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LSPRAS *Venus*

Official Newsletter of the Lebanese Society of Plastic, Reconstructive & Aesthetic Surgery

Bishara ATIYEH, MD, FACS Editor, LSPRAS president - Sami SAAD, MD – Executive Editor, ISAPS National Secretary

WELCOME TO THE PREMIER ISSUE

Letter from the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS) president

Members of the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery are well positioned to be leaders of our specialty not only in Lebanon but in the region as a whole. It is the duty of each surgeon to maintain a high level of knowledge and expertise by actively pursuing continued medical education and by publishing his or her work in international peer reviewed journals. The society, on its part, will spare no effort to organize regular high level scientific meetings that will be most convenient to Lebanese as well as regional and international colleagues to attend, thanks to its association with the International Confederation of Plastic, Reconstructive and Aesthetic Surgeons (IPRAS), International Society of Aesthetic Plastic Surgery (ISAPS), Pan Arab Association for Burns and Plastic Surgery (PABPS), Mediterranean Council for Burns and Fire Disasters (MBC), and many other national societies such as the French and Brazilian Plastic Surgery societies.

Vision and dexterity are the central attributes of a plastic surgeon. Just as artists rely on their eyes and hands to guide them, plastic surgeons use their visual and tactile skills to shape and form new futures for their patients. A trained ear helps them understand patients' needs and desires. A compassionate heart compels them to help patients. By communicating and charting a new course together, plastic surgeons and their patients make dreams come true—dreams of a normal life, a more youthful expression, or even the ability to smile.

In addition to scientific knowledge and technical skills, ethical conduct should be the cherry on the cake. Plastic and Reconstructive Surgery has witnessed great changes in recent years and Aesthetic Surgery has been lately in extreme demand. This has resulted in an increased awareness and interest by the media. Several Plastic Surgeons as well as non-Plastic Surgeons have been solicited by newspapers, magazines, and radio and television stations to talk about various aesthetic procedures and par-

ticipate in Aesthetic Surgery focused programs. Provision of information by physicians to their patients is at the centre of the process of valid informed consent; this however, must be distinguished from advertising, an issue of controversy for several years and strictly forbidden by Lebanese law and the Lebanese Medical Code of Ethics. By positioning oneself as part of a beauty industry focused on market requirements, one runs the risk of losing the view for the real need of patients which certainly creates an ethical dilemma and raises questions about his integrity.

All together, we can maintain our standing and promote Plastic and Reconstructive Surgery in the society and among our fellow physicians and surgeons as the ultimate form of surgery being the art of living human architecture. By attaining this goal we can make Plastic Surgery in Lebanon a focal point of attraction for the entire area and beyond. Together, we can also strengthen our society and give it an even more brilliant international exposure.



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HISTOIRE DE LA SOCIÉTÉ LIBANAISE DE CHIRURGIE PLASTIQUE, RECONSTRUCTRICE ET AESTHETIQUE

La « Lebanese Society of Plastic, Reconstructive and Aesthetic Surgery » ou LSPRAS a été fondé en 1966 par 6 chirurgiens. Ces 6 membres fondateurs sont les Drs. Philippe Antipas, Samir Schéhadé, Najdat Bacha, Fawzi Abi Jamra, Robert Daoud et Edmond Massoud. Le but de la fondation de cette société était de procéder à des réunions scientifiques sur le plan local et international de façon à maintenir un niveau scientifique élevé pour tous ses membres. Ceci permettait de promouvoir la Société en maintenant ses membres au courant des nouvelles techniques chirurgicales pour les mettre à la disposition du public Libanais. Par la suite, la Société ouvrit ses portes aux nouveaux venus et en 2009, soit 43 ans plus tard, elle compte maintenant plus de soixante membres. Actuellement la société libanaise se donne pour tâche d'organiser le travail de ses membres dans le pays, et cela tout d'abord en prenant en main toute la publicité dans le but de développer son aspect informatif plutôt que commercial et aussi en veillant à la qualité des interventions chirurgicales et des résultats obtenus, protégeant à la fois les patients contre les charlatans et les médecins de tout laisser aller.

MESSAGE FROM ISAPS PRESIDENT

My congratulations to all the members of the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS) on the release of your first public newsletter. You have undertaken this project in the interest of patient safety and public education - both admirable reasons to communicate with your public.

The practice of aesthetic or cosmetic surgery is seldom regulated. In most countries, including Lebanon as well as in the United States, any licensed physician (MD), regardless of training or background, can call themselves a cosmetic surgeon, an aesthetic surgeon, or a plastic surgeon. With a valid medical license, they can set up an office and start advertising for patients.

Needless to say, not everyone who calls themselves a plastic surgeon have the same training or background. All members of the LSPRAS have spent many years in specialized training in plastic surgery after graduating from medical school. This training is long, intensive, and involves considerably more education when compared to some medical doctors who take a weekend course to learn a new cosmetic technique and then call themselves qualified plastic surgeons.

If you are seeking the services of a plastic surgeon, be certain that they are truly qualified. There is no substitute for structured and rigorous training.

Iwould suggest to all our patients that when it comes to cosmetic surgery, they concentrate first and foremost on the word "surgery". All surgery carries risks. The first step in reducing the risk is to carefully choose a qualified surgeon who will provide the cosmetic surgery procedure, as well as the setting where the surgery will take place.

Certified outpatient surgical centers are preferable. The back room of a doctor's office is not! The public is well advised to choose board certified, well trained plastic surgeons who operate in certified facilities.

Congratulations to the LSPRAS for its leadership in bringing accurate and credible information to the public. On behalf of all of your colleagues in the international aesthetic plastic surgery community, I salute you for your commitment to patient safety.

Foad Nahai, MD, FACS
President

(International Society of Aesthetic Plastic Surgery ISAPS)



WHAT IS PLASTIC SURGERY

MEDICINE IS NOT ONLY A SCIENCE; IT IS ALSO AN ART

Contrary to popular belief the term «plastic surgery» has nothing to do with the fake, the unnatural or the manufactured as the word plastic might indicate. Plastic surgery includes reconstructive and cosmetic (aesthetic) surgery. The word “plastic” is derived from the Greek word (plastikos), meaning to mould or shape. It is an ingenious way to describe what plastic surgeons do: mold and give form to the human body. It includes RECONSTRUCTIVE SURGERY, which deals with correction of deformities that are either acquired (like burns, scars, post-operative sequel, post tumour ablative surgery as in mastectomy for breast cancer), or congenital (i.e. deformities that we are born with like cleft lip and palate, hand deformities, etc.). COSMETIC (AESTHETIC) SURGERY on the other hand, handles deformities that are unpleasing to the eye, and corrects the effects of age or weight changes. The word “aesthetic” has been defined as «the appreciation of beauty or good taste».

Plastic Surgery is the specialty that transcends the rigid scientific dogmas characteristic of many medical and surgical specialties and embodies best the “Art of Medicine”. Aesthetic surgery is the only specialty that deals with the personal satisfaction of patients. It looks after people’s image, boosts self esteem, and brings up the moral, with procedures that reshape normal structures. It represents a blend of art and science.

Recently there has been a great demand for plastic surgery procedures for several reasons:

- Increased exposure through the media
- Trivialization of cosmetic operations, loss of taboos and better acceptance
- Ease of access and reduction in cost and -most recently- cosmetic loans
- Marked increase in safety levels in anaesthesia
- Advances in techniques leading to improved results
- Increased safety of bariatric (weight reducing) surgery leading to excessive skin laxity all the over body.

Typically, all Plastic Surgery procedures are best accomplished when the surgeon has a true sense of what is beautiful and therefore aesthetically pleasing, thus providing the patients with the result that best matches their architecture and build.

In recent years, Plastic (Cosmetic) Surgery in Lebanon became an acceptable operation that people would talk about, and taboos became a thing of the past. This has inflamed the envy of many, and thus AS-THETICS became a lucrative business, that ended up neglecting all the principles of the medical profession, and in some cases, the loss of the essence of the HYPOCRATES oath that we all take when we graduate from medical school. All medical specialties wanted a part of this money-making business, which lead to untrained or poorly trained doctors performing these procedures without any idea about the side effects, post-operative care, and

the ability to handle complications if any comes up. There is always the excuse that it is the “patient’s fault”, though in few instances it is, but definitely not always. The biggest problem that we have to deal with lately is that non-physicians are beginning to perform minor procedures like Fillers, Botulinum Toxin injections, and Lasers. They would travel and attend a conference somewhere, and come back as EXPERTS in the field. This has ended up in many complications that may last for a very long period or even permanently. The Lebanese society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS) tries to minimize these risks by INFORMING THE PUBLIC through TV interviews and Magazine reports. We are always encouraging people and stressing upon them to seek professional doctors, and avoiding the non-specialists and the non-medical personnel when planning for any aesthetic procedure.



The Story of Plastic, Reconstructive, and Aesthetic Surgery

EVIDENCE DATES BACK TO 1600 BC

Some of the earliest operations known to medical history were plastic surgery in nature, not only for reconstructive purposes but for beautification as well. Evidence of reconstructive surgery exists in Egyptian medical papyruses that date back to 1600 BC, describing reconstructive techniques employed by the priest-doctors of the time to restore appearance.

Many historians agree that the first recorded account of reconstructive plastic surgery was documented in ancient Indian Sanskrit texts. Nasal amputation was common at the time, either through injury on the battlefield or as a punishment, which produced a shocking and disfigured appearance. A Hindu doctor, Susruta, working in northern India close to the modern day city of Varanasi, developed a nasal reconstruction technique (Indian flap) that restored some degree of function and form. Susruta's work spread quickly to Eastern Europe and into the Byzantine Empire, where, in AD 700 the emperor Justinian successfully had a forehead nasal reconstruction after traumatic amputation. Surviving statues of Justinian bear scars around the nose and forehead, a testament to the surgery he underwent. The Byzantine physician Oribasius was also an important historical figure in the fourth century. He wrote at length about different reconstructive procedures in his medical encyclopedia called *Synagoge Medicae*. Oribasius's work in wound management and facial reconstruction remains an important contribution to plastic surgery. However, the fall of the Roman Empire in the fifth century prevented the dissemination of these techniques throughout Western Europe.

In the 16th century, a surgeon named Gaspare Tagliacozzi working in Bologna, Italy, began experimenting with the use of pedicles, which involves relocating a section of skin, subcutaneous tissues, and vasculature from one area to another

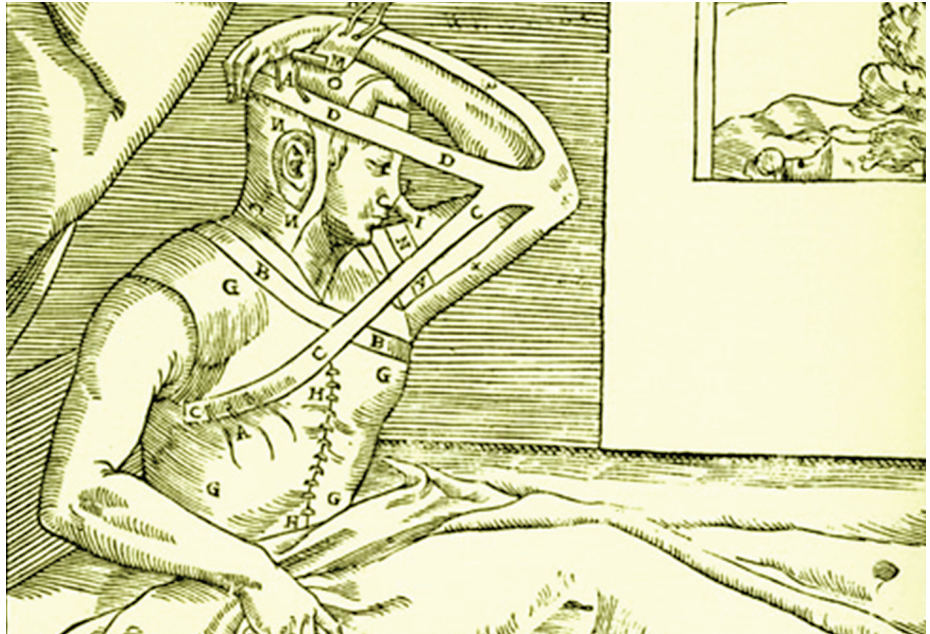
area in order to cover a wound. Without a successor to take over, his work was disregarded until interest in reconstructive techniques resurfaced in the 19th century.

In the 18th century plastic surgery gained popularity in Europe, particularly rhinoplasty and nasal reconstruction, which many surgeons practiced and attempted to perfect. Despite sporadic developments in the discipline after Tagliacozzi, including Ambrose Pare's revolutionary advances in wound healing, the next milestone was not reached until the early 19th century. Karl von Graefe was the first to coin the name "plastic surgery" for the specialty. His publication of *Rhinoplastik* in 1818 signalled the beginning of a new chapter, with innovative techniques being developed. Johann Dieffenbach, who succeeded von Graefe, ensured continuity. The procedures became easily replicable by other surgeons with the publication of *Operative Chirurgie* in 1845, which was the first practical text to describe the principles and techniques of reconstructive surgery. The introduction of anaesthesia and antiseptic techniques allowed more intricate procedures to be attempted, with a greater degree of precision, coupled with a reduced risk of postoperative infection, driving success rates upward. Dieffenbach has been credited with the title of "father of plastic surgery," which may have come to him as much because of the hard work of others, including Joseph Lister and James Simpson, as well as his own.



War played a huge role in the history of plastic surgery. World War I presented physicians with scores of severe facial wounds and burns, changing the history of plastic surgery. Aesthetic surgery took its place in the history of plastic surgery at around this time, as surgeons fully realized the influence of appearances on individual success. During this first world conflict, a New Zealand otolaryngologist working in London, Sir Harold Gillies, developed many of the techniques of modern plastic surgery in caring for soldiers suffering from disfiguring facial injuries. During World War II the popularity of plastic surgery continued to grow and became more advanced. Surgeons learned to perform the procedures with speed, precision and accuracy and this allowed more people than ever before to benefit from the surgery. Sir Gillies' work was expanded upon during World War II by one of his former students and cousin, Archibald McIndoe, who pioneered treatments for RAF aircrew suffering from severe burns. McIndoe's radi-

IN EGYPTIAN PAPYRUSES



Evidence of reconstructive surgery exists in Egyptian medical papyruses that date back to 1600 B

cal, experimental treatments, led to the formation of the Guinea Pig Club. It has been speculated that in the six

years of the Second World War, progress was made equivalent to that in 50 years of peace.

Since the 1950's, continued improvements in anesthesia, skin grafting techniques, and other medical advances have made plastic surgery procedures safer and more popular. The success of plastic surgery resulted from focusing on an advanced understanding of the body and developing unique technical skills. Subsequently, these special skills were used in the application in the new and higher level of need: appearance (self-esteem) surgery for "normal" people. Concurrent technological advances in contemporary society lead to the great increase of the influence of the media (glossy magazines, television, film, and the cyberspace), which are primarily visually focused on appearance at the expense of appreciation of other less apparent qualities such as intelligence! The dominance of visual identification may explain society's obsession with appearance or vice versa. In the end, the fact that so many people want to look younger and prettier is simply a modern-day fact of life.



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www.estheticlebanon.org
www.lspras.com

“LSPRAS IS THE SOLE REPRESENTATIVE OF THIS SPECIALTY IN LEBANON”

The objectives of the Lebanese society of plastic, reconstructive, and Aesthetic surgery are:

Inform the Public

Provide to the public current information on the various types and most recent techniques of Plastic and Aesthetic procedures performed by its members

Supply the public with names of qualified Plastic Surgeons in Lebanon

Assure a satisfactory professional level of its members

The LSPRAS, founded in 1966 is the leading professional Association of Certified Plastic Surgeons members of the Lebanese Order of Physicians to which it is attached. Each member of this society is a surgeon who, in addition to being certified by the Lebanese Order of Physicians and by the Ministry of Health, has fulfilled all the conditions required by the Society to become a member and has demonstrated a serious commitment to continuous medical education in the latest Plastic and Aesthetic Surgical techniques. The executive committee carefully screens the admission of new members who must have the approval of the majority of the members. These safeguards help to ensure that only those surgeons who meet the highest professional and ethical standards are accepted. Physicians, trained in Specialty other than Plastic and Aesthetic Surgery, are not eligible.

Propagate knowledge to its members through monthly scientific meetings discussing research, new discoveries and new techniques pertaining to the specialty both at the local and international level and encouraging discussion and exchange of ideas between members.

The LSPRAS is the sole representative of this Specialty in Lebanon and its members are specifically trained in all aspects related to this Specialty:

Aesthetic Surgery

Burns

Hand Surgery

Head and Neck Cancer Surgery

Congenital malformations

Micro-Surgery

Maxillo-Facial Surgery

Liposuction and Lipofilling (Body Contouring Surgery)

Cutaneous Surgery, Peelings,

Baldness Surgery, Hair grafting,

Laser techniques (Skin resurfacing, epilation, pigmented lesions, vascular lesions, dettatoung...)



WOUND HEALING

Update on Best Clinical Practice

Le Bristol Hotel, Beirut, LEBANON – Saturday, March 21, 2009

Organized by

Lebanese Society of Plastic, Reconstructive & Aesthetic Surgery – LSPRAS
Mediterranean Council for Burns & Fire Disasters – MBC

With special endorsement by

American College of Surgeons Lebanon Chapter – ACS

In collaboration with

Lebanese Society of Reconstructive Microsurgery LSRMS
Division of Plastic & Reconstructive Surgery AUBMC
Wound Care Clinic & Physical Medicine Unit AUBMC
Division of Plastic & Reconstructive Surgery USJ
Division of Plastic & Reconstructive Surgery UL

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Scientific Committee: I. Kaddoura, MD, FACS
 F. Ferran, MD
 E. Abdel Hak

Organizing Committee: M. Dib, MD
 S. Hayek, MD
 G. Ghanime, MD
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 M. Nasr, MD
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& Public Relation Committee: A. Zaatari, MD
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7 CME credits awarded by LOP

SCIENTIFIC PROGRAM

This conference comes in the framework of continuous instructional

8:00 -8:45 REGISTRATION

8:45-11:00 Session 1

N. Sader, MD, I. Abi Abdallah, MD, S. Hojeily, MD
 8:45-8:55 Vulnerology or Woundology
 B. Atiyeh, M. Costagliola, MD (France)
 8:55-9:05 Basic principles of wound healing
 S. Hayek, MD
 9:05-9:15 Chronic vs. acute wounds
 M. Dib, MD
 9:15-9:30 Diabetic foot
 J. Hoballah, MD
 9:30-9:45 Evaluation of patients with chronic leg ulcers
 I. Khalil, MD
 9:45-10:00 Wound bed preparation
 B. Atiyeh, MD
 10:00-10:15 Review of wound dressings
 A. Zaatari, MD
 10:15-10:30 Discussion
 10:30-10:45 Industry sponsored lecture – 3M
 10:45-11:00 Industry sponsored lecture – SADCO
 11:00-11:30 Coffee Break

11:3 Session 2

F. Ferran, MD, R. Khoury, MD, H. Hashim, MD
 11:30-11:45 Risk factors of decubitus ulcers
 Kh. Ghossoub, MD
 11:45-12:00 The protocol that puts «Pressure» on
 Pressure Ulcer prevention
 T. Menassa, RN, BSN
 12:00-12:10 The role of nutrition in wound healing
 M. Sakr Maalouf, MPH
 12:10-12:20 Rehabilitation of patients with chronic ulcers
 C. Sweidy, PT
 12:20-12:30 Emergency Management of acute wounds
 A. Mufarrej, MD
 12:30-12:45 Management of burn wounds
 G. Ghanime, MD
 12:45-13:00 Discussion
 13:00-13:15 Industry sponsored lecture – J & J
 13:15-13:30 Industry sponsored lecture – Julphar

13:30 -16:30 Lunch

15:00-16:30 Session 3

Z. Sleiman, MD, P. Audi, MD, E. Abdel Hak, MD
 15:00-15:15 Endovascular intervention for none
 healing ischemic foot
 F. Haddad, MD
 15:15-15:30 Venous compartment syndrome and chronic leg
 ulcers: A solution through plastic surgery
 M. Costagliola, MD (France)
 15:30-15:40 Microsurgical reconstruction of chronic foot ulcers
 R. Musharrafieh, MD
 15:40-15:50 Surgical treatment of decubitus ulcers
 F. Sleilati, MD
 15:50-16:00 Open tibial fractures. Alternatives for cover-
 age and
 wound healing
 S. Saghie, MD
 16:00-16:15 Discussion
 16:15-16:30 Industry sponsored lecture – KCI
 16:30-16:45 Industry sponsored lecture – HARTMAN
 16:45-17:00 Coffee Break

17:00-18:30 Session 4

E. Harb, MD, A. Fadlallah, MD, M. Nasr, MD
 17:00-17:15 Tissue engineering and wound healing
 B. Atiyeh, MD
 17:15-17:25 The use of INTEGRA in Burns, loss of skin and
 ulcers
 A. Masellis, MD (Italy)
 17:25-17:35 L'EPIBASE et sa place dans les cultures de peau
 M. Costagliola, MD (France)
 17:35-17:45 Use of platelet-rich plasma in chronic wounds
 J. Halabi, MD
 17:45-18:00 Complementary treatment modalities of chronic
 wounds
 M. Dib, MD
 18:00-18:15 Discussion
 18:15-18:30 Industry sponsored lecture - DIMA
 18:30 Closing – Distribution of Certificates

INTERNATIONAL PLASTIC SURGERY ADVISORY & CONSULTATION SERVICE (IPSACS)