





### Hybrid Professional Master's Degree

### Aesthetic Plastic Surgery

Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Technological University

Teaching Hours: 1,620 h.

We bsite: www.techtitute.com/us/medicine/hybrid-professional-master-degree/hybrid-professional-master-degree-aesthetic-plastic-surgery

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### tech 06 | Introduction

The current ideal of beauty and the greater commitment to the cult of the body are the keys that have allowed Aesthetic Plastic Surgery to become one of the health areas with the greatest projection. In addition, the fear of surgery is becoming less and less, thanks to the generalized confidence of society in health research and, therefore, in the technological advances that have arisen in this field, which has increased consultations. This increase in the number of citizens willing to undergo surgery to improve their appearance has revitalized the sector. As a result, more and more plastic surgeons are deciding to update their knowledge and keep up to date with the latest techniques and procedures.

In this sense, it is necessary to understand that the surgeon's work must go beyond performing a successful intervention, without risks and in which the patient's safety is paramount. Aesthetic Surgery must combine the best of technical knowledge with professional ethics, taking into account that, in most cases, when a patient comes to a consultation of this type, they have other types of problems, either of self-esteem or social welfare. Therefore, it is also an important task to be able to identify whether their need is real and whether the treatment sought is the most appropriate, and to advise each user according to their circumstances and characteristics.

In this Hybrid Professional Master's Degree, the students will find all the information that will be necessary for their daily work, from breast, facial, body contouring or buttocks interventions to intimate surgery, as well as the protocols to be taken into account in each of them. To keep up to date with the latest developments in this field, you will have at your disposal a complete online content, which is distributed in 10 theoretical modules with simulated practical cases that will allow you to carry out a contextual update. In addition, once all the evaluations of this theoretical part have been passed, the specialist will be able to participate in a 3-week intensive practical stay in a reference clinic in the sector.

This will give them the opportunity to work hand in hand with professionals with extensive experience, attending to real patients and learning live the most innovative guidelines for the implementation of intervention protocols in each case. Thus, at the end of the internship, the students will have acquired a more complete and updated qualification for their professional development, being able to put into practice everything they have learned in their own practice or in the clinical centers where they work.

This **Hybrid Professional Master's Degree in Aesthetic Plastic Surgery** contains the most complete and up-to-date scientific program on the market. Its most outstanding features are:

- The development of more than 100 clinical cases presented by professionals in aesthetic plastic surgery
- Its graphic, schematic and eminently practical contents, with which they are conceived, gather scientific and assistance information on those medical disciplines that are essential for professional practice
- An algorithm-based interactive learning system for decision-making in the clinical situations presented throughout the course
- Practical guidelines on the approach to cases related to Aesthetics Plastic Surgery
- Its special emphasis on evidence-based medicine and research methodologies for the performance of surgical interventions
- Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- Content that is accessible from any fixed or portable device with an Internet connection
- The realization of a clinical internship in one of the best hospital centers



You will be able to perform minimally invasive surgeries that enhance the patient's image without erasing their identity through the most innovative clinical strategies of the moment"



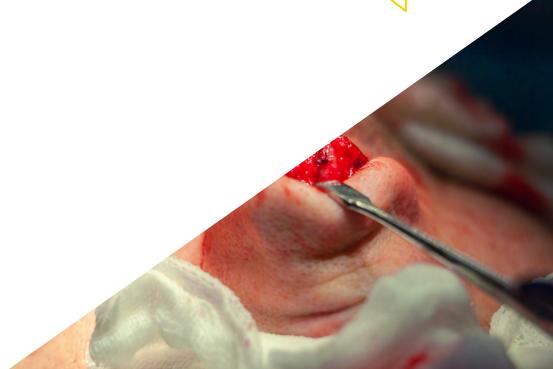
An intensive 3-week stay in a prestigious center will allow you to update you on the necessary guidelines to grow personally and professionally as a Surgeon"

In this proposal for a Hybrid Professional Master's Degree, of a professionalizing nature in a blended mode, the program is aimed at updating the knowledge of doctors in an area of great relevance such as Aesthetic Plastic Surgery. The contents are based on the latest scientific evidence, and oriented in a didactic way to integrate theoretical knowledge in the research practice. Likewise, the theoretical-practical elements will facilitate the updating of knowledge and will allow effective decision making in environments of great responsibility.

In addition, its multimedia content, elaborated with the latest educational technology, will allow the physician a situated and contextual study, that is to say, a simulated environment that will provide an immersive learning programmed to train in real situations. This program is designed around Problem-Based Learning, whereby the student must try to solve the different professional practice situations that arise throughout the program. For this purpose, the students will be assisted by an innovative interactive video system created by renowned experts.

TECH offers you the perfect academic combination: a fully updated online program and an intensive practical stay in a prestigious clinic.

This program will help you become a recognized professional in the sector, which will be essential to increase the number of users to your practice.







# tech 10 | Why Study this Hybrid Professional Master's Degree?

#### 1. Updating from the latest technology available

The clinical center to which the graduate will have access has the latest clinical technology developed. Thus, the graduates who have access to it will be able to work intensively and protagonist in the improvement of their skills for the management of the same, implementing to their practice the most complex and sophisticated technical strategies that are marking the forefront of the current Aesthetic Plastic Surgery.

#### 2. Gaining In-Depth Knowledge from the Experience of Top Specialists

Among the most significant characteristics of this Hybrid Professional Master's Degree is the support you will receive from a team specialized in Aesthetic Plastic Surgery, whose background is characterized by having treated thousands of satisfied patients. In this way, the graduates will be able to get up to date with the most effective clinical strategies from the best professionals in the current clinical field.

#### 3. Entering First-Class Clinical Environments

Accessing this Hybrid Professional Master's Degree will allow the specialist to have access to a wide range of diverse clinical cases, based on different circumstances and the management of different types of patients. Thus, they will be able to perfect their skills in the approach to them, through the application of the strategies required by each context. It is, therefore, a multidisciplinary and dynamic way to work on updating your knowledge and skills through active participation in first class clinical settings.





# Why Study this Hybrid Professional | 11 tech Master's Degree?

#### 4. Combining the Best Theory with State-of-the-Art Practice

Thanks to the syllabus included in this Hybrid Professional Master's Degree, the graduates will be able to expand and update their theoretical knowledge, as well as perfect their practical skills through an experience that combines both concepts in 1,620 hours of multidisciplinary experience. Thus, specialists who complete this experience can offer the highest level of service and unparalleled care.

#### 5. Expanding the Boundaries of Knowledge

One of TECH's priorities is to ensure that students who access this type of qualification go further, achieve all their objectives and acquire the necessary skills to perform their practice based on the most innovative clinical strategies of the moment. Thus, they guarantee the highest level of care, thanks to which the patient will always be satisfied.







### tech 14 | Objectives



### **General Objective**

• The main objective of this program is to update the knowledge of plastic surgeons, improving their qualification for their professional development. Thus, after passing this program, the students will be able to use the most innovative technology in the field of Aesthetic Plastic Surgery, which will allow them to perform all types of interventions in this field with total safety for the patient. In this way, they will follow specific protocols that will allow them to perform from breast surgeries to facial, abdominal or intimate surgeries. All this, thanks to the combination of the best theoretical content with an intensive stay in a reference center



Get the most updated knowledge to perform aesthetic interventions in different parts of the body, always achieving a successful result for patients"





### **Specific Objectives**

#### Module 1. Aesthetic Surgery of the Mammary Region

- Present all the anatomical elements of the breast region relevant to the surgical technique: those that make up the breast itself, the musculature used for pocket formation and the characteristics of the thorax, as well as irrigation, venous-lymphatic drainage and innervation
- Analyze the proportions of the breast and nipple-areola complex, to understand the Diversity of Aesthetics and Existing Preferences
- Determine the current characteristics of breast implants and the innovations available to the plastic surgeon and their indication in breast surgery
- Establish, in Augmentation Mammoplasty, Patient Selection, Surgical Approaches, the Creation of Each Specific Pocket and its Indication, as well as the use of Complementary Techniques such as Fat Transfer for Simple Augmentation or Combined with Implants
- Examine, in Mastopexy, the State of the Breast that will be Taken to Surgery, the Different Scars used according to the Lift to be Performed, as well as the Techniques that use Different Pedicles, and those that use Implants
- Develop, in Breast Reduction Surgery, the Classification of Hypertrophy, the Different Pedicles Used, and the Existing Complications
- Describe the Techniques of Tuberous Breast Treatment with and without Breast Implants
- Present and Describe the Different Techniques of Breast Symmetrization
- Establish the Diagnosis and Surgical Treatment of the Male Breast Region



### tech 16 | Objectives

#### Module 2. Periorbital and Upper Facial Surgery

- Define the Anatomy of the Orbital, Periorbital, and Upper Face Region
- Develop the Aesthetic Considerations of the Periorbital Region
- Examine the Changes Associated with Aging
- Determine the Different Basic Techniques in Ophthalmic Plastic Surgery
- Analyze the Steps of Preoperative Evaluation
- Establish the Specific Surgical Techniques
- Show the Complementary Procedures to Palpebral Surgery

#### Module 3. Nasal Aesthetic Surgery

- Reinforce the Anatomical Knowledge of the Nasal Region
- Enable the Student to Perform a Complete Analysis of the Nose and Relate it According
  to the Variation of the Anatomical Characteristics of Each Patient, without forgetting that
  the Concept of Beauty is Different not only between Men and Women, but also According
  to the Ethnic Features of the Subject to be Treated
- Address Significant Knowledge of Photography to Carry Out a Correct Documentation of the Cases
- Generate Specialized Training in the Surgical Techniques used in Rhinoplasty, from the Simplest to the Most Complex, Including the Most Innovative Techniques
- Develop the Main Fundamentals for the Plastic Surgeon to be able to Perform Cartilage Grafting, Avoiding Complications as much as Possible
- Make the plastic surgeon aware that cosmetic rhinoplasty should not affect the functions of the nose

#### Module 4. Body Contouring Lipoplasty

- Develop the most relevant anatomical concepts for the surgeon in body contouring lipoplasty
- Present the Aesthetics of the Human Body as a Guide to Obtain the Results
- Determine the Criteria for Patient Selection in Body Contouring Lipoplasty
- Examine Patient Safety Parameters
- Establish the Tools and Technologies commonly used for Lipoplasties
- Address High-definition Liposuction Techniques in the Various Anatomical Regions of Interest for the Technique

#### Module 5. Aesthetic Surgery of the Abdominal Wall

- Delve into the Concepts of Fat Tissue Transfer and the Techniques for its Use
- Examine the Techniques for Aesthetic Enhancement of the Gluteal Region with Implants and the Complications According to Each Procedure
- Present the Postoperative Management of the Patient
- Develop the most relevant surgical-anatomical concepts for the development of the techniques
- Present the Aesthetic Units that make up the Abdomen to Restore them During Surgery
- Determine the most frequently used abdominoplasty techniques based on the preoperative diagnosis of the abdomen
- Examine the Most Advanced Techniques for the Confection of the Umbilicus in Abdominoplasty
- Analyze the Techniques for Resection of Large Dermal Fat Flaps in Patients with Massive Weight Loss
- Establish the Complications According to Each Procedure
- Address Postoperative Management of the Patient

#### Module 6. Facial and Cervical Rejuvenation Surgery

- Examine the Anatomy of the Face and Neck
- Determine the Aesthetic Considerations of the Facial and Neck Region
- Analyze the Changes Associated with Aging
- Develop the Different Surgical Techniques Used in the Management of SMAS
- Analyze the Steps of Preoperative Evaluation
- Establish the Possible Operative Complications that are Attributed to Each Procedure
- Show the Complementary Procedures Used for the Management of Cervicofacial Aging

#### Module 7. Aesthetic Surgery of the Gluteal Region

- Analyze the Topographic Anatomy of the Gluteal Region Detailing its Musculature, Vascularization, and Innervation
- Determine the Snatomical Elements that Integrate the Aesthetic Analysis of the Gluteal Region and Present the Aesthetic Ideal of the Gluteus
- Examine the Diversity in Gluteal Implants, their Characteristics and their Indication in Patients
- Approach the Different Surgical Techniques Used in Gluteoplasty with Implants
- Establish the surgical technique of autologous fat tissue transfer from its procurement, processing, and transfer, as well as to know the physiology of fat grafting
- Develop the Surgical Technique of Autologous Fat Tissue Transfer combined with Gluteal Implants
- Analyze the Possible Operative Complications Inherent to Each Procedure

#### Module 8. Intimate Surgery

- Examine the Anatomy of the Genitalia
- Establish the Aesthetic Considerations of the Ideal Genitalia
- Analyze the Different Surgical Techniques Used in the Management of Genital Pathologies
- Examine the Possible Operative Complications Associated with Each Procedure
- Show the Complementary Procedures used for the Management of Genital Pathologies

#### Module 9. Other Surgical and Non-Surgical Aesthetic Procedures

- Conceptualize Alopecia, Causes, and Treatment
- Develop specialized knowledge about congenital or acquired ear alterations, as well as the conduct to follow in the different cases
- Establish an Action Protocol for the Definition of Upper and Lower Extremities
- Analyze the Different Immunological Pathologies, Post-Surgical Aonditions, and/or Physiological States that Produce Hormonal Alterations in order to Correctly Approach the Different Surgical Procedures
- Expand Advanced Knowledge Regarding Hand and Foot Aesthetics
- Dictate the Main Fundamentals so that the Plastic Surgeon is able to Differentiate the Different Non-surgical Aesthetic Processes, their Basis and Indications

#### Module 10. Protocols for the Aesthetic Surgery Patient

- Examine the Characteristics of the Aesthetic Surgery Patient from the Psychological Point of View, Expectations, and Reasons why they want to Transform their Appearance
- Expose the Necessary Tools for the Evaluation in Consultation and Management of Social Networks
- Determine the Importance of Medical Photography as a Tool for Documentation of Cases, and Address the Technical Aspect of Taking Medical Photographs
- Establish the necessary medical-legal documentation protecting the surgeon: informed consents
- Analyze the Prophylaxis of Cardiovascular Events through the Caprini Scale
- Present the Anesthesia Protocols, Surgical Risk, and Outpatient Management through the ERAS Protocol
- Determine Post-Operative Patient Management: Antibiotic Treatment, Analgesia, Post-Operative Garments, and Recovery





### tech 20 | Skills



#### **General Skills**

- Treat Physical Alterations with the Surgical Techniques that currently obtain the best Results, achieving Physical Improvement in Patients
- To Initiate a Successful Aesthetic Surgery Consultation with the Application of New Technologies
- Apply all the necessary Protocol to carry out Consultations and Interventions of Aesthetic Plastic Surgery, avoiding possible Risks to Patients





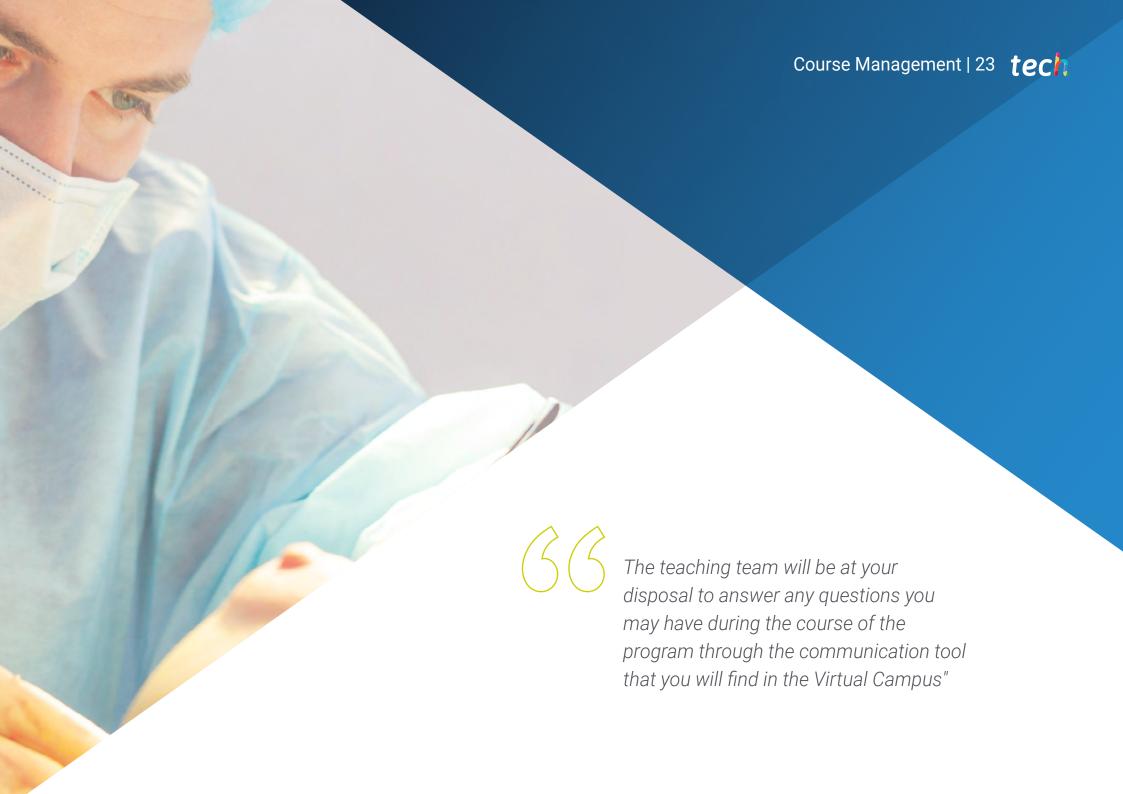
- Apply the physiology of healing to the postoperative care of patients' incisions
- Differentiate the Features of the Male and Female Periorbital Region
- Identify the Different Measurements and Proportions of the Nose and how they are Related to Achieve a Harmonious and Attractive Face
- Know in Depth the Anatomy of the Facial and Cervical Region
- Identify the Ideal Proportions of a Breast Considered Attractive
- Apply the Different Techniques of Liposuction, Abdominoplasty, and the Combination of These, their Indications, Advantages, and Disadvantages Associated with them
- Identify the Fundamental Body Measurements and Proportions during the Physical Examination and how these Translate into a Harmonious and Attractive Body
- Analyze the Recent Evolution of Genital Aesthetic Ideals and how Fashion and Culture Influence them
- Address the Most Commonly used Techniques for Rejuvenation of both the Male and Female Genital Areas
- Apply the Latest Surgical Techniques for Hand Rejuvenation through Liposuction and Lipofilling and those Complementary Techniques Based on Peelings and Lasers

- Identify Patients who are Amenable to Surgery and those who should not Undergo Surgery
- Examine the Traditional Surgical Procedures for Rejuvenation of the Periorbital Region and the Minimally Invasive Procedures so Frequently Requested
- Apply the Most Current Techniques for Rhinoplasty
- Address the Benefits and Disadvantages of Applying Body Contouring Lipoplasty Techniques for Figure Shaping
- Perform Interventions in the Gluteal Region, one of the Most Demanded Treatments in Recent Times



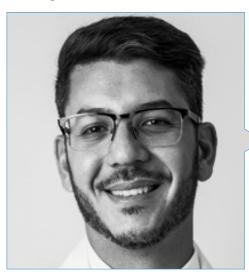
Delve into the most relevant theory in this field, subsequently applying it in a real work environment"





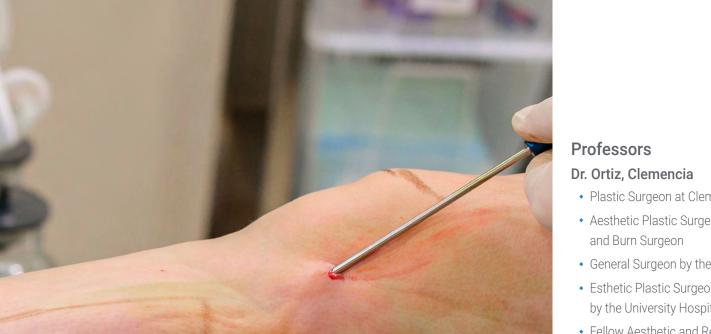
### tech 24 | Course Management

#### Management



### Dr. Delgado Caldera, Carlos

- Plastic Surgeon expert in Mammoplasty and Lipoabdominoplasty
- Chief of the Department of Plastic and Reconstructive Surgery at the Instituto Docente de Urología
- Aesthetic Plastic Surgeon at Servicios Mediplan C.A
- Aesthetic Plastic Surgeon at Grupo Cil Venezuela C.A
- Postgraduate of General Surgery in Hospital City Doctor Enrique Tejera
- Postgraduate of Aesthetic and Maxillofacial Reconstructive Plastic Surgery at General Hospital Doctor Jesús Yerena



### Course Management | 25 tech

- Plastic Surgeon at Clemencia Sofía Órtiz Clinic
- · Aesthetic Plastic Surgeon, Maxillofacial and Maxillofacial Reconstructive,
- General Surgeon by the Hospital Dr. Enrique Tejera Valencia
- Esthetic Plastic Surgeon, Maxillofacial Reconstructive, and Burned by the University Hospital Dr. Antonio Maria Pineda
- Fellow Aesthetic and Reconstructive Craniofacial Surgery at Hospital Pontífice de la Beneficencia Portuguesa, Sao Paulo, Brazil
- Medical Surgeon by the University of Carabobo
- Diploma in Regenerative and Anti-aging Medicine
- Master's Degree in Aesthetic Medicine Fuceme
- University Specialist in Aesthetic and Functional Gynecology and Cosmetic Genital Surgery of Women by the Autonomous University of Barcelona
- Advanced Surgical Techniques Course at USES University (MIAMI)



Boost your career path with holistic teaching, allowing you to advance both theoretically and practically"





### tech 28 | Educational Plan

#### Module 1. Aesthetic Surgery of the Mammary Region

- 1.1. Anatomy of the Mammary Region
  - 1.1.1. Introduction
  - 1.1.2. Anatomy of the Breast
    - 1.1.2.1. Mammary Parenchyma
    - 1.1.2.2. Nipple-areola Complex
    - 1.1.2.3. Fascial System of the Breast
    - 1.1.2.4. Submammary Sulcus
    - 1.1.2.5. Irrigation
    - 1.1.2.6. Venous Drainage
    - 1.1.2.7. Lymphatic Drainage
    - 1.1.2.8. Innervation
  - 1.1.3. Musculature of the Mammary Region
    - 1.1.3.1. Pectoralis Major
    - 1.1.3.2. Pectoralis Minor
    - 1.1.3.3. Serratus
    - 1.1.3.4. Rectus Abdominis
    - 1.1.3.5. Greater Oblique
  - 1.1.4. Chest
  - 1.1.5. Summary
- 1.2. Esthetic Considerations of the Breast
  - 1.2.1. Introduction
  - 1.2.2. Esthetic Analysis of the Breast
  - 1.2.3. Esthetic Analysis of the Nipple-areola Complex
  - 1.2.4. Thorax and Breast Base
  - 1.2.5. Summary
- 1.3. Types of Breast Prostheses and Implant Selection
  - 1.3.1. Introduction
  - 1.3.2. Characteristics of Breast Implants
    - 1.3.2.1. According to Shape
    - 1.3.2.2. According to Texture
    - 1.3.2.3. According to Content

- 1.3.3. Innovations in Breast Implants
  - 1.3.3.1. Ergonomic Prostheses
  - 1.3.3.2. Low Weight Prostheses
  - 1.3.3.3. Polyurethane
- 1.3.4. Implant Selection
  - 1.3.4.1. Selection Based on Measurements
  - 1.3.4.2. External Testers
  - 1.3.4.3. 3D Virtual Simulation
- 1.3.5. New Breast Implant Prototypes
  - 1.3.5.1. Use of Gauges
  - 1.3.5.2. Techniques Based on Measurements
  - 1.3.5.3. Techniques Based on Virtual Simulation
- 1.3.6. Summary
- 1.4. Augmentation Mammoplasty
  - 1.4.1. Introduction
  - 1.4.2. Properative Evaluation
  - 1.4.3. Preoperative Marking
  - 1.4.4. Surgical Technique
    - 1.4.4.1. Types of Incision
    - 1.4.4.2. Areolar
    - 1.4.4.3. Submammary Sulcus
    - 1.4.4.4. Axillary
  - 1.4.5. Pocket Creation
    - 1.4.5.1. Subglandular Pocket
    - 1.4.5.2. Subfascial Pocket
    - 1.4.5.3. Subpectoral Pocket
    - 1.4.5.4. Dual Plane
  - 1.4.6. Breast Augmentation with Autologous Fat
  - 1.4.7. Composite Breast Augmentation
  - 1.4.8. Postoperative Care
  - 1.4.9. Complications
  - 1.4.10. Summary

#### Mastopexy 1.5.1. Introduction Classification of Breast Ptosis 1.5.2. 1.5.3. Mastopexy without Implants 1.5.3.1. Periareolar Mastopexy 1.5.3.1.1. Beneli Periareolar Technique 1.5.3.1.2. Goretex Intercalated Suture Technique 1.5.3.2. Ribeiro Pedicles 1.5.3.2.1. Pedicle I 1.5.3.2.2. Pedicle II 1.5.3.2.3. Pedicle III 1.5.3.2.4. Pedicle IV 1.5.3.2.5. Pedicle V 1.5.3.3. SPAIR Mastopexy 1.5.3.3.1. Mastopexy with Implants 1.5.3.3.2. Postoperative Care 1.5.3.3.3. Complications 1.5.3.3.4. Summary **Breast Reduction** 1.6.1. Introduction 1.6.2. Classification of Breast Hypertrophy 1.6.3. Patterns in Breast Reduction Surgery 1.6.4. Types of Reduction 1.6.4.1. Superior Pedicle 1.6.4.2. Inferior Pedicle 1.6.4.3. Supero-medial Pedicle 1.6.4.4. Medial Pedicle 1.6.4.5. Vertical Bipedicle 1.6.4.6. Breast Amputation plus Nipple-areola Complex Grafting 1.6.5. Complications

1.6.6. Summary

1.7.	Tuberous Breast			
	1.7.1.	Introduction		
	1.7.2.	Etiology of Tuberous Breast		
	1.7.3.	Classification of Tuberous Breast		
	1.7.4.	Surgical Technique Step by Step		
		1.7.4.1. Techniques without Implants		
		1.7.4.2. Techniques with Implants		
	1.7.5.	Postoperative Care		
	1.7.6.	Complications		
	1.7.7.	Summary		
1.8.	Breast Symmetrization			
	1.8.1.	Introduction		
	1.8.2.	Types of Breast Asymmetry		
	1.8.3.	Properative Evaluation		
	1.8.4.	Preoperative Marking		
	1.8.5.	Choice of Implants		
	1.8.6.	Surgical Techniques		
	1.8.7.	Postoperative Care		
	1.8.8.	Complications		
	1.8.9.	Summary		
1.9.	Gyneco	omastia		
	1.9.1.	Introduction		
	1.9.2.	· ,		
	1.9.3.	Classification of Gynecomastia		
	1.9.4.	Surgical Techniques		
		1.9.4.1. Liposuction		
		1.9.4.2. Glandulectomy		
		1.9.4.3. Pull Through		
	1.9.5.	Complications		

1.9.6. Summary

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1.10. Pectoral Augmentation with Implants

	1.10.2. 1.10.3. 1.10.4. 1.10.5. 1.10.6. 1.10.7. 1.10.8.	Postoperative Care Complications Summary
Mod	<b>ule 2.</b> P	eriorbital and Upper Facial Surgery
2.1.		y of the Orbital and Periorbital Region
		Introduction
	2.1.2.	
		2.1.2.1. Topographic Description
	2.1.3.	
		2.1.3.1. Extrinsic Musculature
	2.1.4.	
	2.1.5.	
		Fatty Compartments
		Lymphatic System of the Orbit
		Lacrimal Gland
		Dangerous Areas
		Summary
2.2.		Considerations of the Periorbital Region
	2.2.1.	
	2.2.2.	
		2.2.2.1. Skin and Annexes
	0.0.0	2.2.2.2. Esthetic Units
	2.2.3.	Anthropometry of the Periorbital Region
	2.2.4.	Gender Variation
	2.2.5.	Variation According to Ethnicity
	2.2.6.	Changes Associated with Aging
	2.2.7.	Summary

2.3.	Basic T	echniques in Ophthalmic Plastic Surgery
	2.3.1.	Introduction
	2.3.2.	Incisions
	2.3.3.	Wound Closure
	2.3.4.	Routine Wound Closure
	2.3.5.	Excision and Repair of Full-thickness Palpebral Margin
	2.3.6.	Summary
2.4.	Propera	ative Evaluation
	2.4.1.	Obvious Pathology
	2.4.2.	Eyelid Position
	2.4.3.	Margin-reflex Distance
	2.4.4.	Telecanthus
	2.4.5.	Eyelid Movement
	2.4.6.	Elevator Function
	2.4.7.	Laxity of Lower Eyelid Retractors
	2.4.8.	Bell's Phenomenon
	2.4.9.	Jaw Wink
	2.4.10.	Fatigue in Myasthenia Gravis
	2.4.11.	Eye Position
		2.4.11.1. Exophthalmometry
		2.4.11.2. Eye Displacement
	2.4.12.	Eye Movement
	2.4.13.	Other Examinations
	2.4.14.	Eyebrow Position
	2.4.15.	Lateral Canthus and Cheek
	2.4.16.	Upper Eyelid Skin Crease
	2.4.17.	Horizontal Laxity of the Lower Eyelid
	2.4.18.	Medial and Lateral Canthal Tendons
	2.4.19.	Eye and Orbit
	2.4.20.	Key points

#### Anesthesia 2.5. 2.5.1 Local Infiltration 2.5.2. Subcutaneous Approach 2.5.3. Subconjunctival Approach 2.5.4. Local Tumescent Anesthesia 2.5.5. Regional Blocks 2.5.5.1. Frontal Nerve Block 2.5.5.2. Infratrochlear Nerve Block 2.5.5.3. Infraorbital Nerve Block 2.5.5.4. Retrobulbar Nerve Block 2.5.5.5. Facial Nerve Block 2.5.6. Adverse Reactions to Local Anesthetics 2.5.7. Summary Esthetic Oculoplasty Techniques 2.6.1. Introduction 2.6.2. Upper Blepharoplasty 2.6.2.1. Properative Evaluation 2.6.2.2. Preoperative Marking 2.6.2.3. Surgical Technique Step by Step 2.6.2.4. Postoperative Care 2.6.2.5. Complications 2.6.3. Lower Blepharoplasty 2.6.3.1. Properative Evaluation 2.6.3.2. Preoperative Marking 2.6.3.3. Surgical Technique Step by Step 2.6.3.4. Transconjunctival Approach 2.6.3.5. Subciliary Approach 2.6.3.6. Postoperative Care 2.6.3.7. Complications 2.6.4. Summary

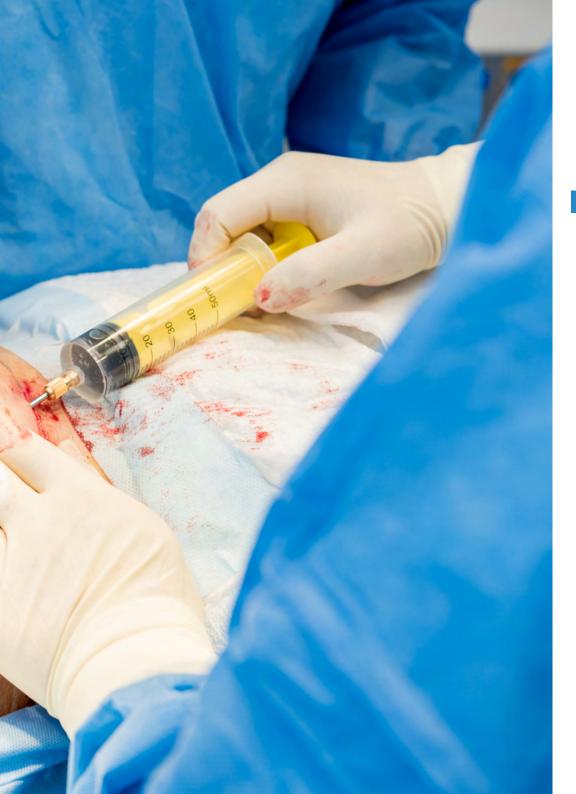
0.7	D	
2.7.		tructive Oculoplastic Techniques
	2.7.1.	
		2.7.1.1. Introduction
		2.7.1.2. Properative Evaluation
		2.7.1.3. Preoperative Marking
		2.7.1.4. Surgical Technique
		2.7.1.5. Upper Eyelid
		2.7.1.6. Lower Eyelid
		2.7.1.7. Postoperative Care
		2.7.1.8. Complications
	2.7.2.	Canthopexies and Canthoplasties
		2.7.2.1. Properative Evaluation
		2.7.2.2. Preoperative Marking
		2.7.2.3. Surgical Technique
		2.7.2.3.1. Canthoplasty
		2.7.2.3.2. Canthopexy
		2.7.2.4. Postoperative Care
		2.7.2.5. Complications
		2.7.2.6. Summary
2.8.	Facial U	lpper Third
	2.8.1.	Introduction
	2.8.2.	Anatomy of the Upper Third
		2.8.2.1. Bone Structure
		2.8.2.2. Musculature
		2.8.2.3. Vascularization
		2.8.2.4. Innervation
		2.8.2.5. Fatty Compartments
	2.8.3.	Upper Face lift
		2.8.3.1. Properative Evaluation
		2.8.3.2. Preoperative Marking
		2.8.3.3. Surgical Technique
		2.8.3.4. Postoperative Care

2.8.3.5. Complications

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	2.8.4.	Endoscopic Upper Third Facelift
		2.8.4.1. Properative Evaluation
		2.8.4.2. Preoperative Marking
		2.8.4.3. Surgical Technique
		2.8.4.4. Postoperative Care
		2.8.4.5. Complications
	2.8.5.	Forehead Reduction
		2.8.5.1. Properative Evaluation
		2.8.5.2. Preoperative Marking
		2.8.5.3. Surgical Technique Step by Step
		2.8.5.4. Postoperative Care
		2.8.5.5. Complications
	2.8.6.	Summary
2.9.	Brow Li	fting
	2.9.1.	Introduction
	2.9.2.	Properative Evaluation
	2.9.3.	Preoperative Marking
	2.9.4.	Anesthesia and Surgical Position
	2.9.5.	Surgical Technique
		2.9.5.1. Palpebral Approach
		2.9.5.2. Coronal Approach
		2.9.5.3. Endoscopic Technique
		2.9.5.4. Glidingbrow-lift
	2.9.6.	Postoperative Care
	2.9.7.	Complications
		2.9.7.1. Lower Raised Eyebrows
	2.9.8.	Summary
2.10.	Comple	mentary Procedures to Palpebral Surgery
	2.10.1.	Introduction
	2.10.2.	Chemical Denervation
	2.10.3.	Use of Botulinum Toxin
	2.10.4.	Volumization
		2.10.4.1. Orbital Area
		2.10.4.2. Upper Third





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2.10.5. Management of	Hyperpigmentation of	the Under Eye Circles

2.10.5.1. Chemical Peel

2.10.5.2. Use of Energy Production Equipment

3.10.6. Summary

#### Module 3. Nasal Aesthetic Surgery

- 3.1.1. Introduction
- 3.1.2. Skin and Subcutaneous
- 3.1.3. Muscles and Bone Structures
- 3.1.4. Cartilaginous Structures
- 3.1.5. Nasal Valve
  - 3.1.5.1. Internal
  - 3.1.5.2. External
- 3.1.6. Nostrils
- 3.1.7. Nasal Septum
- 3.1.8. Nasal Turbinates and Meatus
- 3.1.9. Irrigation
- 3.1.10. Innervation
- 3.1.11. Lymphatic Drainage
- 3.1.12. Nasal Physiology
- 3.1.13. Summary

#### 3.2. Nasal Esthetics. Profilometry. Surgical Planning Photographic Documentation

- 3.2.1. Introduction
- 3.2.2. Esthetic Units of the Nose
- 3.2.3. Facial Analysis
- 3.2.4. Anatomical Differences of the Nose According to Race
  - 3.2.4.1. Black
  - 3.2.4.2. Asian
  - 3.2.4.3. Latino

#### 3.2.5. Anatomical Differences of the Nose According to Gender

- 3.2.5.1. Male Features
- 3.2.5.2. Female Features

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	3.2.6.	Profilometry	3.5.	Resha	ping of the Nasal Tip and Alar Cartilages
		3.2.6.1. Facial Angles		3.5.1.	Planning
	3.2.7.	Properative Evaluation			3.5.1.1. Structures Determining Tip Projection and Tip Appearance
	3.2.8.	Photographic Documentation		3.5.2.	Anesthesia and Surgical Position
		3.2.8.1. Minimum Equipment Requirements for Medical Photography		3.5.3.	Tip Treatment
		3.2.8.2. Lighting and Background			3.5.3.1. Default
		3.2.8.3. Projections			3.5.3.1.1. Grafts
	3.2.9.	Summary			3.5.3.1.2. Strutgraft
3.3.	Primar	y Structural Rhinoplasty			3.5.3.1.3. Tipgraft
	3.3.1.	Patient Preparation			3.5.3.2. Sutures
	3.3.2.	Anesthesia and Surgical Position			3.5.3.2.1. Crurales
	3.3.3.	Surgical instruments			3.5.3.2.2. Interdomal
	3.3.4.	Surgical Techniques			3.5.3.2.3. Transdomal
		3.3.4.1. Open Rhinoplasty			3.5.3.2.4. Tip
		3.3.4.2. Closed Rhinoplasty			3.5.3.3. Excess
		3.3.4.3. Semi-open Rhinoplasty			3.5.3.3.1. Bulbous Tip
	3.3.5.	Postoperative Care			3.5.3.3.2. Supra Tip
	3.3.6.	Complications		3.5.4.	Treatment of the Nasal Base
	3.3.7.	Summary			3.5.4.1. Diminution of the Base
3.4.	Cartila	ge Grafts and Septoplasty			3.5.4.2. Treatment of Nasal Wing Collapse
	3.4.1.	Cartilaginous Grafts		3.5.5.	Complications
		3.4.1.1. Graft Selection		3.5.6.	Summary
		3.4.1.2. Graft Harvesting	3.6.	Nasal	Dorsum Reshaping and Osteotomies
		3.4.1.3. Cartilaginous Graft Carving		3.6.1.	Planning
	3.4.2.	Septoplasty		3.6.2.	Approach Selection
		3.4.2.1. Definition		3.6.3.	Bone and Cartilaginous Dorsum Reduction
		3.4.2.2. Surgical Technique		3.6.4.	Spreadergrafts
		3.4.2.2.1. Septoplasty Open Approach		3.6.5.	Osteotomies
		3.4.2.2. Septoplasty Closed Approach			3.6.5.1. Internal, External, and Medial
	3.4.3.	Postoperative Care			3.6.5.2. Modifications (Mediles, open approach)
	3.4.4.	Complications			3.6.5.3. Dorsal Augmentation
	3.4.5.	Summary			3.6.5.3.1. Autologous Tissue
					3.6.5.3.2. Septal Cartilage
					3.6.5.3.3. Conchal Cartilage

3.6.5.3.4.	Costal Cartilage
3.6.5.3.5.	Temporal Fascia

3.6.5.3.6. Other Materials

3.6.6. Complications

3.6.7. Summary

3.7. Secondary Rhinoplasty I

3.7.1. Preoperative Analysis

3.7.1.1. Evaluation of Esthetic Deformities

3.7.1.2. Evaluation of Functional Deformities

3.7.1.3. Most Frequent Causes

3.7.2. Anesthesia and Surgical Position

3.7.3. Surgical Technique

3.7.4. Boarding Routes

3.8. Secondary Rhinoplasty II

3.8.1. Changes Secondary to Primary Rhinoplasty

3.8.1.1. Bone Alterations

3.8.1.1.1. Defects due to Bone Excess or Deficit

3.8.1.1.2. Irregularities

3.8.1.1.3. Deviations

3.8.1.1.4. Narrowing

3.8.1.2. Cartilaginous Alterations

3.8.1.2.1. Inverted V Deformity

3.8.1.2.2. Deviations

3.8.1.2.3. Saddle Deformity

3.8.1.3. Defects in Nasal Tip, Wings, and Columella

3.8.1.4. Ventilatory Problems

3.8.2. Postoperative Care

3.8.3. Complications

3.8.4. Summary

3.9. New Rhinoplasty Techniques

3.9.1. Planning

3.9.2. Surgical Technique

3.9.2.1. Preservation Rhinoplasty (Preservation Rhinoplasty)

3.9.2.2. Ultrasonic Rhinoplasty

3.9.3. Postoperative Care

3.9.4. Complications

3.9.5. Summary

3.10. Rhinomodeling with Injectables

3.10.1. Introduction

3.10.2. Safety Considerations in Rhinomodeling

3.10.3. Treatment of the Nasal Dorsum

3.10.4. Treatment of the Nasal Tip

3.10.5. Complications

3.10.6. Hyaluronidase

3.10.7. Summary

#### Module 4. Body Contouring Lipoplasty

4.1. Anatomical Concepts in Lipoplasty

4.1.1. Introduction

4.1.2. Anatomy of the Fat

4.1.2.1. Superficial Fascial System

4.1.2.2. Adhesion Zones

4.1.2.3. Fat Distribution

4.1.3. Esthetic Considerations in Lipoplasty

4.1.3.1. Symmetry and Proportions

4.1.3.2. Esthetic Ideal

4.2. Patient Selection for Lipoplasty

4.2.1. Query

4.2.2. History and Pathological Background

4.2.3. Physical Examination

4.2.3.1. Abdomen and Back

4.2.3.2. Chest

4.2.3.3. Buttocks

4.2.3.4. Arms

4.2.3.5. Thighs and Legs

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4.3.	Liposuction Tools				
	4.3.1.	Introduction			
	4.3.2.	Types of Cannulas			
	4.3.3.	Tips			
	4.3.4.	Diameter and Length			
	4.3.5.	Infiltrators			
	4.3.6.	Aspirators			
	4.3.7.	Collectors			
	4.3.8.	Summary			
4.4.	Liposuction Infiltration Solutions				
	4.4.1.	Introduction			
	4.4.2.	Wet			
	4.4.3.	Superwet			
	4.4.4.	Tumescent			
	4.4.5.	Summary			
4.5.	Patient	Safety Parameters during Surgery			
	4.5.1.	Introduction			
	4.5.2.	SAFE lipo (Separation, Aspiration, Fat Equalization)			
	4.5.3.	Amount of Fat Extracted			
	4.5.4.	Bleeding			
	4.5.5.	Prophylaxis of Venous Thromboembolism			
	4.5.6.	Fat Embolism			
	4.5.7.	Hypothermia			
	4.5.8.	Summary			
4.6.	Liposuc	tion Technologies			
	4.6.1.	Introduction			
	4.6.2.	SAL (Suction Assisted Lipoplasty)			
	4.6.3.	UAL (Ultrasound Assisted Lipoplasty)			
	4.6.4.	PAL (Power Assisted Lipoplasty)			
	4.6.5.	LAL (Laser Assisted Lipoplasty)			
	4.6.6.	RAL (Radiofrequency Assisted Lipoplasty)			
	4.6.7.	WAL (Water Assisted Lipoplasty)			
	4.6.8.	Summary			

4.7.	Hiah-D	efinition Liposuction			
		Introduction			
		Patient Selection			
		Marking			
		4.7.3.1. Superficial Marking			
		4.7.3.2. Framing of the Anatomical Regions			
		4.7.3.3. Negative Spaces			
	4.7.4.				
		4.7.4.1. Fat Treatment			
		4.7.4.2. Deep and Superficial Fat Removal			
		4.7.4.3. Treatment of Negative Spaces			
	4.7.5.	Definition Techniques According to Anatomical Area			
		4.7.5.1. Male and Female Abdomen			
		4.7.5.2. Male and Female Buttocks			
		4.7.5.3. Male and Female Back			
		4.7.5.4. Pectorals			
		4.7.5.5. Male and Female Arms			
		4.7.5.6. Male and Female Thighs and Legs			
	4.7.6.	Complications			
	4.7.7.	Post-Surgery Care			
4.8.	Fat Transfer Autologous				
	4.8.1.	Introduction			
	4.8.2.	Fat Metabolism			
	4.8.3.	Fat Grafting			
		4.8.3.1. Physiology of Integration			
		4.8.3.2. Fat Graft Procurement			
		4.8.3.3. Graft Processing			
		4.8.3.4. Fat Graft Transfer Method			
		4.8.3.4.1. Injectors			
	4.0.4	4.8.3.4.2. <i>EVL</i> (Expansion Vibration Lipofilling)			
	4.8.4.	Fat Transfer Technique			
		4.8.4.1. Fat Transfer to Buttocks 4.8.4.2. Fat Transfer to Pectorals and Shoulders			
		4.8.4.3. Fat Transfer to Prectorals and Shoulders 4.8.4.3. Fat Transfer to Breasts			
		4.0.4.0. I at HallSIEL to DIEasts			

4.8.4.4. Fat Transfer to Calves

- 4.8.5. Fat Graft Complications
- 4.8.6. Post-Surgery Care
- 4.8.7. Summary
- 4.9. Gluteoplastia
  - 4.9.1. Introduction
  - 4.9.2. Esthetic Ideal of the Gluteus
  - 4.9.3. Gluteal Shapes
  - 4.9.4. Patient Selection for Gluteoplastia
  - 4.9.5. Gluteal Implants
  - 4.9.6. Gluteoplasty Techniques
    - 4.9.6.1. XYZ
    - 4.9.6.2. Composite Gluteal Augmentation
  - 4.9.7. Complications
  - 4.9.8. Postoperative Management
  - 4.9.9. Summary
- 4.10. Postoperative Management of the Body Contouring Lipoplasty Patient
  - 4.10.1. Introduction
  - 4.10.2. Drainages
  - 4.10.3. Compressive Clothing
  - 4.10.4. Early Ambulation
  - 4.10.5. Manual Lymphatic Drainage
  - 4.10.6. Ultrasound
  - 4.10.7. Radiofrequency
  - 4.10.8. Carboxytherapy
  - 4.10.9. Summary

## Module 5. Aesthetic Surgery of the Abdominal Wall

- 5.1. Anatomy of the Abdominal Region
  - 5.1.1. Introduction
  - 5.1.2. Topographic Anatomy of the Abdominal Region
    - 5.1.2.1. Skin of the Abdominal Region
    - 5.1.2.2. Anatomy of the Subcutaneous Cellular Tissue
    - 5.1.2.3. Superficial Fascial System
    - 5.1.2.4. Abdominal Wall Musculature
    - 5 1 2 5 Vascular Zones of the Abdominal Wall

- 5.1.3. Lymphatic Drainage
- 5.1.4. Conclusions
- 5.1.5. Summary
- 5.2. Esthetic Considerations and of the Abdominal Region
  - 5.2.1. Introduction
  - 5.2.2. Body Ideal
  - 5.2.3. Anthropometric Relationships
  - 5.2.4. Esthetic Units of the Abdomen
  - 5.2.5. Navel Position
  - 5.2.6. Summary
- 5.3. Mini-Abdominoplasty
  - 5.3.1. Introduction
  - 5.3.2. Patient Characteristics
  - 5.3.3. Marking
  - 5.3.4. Surgical Technique
    - 5.3.4.1. Incisions
    - 5.3.4.2. Lift of the Flap and Extension of the Dissection
    - 5.3.4.3. Treatment of the Muscular Wall
    - 5.3.4.4. Closure of the Incision
  - 5.3.5. Postoperative Management
  - 5.3.6. Complications
  - 5.3.7. Summary
- 5.4. Extended Mini- Abdominoplasty
  - 5.4.1. Introduction
  - 5.4.2. Patient Characteristics
  - 5.4.3. Marking
  - 5.4.4. Surgical Technique
    - 5.4.4.1. Incisions
    - 5.4.4.2. Lift of the Flap and Extension of the Dissection
    - 5.4.4.3. Treatment of the Muscular Wall
    - 5.4.4.4. Closure of the Incision
  - 5.4.5. Postoperative Management

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5.5.	Lipoab	dominoplasty
	5.5.1.	Introduction
	5.5.2.	Patient Characteristics
	5.5.3.	Marking
	5.5.4.	Surgical Technique
		5.5.4.1. Incisions
		5.5.4.2. Lift of the Flap and Extension of the Dissection
		5.5.4.3. Treatment of the Muscular Wall
		5.5.4.4. Closure of the Incision
	5.5.5.	Postoperative Management
5.6.	Classic	c Abdominoplasty
	5.6.1.	Introduction
	5.6.2.	Patient Characteristics
	5.6.3.	Marking
	5.6.4.	Surgical Technique
		5.6.4.1. Incisions
		5.6.4.2. Lift of the Flap and Extension of the Dissection
		5.6.4.3. Treatment of the Muscular Wall
		5.6.4.4. Closure of the Incision
	5.6.5.	Baroudi Points
	5.6.6.	Progressive Tension Points
	5.6.7.	Postoperative Management
5.7.	Umbili	coplasty
	5.7.1.	Introduction
	5.7.2.	Properative Evaluation
	5.7.3.	Marking
	5.7.4.	Surgical Techniques
	5.7.5.	Postoperative Care
	5.7.6.	
5.8.		ninoplasty in the Post-bariatric Patient
		Introduction
		Patient Characteristics
	5.8.3.	Marking





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5.8.4. S	urgical T	ecnn	iaues

5.8.4.1. *Fleur* de Lis

5.8.4.2. Scarpa's Fascia Lifting

5.8.4.3. Circumferential

5.8.4.4. Reverse

5.8.4.5. Vertical

5.8.5. Postoperative Care

5.8.6. Summary

## 5.9. Complications in Abdominoplasty

- 5.9.1. Hematomas and Seromas
- 5.9.2. Dehiscence
- 5.9.3. Necrosis
- 5.9.4. Scar Malposition
- 5.9.5. Infections
- 5.9.6. Thromboembolism

## 5.10. Complementary Procedures to Abdominal Surgery

- 5.10.1. Introduction
- 5.10.2. Criolipolisis
- 5.10.3. Radiofrequency
- 5.10.4. Summary

## Module 6. Facial and Cervical Rejuvenation Surgery

## 6.1. Facial Anatomy

- 6.1.1. Introduction
- 6.1.2. Facial Regions
- 6.1.3. Facial Planes
- 6.1.4. Skin
- 6.1.5. Subcutaneous
- 6.1.6. Aponeurotic Muscle
- 6.1.7. Retention Ligaments
- 6.1.8. Periosteum and Deep Fascia
- 6.1.9. Specific Considerations According to the Anatomical Region
- 6.1.10. Cervicofacial Analysis

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	6.1.11.	Facial Aging
		6.1.11.1. Theories of Aging
		6.1.11.2. Structural Changes
	6.1.12.	Dangerous Areas
	6.1.13.	Summary
6.2.	Subperi	osteal Middle Third Facelift
	6.2.1.	Introduction
	6.2.2.	Properative Evaluation
	6.2.3.	Surgical Technique
	6.2.4.	Postoperative Care
	6.2.5.	Complications
	6.2.6.	Summary
6.3.	Cervico	facial Rhytidoplasty
	6.3.1.	Introduction
	6.3.2.	Patient Selection
	6.3.3.	Preoperative Marking
	6.3.4.	Surgical Technique
	6.3.5.	Postoperative Care
	6.3.6.	Complications
	6.3.7.	Summary
6.4.	Cervico	plasty
	6.4.1.	Introduction
	6.4.2.	Classification of the Cervicofacial Alterations
	6.4.3.	Treatment
		6.4.3.1. Submental Liposuction
		6.4.3.2. Submentoplasty with Platysmaplasty
		6.4.3.3. Excision of the Submandibular Glands
	6.4.4.	Postoperative Care
	6.4.5.	Complications
	6.4.6.	Summary

6.5.	Facelift	with SMAS Flaps
	6.5.1.	Introduction
	6.5.2.	Patient Evaluation
	6.5.3.	Preoperative Marking
	6.5.4.	SMAS Flaps
		6.5.4.1. SMAS Plication
		6.5.4.2. Smas Sectomy
		6.5.4.3. Extended SMAS
		6.5.4.4. MACS Lift
		6.5.4.5. High SMAS
	6.5.5.	Suspension Sutures
	6.5.6.	Mini Lift
	6.5.7.	Postoperative Care
	6.5.8.	Complications
	6.5.9.	Summary
6.6.	Periora	Rejuvenation
	6.6.1.	Introduction
	6.6.2.	Anatomy and Anthropometry of the Lip
	6.6.3.	Ideal Appearance
	6.6.4.	Gender and Ethnic Variations
	6.6.5.	Aging Process
		6.6.5.1. Chemical Peel
		6.6.5.2. Laser Resurfacing
		6.6.5.3. Botulinum toxin
		6.6.5.4. Facial Fillers
	6.6.6.	Subnasal Lift
	6.6.7.	Preoperative Marking
	6.6.8.	Surgical Technique
	6.6.9.	Complications
	6.6.10.	Summary

6.7.	Estheti	c Management of the Chin
	6.7.1.	Introduction
	6.7.2.	Esthetic Analysis
	6.7.3.	Osteotomies
		6.7.3.1. Sliding
		6.7.3.2. Step
		6.7.3.3. Wedge
		6.7.3.4. Graft
		6.7.3.5. Complications
	6.7.4.	Genioplasty with Prosthesis
		6.7.4.1. Types of Prosthesis and Choice
		6.7.4.2. Intraoral Approach
		6.7.4.3. External Approach
	6.7.5.	Complications
	6.7.6.	Summary
6.8.	Rejuver	nation with Facial Lipoinjection
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6.8.	,	Fat Grafting: Principles and Generalities
6.8.	6.8.1.	Fat Grafting: Principles and Generalities
6.8.	6.8.1.	Fat Grafting: Principles and Generalities Fat Harvesting
6.8.	6.8.1.	Fat Grafting: Principles and Generalities Fat Harvesting 6.8.2.1. Donor Site Selection
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6.8.	6.8.1.	Fat Grafting: Principles and Generalities Fat Harvesting 6.8.2.1. Donor Site Selection 6.8.2.2. Tumescent Solution 6.8.2.3. Cannula Selection
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6.9.	Facial F	Fillers and Botulinum Toxin
	6.9.1.	Introduction
	6.9.2.	Facial Fillers
		6.9.2.1. Features
		6.9.2.2. Treatment Areas
		6.9.2.3. Application Techniques
		6.9.2.4. Complications
	6.9.3.	Botulinum toxin
		6.9.3.1. Features
		6.9.3.2. Treatment Areas
		6.9.3.3. Application Techniques
		6.9.3.4. Complications
	6.9.4.	Summary
6.10.	Other R	ejuvenation Techniques. Peelings, Energy Generating Equipment
	6.10.1.	Introduction
	6.10.2.	Anatomy and Physiology of the Skin
	6.10.3.	Phototypes
	6.10.4.	Classification of Facial Estheticism
	6.10.5.	Peelings
		6.10.5.1. Generalities and Basic Principles
		6.10.5.2. Classification
		6.10.5.3. Application Techniques
		6.10.5.4. Complications
	6.10.6.	Energy-Generating Equipment
		6.10.6.1. Classification
		6.10.6.2. Application and Effect
		6.10.6.3. Complications

6.10.6.4. Summary

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7.4.6. Summary

## Module 7. Aesthetic Surgery of the Gluteal Region 7.1. Topographic Anatomy 7.1.1. Introduction 7.1.2. Musculature of the Gluteal Region 7.1.3. Vascularization of the Gluteal Region 7.1.4. Innervation 7.1.5. Summary Esthetics of the Gluteus 7.2.1. Introduction 7.2.2. Esthetic Units of the Gluteus 7.2.3. Esthetic Ideal 7.2.4. Esthetic Analysis: 7.2.4.1. Ideal Pre-sacral Space Shape 7.2.4.2. Inferno-internal Gluteal Fold 7.2.4.3. Lateral Gluteal Trochanteric Depression/Hip Contour 7.2.4.4. Lateral Gluteal Esthetics 7.2.5. Gluteal Type Classification 7.2.6. Summary Patient Approach 7.3.1. Introduction 7.3.2. Diagnosis 7.3.3. Patient Selection 7.3.4. Esthetic Objectives 7.3.5. Safety Protocol 7.3.6. Summary Gluteal Implants 7.4.1. Introduction 7.4.2. Gluteus Muscle Height/Width Ratio 7.4.3. Types of Gluteal Implants 7.4.4. Selection of the Implant According to its Shape 7.4.5. Selection of the Implant Size

Pockets	in Gluteoplasty with Implants
7.5.1.	Introduction
7.5.2.	Subcutaneous
7.5.3.	Subfascial
7.5.4.	Submuscular
7.5.5.	Intramuscular
7.5.6.	Summary
Gluteop	lasty with Implants
7.6.1.	Introduction
7.6.2.	Submuscular
	7.6.2.1. Marking
	7.6.2.2. Surgical Technique
7.6.3.	Intramuscular
	7.6.3.1. Marking
	7.6.3.2. Surgical Technique
7.6.4.	Intramuscular XYZ
	7.6.4.1. Marking
	7.6.4.2. Surgical Technique
7.6.5.	Summary
Gluteop	lasty with Autologous Fat Transfer
7.7.1.	Introduction
7.7.2.	Fat Metabolism
7.7.3.	Fat Grafting
	7.7.3.1. Physiology of Integration
	7.7.3.2. Fat Graft Procurement
	7.7.3.3. Fat Graft Processing
	7.7.3.4. Fat Graft Transfer Method
	7.7.3.4.1. Injectors
	7.7.3.4.2. EVL (Expansion Vibration Lipofilling)
7.7.4.	Fat Transfer Surgical Technique
7.7.5.	Summary

7.5.

7.6.

7.7.

Buttock Augmentation with Implants and Fat 7.8.1. Introduction 7.8.2. Composite Gluteal Augmentation 7.8.2.1. Marking 7.8.2.2. Surgical Technique 7.8.3. Combined Three-dimensional Gluteoplasty 7.8.3.1. Marking 7.8.3.2. Surgical Technique 7.8.4. Summary latrogenic Allogenosis in the Gluteus 7.9.1. Introduction 7.9.2. History 7.9.3. Symptoms and Signs 7.9.4. Treatment and Evolution 7.9.5. Summary 7.10. Complications and Recovery of the Patient of Gluteal Esthetic Surgery 7.10.1. Introduction 7.10.2. Comparison between Gluteoplasty with Implants and Gluteoplasty with Autologous Fat Transfer 7.10.3. Post-operative follow-up 7.10.3.1. Return to Activities 7.10.3.2. Post-operative Garments and Supplies 7.10.3.3. Drainages 7.10.3.4. Management of Post-operative Pain 7.10.4. Complications 7.10.4.1. Infections 7.10.4.2. Seromas 7.10.4.3. Fat Embolism 7.10.4.4. Dehiscence of the Surgical Wound 7.10.4.5. Neuropraxia 7.10.4.6. Implant Exposure

7.10.4.7. Capsular Contracture
7.10.4.8. Implant Rotation
7.10.4.9. Implant Malposition
7.10.4.10. Skin Changes
7.10.5. Summary

## Module 8. Intimate Surgery

8.2.2.

8.2.4.

8.2.5. Summary

Labiaplasty

8.2.2.1. Labia Minora

8.2.2.2. Labia Majora

8.2.3. Reduction of the Clitoral Hood

8.2.2.2.1. Majoroplasty

Reduction of the Mount of Venus

8.2.2.1.1. Wedge Reduction

8.2.2.1.2. Curved linear reduction

8.2.2.1.4. Reduction by Z-plasty

8.2.2.1.3. De-epithelialization reduction

8.1.	Anaton	ay of the Female Capital Area	
0.1.	Anatomy of the Female Genital Area		
	8.1.1.	Introduction	
	8.1.2.	Classification of the Female Anatomy	
	8.1.3.	Anatomical Variants	
	8.1.4.	Process of Transformation of the Genitalia in the Chronological Evolution of Women	
	8.1.5.	Ethical Considerations of the Cosmetic Plastic Surgery of the Female Genitalia	
	8.1.6.	Patient Protection and Preoperative Evaluation	
	8.1.7.	Summary	
8.2.	Surgica	al Procedures I. Vulva and Mount of Venus	
	8.2.1.	Introduction	

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8.3.	Surgica	al procedures II. Perineoplasty, Colpoperineoplasty		8.6.5.	Ethical Considerations of Cosmetic Plastic Surgery of
	8.3.1.	Introduction			the Male Genitalia
	8.3.2.	Vaginal Rejuvenation		8.6.6.	Patient Protection and Preoperative Evaluation
	8.3.3.	Prolapse and Sexual Function		8.6.7.	Summary
	8.3.4.	Vaginal Relaxation and Effect on Sexual Function	8.7.	Surgica	al Treatments
	8.3.5.	Assessment and Diagnosis		8.7.1.	Introduction
	8.3.6.	Perineoplasty		8.7.2.	Circumcision and Phimosis
	8.3.7.	Colpoperineoplasty		8.7.3.	Lengthening of Preputial Frenulum
	8.3.8.	Hymenoplasty		8.7.4.	Circumcision Reversal
	8.3.9.	Summary		8.7.5.	Lengthening Phalloplasty
8.4.	Compli	ications of Female Cosmetic Surgery			8.7.5.1. Suspensory Ligament Release
	8.4.1.	Introduction			8.7.5.2. V-Y Advancement Flap
	8.4.2.	Mount of Venus Reduction, Liposuction, Lift		8.7.6.	Thickening Phalloplasty
	8.4.3.	Labia Majora Reduction			8.7.6.1. Penile Thickening with Fat
	8.4.4.	Clitoral Hood Surgery			8.7.6.2. Thickening of the Penis with Dermal Matrix
	8.4.5.	Labia Minora Reduction			8.7.6.3. Penile Thickening with Acellular Dermal Matrix
	8.4.6.	Perineoplasty		8.7.7.	Complications
	8.4.7.	Hymenoplasty		8.7.8.	Post-Operative Care
	8.4.8.	Labia Majora Augmentation		8.7.9.	Summary
	8.4.9.	Summary	8.8.	Hidden	Penis
8.5.		ry Procedures		8.8.1.	Introduction
	8.5.1.	Vulvar clearing techniques		8.8.2.	Properative Evaluation
	8.5.2.	Laser Vaginal Rejuvenation		8.8.3.	Classification
	8.5.3.	Vaginal Rejuvenation with Radiofrequency		8.8.4.	Surgical Technique
	8.5.4.	Autologous Fat Grafting			8.8.4.1. Trapped Penis
	8.5.5.	Platelet-rich Plasma			8.8.4.2. Sailing Penis
	8.5.6.	Non-autologous Filler Materials			8.8.4.3. Buried Penis
	8.5.7.			8.8.5.	Other Associated Causes
8.6.		ntimate Surgery			8.8.5.1. Excess Skin or Fat
	8.6.1.	Introduction			8.8.5.2. Suprapubic liposuction - skin and panniculus excision
	8.6.2.	Male Anatomy		8.8.6.	Postoperative Care
	8.6.3.	Anatomical Variants		8.8.7.	Complications
	8.6.4.	Process of Transformation of the Genitalia in the Chronological Evolution of Man		8.8.8.	Summary

## Correction of Penile Curvatures and Deformities. Peyronie's Disease 8 9 1 Introduction 8.9.2. Etiology 8.9.3. Risk Factors 8.9.4. Classification 8.9.5. Acute Phase Management 8.9.5.1. Patient Evaluation 8.9.5.2. Conservative Therapy 8.9.5.3. Oral Therapy 8.9.5.4. Intralesional Injection Therapy 8.9.5.5. Topical Therapy 8.9.5.6. Other Therapies 8.9.6. Surgical treatment 8.9.6.1. Plicature of the Unaffected Side 8.9.6.2. Incision or Excision and Graft 8.9.6.3. Penile Implants 8.9.7. Complications 8.9.8. Summary 8.10. Congenital or Acquired Testicular Absence due to Testicular Loss 8.10.1. Introduction 8.10.2. Testicular Absence 8.10.2.1. Etiology of Testicular Agenesis 8.10.2.2. Reconstruction with Prosthesis and Fat 8.10.2.3. Complications 8.10.3. Scrotum. Scrotoplasty 8.10.3.1. Etiology 8.10.3.2. Surgical Techniques 8.10.3.2.1. Spindle Resection 8.10.3.2.2. Z-plasty 8.10.3.2.3. Correction of the Penioscrotal Fold 8.10.3.3. Complications 8.10.3.4. Summary

## Module 9. Other Surgical and Non-Surgical Esthetic Procedures

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- 9.1.1. Etiology of Alopecia
- 9.1.2. Classification of Alopecia
  - 9.1.2.1. Male Alopecia
  - 9.1.2.2. Female Alopecia
  - 9.1.2.3. Other Causes of Alopecia
- 9.1.3. Treatment
  - 9.1.3.1. Doctor
  - 9.1.3.2. Surgical
- 9.1.4. Summary
- 9.2. Hair Transplantation
  - 9.2.1. Surgical Marking
  - 9.2.2. Anesthesia and Surgical Position
  - 9.2.3. Surgical Technique
    - 9.2.3.1. Follicular Extraction
    - 9.2.3.2. Follicular Implantation
  - 9.2.4. Postoperative Care and Follow-up
  - 9.2.5. Complications
  - 9.2.6. Summary
- 9.3. Congenital and Acquired Disorders of the Ear
  - 9.3.1. Embryology of the Ear
  - 9.3.2. Anatomy of the Ear
    - 9.3.2.1. Cartilage
    - 9.3.2.2. Vascularization
    - 9.3.2.3. Innervation
  - 9.3.3. Congenital Pathologies of the Ear
    - 9.3.3.1. Microtia
    - 9.3.3.2. Macrotia
  - 9.3.4. Acquired Pathologies of the Ear
    - 9.3.4.1. Traumatic
    - 9.3.4.2. Expanders
  - 9.3.5. Surgical Planning

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9.4.

9.5.

9.6.

9.3.6.	Surgical Techniques for Microtia
	9.3.6.1. Use of Autologous and Heterologous Materials
9.3.7.	Surgical Techniques for Macrotia
9.3.8.	How to Deal with Auricular Trauma?
9.3.9.	Surgical Treatment after the Use of Expanders
9.3.10.	Postoperative Care and Follow-up
9.3.11.	Complications
9.3.12.	Summary
Estheti	c Surgery in Upper Limbs
9.4.1.	Anatomy of the Upper Limb
9.4.2.	Patient Selection
9.4.3.	Surgical Planning
9.4.4.	Surgical Technique
	9.4.4.1. Ultra-Definition of Upper Extremity
	9.4.4.2. Arm and Shoulder Prostheses
9.4.5.	Follow-up and Postoperative Care
9.4.6.	Complications
9.4.7.	Summary
Brachia	al Ptosis
9.5.1.	Concept
9.5.2.	Classification
9.5.3.	Surgical Planning
9.5.4.	Surgical Techniques of Choice
9.5.5.	Follow-up and Postoperative Care
9.5.6.	Complications
9.5.7.	Summary
Anti-ag	ing in Hands and Feet
9.6.1.	Anatomy of Hands and Feet
9.6.2.	Aging Process
9.6.3.	Non-Surgical Treatment
	9.6.3.1. Chemical Peel
	9.6.3.2. Laser
	9.6.3.3. Use of Autologous and Heterologous Injectables





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	9.6.4.	Surgical treatment			
		9.6.4.1. Liposuction			
		9.6.4.2. Lipofilling			
		9.6.4.3. Nanofat			
	9.6.5.	Follow-up and Postoperative Care			
	9.6.6.	Complications			
	9.6.7.	Summary			
9.7.	Estheti	c Surgery in Lower Limbs			
	9.7.1.	Thigh and Leg Anatomy			
	9.7.2.	Patient Selection			
	9.7.3.	Surgical Planning			
	9.7.4.	Surgical Technique			
		9.7.4.1. Thigh and Leg Anatomy			
		9.7.4.2. Implant Augmentation			
	9.7.5.	Follow-up and Postoperative Care			
	9.7.6.	Complications			
	9.7.7.	Summary			
9.8.	Thigh Ptosis				
	9.8.1.	Concept			
	9.8.2.	Classification			
	9.8.3.	Surgical Planning			
	9.8.4.	Surgical Techniques of Choice			
	9.8.5.	Follow-up and Postoperative Care			
	9.8.6.	Complications			
	9.8.7.	Summary			
9.9.	Special	Considerations in Esthetic Surgery I			
	9.9.1.	PostBariatric Patient			
		9.9.1.1. Minimum Requirements to be Candidates for Surgery			
		9.9.1.2. Relevant Examinations and Evaluations			
	9.9.2.	Post-operative Patients			
		9.9.2.1. Minimum Requirements to be Candidates for Surgery			
		9.9.2.2. Relevant Examinations and Evaluations			

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10.2.4.2. Advertising

9.10.	Special	Considerations in Esthetic Surgery II		10.2.5.	Virtual Simulators
	9.10.1.	Patients with Immunological Diseases		10.2.6.	Uses and Limitations
		9.10.1.1. Minimum Requirements to be Candidates for Surgery		10.2.7.	Handling of Simulation Programs
		9.10.1.2. Relevant Examinations and Evaluations		10.2.8.	Advantages and Disadvantages
	9.10.2.	Patients with Psychological and Psychiatric Disorders		10.2.9.	Recommendations
		9.10.2.1. Dysmorphism		10.2.10	. Summary
		9.10.2.2. Depression	10.3.	Medica	l Photographs
		9.10.2.3. Other Psychiatric Disorders		10.3.1.	Importance of Photographic Documentation
		9.10.2.4. Relevant Evaluations in Patients with Mental Disturbances		10.3.2.	Important Elements in Medical Photography
	9.10.3.	Recommendations			10.3.2.1. Lighting
	9.10.4.	Summary			10.3.2.2. Photographic Composition
Mad	ul - 10	Dustanala fautha Anathatia Ovurani Dationt			10.3.2.3. Scene
IVIOG	ule 10.	Protocols for the Aesthetic Surgery Patient			10.3.2.4. Photographic Devices
10.1.	Charact	teristics of the Esthetic Patient		10.3.3.	Facial Photographs
	10.1.1.	Social Influence			10.3.3.1. Projections
	10.1.2.	Esthetic Surgery Patients		10.3.4.	Body Photographs
	10.1.3.	Psychological Assessment			10.3.4.1. Projections
		10.1.3.1. Reasons for Esthetic Surgery		10.4.5.	Informed Consent
		10.1.3.2. Expectations vs Reality		10.4.6.	Image Organization
		10.1.3.3. Warning Signs		10.4.7.	Recommendations
		10.1.3.4. Role of the psychologist in the preoperative and postoperative evaluation		10.4.8.	Summary
	10.1.4.	Dissatisfied Patient	10.4.	Aesthet	ic Surgery and Medical – Legal Implications BORRAR
		10.1.4.1. Causes		10.4.1.	Medical Act
		10.1.4.2. Medical-legal implications BORRAR		10.4.2.	Documentation
		10.1.4.3. How to Manage the Dissatisfied Patient?		10.4.3.	Ethics and Medical Practice
	10.1.5.	Recommendations		10.4.4.	Informed Consent of the Anesthetic Act
10.2.	Virtual E	Era in Esthetic Surgery		10.4.5.	Informed Consent for Surgical Procedures
	10.2.1.	Virtual Consultations		10.4.6.	Informed Consent for Graphic Documentation
	10.2.2.	What can we Offer the Patient in the Virtual Era?		10.4.7.	Recommendations
	10.2.3.	Virtual Platforms		10.4.8.	Summary
	10.2.4.	Social media			
		10.2.4.1. Publishable Content			

10.5. Prophylaxis in Esthetic Surgery

7.10.6. Introduction

7.10.7. Prophylaxis of Deep Vein Thrombosis (DVT)

1.7.2.1. Caprini Scale

7.10.8. Antibiotic Prophylaxis

7.10.9. Summary

10.6. Anesthesia Protocol

10.6.1. Introduction

10.6.2. Risk Factors and ASA Classification

10.6.3. Phases of General Anesthesia

10.6.4. Post-Anesthesia Recovery Unit (PARA)

10.6.5. Summary

10.7. ERAS Protocol in Ambulatory Surgery (Enhanced Recovery After Surgery)

10.7.1. Introduction

10.7.2. Minor Surgery

10.7.3. Major Outpatient Surgery

10.7.4. ERAS Protocols in Esthetic Surgery

10.7.5. Summary

10.8. Postoperative Medication and Analgesia

10.8.1. Analgesia post operatoria

10.8.1.1. Oral Analgesics

10.8.1.2. Outpatient Intravenous Analgesia

10.8.2. Antibioticoterapia post operatoria

10.8.3. Summary

10.9. Post-operative wound care

10.9.1. Introduction

10.9.2. Types of Dressings

10.9.3. Dressing Plasters

10.9.4. Negative Pressure Devices

10.9.5. Summary

10.10. Post-operative recovery garments and patient monitoring

10.10.1. Pressure Therapy Garments

10.10.1.1. Chin Support

10.10.1.2. Bra

10.10.1.3. Vests

10.10.1.4. Girdles

10.10.1.5. Corsets

10.10.1.6. Stockings

10.10.2. Postoperative Care after an Esthetic Surgery Procedure

10.10.2.1. Care of the Drains

10.10.2.2. Rest

10.10.2.3. Recovery of Normal Life

10.10.3. Summary



The program includes a specific module dedicated to congenital and acquired alterations of the ear, so that you can get up to date on the best plastic treatments for its reconstruction'





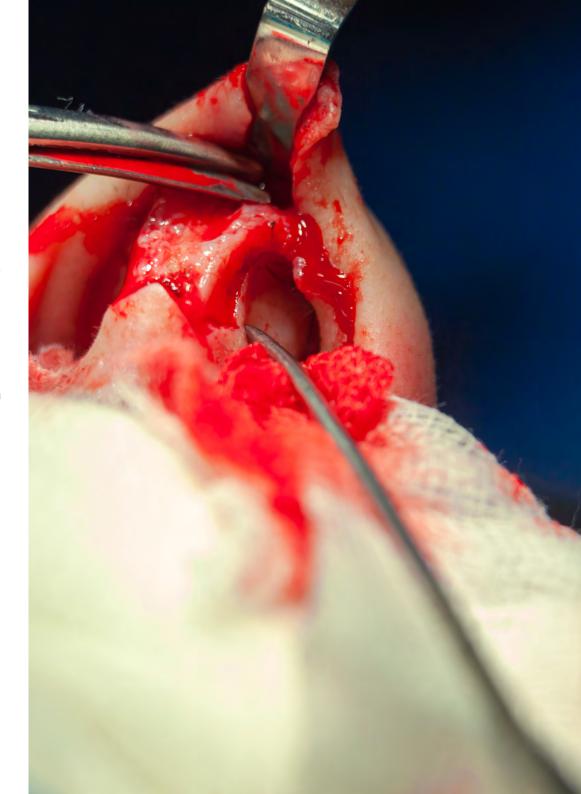
## tech 52 | Clinical Internship

The internship period of this program in Aesthetic Plastic Surgery consists of an intensive stay in a reference center, lasting 3 weeks from Monday to Friday, with consecutive 8-hour days of practical learning alongside an associate specialist. This stay will allow students to see real patients alongside a team of reference professionals in this area, applying the latest technologies and techniques in this field.

In this training proposal, of a completely practical nature, the activities are aimed at developing and perfecting the skills necessary for the care of patients requesting physical improvement, either due to an abnormal body structure, or due to an accident or illness that has caused them physical damage, and conditions that require a high level of qualification. In this way, this proposal is oriented to the specific training for the exercise of the activity, in a safe environment for the patient and with a high professional performance.

It is, without a doubt, a unique opportunity to learn by working in an innovative center, which is committed to the quality of its resources and the latest technologies. Thus, the objectives of the patient and the professionals are met in a safe way and following the highest quality standards currently required.

This internship period will be carried out with the active participation of the student, performing the activities and procedures of each area of competence (learning to learn and learning to do), with the accompaniment and guidance of teachers and other fellow trainees that facilitate teamwork and multidisciplinary integration as transversal competencies for the practice of aesthetic medicine and surgery.



The procedures described below will be the basis of the practical part of the training, and their implementation will be subject to the center's own availability and workload, the proposed activities being the following:

Module	Practical Activity
	Evaluate, by performing the 3D virtual simulation, the adequate selection of the breast implant
	Perform augmentation mammoplasty, applying the areolar, submammary or axillary incision
	Perform mastopexy without implants, using the Benelli periareolar technique or the Gore-Tex® intercalated suture technique
Procedures of	Intervene in the breast reduction process using the techniques of superior, inferior, supero-medial, medial, vertical bipedicle
Aesthetic Surgery	Perform breast amputation plus nipple-areola complex grafting
of the breast, upper facial and nasal region	Surgical approach to gynecomastia by liposuction, glandectomy or <i>Pull Through</i>
	Apply the upper and lower blepharoplasty procedure
	Perform the primary structural rhinoplasty, after performing the of the profilometric study
	Apply cartilage grafts, performing the selection and carving of the graft
	Perform aesthetic techniques such as bichectomy and otoplasty
	Perform patient selection for lipoplasty, assessing their features and physical parameters
	Use SAL, UAL, PAL, LAL, RAL and WAL technologies in liposuction procedures
Body contouring	Apply wet, superwet, and tumescent infiltration solutions in liposuction
lipoplasty techniques and plastic surgery of	Perform deep and superficial fat removal in high definition liposuction, also treating negative spaces
the abdominal wall	Apply wet, superwet and tumescent infiltration solutions in liposuction
	Obtain and process the fat graft for autologous fat transfer, performing the transfer by Expansion Vibration Lipofilling (EVL)
	Perform lipoabdominoplasty, mini-abdominoplasty and extended mini-abdominoplasty, performing the flap lifts, extension of the dissection and applying the adequate treatment of the muscular wall

Module	Practical Activity				
	Perform gluteoplasty with autologous fat transfer, using the EVLT method				
Aesthetic Surgery of	Create the pockets in gluteoplasty with implants				
the Gluteal Region	Addressing iatrogenic buttock allogenesis				
	Perform Combined Three-dimensional Gluteoplasty				
	Perform labia minora labiaplasty by wedge reduction, curved linear reduction, de-epithelialization and Z-plasty				
	Perform labia majora labiaplasty by applying reduction of the clitoral hood as well as the mons pubis				
Intimal surgery, hair transplantation	Surgical treatment of phimosis, as well as procedures such as circumcision, lengthening of the preputial frenulum, circumcision reversal and phalloplasty for lengthening and thickening				
and other surgical and non-surgical	Surgical management of occult penile conditions such as trapped penis, the penis in candle and the buried penis				
procedures	Correct penile curvatures and deformities, addressing Peyronie's disease, through conservative, oral, intralesional injection or topical therapies				
	Surgical intervention for microtia and macrotia, using autologous and heterologous autologous and heterologous materials				
	Perform hair transplantation, applying the appropriate follicular extraction and implantation				



Thanks to this intensive stay, you will be able to learn about the latest technology and techniques for plastic surgery"

## tech 54 | Clinical Internship

## **Civil Liability Insurance**

This institution's main concern is to guarantee the safety of the trainees and other collaborating agents involved in the internship process at the company. Among the measures dedicated to achieve this is the response to any incident that may occur during the entire teaching-learning process.

To this end, this entity commits to purchasing a civil liability insurance policy to cover any eventuality that may arise during the course of the internship at the center.

This liability policy for interns will have broad coverage and will be taken out prior to the start of the practical training period. That way professionals will not have to worry in case of having to face an unexpected situation and will be covered until the end of the internship program at the center.



## **General Conditions for Practical Training**

The general terms and conditions of the internship agreement for the program are as follows:

- 1. TUTOR: During the Hybrid Professional Master's Degree, students will be assigned with two tutors who will accompany them throughout the process, answering any doubts and questions that may arise. On the one hand, there will be a professional tutor belonging to the internship center who will have the purpose of guiding and supporting the student at all times. On the other hand, they will also be assigned with an academic tutor whose mission will be to coordinate and help the students during the whole process, solving doubts and facilitating everything they may need. In this way, the student will be accompanied and will be able to discuss any doubts that may arise, both clinical and academic.
- **2. DURATION:** The internship program will have a duration of three continuous weeks, in 8-hour days, 5 days a week. The days of attendance and the schedule will be the responsibility of the center and the professional will be informed well in advance so that they can make the appropriate arrangements.
- **3. ABSENCE**: If the students does not show up on the start date of the Hybrid Professional Master's Degree, they will lose the right to it, without the possibility of reimbursement or change of dates. Absence for more than two days from the internship, without justification or a medical reason, will result in the professional's withdrawal from the internship, therefore, automatic termination of the internship. Any problems that may arise during the course of the internship must be urgently reported to the academic tutor.

- **4. CERTIFICATION**: Professionals who pass the Hybrid Professional Master's Degree will receive a certificate accrediting their stay at the center.
- **5. EMPLOYMENT RELATIONSHIP:** The Hybrid Professional Master's Degree shall not constitute an employment relationship of any kind.
- **6. PRIOR EDUCATION:** Some centers may require a certificate of prior education for the Hybrid Professional Master's Degree. In these cases, it will be necessary to submit it to the TECH internship department so that the assignment of the chosen center can be confirmed.
- 7. DOES NOT INCLUDE: The Hybrid Professional Master's Degree will not include any element not described in the present conditions. Therefore, it does not include accommodation, transportation to the city where the internship takes place, visas or any other items not listed.

However, students may consult with their academic tutor for any questions or recommendations in this regard. The academic tutor will provide the student with all the necessary information to facilitate the procedures in any case.





## tech 58 | Where Can I Do the Clinical Internship?

Students will be able to take the practical part of this Hybrid Professional Master's Degree in the following centers:



## Clínica Granado Tiagonce

Country City
Spain Madrid

Address: Carretera de Humera 63, Chalet 4 en Pozuelo de Alarcón 28223 (Madrid)

> Center for Plastic and Aesthetic Medicine and Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery
- Reconstructive Plastic Surgery



#### Clínicas Revitae

Country City
Spain Cáceres

Address: C. San Juan de Dios, 3, 10001 Cáceres

Center specialized in Advanced Aesthetic

#### Related internship programs:

- Aesthetic Medicine - Aesthetic Plastic Surgery



### CBC Surgery Institute Torremolinos (Hospital Santa Elena)

Country City
Spain Malaga

Address: Urbanización Los Alamos, C. Sardinero, s/n, 29620 Torremolinos, Málaga

Clinical Center of Aesthetic Medicine with multiple surgical and non-invasive services.

#### Related internship programs:

- Aesthetic Plastic Surgery



#### Clínica Riba

Country City
Spain Barcelona

Address: Calle Paris, 83 (08029) Barcelona (Hospital Sagrado Corazón, consultas externas, planta 6, consulta 6.9)

Center specialized in Aesthetic Medicine and promotion of health and beauty.

#### Related internship programs:

-Aesthetic Plastic Surgery



### **Estetic Grup**

Country City
Spain Barcelona

Address: Rambla de Catalunya, 61, 1ª, 1a, 08007 Barcelona

Aesthetic Medicine and Surgery Clinic in Barcelona

#### Related internship programs:

-Aesthetic Plastic Surgery



### **CBC Surgery Institute Torremolinos**

Country City
Spain Malaga

Address: Avda Palma Mallorca, 37, 29620 Torremolinos

Clinical assistance center specialized in the surgical field

#### Related internship programs:

Aesthetic Medicine
 Aesthetic Nursing



#### Clínica Nuba

Country City
Spain Barcelona

Address: C/ de Provença, 291, 08037 Barcelona

Aesthetic Medicine and Surgery Clinic in Barcelona

#### Related internship programs:

-Aesthetic Nursing -Aesthetic Plastic Surgery



## **Dorsia Arroyomolinos**

Country City
Spain Madrid

Address: Av. de la Unión Europea, 49, Local 2, 28939 Arroyomolinos, Madrid

Medical centers specializing in surgery and medical-aesthetic treatments

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine

## Where Can I Do the Clinical Internship? | 59 tech





### Clínica Integria

City Country Spain Granada

Address: Calle Torre de Comares. 2. 18007 Granada

INTEGRIA, clinic with more than 20 years of experience of experience in Aesthetic Medicine, General Medicine, Capillary Surgery and Aesthetic Surgery.

#### Related internship programs:

Clinical Analysis -Aesthetic Plastic Surgery



### Mediben

City Country Baleares Spain

Address: c/ Federico García Lorca 2, 1ºB. 07014 Palma

Mediben offers treatments in Aesthetic Medicine, Aesthetic Surgery, Nutrition, Regenerative and Capillary Medicine.

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine



#### Dr. Sebastián Ríos

Country City Spain Las Palmas

Address: C. Senador Castillo Olivares. 15. 35003 - Las Palmas de Gran Canaria

Clinic specializing in Facial Plastic Surgery and Aesthetic Medicine

#### Related internship programs:

-Aesthetic Plastic Surgery - Reconstructive Plastic Surgery



### Clínica Londres Rosselló

City Country Spain Barcelona

Address: C/ del Rosselló, 231, 08008 Barcelona

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Nursing -Antiaging



## Clínica Londres Lagasca

City Country Spain Madrid

Address: Calle de Lagasca, 95, 28006 Madrid

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery -Gynecoesthetics



## Clínica Londres d'Entença

Country City Spain Barcelona

Address: C/ d'Entença, 321, 08029 Barcelona

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine



## Clínica Londres Murcia

Country City Spain Murcia

Address: Av. Juan Carlos I, 21, 30008 Murcia

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

## Related internship programs:

-Aesthetic Plastic Surgery -Aesthetic Nursing



### Clínica Londres Plaza Francesc Macià

City Country Spain Barcelona

Address: Plaza de Francesc Macià, 3. 1r porta 1. 08021 Barcelona

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine

## tech 60 | Where Can I Do the Clinical Internship?



### Clínica Londres A Coruña

Country City
Spain A Coruña

Address: Avenida Finisterre, 30, 15004 A Coruña

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery
- Reconstructive Plastic Surgery



### Clínica Londres Bilbao-Guggenheim

Country

Spain Vizcaya

Address: Mazarredo Zumarkalea, 67, 48009 Bilbao, Vizcaya

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine



### Clínica Londres Palma de Mallorca

Country

Spain Baleares

City

Address: C/ Barón de Pinopar 9, 07012 Palma, Baleares

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery
- Aesthetic Medicine



## Clínica Londres Tarragona

Country City
Spain Tarragona

Address: Calle Enric d'Ossó, 2, 43005 Tarragona

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery
- Aesthetic Medicine



### Clínica Londres Valencia

Country City
Spain Valence

Address: Gran Vía de Ramón y Cajal, 41, 46007 Valencia

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery
 - Aesthetic Medicine



## Clínica Londres Zaragoza

Country City
Spain Zaragoza

Address: P.º de Sagasta, 4, 2º Izquierda, 50006 Zaragoza

Specialists in Aesthetic Medicine and Plastic-Reparative Surgery

#### Related internship programs:

-Aesthetic Plastic Surgery - Aesthetic Medicine



### **Dorsia Chueca**

Country City
Spain Madrid

Address: C. de Serrano Anguita, 12, 28004, Madrid

The Dorsia Chueca clinic has the best team of specialists in the industry.

#### Related internship programs:

-Aesthetic Plastic Surgery
-Aesthetic Medicine



#### **Dorsia Alicante San Vicente**

Country City
Spain Alicante

Address: C. San Vicente, 8, 03004 Alicante

The Dorsia clinic in Alicante offers you the best surgery, aesthetic medicine and beauty treatments.

#### Related internship programs:

-Aesthetic Plastic Surgery -Reconstructive Plastic Surgery



## Where Can I Do the Clinical Internship? | 61 tech



## Vila Moreschi Clinic

Country

City

Argentina

Autonomous City of Buenos Aires

Address: Aime Paine 1665 piso 4 Departamento 5, Puerto Madero, Ciudad de Buenos Aires

> Clinic specializing in Plastic Surgery and Aesthetic Medicine

#### Related internship programs:

- Aesthetic Medicine -Aesthetic Plastic Surgery



You will combine theory and professional practice through a demanding and rewarding educational approach"





## tech 64 | Methodology

## At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.



Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

## The effectiveness of the method is justified by four fundamental achievements:

- Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
- 2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- 4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.





## Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



## Methodology | 67 tech

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.

## tech 68 | Methodology

This program offers the best educational material, prepared with professionals in mind:



## **Study Material**

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



## **Surgical Techniques and Procedures on Video**

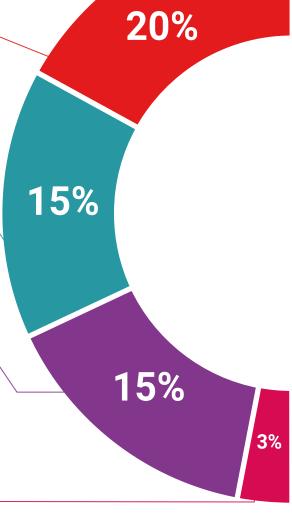
TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



### **Interactive Summaries**

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".





## **Additional Reading**

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.

## **Expert-Led Case Studies and Case Analysis**

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



## **Testing & Retesting**

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



## Classes

There is scientific evidence on the usefulness of learning by observing experts.

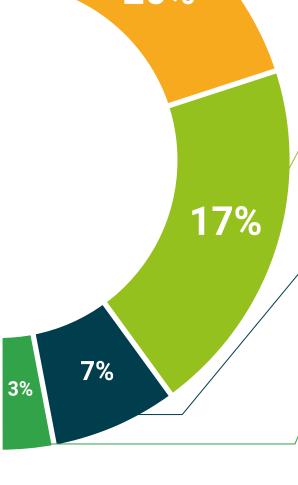
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



## **Quick Action Guides**

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.









## tech 72 | Certificate

This **Hybrid Professional Master's Degree in Aesthetic Plastic Surgery** contains the most complete and up-to-date program on the professional and educational field.

After the student has passed the assessments, they will receive their corresponding Hybrid Professional Master's Degree diploma issued by TECH Technological University via tracked delivery\*.

In addition to the diploma, students will be able to obtain an academic transcript, as well as a certificate outlining the contents of the program. In order to do so, students should contact their academic advisor, who will provide them with all the necessary information.

Title: Hybrid Professional Master's Degree in Aesthetics Plastic Surgery

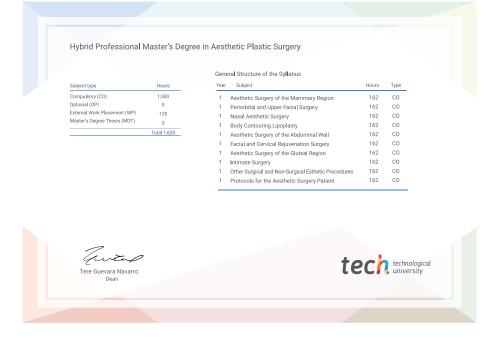
Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Technological University

Teaching Hours: 1,620 h.





<sup>\*</sup>Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

health confidence people information tutors guarantee accreditation teaching technology learning community commitment



# Hybrid Professional Master's Degree

Aesthetic Plastic Surgery

Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Technological University

Teaching Hours: 1,620 h.

