime, thus follow-up needs to be freely accessible.

Problems include poor positioning of implants, scar and tissue capsule reaction causing deformity, unevenness and pain in the breasts.

Virtually every woman will need maintenance surgery at some time after the insertion of the implants. It is far better for this to be performed by the initial surgeon who knows exactly what was done in the first place and how the recovery process went.

It is very difficult to assist patients with problems who have had surgery elsewhere, often with foreign techniques and implants and where there are minimal or even no treatment records.

Undergoing surgery without access to effective and ongoing follow-up is akin to buying a new car without a warranty and expecting it to last forever without any service. It doesn't make sense.

What complications can occur after the surgery?

Pain, bleeding, implant infection, bad scars, implant rupture and/or leakage, formation of scar tissue around implants (capsular contracture), breast deformity and unevenness, wrong size and shape selection, unacceptable cosmetic outcome. All of the above complications have been seen commonly.

Why do people buy fake watches from a stall in Bangkok or Kuala Lumpur despite knowing they can’t be guaranteed the quality or any warranty for the product? The perennial quest for a bargain leads people to take that risk. When the watch no longer works, you just throw it away.

The perennial quest for a bargain leads people to take that risk. When the watch no longer works, you just throw it away, but what do you do when you have a problem with breast implants? What will the company do to fix the problem?

They will probably suggest you see a doctor in Australia to fix the problem, or fly back to Thailand so they can deal with it. This may be very difficult or even impossible, not to mention expensive both financially and time-wise.
Q: What type of discount specials are people receiving by going overseas, compared to Australia?

Q: What are the main operations people are seeking overseas?

Q: What are the most popular countries Australians are visiting for plastic surgery?

Q: What are the risks involved in having plastic surgery overseas and what complications can arise from this surgery?

Cosmetic surgery is real surgery with real risks. Those well-documented and we can easily provide you with extensive documentation to prove our patients. These risks can be limited by a well-trained surgeon using the best available products and providing appropriate follow-up. This is a fundamentally important point.

Many potential complications don’t become evident until days, weeks or months after the operation and, if appropriately dealt with in the early stages, can have little impact on the final result.

I have had numerous patients come to see me with issues from overseas surgery ranging from minor surgical procedures to major infections, dislocations and distorted implants and areas of skin loss. They are often distraught as they have no one to turn to.

Contrast this experience with a patient of mine having the same surgery. They will generally see me the next day, the next week and any other time they need to. If I am not out of the office they can come in and see my nurses who will then be able to talk to me and if I need to see them it will be arranged. My phone number is on the answering machine and if there is a problem it can be dealt with quickly. If there is a concern six months later it is as simple as a phone call and a visit to the surgery. Would you buy a car from a company that offered no guarantee, no after-sales service and no redress if there was a problem, apart from taking it back to Thailand to be looked at, and think you were getting a good deal? At the end of the day you get what you pay for.

Q: What type of discount specials are people receiving by going overseas, compared to Australia?

Q: Why are women travelling overseas for plastic surgery abroad rather than having the procedure performed in Australia?

Simply, to save money. I do not believe that many of them realise the extent of the risk they may be taking. If they are having the surgery to save money in the first place, it is even less likely they would have the extra cash to fly back to the overseas country for corrective treatment when they develop a complication.

Q: What are the main operations people are seeking overseas?

I can only comment on patients I have seen who have developed complications after they return home. These have been in the areas of breast implants, breast reduction, facelift, fat injections and liposuction.

It is also starting to happen in patients in other fields of surgery, such as orthopaedic surgery for hip and knee replacements.

Similar difficulties are being experienced by patients in Europe who have gone to some Eastern European countries where the costs of surgery and the ethical and practicing standards are much less formal.

A similar thing is occurring for American patients who have travelled to Mexico and other South American countries. Those that do well do save some money. Those that develop complications when they return home experience the same difficulties that we are now seeing in Australia.

Q: What are the most popular countries Australians are visiting for plastic surgery?

ASAPS have such information collated. Contact: (02) 9137 9205.
It is the later complications that I have seen become evident only after the person gets home—such as when the swelling goes down from the facelift (one lady saw the two sides had been lifted to different degrees, and her face, that initially appeared just bruised and swollen, ended up very uneven).

Another woman, after some weeks, found her implants started to feel strange. All the muscle on her chest had been extensively divided and her implants were trying to burst out, and in fact were just under very tight skin by the time I saw her.

Another woman had such disturbed blood supply to her breasts following breast reduction surgery that she required around eight operations in the two years after her overseas operation. Both breasts now have huge chunks missing and she suffers from recurrent abscesses that require further scraping away each time. She has seen all over her breasts and they are quite deformed.

Deep vein thrombosis (which can cause sudden death even weeks after the surgery) occurs much more commonly in those who travel shortly before and after surgery.

I know of instances where instruments and sponges have been left inside a patient in a hospital that is not required to check to the degree that is currently standard in Australia.

There are many problems that can occur and when something does happen, the patient is placed in a highly unfavorable position.

Q. Who is taking these risks—age, gender, socio-economic demographic?

The patients I have seen with problems have all been working women, single and married, in the 30- to 50-year age group.

The impact on these people's personal lives has been immense, including emotional devastation and, after the costs of correction, financial difficulty. A number have lost their jobs which has made it even more of a nightmare for them.

Q. What are some examples of problems you have seen resulting from overseas plastic surgery?

Of course many people do just fine, but remember that every surgical procedure has serious risks. If a surgeon and his whole team are highly trained, and are bound by strict rules of patient protection (as is the case in Australia), there are still those risks.

Should you develop complications in your home country, it is a journey that your surgeon accompanies you on. It is in both parties interests for you to emerge at the end in as excellent condition as possible.

Do you really think that overseas places are going to tell you about the disasters? Even if they did, would you think they even get to know about them?

Whenever I have had a patient who turns up in such a disastrous situation following their surgical holiday, I have not once been able to contact the surgeon myself. I have not even been able to access details of the surgery or the type of implant that was used—whether it is one that has been approved for safety standards or whether it is a cheap imitation.

Only on one occasion was I able to even confirm that my patient had attended an establishment, and promises of fixing surgical details ended up being just confirmation of admission dates.

Q. Do you have any patients who would be willing to be interviewed?

Most are simply too distraught to talk about it. The patients I have seen have sometimes required psychological support in addition to corrective surgery.

None of them has been left with permanent physical scars at the very least. It is more common than not for them to be left with a deformity of some kind, depending on the nature of the complication and how difficult or otherwise it was to work out what was done inside.

All of them described how foolish and guilty they felt to have done this to themselves. Their only fault really has been naivety.
Q: Why are women traveling overseas for plastic surgery breast augmentation rather than having the procedure performed in Australia?

The attractive proposition of combining a holiday in an exotic location with low price plastic surgery is very appealing to some people. Glossy marketing campaigns have been effective in capturing people's interest via consumer press and the internet. The low price point for a raft of options gives it significant appeal to those with limited budgets.

Q: What type of discount are they receiving by going overseas for surgery rather than having it done in Australia?

The price discounts are significant. In many cases, however, there is a correspondingly significant discount in the quality of the surgical offering. The qualifications of the surgeon may be variable, the products used by the surgeon - eg., breast implants - may be provided at a discounted price but may not comply with Australian quality assurance standards.

Q: What are the main operations people are seeking overseas?

From a plastic surgical perspective, the main procedures include breast augmentation, facial rejuvenation procedures, liposuction, rhinoplasty and abdominoplasty.

Q: What are the most popular countries Australians visit for cheap plastic surgery?

Usually countries in South East Asia, particularly Thailand.

Q: What are the risks involved with having plastic surgery (especially breast augmentations) overseas?

There are many serious risks involved. Firstly, the patient is responding to a price-driven process marketed by a well-honed commercial enterprise. These commercial groups employ surgeons who may not be satisfied with the rigorous training requirements of Australian surgeons who hold the coveted specialist fellowship from the Royal Australasian College of Surgeons (FRACS). The patients are effectively gambling with the qualifications of the surgeons performing the operation. Furthermore the patients are often only seen for the first time by the surgeon on the day of the operation. In Australia this would be reprehensible and considered unsafe practice for the delivery of cosmetic surgery which is real surgery and carries real risks.

As a general rule most plastic surgeons would see patients a couple of times prior to any major operation and those consultations would include a complete medical history and examination as well as a complete disclosure of the financial consenting process. This takes time and is very important for the preoperative education of patients.

With overseas surgery the time intervals do not allow such a professional approach to the management of plastic surgery patients.
review and management considerations are ignored. Many of the problems associated with breast augmentation procedures arise months, or even years, after the operation and with cosmetic tourism procedures there is no contingency plan nor financial allowance made for the management of these problems in the future.

**Q** What complications can occur after the surgery?

Firstly, there are potential complications associated with overseas surgery that would be more probable than having the surgery locally in Australia. Overseas travel often requires long flights with the attendant risks of blood clots forming in the legs and the potential for pulmonary embolism. This can be fatal and the risks are significantly increased by having an operation soon after long flight travel and again travelling in the post operative period.

Further complications can arise from any surgery and real problems such as bleeding, infection, wound breakdown, anaesthetic complications, as well as technical complication can occur at any time. The management of these can be compromised in an overseas setting where it is not in the commercial interest of the cosmetic tourism companies to supply ongoing care when things go wrong.

**Q** Who is taking these risks?

Age, gender, socio-economic demographics?

Bargain basement surgery appeals mostly to people who are attracted to bargain. The most common group that we see in Australia with problems relating to cosmetic tourism operations are young women having cheap breast augmentations in Asia.

If there are complications associated with the surgery then the total cost of the operation and the subsequent repair procedures will be far in excess of the patient paying for the operation by a specialist plastic surgeon in Australia in first instance.

People keen to have a cheap holiday and use the holiday as a recuperative period are taking considerable chances with their health because to properly heal postoperatively one should not be undertaking the usual recreational activities associated with holidaying. For example, sun bathing is not appropriate, consumption of alcohol may be problematical and any significant physical holiday activity is contraindicated with a healing wound. Furthermore it is often forgotten that cosmetic surgery is real surgery and any surgery carries with it its attendant risks.

**Q** At what rate is this alternative surgery option growing and what can be done to arrest it?

Cosmetic tourism is certainly a rapidly growing industry and has been a marketing and advertising success. Exotic destinations with low-price plastic surgery are very tempting to people who have not intellectualized the potential downsides.

The Australian Society of Plastic Surgeons would urge potential cosmetic tourism patients to contact the Society on 03 9378 4446 or log on to www.plasticsurgery.org.au to seek advice about the risks and complications of this type of surgery.

Ultimately educating potential patients is an important area for the Australian Society of Plastic Surgeons but the lure of a bargain is always present and attractive to some people. The irony is bargain surgery can ultimately be quite costly.

**Q** What are some examples of problems you have seen due to overseas plastic surgery?

The biggest problem that Australian trained specialist plastic surgeons see from overseas plastic surgery are disgruntled patients who have spent their money in good faith to the cosmetic tourism industry and have postoperative problems requiring correction.

Such problems have presented to both local plastic surgeons in Australia. These include infections, some of which are rarely seen in Australia, poorly executed surgical operations with unsightly scarring and even ruptured implants, low quality breast implants, bleeding problems, and problems with aesthetic distortions on the nose, face, breasts, abdomen etc.

This is not to say that problems do not arise in surgery performed by Australian plastic surgeons but the pathway of management for postoperative complications in Australia is much clearer than problems arising from cosmetic tourism ventures.

**Q** Do you have any patients who would be willing to be interviewed?

Most people who have this negative experience are quite embarrassed and would be reluctant to divulge this in an open forum.