

# Professional Master's Degree Aesthetic Plastic Surgery





## Professional Master's Degree Aesthetic Plastic Surgery

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: [www.techtute.com/us/medicine/professional-master-degree/master-aesthetic-plastic-surgery](http://www.techtute.com/us/medicine/professional-master-degree/master-aesthetic-plastic-surgery)

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# 01

# Introduction

More and more patients are demanding surgical procedures to achieve an aesthetic or functional improvement and get closer to their ideal of a harmonious and attractive physique. The key to successful results is a thorough understanding of the anatomical structures and the impact of different surgical procedures. With this program, you will develop comprehensive and advanced knowledge of the range of approaches and techniques, including the most recent and innovative ones, such as the use of ultrasonic technology to perform osteotomies, the latest innovations in implants, the most in-demand techniques in facial rejuvenation surgery or 3D virtual simulations. A high-quality program that will allow you to become one of the most successful professionals in the sector.







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*The current importance of image and aesthetics makes this Professional Master's Degree an essential program for professionals in the sector, providing them with most in-depth knowledge of the main surgical techniques”*

Aesthetic Plastic Surgery is one of the most booming sectors in recent years. The growing interest of citizens to improve their physical appearance, and the confidence offered by the advances in technology, have allowed these types of interventions to be performed with total safety, drastically minimizing the possible side effects. Although plastic surgery has historically focused on burn patients and reconstructive processes, it is increasingly acquiring a more generalized role, giving more space to patients who do not present a physical injury, but who demand surgical procedures to achieve an aesthetic or functional improvement.

This Professional Master's Degree in Aesthetic Plastic Surgery aims to broaden plastic surgeon's knowledge and vision, providing a solid foundation to face the challenges posed by patients seeking aesthetic procedures and consolidate their previous training, while encouraging curiosity and interest in the most advanced techniques and the most consolidated knowledge of this fascinating discipline.

This program presents the most up-to-date knowledge in the management of cosmetic surgery patients. It was designed by a team of specialists who have developed an extensive catalog of multimedia material with illustrations, videos and case studies, supported by an extensive bibliography. The result is that all the knowledge is structured and explained in such a way that it allows a practical, systematic and simple application.

The most advanced surgical techniques, the indications for each patient according to their characteristics, the management of complications, or the use of current technologies for the optimization of results are explained step by step throughout each of the topics. The patient's protocols before surgery are also covered in the program, a key issue to avoid adverse events during the practice of aesthetic plastic surgery. In addition, routine postoperative management is equally important, which consists of wound care and the application of therapies that help the patient progress until they can fully return to their daily activities.

This Professional Master's Degree offers you the most complete and up-to-date program, designed to learn about the technologies, materials, and treatments used in this discipline and to include a complete perspective of aesthetic plastic surgery that will allow you to specialize in an ethical and responsible way. With this Professional Master's Degree, you will obtain a highly qualified education, which seeks to ensure excellence in medical practice. Furthermore, its 100% online format will allow you to continue your studies from the place of your choice, without having to commute or adhere to fixed schedules, and with a flexible methodology that will allow you to update your professional profile at your own pace.

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

- ♦ Practical cases presented by experts in Aesthetic Plastic Surgery
- ♦ The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional development
- ♦ The latest information on Aesthetic Plastic Surgery
- ♦ Practical exercises where the self-assessment process can be carried out to improve learning
- ♦ Special emphasis on innovative methodologies in Aesthetic Plastic Surgery
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection work
- ♦ Content that is accessible from any , fixed or portable device , with an Internet connection



*An intense and thorough program, designed to provide in-depth knowledge of the most demanded technologies, materials and treatments”*

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*This Professional Master's Degree is the best investment you can make when selecting a refresher program, for two reasons: in addition to updating your knowledge in Aesthetic Plastic Surgery, you will obtain a qualification from TECH Technological University”*

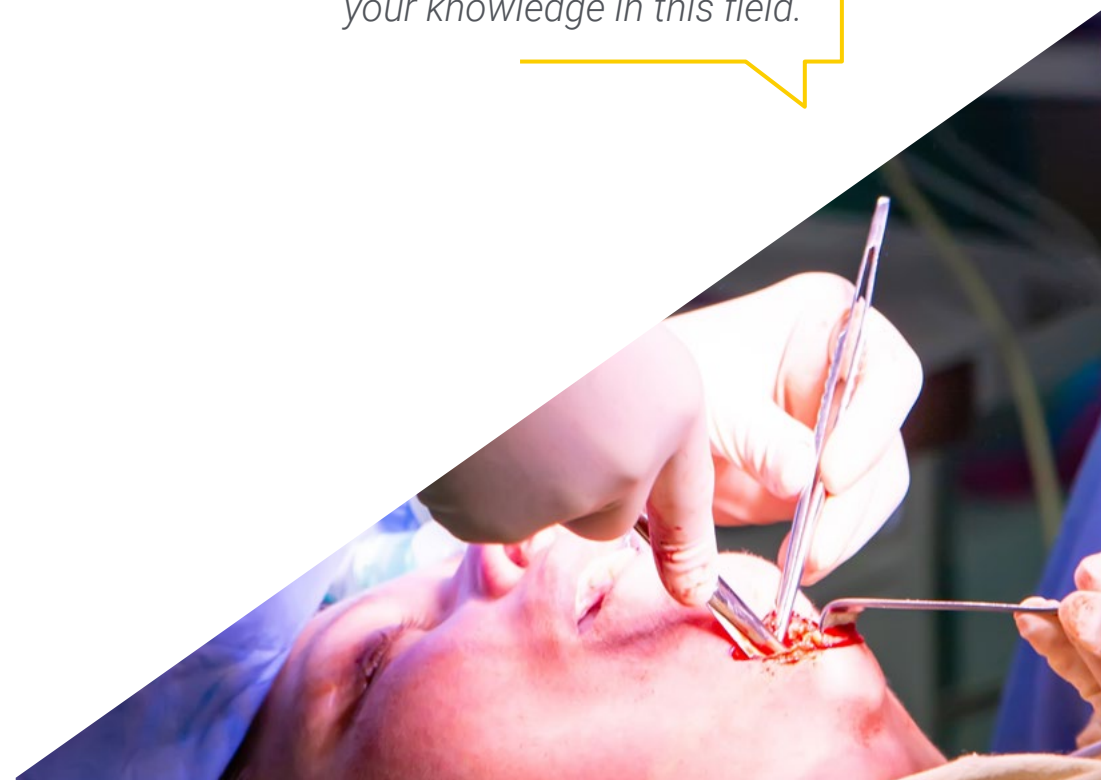
The teaching staff includes professionals from the field of Aesthetic Plastic Surgery, who bring their experience to this program, as well as renowned specialists from leading societies and prestigious universities.

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 learning programmed to train in real situations.

This program is designed around Problem-Based Learning, whereby the professional must try to solve the different professional practice situations that arise throughout the program. For this, the Professional will have the help of an innovative interactive video system made by recognized experts in Aesthetic Plastic Surgery, who all have extensive experience.

*Do not hesitate to study this program with us. You will find the best teaching material with virtual lessons.*

*This 100% online Professional Master's Degree will allow you to balance your studies with your professional work while increasing your knowledge in this field.*





# 02 Objectives

The Professional Master's Degree in Aesthetic Plastic Surgery is aimed at facilitating the performance of the professional with the latest advances and newest treatments in the sector, enabling them to achieve superior training that allows them to act with total confidence in the cases that arise in their practice.







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*TECH offers you the most comprehensive education on the market in Aesthetic Plastic Surgery so that you can acquire a superior level of training that will elevate you to the professional elite”*



## General objectives

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- 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
- Know the anatomy of the topographic area to understand the process of appearance of the different imperfections of the area
- Examine the different basic techniques in ophthalmic plastic surgery
- Establish the surgical and anesthetic techniques of the area, as well as the perioperative management of the cosmetic surgery patient
- Analyze other alternative non-surgical techniques that provide improvement of the imperfections of the area
- Generate specialized knowledge so that the surgeon can apply their knowledge in the different clinical cases presented to them
- Provide the necessary tools and key points in order to facilitate the performance of rhinoplasty
- Conceptualize the anatomy and aesthetics of the human body as a basis for body contouring lipoplasty
- Examine all 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 postoperative management and resources
- Conceptualize the anatomy of the abdominal wall and the aesthetics of the abdomen
- Determine the various surgical techniques that treat the abdominal wall
- Discuss the complications of procedures related to lipoplasty techniques
- Establish the management and resources used during the postoperative period
- Present the latest advances and best available surgical techniques that will provide the highest level of patient satisfaction in facial cosmetic surgery
- Examine the anatomy of the topographical area to understand the process of appearance of the different imperfections
- Establish the different basic techniques in facial surgery
- Identify other alternative non-surgical techniques that provide improvement of facial aging
- 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
- Examine the anatomy of the genital topographic area
- Analyze the process of genital transformation in the chronological evolution of the genus



## Specific objectives

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- Determine the ethical considerations of cosmetic plastic surgery of the genitalia
- Develop the different basic techniques in genital surgery
- Address other alternative non-surgical techniques that provide genital enhancement
- Generate specialized knowledge regarding body aesthetics, upper extremities, lower extremities, hands, and feet
- Provide the necessary tools and relevant aspects for the management of the aesthetics of areas such as the ear, as well as the management of patients with special conditions
- Examine the latest procedures for beautification and rejuvenation of the lower limbs
- Assess the special conditions of patients who want to undergo plastic surgery procedures
- Examine the basics of the plastic surgery practice
- Determine preoperative prophylaxis protocols
- Establish the management of antibiotics and postoperative analgesics
- Detail the management of Postoperative garments and patient recovery

### Module 1. Aesthetic Breast Surgery

- 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 to be operated on, the different scars used depending on 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



### **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 assessment
- ♦ Establish the specific surgical techniques
- ♦ Present the complementary procedures to palpebral surgery

### **Module 3. Aesthetic Nasal Surgery**

- ♦ Reinforce the anatomical knowledge of the nasal region
- ♦ Enable the student to perform a complete analysis of the nose and to 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 its techniques
- ♦ 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 assessment
- ♦ Establish the possible operative complications that are attributed to each procedure
- ♦ Show the complementary procedures used for the management of cervical-facial aging

**Module 7. Aesthetic Gluteal Surgery**

- ♦ Analyze the topographic anatomy of the gluteal region detailing its musculature, vascularization, and innervation
- ♦ Determine the anatomical 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 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 conditions 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
- ♦ Provide the main fundamentals for the plastic surgeon to be 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 a psychological point of view, expectations, and reasons why they want to transform their appearance
- ♦ Provide the necessary tools for the assessment 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
- ♦ Analyze the prophylaxis of cardiovascular events through the caprini scale
- ♦ Present anesthesia protocols, surgical risk and outpatient management through the ERAS protocol
- ♦ Determine the Postoperative management of the patient: antibiotic treatment, analgesia, Postoperative garments and recovery

# 03 Skills

After passing the assessments of the Professional Master's Degree in Aesthetic Plastic Surgery, the professional will have acquired the skills required for a quality and up-to-date practice based on the most innovative teaching methodology.





A close-up photograph of an elderly person's face, showing wrinkles and a blue surgical cap. A black marker is visible in the bottom left corner. The image is split diagonally, with the top right portion being a solid blue background.

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*You will learn to master the most advanced techniques in Aesthetic Plastic Surgery, allowing you to offer high quality procedures to your patients”*



## General skills

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- ♦ Treat physical disorders with the surgical techniques that currently obtain the best results, achieving physical improvement in patients
- ♦ Start a successful cosmetic surgery practice 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

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*Become an expert, capable of developing and applying the most demanded techniques in a growing market”*







## Specific skills

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- ♦ 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
- ♦ 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 suitable for 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



# 04

# Course Management

The program includes in its teaching staff reference experts in Aesthetic Plastic Surgery, who pour into this program the experience of their work. Additionally, other recognized experts participate in its design and preparation, completing the program in an interdisciplinary manner.







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*The leading experts in Aesthetic Plastic Surgery have joined forces to show you all their knowledge in this field”*

## Management



### Dr. Delgado Caldera, Carlos

- ◆ Plastic and Esthetic Surgeon specialized in Aesthetic Breast Surgery, Body, and Facial Aesthetic Procedures
- ◆ 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 in General Surgery at Ciudad Hospitalaria Dr. Enrique Tejera, Valencia (Venezuela), 2010-2012 Endorsed by the Ministry of People's Power for Health (MPPS)
- ◆ Medical Surgeon, Carabobo University, 2001-2006 School of Medicine
- ◆ Head of the Department of Plastic and Reconstructive Surgery, Teaching Institute of Urology (IDU) (Private Practice), Valencia (Venezuela), 2018-2020
- ◆ Aesthetic Plastic Surgeon at Servicios Mediplan C.A, Caracas - Margarita (Venezuela), 2015-2017
- ◆ Esthetic Plastic Surgeon, Grupo Cil Venezuela C.A, 2015-2016





## Professors

### Dr. Ortiz, Clemencia

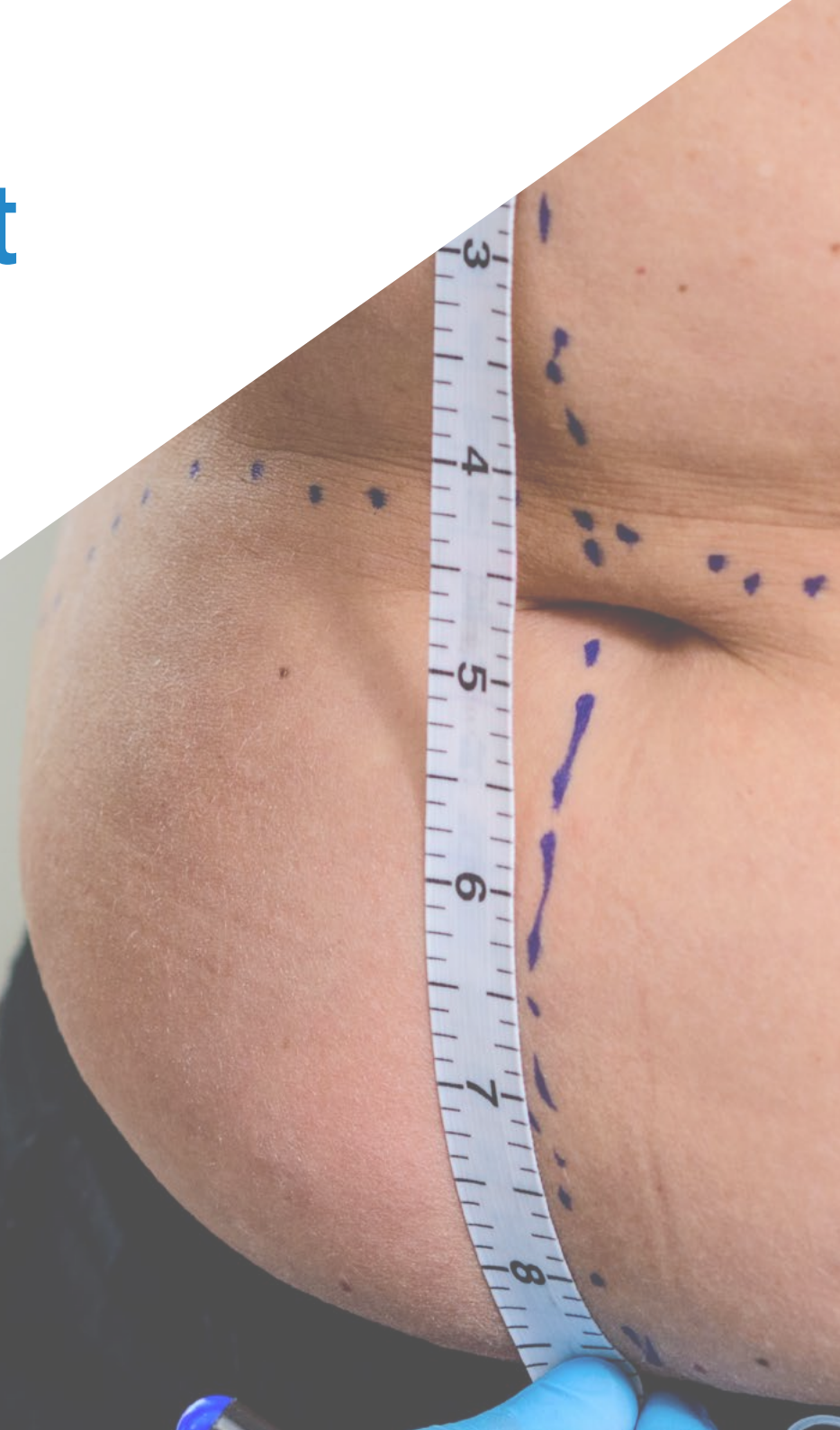
- ◆ Aesthetic Plastic Surgeon, Maxillofacial and Maxillofacial Reconstructive, and Burn Surgeon
- ◆ Surgeon, Carabobo University, 2001
- ◆ General Surgeon , Dr. Enrique Tejera Hospital Valencia, 2005
- ◆ Aesthetic Plastic Surgeon, Maxillofacial Reconstructive, and Burned, Dr. Antonio Maria Pineda University Hospital, 2008
- ◆ University Specialist in Aesthetic and Functional Gynecology and Cosmetic Genital Surgery of Women, Autonomous University of Barcelona, 2019
- ◆ Fellow Aesthetic and Reconstructive Craniofacial Surgery at Pontífice de la Beneficencia Portuguesa Hospital, Sao Paulo Brazil, 2009
- ◆ Master's Degree in Aesthetic Medicine Fuceme (Caracas), 2011
- ◆ Diploma in Regenerative and Anti-Aging Medicine (Caracas), 2014
- ◆ Advanced Surgical Techniques Course, USES University (MIAMI) , 2015



05

# Structure and Content

The structure of the contents has been designed by leading professionals in the Aesthetic Plastic Surgery sector, with extensive experience and recognized prestige in the profession, backed by the volume of cases reviewed, studied and treated, and with a wide mastery of new technologies applied to teaching.





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*This Professional Master's Degree contains the most complete and up-to-date scientific program on the market, which makes it your choice”*

## Module 1. Aesthetic Breast Surgery

- 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
    - 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. Preoperative Assessment
  - 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





- 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. Benelli 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
- 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 and Nipple-Areola Complex Grafting
  - 1.6.5. Complications
  - 1.6.6. Summary



- 1.7. Tuberos Breast
  - 1.7.1. Introduction
  - 1.7.2. Etiology of Tuberos Breast
  - 1.7.3. Classification of Tuberos 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. Preoperative 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. 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. Glandectomy
    - 1.9.4.3. Pull Through
  - 1.9.5. Complications
  - 1.9.6. Summary

- 1.10. Pectoral Augmentation with Implants
  - 1.10.1. Introduction
  - 1.10.2. Preoperative Assessment
  - 1.10.3. Implant Selection
  - 1.10.4. Preoperative Marking
  - 1.10.5. Surgical Technique
  - 1.10.6. Postoperative Care
  - 1.10.7. Complications
  - 1.10.8. Summary

## Module 2. Periorbital and Upper Facial Surgery

- 2.1. Anatomy of the Orbital and Periorbital Region
  - 2.1.1. Introduction
  - 2.1.2. Bone Structure
    - 2.1.2.1. Topographic Description
  - 2.1.3. Musculature
    - 2.1.3.1. Extrinsic Musculature
  - 2.1.4. Vascularization
  - 2.1.5. Innervation
  - 2.1.6. Fatty Compartments
  - 2.1.7. Lymphatic System of the Orbital Region
  - 2.1.8. Lacrimal Gland
  - 2.1.9. Dangerous Areas
  - 2.1.10. Summary
- 2.2. Aesthetic Considerations of the Periorbital Region
  - 2.2.1. Introduction
  - 2.2.2. Soft Tissues
    - 2.2.2.1. Skin and Annexes
    - 2.2.2.2. Aesthetic 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 Techniques 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. Preoperative Assessment
  - 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

- 2.5. Anesthesia
  - 2.5.1. Local Infiltration
  - 2.5.2. Subcutaneous Approach
  - 2.5.3. Subconjunctival Approach
  - 2.5.4. Local Tumescence 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
- 2.6. Aesthetic Oculoplasty Techniques
  - 2.6.1. Introduction
  - 2.6.2. Upper Blepharoplasty
    - 2.6.2.1. Preoperative Assessment
    - 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. Preoperative Assessment
    - 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

- 2.7. Reconstructive Oculoplastic Techniques
  - 2.7.1. Augmentation Blepharoplasty
    - 2.7.1.1. Introduction
    - 2.7.1.2. Preoperative Assessment
    - 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. Preoperative Assessment
    - 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 Upper 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 Facelift
    - 2.8.3.1. Preoperative Assessment
    - 2.8.3.2. Preoperative Marking
    - 2.8.3.3. Surgical Technique
    - 2.8.3.4. Postoperative Care
    - 2.8.3.5. Complications
  - 2.8.4. Endoscopic Upper Third Facelift
    - 2.8.4.1. Preoperative Assessment
    - 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. Preoperative Assessment
    - 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 Lift
  - 2.9.1. Introduction
  - 2.9.2. Preoperative Assessment
  - 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. Gliding Brow Lifting
  - 2.9.6. Postoperative Care
  - 2.9.7. Complications
    - 2.9.7.1. Lower Raised Eyebrows
  - 2.9.8. Summary
- 2.10. Complementary 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



- 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
- 2.10.6. Summary

### Module 3. Aesthetic Nasal Surgery

- 3.1. Nasal Anatomy and Physiology
    - 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 Aesthetics. Profilometry. Surgical Planning. Photographic Documentation
    - 3.2.1. Introduction
    - 3.2.2. Aesthetic 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
    - 3.2.6. Profilometry
      - 3.2.6.1. Facial Angles
  - 3.2.7. Preoperative Assessment
  - 3.2.8. Photographic Documentation
    - 3.2.8.1. Minimum Equipment Requirements for Medical Photography
    - 3.2.8.2. Lighting and Background
    - 3.2.8.3. Projections
  - 3.2.9. Summary
- 3.3. Primary Structural Rhinoplasty
  - 3.3.1. Patient Preparation
  - 3.3.2. Anesthesia and Surgical Position
  - 3.3.3. Surgical Instruments
  - 3.3.4. Surgical Techniques
    - 3.3.4.1. Open Rhinoplasty
    - 3.3.4.2. Closed Rhinoplasty
    - 3.3.4.3. Semi-Open Rhinoplasty
  - 3.3.5. Postoperative Care
  - 3.3.6. Complications
  - 3.3.7. Summary
- 3.4. Cartilage Grafts and Septoplasty
  - 3.4.1. Cartilaginous Grafts
    - 3.4.1.1. Graft Selection
    - 3.4.1.2. Graft Harvesting
    - 3.4.1.3. Cartilaginous Graft Carving
  - 3.4.2. Septoplasty
    - 3.4.2.1. Definition
    - 3.4.2.2. Surgical Technique
      - 3.4.2.2.1. Septoplasty Open Approach
      - 3.4.2.2.2. Septoplasty Closed Approach
  - 3.4.3. Postoperative Care
  - 3.4.4. Complications
  - 3.4.5. Summary

- 3.5. Reshaping of the Nasal Tip and Alar Cartilages
    - 3.5.1. Plan
      - 3.5.1.1. Structures Determining Tip Projection and Tip Appearance
    - 3.5.2. Anesthesia and Surgical Position
    - 3.5.3. Tip Treatment
      - 3.5.3.1. Default
        - 3.5.3.1.1. Grafts
        - 3.5.3.1.2. Strut Graft
        - 3.5.3.1.3. Tip Graft
      - 3.5.3.2. Sutures
        - 3.5.3.2.1. Crural Sutures
        - 3.5.3.2.2. Interdomal Sutures
        - 3.5.3.2.3. Transdomal Sutures
        - 3.5.3.2.4. Tip
      - 3.5.3.3. Excess
        - 3.5.3.3.1. Bulbous Tip
        - 3.5.3.3.2. Supratip
    - 3.5.4. Treatment of the Nasal Base
      - 3.5.4.1. Diminution of the Base
      - 3.5.4.2. Treatment of Nasal Wing Collapse
    - 3.5.5. Complications
    - 3.5.6. Summary
  - 3.6. Nasal Dorsum Reshaping and Osteotomies
    - 3.6.1. Plan
    - 3.6.2. Approach Selection
    - 3.6.3. Bone and Cartilaginous Dorsum Reduction
    - 3.6.4. Spreader Grafts
    - 3.6.5. Osteotomies
      - 3.6.5.1. Internal, External, and Medial
      - 3.6.5.2. Modifications (Medals, Open Approach)
      - 3.6.5.3. Dorsal Augmentation
        - 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. Assessment of Aesthetic Deformities
    - 3.7.1.2. Assessment 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. Plan

- 3.9.2. Surgical Technique
  - 3.9.2.1. 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. Aesthetic Considerations in Lipoplasty
    - 4.1.3.1. Symmetry and Proportions
    - 4.1.3.2. Aesthetic Ideal
- 4.2. Aesthetic Considerations in Lipoplasty
  - 4.2.1. Symmetry and Proportions
  - 4.2.2. Esthetic Ideal
- 4.3. Patient Selection for Lipoplasty
  - 4.3.1. Query
  - 4.3.2. History and Pathological Background
  - 4.3.3. Physical Examination
    - 4.3.3.1. Abdomen and Back
    - 4.3.3.2. Chest
    - 4.3.3.3. Buttocks
    - 4.3.3.4. Arms
    - 4.3.3.5. Thighs and Legs
- 4.4. Liposuction Tools
  - 4.4.1. Introduction
  - 4.4.2. Types of Cannulas
  - 4.4.3. Tips
  - 4.4.4. Diameter and Length
  - 4.4.5. Infiltrators
  - 4.4.6. Aspirators
  - 4.4.7. Collectors
  - 4.4.8. Summary
- 4.5. Liposuction Infiltration Solutions
  - 4.5.1. Introduction
  - 4.5.2. Wet
  - 4.5.3. Superwet
  - 4.5.4. Tumescent
  - 4.5.5. Summary
- 4.6. Patient Safety Parameters During Surgery
  - 4.6.1. Introduction
  - 4.6.2. SAFE Lipo (Separation, Aspiration, Fat Equalization)
  - 4.6.3. Amount of Fat Extracted
  - 4.6.4. Bleeding
  - 4.6.5. Prophylaxis of Venous Thromboembolism
  - 4.6.6. Fat Embolism
  - 4.6.7. Hypothermia
  - 4.6.8. Summary

- 4.7. Liposuction Technologies
  - 4.7.1. Introduction
  - 4.7.2. SAL (Suction Assisted Lipoplasty)
  - 4.7.3. UAL (Ultrasound Assisted Lipoplasty)
  - 4.7.4. PAL (Power Assisted Lipoplasty)
  - 4.7.5. LAL (Laser Assisted Lipoplasty)
  - 4.7.6. RAL (Radiofrequency Assisted Lipoplasty)
  - 4.7.7. WAL (Water Assisted Lipoplasty)
  - 4.7.8. Summary
- 4.8. High-Definition Liposuction
  - 4.8.1. Introduction
  - 4.8.2. Patient Selection
  - 4.8.3. Marking
    - 4.8.3.1. Superficial Marking
    - 4.8.3.2. Framing of the Anatomical Regions
    - 4.8.3.3. Negative Spaces
  - 4.8.4. Surgical Technique
    - 4.8.4.1. Fat Treatment
    - 4.8.4.2. Deep and Superficial Fat Removal
    - 4.8.4.3. Treatment of Negative Spaces
  - 4.8.5. Definition Techniques According to Anatomical Area
    - 4.8.5.1. Male and Female Abdomen
    - 4.8.5.2. Male and Female Buttocks
    - 4.8.5.3. Male and Female Back
    - 4.8.5.4. Pectorals
    - 4.8.5.5. Male and Female Arms
    - 4.8.5.6. Male and Female Thighs and Legs
  - 4.8.6. Complications
  - 4.8.7. Postoperative Care







- 4.9. Autologous Fat Transfer
  - 4.9.1. Introduction
  - 4.9.2. Fat Metabolism
  - 4.9.3. Fat Grafting
    - 4.9.3.1. Physiology of Integration
    - 4.9.3.2. Fat Graft Procurement
    - 4.9.3.3. Graft Processing
    - 4.9.3.4. Fat Graft Transfer Method
      - 4.9.3.4.1. Injectors
      - 4.9.3.4.2. EVL (Expansion Vibration Lipofilling)
  - 4.9.4. Fat Transfer Technique
    - 4.9.4.1. Fat Transfer to Buttocks
    - 4.9.4.2. Fat Transfer to Pectorals and Shoulders
    - 4.9.4.3. Fat Transfer to Breasts
    - 4.9.4.4. Fat Transfer to Calves
  - 4.9.5. Fat Graft Complications
  - 4.9.6. Postoperative Care
  - 4.9.7. 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. Aesthetic Considerations of the Abdominal Region
  - 5.2.1. Introduction
  - 5.2.2. Body Ideal
  - 5.2.3. Anthropometric Relationships
  - 5.2.4. Aesthetic Units of the Abdomen
  - 5.2.5. Belly Button 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 Care
- 5.5. Lipoabdominoplasty
  - 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 Care
- 5.6. Classic 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 Care

- 5.7. Umbilicoplasty
  - 5.7.1. Introduction
  - 5.7.2. Preoperative Assessment
  - 5.7.3. Marking
  - 5.7.4. Surgical Techniques.
  - 5.7.5. Postoperative Care
  - 5.7.6. Summary
- 5.8. Abdominoplasty in the Post-Bariatric Patient
  - 5.8.1. Introduction
  - 5.8.2. Patient Characteristics
  - 5.8.3. Marking
  - 5.8.4. Surgical Techniques
    - 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. Cryolipolysis
  - 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
  - 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. Subperiosteal Middle Third Facelift
  - 6.2.1. Introduction
  - 6.2.2. Preoperative Assessment
  - 6.2.3. Surgical Technique
  - 6.2.4. Postoperative Care
  - 6.2.5. Complications
  - 6.2.6. Summary
- 6.3. Cervicofacial 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. Cervicoplasty
    - 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 Assessment
    - 6.5.3. Preoperative Marking
    - 6.5.4. SMAS Flaps
      - 6.5.4.1. SMAS Plication
      - 6.5.4.2. Mastectomy
      - 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. Perioral 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
  - 6.6.5. Subnasal Lift
  - 6.6.6. Preoperative Marking
  - 6.6.7. Surgical Technique
  - 6.6.8. Complications
  - 6.6.9. Summary
- 6.7. Aesthetic Management of the Chin
    - 6.7.1. Introduction
    - 6.7.2. Aesthetic 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. Rejuvenation with Facial Lipoinjection
    - 6.8.1. Fat Grafting: Principles and Generalities
    - 6.8.2. Fat Harvesting
      - 6.8.2.1. Donor Site Selection
      - 6.8.2.2. Tumescent Solution
      - 6.8.2.3. Cannula Selection
      - 6.8.2.4. Liposuction
      - 6.8.2.5. Fat Processing Techniques
        - 6.8.2.5.1. Centrifugation



- 6.8.2.5.2. Washing and Filtration
- 6.8.2.5.3. Washing and Decanting
- 6.8.2.5.4. Telfa Rolling
- 6.8.3. Fat Infiltration
- 6.8.4. Complications
- 6.8.5. Summary
- 6.9. Facial 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 Rejuvenation 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 Unaesthetic Facial Features
  - 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

## Module 7. Aesthetic Gluteal Surgery

- 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
- 7.2. Aesthetics of the Gluteus
  - 7.2.1. Introduction
  - 7.2.2. Aesthetic Units of the Gluteus
  - 7.2.3. Aesthetic Ideal
  - 7.2.4. Aesthetic Analysis
    - 7.2.4.1. Ideal Shape of the Presacral Space
    - 7.2.4.2. Inferno-internal Gluteal Fold
    - 7.2.4.3. Lateral Gluteal Trochanteric Depression/Hip Contour
    - 7.2.4.4. Lateral Gluteal Aesthetics
  - 7.2.5. Gluteal Type Classification
  - 7.2.6. Summary
- 7.3. Patient Approach
  - 7.3.1. Introduction
  - 7.3.2. Diagnosis
  - 7.3.3. Patient Selection
  - 7.3.4. Aesthetic Objectives
  - 7.3.5. Safety Protocol
  - 7.3.6. Summary
- 7.4. 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
  - 7.4.6. Summary

- 7.5. 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
- 7.6. Gluteoplasty 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
- 7.7. Gluteoplasty 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
- 7.8. 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
- 7.9. Iatrogenic Allogeneic Liponecrosis 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 Aesthetic Surgery
  - 7.10.1. Introduction
  - 7.10.2. Comparison between Gluteoplasty with Implants and Gluteoplasty with Autologous Fat Transfer
  - 7.10.3. Postoperative Aftercare.
    - 7.10.3.1. Return to Activities
    - 7.10.3.2. Postoperative Garments and Items
    - 7.10.3.3. Drainages
    - 7.10.3.4. Postoperative Pain Management
  - 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

- 8.1. 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 Assessment
  - 8.1.7. Summary
- 8.2. Surgical Procedures I. Vulva and Mount of Venus
  - 8.2.1. Introduction
  - 8.2.2. Labiaplasty
    - 8.2.2.1. Labia Minora
      - 8.2.2.1.1. Wedge Reduction
      - 8.2.2.1.2. Curved Linear Reduction
      - 8.2.2.1.3. Reduction by De-epithelization
      - 8.2.2.1.4. Reduction by Z-plasty
    - 8.2.2.2. Labia Majora
      - 8.2.2.2.1. Majoroplasty
  - 8.2.3. Reduction of the Clitoral Hood
  - 8.2.4. Reduction of the Mount of Venus
  - 8.2.5. Summary
- 8.3. Surgical Procedures II: Perineoplasty and Colpoperineoplasty
  - 8.3.1. Introduction
  - 8.3.2. Vaginal Rejuvenation
  - 8.3.3. Prolapse and Sexual Function
  - 8.3.4. Vaginal Relaxation and Effect on Sexual Function
  - 8.3.5. Assessment and Diagnosis
  - 8.3.6. Perineoplasty
  - 8.3.7. Colpoperineoplasty
  - 8.3.8. Hymenoplasty
  - 8.3.9. Summary
- 8.4. Complications of Female Cosmetic Surgery
  - 8.4.1. Introduction
  - 8.4.2. Mount of Venus Reduction, Liposuction, Lift
  - 8.4.3. Labia Majora Reduction
  - 8.4.4. Clitoral Hood Surgery
  - 8.4.5. Labia Minora Reduction
  - 8.4.6. Perineoplasty
  - 8.4.7. Hymenoplasty
  - 8.4.8. Labia Majora Augmentation
  - 8.4.9. Summary
- 8.5. Auxiliary Procedures
  - 8.5.1. Vulvar Clearing Techniques
  - 8.5.2. Laser Vaginal Rejuvenation
  - 8.5.3. Vaginal Rejuvenation with Radiofrequency
  - 8.5.4. Autologous Fat Grafting
  - 8.5.5. Platelet-Rich Plasma
  - 8.5.6. Non-Autologous Filler Materials
  - 8.5.7. Summary
- 8.6. Male Intimate Surgery
  - 8.6.1. Introduction
  - 8.6.2. Male Anatomy
  - 8.6.3. Anatomical Variants
  - 8.6.4. Process of Transformation of the Genitalia in the Chronological Evolution of Man
  - 8.6.5. Ethical Considerations of Cosmetic Plastic Surgery of the Male Genitalia
  - 8.6.6. Patient Protection and Preoperative Assessment
  - 8.6.7. Summary
- 8.7. Surgical Treatments
  - 8.7.1. Introduction
  - 8.7.2. Circumcision and Phimosis
  - 8.7.3. Lengthening of Preputial Frenulum
  - 8.7.4. Circumcision Reversal
  - 8.7.5. Lengthening Phalloplasty
    - 8.7.5.1. Suspensory Ligament Release
    - 8.7.5.2. V-Y Advancement Flap



- 8.7.6. Thickening Phalloplasty
  - 8.7.6.1. Penile Girth Enhancement with Fat
  - 8.7.6.2. Penile Girth Enhancement with Dermal Matrix
  - 8.7.6.3. Penile Girth Enhancement with Acellular Dermal Matrix
- 8.7.7. Complications
- 8.7.8. Postoperative Care
- 8.7.9. Summary
- 8.8. Hidden Penis
  - 8.8.1. Introduction
  - 8.8.2. Preoperative Assessment
  - 8.8.3. Classification
  - 8.8.4. Surgical Technique
    - 8.8.4.1. Trapped Penis
    - 8.8.4.2. Sailing Penis
    - 8.8.4.3. Buried Penis
  - 8.8.5. Other Associated Causes
    - 8.8.5.1. Excess Skin or Fat
    - 8.8.5.2. Suprapubic Liposuction - Skin and Panniculus Excision
  - 8.8.6. Postoperative Care
  - 8.8.7. Complications
  - 8.8.8. Summary
- 8.9. 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 Assessment
    - 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 Management
  - 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 Penoscrotal Fold
    - 8.10.3.3. Complications
    - 8.10.3.4. Summary

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

- 9.1. Alopecia
  - 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 Transplant
  - 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
  - 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
- 9.4. Aesthetic 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
- 9.5. Brachial Ptosis
  - 9.5.1. Concept
  - 9.5.2. Classification
  - 9.5.3. Surgical Planning
  - 9.5.4. Surgical Techniques of Choice
  - 9.5.5. Monitoring and Postoperative Care
  - 9.5.6. Complications
  - 9.5.7. Summary
- 9.6. Anti-Aging 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
  - 9.6.4. Surgical Management
    - 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. Aesthetic 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. Ultra-Definition of Thigh and Leg
  - 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. Monitoring and Postoperative Care
  - 9.8.6. Complications
  - 9.8.7. Summary
- 9.9. Special Considerations in Aesthetic Surgery I
  - 9.9.1. Post-Bariatric Patient
    - 9.9.1.1. Minimum Requirements to be Candidates for Surgery
    - 9.9.1.2. Relevant Examinations and Assessments
  - 9.9.2. Postoperative Patients
    - 9.9.2.1. Minimum Requirements to be Candidates for Surgery
    - 9.9.2.2. Relevant Examinations and Evaluations
- 9.10. Special Considerations in Aesthetic Surgery II
  - 9.10.1. Patients with Immunological Diseases
    - 9.10.1.1. Minimum Requirements to be Candidates for Surgery
    - 9.10.1.2. Relevant Examinations and Assessments
  - 9.10.2. Patients with Psychological and Psychiatric Disorders
    - 9.10.2.1. Dysmorphism
    - 9.10.2.2. Depression
    - 9.10.2.3. Other Psychiatric Disorders
    - 9.10.2.4. Relevant Assessments in Patients with Mental Disturbances
  - 9.10.3. Recommendations
  - 9.10.4. Summary

## Module 10. Protocols for the Aesthetic Surgery Patient

- 10.1. Characteristics of the Aesthetic Patient
  - 10.1.1. Social Influence
  - 10.1.2. Aesthetic Surgery Patients
  - 10.1.3. Psychological Assessment.
    - 10.1.3.1. Reasons for Aesthetic Surgery
    - 10.1.3.2. Expectations vs Reality
    - 10.1.3.3. Warning Signs
    - 10.1.3.4. Role of the Psychologist in Preoperative and Postoperative Assessment
  - 10.1.4. Dissatisfied Patients
    - 10.1.4.1. Causes
    - 10.1.4.2. How to Manage the Dissatisfied Patient?
  - 10.1.5. Recommendations
- 10.2. Virtual Era in Aesthetic Surgery
  - 10.2.1. Virtual Consultations
  - 10.2.2. What Can We Offer the Patient in the Virtual Era?
  - 10.2.3. Virtual Platforms
  - 10.2.4. Social Networks
    - 10.2.4.1. Publishable Content
    - 10.2.4.2. Advertising
  - 10.2.5. Virtual Simulators
  - 10.2.6. Uses and Limitations
  - 10.2.7. Handling of Simulation Programs
  - 10.2.8. Advantages and Disadvantages.
  - 10.2.9. Recommendations
  - 10.2.10. Summary
- 10.3. Medical Photographs
  - 10.3.1. Importance of Photographic Documentation
  - 10.3.2. Important Elements in Medical Photography
    - 10.3.2.1. Lighting
    - 10.3.2.2. Photographic Composition
    - 10.3.2.3. Scene
    - 10.3.2.4. Photographic Devices



- 10.3.3. Facial Photographs
  - 10.3.3.1. Projections
- 10.3.4. Body Photographs
  - 10.3.4.1. Projections
- 10.3.5. Informed Consent
- 10.3.6. Image Organization
- 10.3.7. Recommendations
- 10.3.8. Summary
- 10.5. Prophylaxis in Aesthetic Surgery
  - 10.5.1. Introduction
  - 10.5.2. Prophylaxis of Deep Vein Thrombosis (DVT)
    - 10.5.2.1. Caprini Scale
  - 10.5.3. Antibiotic Prophylaxis
  - 10.5.4. 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 Aesthetic Surgery
  - 10.7.5. Summary
- 10.8. Postoperative Medication and Analgesia
  - 10.8.1. Postoperative Analgesia
    - 10.8.1.1. Oral Analgesics
    - 10.8.1.2. Outpatient Intravenous Analgesia
  - 10.8.2. Postoperative Antibiotic Therapy
  - 10.8.3. Summary
- 10.9. Postoperative 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. Postoperative 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 Aesthetic 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



*Access key training that will help you advance your career*

06

# Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.



“

*Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization”*



## 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. Gervas, 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:

1. 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.*





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.





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.



# 07 Certificate

The Professional Master's Degree in Aesthetic Plastic Surgery guarantees students, in addition to the most rigorous and updated education, access to a Professional Master's Degree issued by TECH Technological University.



“

*Successfully complete this program  
and receive your university degree  
without travel or laborious paperwork”*



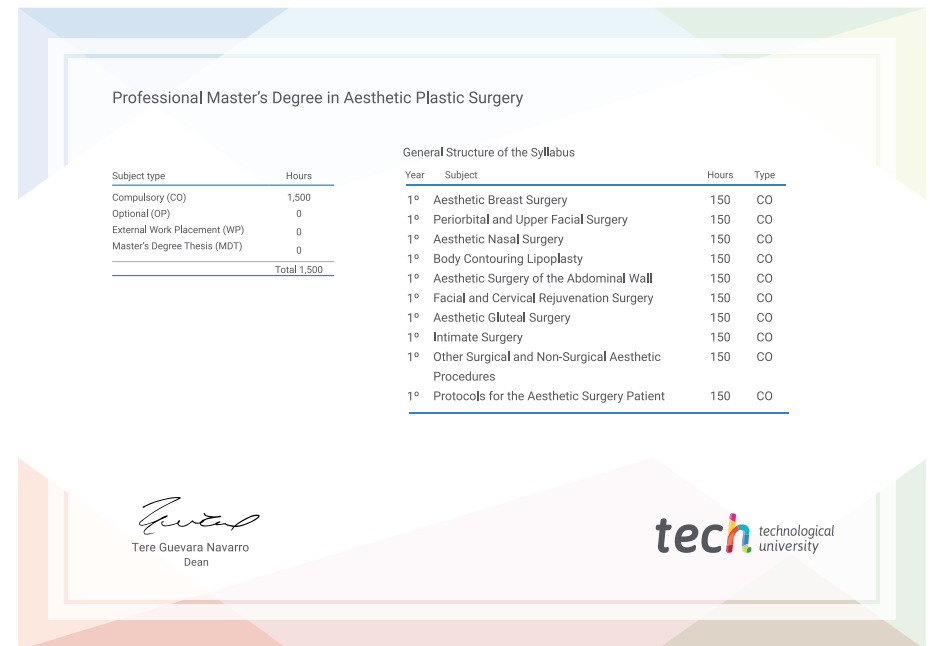
This **Professional Master's Degree in Aesthetic Plastic Surgery** contains the most complete and up-to-date scientific program on the market.

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

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Professional Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations and professional career evaluation committees.

Title: **Professional Master's Degree in Aesthetic Plastic Surgery**

Official N° of hours: **1,500 h.**



\*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.

future

health confidence people

education information tutors

guarantee accreditation teaching

institutions technology learning

community commitment

personalized service **tech** technological university

knowledge present quality

online **Professional Master's Degree**  
Aesthetic Plastic Surgery

development languages

virtual classroom

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

# Professional Master's Degree Aesthetic Plastic Surgery

