



Postgraduate Diploma

Body Aesthetic Plastic Surgery

» Modality: online

» Duration: 6 months

» Certificate: TECH Technological University

» Dedication: 16h/week

» Schedule: at your own pace

» Exams: online

Website: www.techtitute.com/medicine/postgraduate-diploma/postgraduate-diploma-body-aesthetic-plastic-surgery

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Aesthetic body plastic surgery is one of the most demanded worldwide, whether for the removal of body fat, breast augmentation or the latest gluteal enhancement, for example. Techniques in this field have improved greatly in recent years, which forces professionals in this field to constantly update their knowledge. With this Postgraduate Diploma, in TECH we have proposed to increase the training of cosmetic surgeons, so that they acquire specific and updated knowledge on the latest techniques in cosmetic body surgery, which can be applied in their daily consultations and interventions.

Aesthetic surgery of the breast region has long occupied the first place of all procedures performed by plastic surgeons worldwide, with breast augmentation surgery standing out among all of them. The importance of specialized knowledge on behalf of the plastic surgeon is evident, since it will be one of the most frequent reasons for consultation in the daily clinic.

Meanwhile, body contouring lipoplasty is the second most performed surgery worldwide after mammoplasty and statistics place it as the procedure that has risen the fastest. Healthy lifestyles that are currently being presented worldwide, a more adequate diet, accompanied by physical exercise, produce an aesthetic effect on the body in all age ranges. However, the changes that occur in the abdomen due to fat accumulation, sedentary habits, and in the case of women due to pregnancy, deteriorate the general perception of one's own body condition. As a result, surgical interventions have increased significantly to achieve this aesthetic objective. These are joined by the growth of abdominoplasty techniques to achieve a flat stomach.

In this field, students will also have the opportunity to study one of the most important and growing procedures in recent years: aesthetic surgery of the gluteal region.

This **Postgraduate Diploma in Body Aesthetic Plastic Surgery** contains the most complete and up-to-date educational program on the market. The most important features of the program include:

- Case studies presented by experts in body aesthetic plastic surgery.
- The graphic, schematic, and eminently practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional practice.
- What's new in body contouring surgery.
- Practical exercises where the self-assessment process can be carried out to improve learning.
- Special emphasis on innovative methodologies in body aesthetic plastic surgery.
- 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.



Expand your knowledge through this
Postgraduate Diploma, thanks to which you
will be able to achieve excellence in the field
of body reshaping surgery"

Introduction | 07 tech



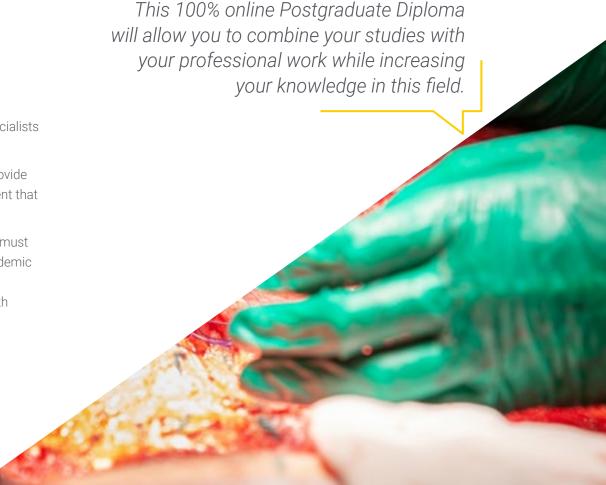
This Postgraduate Diploma is the best investment you can make in the selection of a refresher program for two reasons: in addition to updating your knowledge in aesthetic body plastic surgery, you will obtain a degree from the leading online university in Spanish: TECH"

Its teaching staff includes professionals belonging to the field of aesthetic plastic surgery, who share their work experience in this training, as well as renowned specialists from prestigious societies and universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive training programmed to train in real situations.

This program is designed around Problem Based Learning, whereby the Surgeon must try to solve the different professional practice situations that arise during the academic year. For this, the pofessional will have the help of an innovative interactive video system made by recognized experts in Aesthetic Plastic Surgery physical, and with great experience.

This training comes with the best didactic material, providing you with a contextual approach that will facilitate your learning.







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General Objectives

- Present the Anatomy of the Breast Region from a Surgical Perspective.
- Define Breast Aesthetics and the current Aesthetic Ideal.
- Describe the characteristics of the most frequently used Breast Implants.
- Present the Innovations in Breast Implants currently available to the Plastic Surgeon..
- Establish the basis for Mammoplasty Surgery, Augmentation, Breast Lift, or Mastopexy and Breast Reduction Surgery.
- Describe the Techniques for the Treatment of Tuberous Breasts and the Male Breast Region.
- Conceptualize the Anatomy and Aesthetics of the Human Body as a Basis for Body Contouring Lipoplasty.
- Examine all the Important Aspects related to the Patient: Patient choice, Operating Room Safety, Technologies to be Used, and Anatomical Areas to be Treated.
- * Develop the Most Important Practical Concepts in Fat Transfer.
- Determine the Complications of Procedures Related to Lipoplasty Techniques.
- Establish the Most Appropriate Management and Resources during the Postoperative Period
- Conceptualize the anatomy of the abdominal wall and the aesthetics of the abdomen.
- Determine the Various Surgical Techniques that Treat the Abdominal Wall.
- Present the Complications of Procedures Related to Lipoplasty Techniques.
- Establish the management and resources used during the postoperative period
- Present the Anatomy and Aesthetic Analysis of the Gluteal Region.
- Examine the Different Types of Implants Available for the Treatment of this Region.
- Develop the Different Techniques in Gluteoplasty with Implants, the Technique of

Autologous Fat Transfer to the Buttocks and the Gluteal Augmentation Technique Combining Implants and Autologous Fat.

• Determine the Complications of Gluteal Surgery According to Each Technique





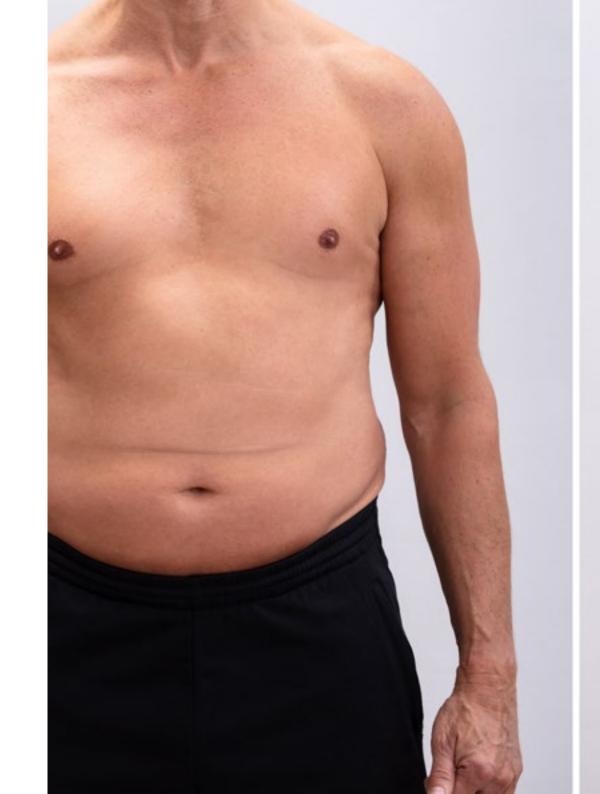
Specific Objectives

- 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 the 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.



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- 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.
- 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
- Analyze the Topographic Anatomy of the Gluteal Region Detailing its Musculature, Vascularization, and Innervation.





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- 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



A unique training that will allow you to acquire superior training to develop in this highly competitive field"





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Management

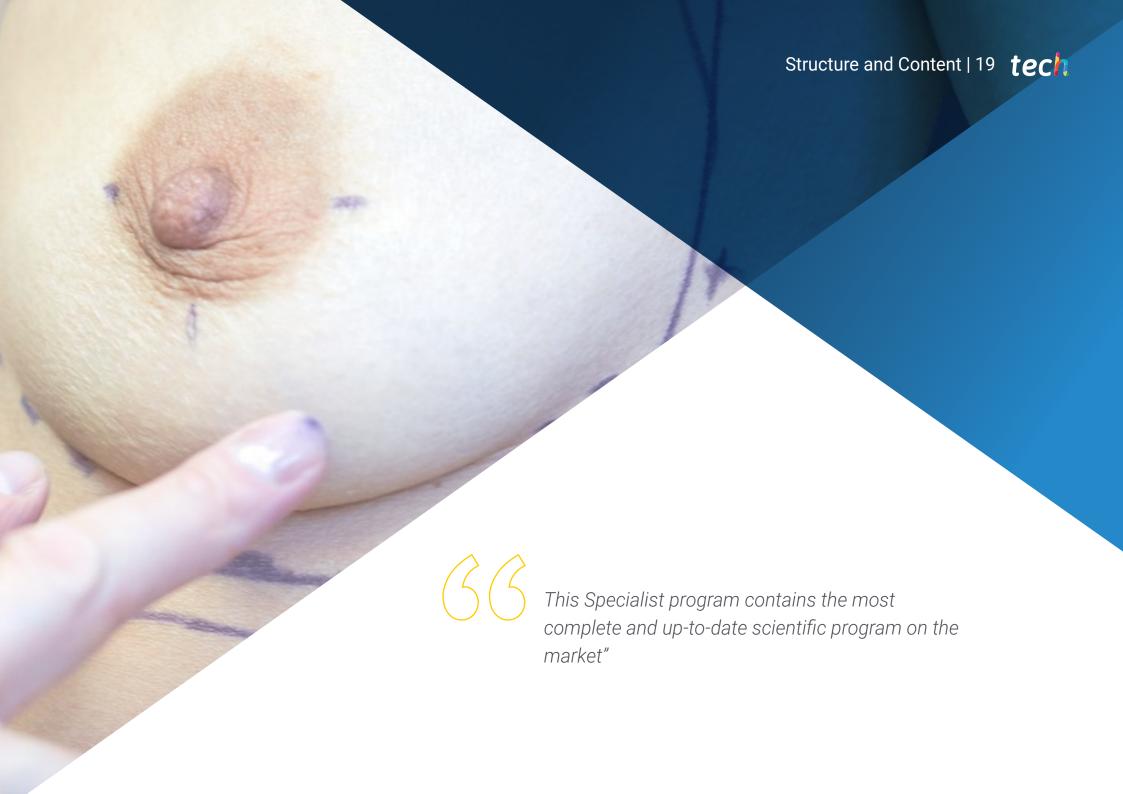


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- Postgraduate in Aesthetic and Maxillofacial Reconstructive Plastic Surgery, General Hospital Dr. Jesus Yerena, Caracas (Venezuela) 2012-2014 Endorsed by the Ministry of People's Power for Health (MPPS) and the Venezuelan Society of Plastic, Reconstructive, Aesthetic, and Maxillofacial Surgery (SVCPREM)
- Internship, Centro Médico Docente La Trinidad, Caracas (Venezuela) 2013-2015 Internship in Breast, Body, and Facial Aesthetic Surgery. Microsurgical Reconstruction. Plastic and Reconstructive Surgery Service.
- Internship, University Foundation of Health Sciences (FUCS), Bogotá (Colombia) 2014. Internship in Craniofacial Surgery and Post Bariatric Surgery. Plastic and Reconstructive Surgery Service.
- Postgraduate of General Surgery, City Hospital Dr. Enrique Tejera, Valencia (Venezuela). 2010-2012. Endorsed by the Ministry of People's Power for Health (MPPS)
- Surgeon, Carabobo University. 2001-2006 School of Medicine
- Head of the Department of Plastic and Reconstructive Surgery, Instituto Docente de Urología (IDU) (Private Practice), Valencia (Venezuela). 2018-2020
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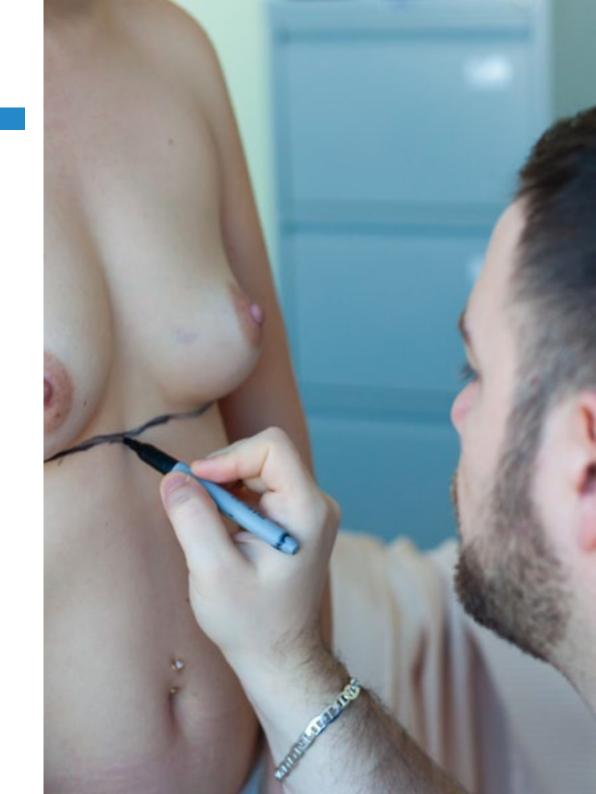




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Module 1. Aesthetic Surgery of the Mammary Region

- 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. Aesthetic Considerations of the Breast
 - 1.2.1. Introduction
 - 1.2.2. Aesthetic Analysis of the Breast
 - 1.2.3. Aesthetic 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



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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 Meters

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. Post-Operative Care

1.4.9. Complications

1.4.10. Summary

1.5. Mastopexy

1.5.1. Introduction

1.5.2. Classification of Breast Ptosis

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. Post-Operative Care

1.5.3.3.3. Complications

1.5.3.3.4. Summary

1.6. 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

173 Classification of Tuberous Breast

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- 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. Post-Operative 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. Post-Operative Care
 - 1.8.8. Complications
 - 1.8.9. Summary
- 1.9. Gynecomastia
 - 1.9.1. Introduction
 - 1.9.2. Etiology of Gynecomastia
 - 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. PullThrough
 - 1.9.5. Complications
 - 1.9.6. Summary

Module 2. Body Contouring Lipoplasty

- 2.1. Anatomical Concepts in Lipoplasty
 - 2.1.1. Introduction
 - 2.1.2. Anatomy of the Fat
 - 2.1.2.1. Superficial Fascial System
 - 2.1.2.2. Adhesion Zones
 - 2.1.2.3. Fat Distribution
 - 2.1.3. Aesthetic Considerations in Lipoplasty
 - 2.1.3.1. Symmetry and Proportions
 - 2.1.3.2. Aesthetic Ideal
- 2.2. Patient Selection for Lipoplasty
 - 2.2.1. Query
 - 2.2.2. History and Pathological Background
 - 2.2.3. Physical Examination
 - 2.2.3.1. Abdomen and Back
 - 2.2.3.2. Chest
 - 2.2.3.3. Buttocks
 - 2.2.3.4. Arms
 - 2.2.3.5. Thighs and Legs
- 2.3. Liposuction Tools
 - 2.3.1. Introduction
 - 2.3.2. Types of Cannulas
 - 2.3.3. Tips
 - 2.3.4. Diameter and Length
 - 2.3.5. Infiltrators
 - 2.3.6. Aspirators
 - 2.3.7. Collectors
 - 2.3.8. Summary
- 2.4. Liposuction Infiltration Solutions
 - 2.4.1. Introduction
 - 2.4.2. Wet
 - 2.4.3. Superwet
 - 2.4.4. Tumescent
 - 2.4.5. Summary

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- 2.5. Patient Safety Parameters during Surgery
 - 2.5.1. Introduction
 - 2.5.2. SAFE lipo (Separation, Aspiration, Fat Equalization)
 - 2.5.3. Amount of Fat Extracted
 - 2.5.4. Bleeding
 - 2.5.5. Prophylaxis of Venous Thromboembolism
 - 2.5.6. Fat Embolism
 - 2.5.7. Hypothermia.
 - 2.5.8. Summary
- 2.6. Liposuction Technologies
 - 2.6.1. Introduction
 - 2.6.2. SAL (Suction Assisted Lipoplasty)
 - 2.6.3. UAL (Ultrasound Assisted Lipoplasty)
 - 2.6.4. PAL (Power Assisted Lipoplasty)
 - 2.6.5. LAL (Laser Assisted Lipoplasty)
 - 2.6.6. RAL (Radiofrequency Assisted Lipoplasty)
 - 2.6.7. WAL (Water Assisted Lipoplasty)
 - 2.6.8. Summary
- 2.7. High-Definition Liposuction
 - 2.7.1. Introduction
 - 2.7.2. Patient Selection
 - 2.7.3. Marking
 - 2.7.3.1. Superficial Marking
 - 2.7.3.2. Framing of the Anatomical Regions
 - 2.7.3.3. Negative Spaces
 - 2.7.4. Surgical Technique
 - 2.7.4.1. Fat Treatment
 - 2.7.4.2. Deep and Superficial Fat Removal
 - 2.7.4.3. Treatment of Negative Spaces
 - 2.7.5. Definition Techniques According to Anatomical Area
 - 2.7.5.1 Male and Female Abdomen
 - 2.7.5.2 Male and Female Buttocks
 - 2.7.5.3. Male and Female Back
 - 2.7.5.4. Pectorals

- 2.7.5.5 Male and Female Arms
- 2.7.5.6. Male and Female Thighs and Legs
- 2.7.6. Complications
- 2.7.7. Post-Surgery Care.
- 2.8. Fat Transfer Autologous
 - 2.8.1. Introduction
 - 2.8.2. Fat Metabolism
 - 2.8.3. Fat Grafting
 - 2.8.3.1. Physiology of Integration
 - 2.8.3.2. Fat Graft Procurement
 - 2.8.3.3. Graft Processing
 - 2.8.3.4. Fat Graft Transfer Method
 - 2.8.3.4.1. Injectors
 - 2.8.3.4.2. EVL (expantionvibrationlipofilling)
- 2.8.4. Fat Transfer Technique
 - 2.8.4.1. Fat Transfer to Buttocks
 - 2.8.4.2. Fat Transfer to Pectorals and Shoulders
 - 2.8.4.3. Fat Transfer to Breasts
 - 2.8.4.4. Fat Transfer to Calves
 - 2.8.5. Fat Graft Complications
 - 2.8.6. Post-Surgery Care.
 - 2.8.7. Summary
- 2.9. Gluteoplastia
 - 2.9.1. Introduction
 - 2.9.2. Aesthetic Ideal of the Gluteus
 - 2.9.3. Gluteal Shapes
 - 2.9.4. Patient Selection for Gluteoplastia
 - 2.9.5. Gluteal Implants
 - 2.9.6. Gluteoplasty Techniques
 - 2.9.6.1. XYZ
 - 2.9.6.2. Composite Gluteal Augmentation
 - 2.9.7. Complications
 - 2.9.8. Postoperative Management
 - 2.9.9. Summary

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- 2.10. Postoperative Management of the Body Contouring Lipoplasty Patient
 - 2.10.1. Introduction
 - 2.10.2. Drainages
 - 2.10.3. Compressive Clothing
 - 2.10.4. Early Ambulation
 - 2.10.5. Manual lymphatic drainage
 - 2.10.6. Ultrasound.
 - 2.10.7. Radiofrequency
 - 2.10.8. Carboxytherapy
 - 2.10.9. Summary

Module 3. Aesthetic Surgery of the Abdominal Wall

- 3.1. Anatomy of the Abdominal Region
 - 3.1.1. Introduction
 - 3.1.2. Topographic Anatomy of the Abdominal Region
 - 3.1.2.1. Skin of the Abdominal Region
 - 3.1.2.2. Anatomy of the Subcutaneous Cellular Tissue
 - 3.1.2.3. Superficial Fascial System
 - 3.1.2.4. Abdominal Wall Musculature
 - 3.1.2.5. Vascular Zones of the Abdominal Wall
 - 3.1.3. Lymphatic Drainage
 - 3.1.4. Conclusions
 - 3.1.5. Summary
- 3.2. Aesthetic Considerations and of the Abdominal Region
 - 3.2.1. Introduction
 - 3.2.2. Body Ideal
 - 3.2.3. Anthropometric Relationships
 - 3.2.4. Aesthetic Units of the Abdomen
 - 3.2.5. Navel Position
 - 3.2.6. Summary
- 3.3. Mini-Abdominoplasty
 - 3.3.1. Introduction
 - 3.3.2. Patient Characteristics
 - 3.3.3. Marking

- 3.3.4. Surgical Technique
 - 3.3.4.1. Incisions
 - 3.3.4.2. Lift of the Flap and Extension of the Dissection
 - 3.5.3.4.3. Treatment of the Muscular Wall.
 - 3.3.4.4. Closure of the Incision
- 3.3.5. Postoperative Management
- 3.3.6. Complications
- 3.3.7. Summary
- 3.4. Extended Mini- Abdominoplasty
 - 3.4.1. Introduction
 - 3.4.2. Patient Characteristics
 - 3.4.3. Marking
 - 3.4.4. Surgical Technique
 - 3.4.4.1. Incisions
 - 3.4.4.2. Lift of the Flap and Extension of the Dissection
 - 3.4.4.3. Treatment of the Muscular Wall
 - 3.4.4.4. Closure of the Incision
 - 3.4.5. Postoperative Management
- 3.5. Lipoabdominoplasty
 - 3.5.1. Introduction
 - 3.5.2. Patient Characteristics
 - 3.5.3. Marking
 - 3.5.4. Surgical Technique
 - 3.5.4.1. Incisions
 - 3.5.4.2. Lift of the Flap and Extension of the Dissection
 - 3.5.4.3. Treatment of the Muscular Wall
 - 3.5.4.4. Closure of the Incision
 - 3.5.5. Postoperative Management
- 3.6. Classic Abdominoplasty
 - 3.6.1. Introduction
 - 3.6.2. Patient Characteristics
 - 3.6.3. Marking
 - 3.6.4. Surgical Technique
 - 3.6.4.1. Incisions

- 3.6.4.2. Lift of the Flap and Extension of the Dissection
- 3.6.4.3. Treatment of the Muscular Wall
- 3.6.4.4. Closure of the Incision
- 3.6.5. Baroudi Points
- 3.6.6. Progressive Tension Points
- 3.6.7. Postoperative Management
- 3.7. Umbilicoplasty
 - 3.7.1. Introduction
 - 3.7.2. Properative Evaluation
 - 3.7.3. Marking
 - 3.7.4. Surgical Techniques.
 - 3.7.5. Post-Operative Care
 - 3.7.6. Summary
- 3.8. Abdominoplasty in the Post-bariatric Patient
 - 3.8.1. Introduction
 - 3.8.2. Patient Characteristics
 - 3.8.3. Marking
 - 3.8.4. Surgical Techniques
 - 3.8.4.1. Fleur de Lis
 - 3.8.4.2. Scarpa's Fascia Lifting
 - 3843 Circumferential
 - 3.8.4.4. Reverse
 - 3.8.4.5. Vertical
 - 3.8.5. Post-Operative Care
 - 3.8.6. Summary
- 3.9. Complications in Abdominoplasty
 - 3.9.1. Hematomas and Seromas
 - 3.9.2. Dehiscence
 - 3.9.3. Necrosis
 - 3.9.4. Scar Malposition
 - 3.9.5. Infections
 - 3.9.6. Thromboembolism
- 3.10. Complementary Procedures to Abdominal Surgery
 - 3.10.1. Introduction

- 3.10.2. Criolipolisis
- 3.10.3. Radiofrequency
- 3.10.4. Summary

Module 4. Aesthetic Surgery of the Gluteal Region

- 4.1. Topographic Anatomy
 - 4.1.1. Introduction
 - 4.1.2. Musculature of the Gluteal Region
 - 4.1.3. Vascularization of the Gluteal Region
 - 4.1.4. Innervation
 - 4.1.5. Summary
- 4.2 Aesthetics of the Gluteus
 - 4.2.1. Introduction
 - 4.2.2. Aesthetic Units of the Gluteus
 - 4.2.3. Aesthetic Ideal
 - 4.2.4. Aesthetic Analysis:
 - 4.2.4.1. Ideal Pre-sacral Space Shape
 - 4.2.4.2. Inferno-internal Gluteal Fold
 - 4.2.4.3. Lateral Gluteal Trochanteric Depression/Hip Contour
 - 4.2.4.4. Lateral Gluteal Aesthetics
 - 4.2.5. Gluteal Type Classification
 - 4.2.6. Summary
- 4.3. Patient Approach
 - 4.3.1. Introduction
 - 4.3.2. Diagnosis
 - 4.3.3. Patient Selection
 - 4.3.4. Aesthetic Objectives
 - 4.3.5. Safety Protocol
 - 4.3.6. Summary
- 4.4. Gluteal Implants
 - 4.4.1. Introduction
 - 4.4.2. Gluteus Muscle Height/Width Ratio
 - 4.4.3. Types of Gluteal Implants
 - 4.4.4. Selection of the Implant According to its Shape

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4.4.5. Selection of the Implant Size

4.4.6. Summary

4.5. Pockets in Gluteoplasty with Implants

4.5.1. Introduction

4.5.2. Subcutaneous

4.5.3. Subfascial

4.5.4. Submuscular

4.5.5 Intramuscular

4.5.6. Summary

4.6. Gluteoplasty with Implants

4.6.1. Introduction

4.6.2. Submuscular

4.6.2.1. Marking

4.6.2.2. Surgical Technique

4.6.3. Intramuscular

4.6.3.1. Marking

4.6.3.2. Surgical Technique

4.6.4. Intramuscular XYZ

4.6.4.1. Marking

4.6.4.2. Surgical Technique

4.6.5. Summary

4.7. Gluteoplasty with Autologous Fat Transfer

4.7.1. Introduction

4.7.2. Fat Metabolism

4.7.3. Fat Grafting

4.7.3.1. Physiology of Integration

4.7.3.2. Fat Graft Procurement

4.7.3.3. Fat Graft Processing

4.7.3.4. Fat Graft Transfer Method

4.7.3.4.1. Injectors

4.7.3.4.2. EVL (expantionvibrationlipofilling)

4.7.4. Fat Transfer Surgical Technique

4.7.5. Summary

4.8. Buttock Augmentation with Implants and Fat

4.8.1. Introduction

4.8.2. Composite Gluteal Augmentation

4.8.2.1. Marking

4.8.2.2. Surgical Technique

4.8.3. Combined Three-dimensional Gluteoplasty

4.8.3.1. Marking

4.8.3.2. Surgical Technique

4.8.4. Summary

4.9. latrogenic Allogenosis in the Gluteus

4.9.1. Introduction

4.9.2. History

4.9.3. Symptoms and Signs

4.9.4. Treatment and Evolution

4.9.5. Summary

4.10. Complications and Recovery of the Patient of Gluteal Aesthetic Surgery

4.10.1. Introduction

4.10.2. Comparison between Gluteoplasty with Implants and Gluteoplasty with Autologous Fat Transfer

4.10.3. Post-operative follow-up

4.10.3.1. Return to Activities

4.10.3.2. Post-operative Garments and Supplies

4.10.3.3. Drainages

4.10.3.4. Management of Post-operative Pain

4.10.4. Complications

4.10.4.1. Infections

4.10.4.2. Seromas

4.10.4.3. Fat Embolism

4.10.4.4. Dehiscence of the Surgical Wound

4.10.4.5. Neuropraxia

4.10.4.6. Implant Exposure

4.10.4.7. Capsular Contracture

4.10.4.8. Implant Rotation

4.10.4.9. Implant Malposition

4.10.4.10. Skin Changes

4.10.5. Summary



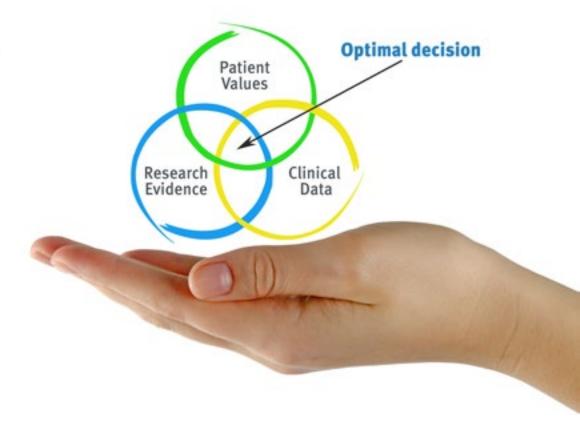


30 | Methodology

At TECH we use the Case Method

In a given situation, what would you do? Throughout the program you will be presented with multiple simulated clinical cases based on real patients, where you will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you can 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 potential 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 grasp concepts, but also develop their mental capacity by evaluating real situations and applying their knowledge.
- 2. The learning process has a clear focus on 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.
- 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.



32 | Methodology

Re-Learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our 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, which represent a real revolution with respect to simply studying and analyzing cases.

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





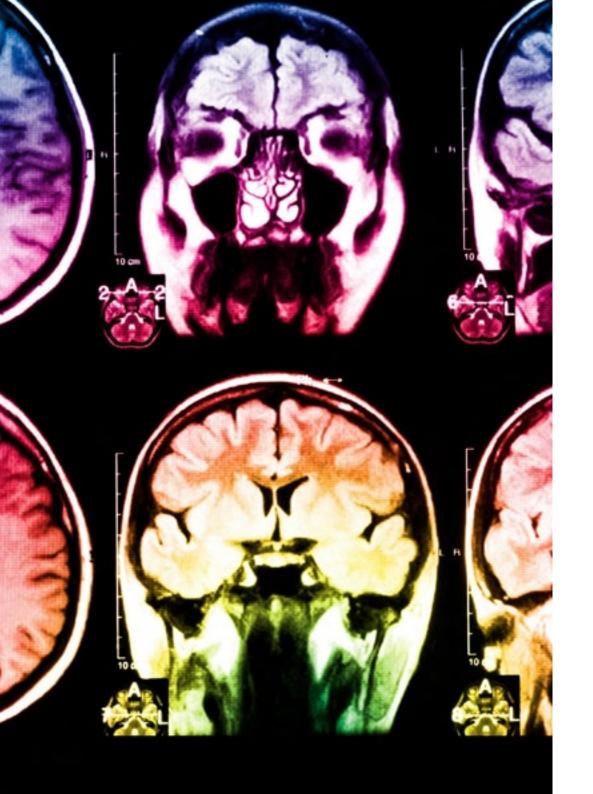
At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 250,000 physicians with unprecedented success, in all clinical specialties regardless of the surgical load. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

Re-learning will allow you to learn with less effort and better performance, involving you more in your training, 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 (we learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

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



In this program you will have access to the best educational material, prepared with you 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.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Latest Techniques and Procedures on Video

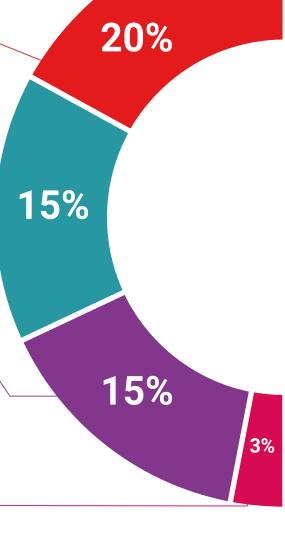
We introduce you to the latest techniques, to the latest educational advances, to the forefront of current medical techniques. All this, in first person, with the maximum rigor, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

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





Additional Reading

Recent articles, consensus documents, international guides... in our virtual library you will have access to everything you need to complete your training.

Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, we will present you with real case developments in which the expert will guide you through focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Re-testing

We periodically evaluate and re-evaluate your knowledge throughout the program, through assessment and self-assessment activities and exercises: so that you can see how you are achieving your goals.



Classes

There is scientific evidence suggesting that observing third-party experts can be useful.





Quick Action Guides

We offer you the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help you progress in your learning.







tech 36 | Certificate

This **Postgraduate Diploma in Body Aesthetic Plastic Surgery** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Postgraduate Certificate** issued by **TECH Technological University via tracked delivery.**

This diploma issued by **TECH Technological University** will specify the qualification obtained though the Postgraduate Diploma, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: Postgraduate Diploma in Body Aesthetic Plastic Surgery

Official Number of Hours: 600



^{*}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.

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Postgraduate Diploma Body Aesthetic Plastic Surgery

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

