As we approach the end of 2020, Covid-19 continues to challenge us personally and professionally.

In this issue, we update you on the challenges of working through Covid with Prof Saleh, providing practical guidelines in Facial Plastics whether in your private practise or NHS.

During Covid, Mr Peter Andrews became the new President of BSFPS. He is an associate Professor of Rhinology at UCL & Academic Lead for Rhinology at the Ear Institute, Senior Consultant Surgeon in Rhinology and Facial Plastic Reconstruction at the RNTNE and Consultant Anterior Skull Base Surgeon at the National Hospital for Neurology & Neurosurgery. He specialises in Aesthetic and Functional Rhinoplasty Surgery as well as Facial Reanimation Surgery. He is an expert in sinunasal disease management and complex endoscopic sinus surgery. I am sure you will agree he is more than qualified!

Read his article on the challenges and vision he sees in our practises and how he plans to tackle this with our support.

Whilst we approach another lockdown, consider investing in Mr N. Balaji's new textbook on Nasal tip surgery. Read my book review to see why I recommend it as compulsory early Christmas present for oneself or for ones partner, who I am sure will donate it to you.

During these challenging times we look at where we are at with septorhinoplasty training with Mr Oremulé’s article and hope that our new President’s vision will help guide us to a brighter future. Also in the trainee corner, we learn how Mr Kulendra developed his interest in Rhinology and facial plastics and follow his journey to a consultant post with tips and recommendations.

Now that all meetings are virtual, please do come and join us virtually on Dec 7th for the annual BSFPS (postponed from March 2020), see Mr N. Balaji's article to see what you would be missing but also how to join.

Read Ms Cheang’s article on how to navigate and get the best out of BACO 2021. Read what is in store from the Facial plastics section and how to join.

Finally as we become more digital in our clinical practise, BSFPS is looking towards its readership and members to help shape its future direction on how and what we deliver to you. Please follow the link below and complete a very short survey of 5 questions and help shape the direction of the society! https://www.surveymonkey.co.uk/r/2KYS7SY

I hope you enjoy reading this issue and stay safe.
Visions and challenges for the future in the COVID era

I think the major goal for this year is to sustain SRP surgery on the NHS which in London has taken on a new wave of interest given the COVID-19 recovery programme and I’m proud to say we have successfully achieved this as part of our Pan-London recovery programme!

Having been recently appointment by ‘NHS England’ to be clinical lead for the Pan-London COVID-19 ENT recovery programme, I am proud to have led on the development of 2 new rhinology standardised pathways. These include the new ‘nasal airway surgery’ and endoscopic sinus surgery pathways which were created in collaboration with BRS, ENT-UK and fellow London colleagues. The adult tonsillectomy and adult myringoplasty pathways were the other 2 standardised pathways.

Our new ‘Nasal Airway Surgery’ pathway embraces current COVID-19 transformation initiatives including virtual consultations, one stop clinic ideology and the necessity to embed and quantify outcome measures including SNOT22 and NIPF in line with GIRFT. We have also promoted awake surgery for inferior turbinate surgery.

Importantly this new ‘Nasal Airway Surgery’ pathway relabels the general term of ‘septoplasty surgery’ and instead divides nasal airway surgery into three groups; SRP surgery, septoplasty surgery+/- inferior turbinate surgery and inferior turbinate surgery +/- local anaesthetic.

My vision during my tenure as President is also to develop a new junior section in BSFPS with the help of Samit Unadkat. Watch this space!

Mr Peter Andrews, President BSFPS
2020 has been the year to forget for most of us but nevertheless there have been things to reflect on and to learn from, and now that the second wave of the pandemic is upon us, I hope that what we have learnt will be worthwhile. We have all seen the extensive collaborations from our colleagues in ENT and its subspecialities to guide us with safety measures during and after the pandemic. In April of this year, in my capacity as president of BSFPS and EAFPS, I formed a task force to look into recovery of elective facial plastic surgery in the post Covid-19 era with the prime goal of safety for the patient, staff and surgeon. This resulted in published multinational guidelines where four of the authors were members of the BSFPS Council https://www.liebertpub.com/doi/10.1089/FPSAM.2020.0258. These were the first such guidelines at the time and are still applicable today. Shortly after we published safety guidelines for nonsurgical facial procedures during COVID-19 outbreak https://onlinelibrary.wiley.com/doi/full/10.1111/jocd.13530.

We also worked closely with ENT UK Independent Practise Committee which looked into the return of independent practise and aesthetic surgery after the pandemic. Similarly, I represented the BSFPS and ENT UK in planning surgical prioritisation by the Federation of Surgical Specialty Associations (FSSA), where we agreed that aesthetic surgery procedures should be considered on merit/case-by-case basis and those with a known functional benefit should be prioritised. https://fssa.org.uk/_userfiles/pages/files/covid19/prioritisation_master_301020.pdf. These guidelines are also expected to be applicable during the second wave of the pandemic.

On a different note, I continued to represent BSFPS in the Intercollegiate Cosmetic Surgery Oversight Committee that was formed as a cross specialty Committee to oversee the future operation, quality assurance and development of the Royal College of Surgeons Cosmetic Surgery Certification Scheme and any subsequent GMC credential. This resulted in the recent relaunching of the scheme following feedback from surgeons of many specialties who had undertaken the previous scheme https://www.certify-cosmeticsurgery.org.uk/home. I do encourage our members to consider joining the scheme which is a positive step forward for improving and maintaining standards.
Dear members,

Whilst the global pandemic may have seen the cancellation of the majority of our meetings and courses, thanks to the goodwill and enthusiasm of colleagues across the world, the electronic teaching resources available to facial plastic surgeons are stronger than ever. As a result of the outstanding webinars from international and national experts, there has been a growing interest in the BSFPS from budding facial plastic surgeons, who will ultimately shape the future of our speciality. Therefore, in early 2021, we will be launching the BSFPS Juniors section. Much like the British Rhinological Society (BRS) Juniors and the European Academy of Facial Plastic Surgery (EAFPS) Juniors the aim will be to give trainees a voice in helping to sculpt the future of facial plastic surgery. We will look to pool resources with other junior member groups, provide guidance on facial plastic surgery fellowships and establish a mentoring support network for our future colleagues.

We are now gearing up for next month’s annual BSFPS meeting, which will be held virtually. There are excellent talks aimed specifically for trainees covering the breadth of facial plastic surgery – including rhinoplasty, non-surgical facial aesthetics, facial reconstruction and reanimation.

If you are interested in joining the BSFPS Juniors and have new ideas of how you would like to contribute, please do email us at aniljoshient@yahoo.com or samit@unadkat.org.uk and do sign up for the annual meeting on 7th December 2020.

Lastly, we are conducting a short survey about our current members and how they would like our society to grow. We would value your input if you can spare just 1 minute! https://www.surveymonkey.co.uk/r/2KYS7SY
Anyone interested in nasal aesthetic, reconstruction and function will find this an essential read but also an excellent surgical manual.

As the title states it is dedicated to unraveling the complexity of tip surgery, one of the challenging aspect of rhinoplasty, but not in isolation as it also holistically reviews the whole concept of rhinoplasty via an open approach.

The format is a well structured, with 20 chapters from clinical assessment, ethics, recognition of pathology to surgical management options. In doing so it provides a stepwise method of learning but with clear indexing allowing the more experienced learner to dip into specific tip challenges and treatment options.

The case series chapter is a great resource to consolidate and reflect on the knowledge gained and also a great tool for those sitting exams in facial plastic surgery.

There are a number of stand out features.
The clarity of terminology which can be challenging in rhinoplasty and tip work when it comes to the range of grafts, and suture techniques is explained well.

The 'learning objectives, key points and thought process ' sections are well placed and are hallmarks of a teacher / trainer who understands his reader.

These pearls of wisdom features help structure learning and understanding of why a certain technique is chosen and is based on the author's surgical experience of over 1700 rhinoplasty cases over a 23 year period.

The joy for any budding rhinoplasty surgeon must be the surgical algorithms chapter which is unique. This allows processing of the knowledge into clear operative schemes when faced with specific nasal anatomy.

The wealth of knowledge packed into this handy size book is impressive and makes it a portable manual to all your rhinoplasty cases.

Finally the honesty of the author shows through with recognising challenging cases and outcomes and personal experience with different materials.

I recommend buying this book for the sheer joy that there is no other book like it and what greater joy is there for Christmas than to be gifted an ability to advance your skills in the world of tip rhinoplasty by an expert.

https://www.springer.com/gp/product-marketing-tool/flyer/9783030481568?downloadType=PRODUCTFLYER
Trainee Matters - COVID-19, training and septorhinoplasty

In March 2019, UK ENT trainees, representing all Deaneries and Local Education Training Boards, were surveyed on their experiences of septorhinoplasty during their training.

Trainees reported challenges to gaining sufficient opportunities to achieve the minimum level of skill required to achieve CCT. The quality of experience gained, and competence level attained, was highly variable. Trainees were supplementing their training with online materials, live and cadaveric courses. Only a quarter of senior trainees surveyed reported that they were within reach of the goal of performing the ten procedures required for CCT.

Then along came the COVID-19 pandemic. The pandemic has disrupted healthcare systems around the world and has had a profound impact on the delivery of surgical training. Routine elective surgery ground to a halt in order to prioritise cancer and emergency cases. Rhinology and facial plastics operations have been deemed low priority and are amongst the most likely to be postponed whilst control of the crisis is achieved.

Currently an increased level of pre-operative testing and self-isolation is required by patients undergoing elective procedures. Surgeons are also encouraged to use full PPE for aerosol generating procedures. Where trainees are involved in operations, training has become challenging due to the muffling of voice caused by wearing full PPE.

It is obvious that threats to training opportunities in septorhinoplasty surgery are likely to intensify with the introduction of strict peri-operative regimes for elective procedures in the COVID-19 era, especially in the absence of a relaxation on funding rules. Around three quarters of senior trainees who responded to our survey are at risk of not meeting the minimum number of septorhinoplasty procedures to achieve CCT with the current restrictions in place.

The COVID-19 pandemic is a new and additional threat to septorhinoplasty training for otolaryngology trainees, particularly those in the final third of the programme. In the short term, clarification is required on what level of operative proficiency is required for CCT. Longer-term, threats to training can be mitigated by providing cadaveric courses, embracing simulation and considering private sector placements in areas of low NHS volume.
This issue’s interview is with Mr Kevin Kulendra, Consultant ENT Surgeon Chelsea & Westminster Foundation Trust

Tell us a little about yourself?

I graduated from St. George’s University London in 2004. I was torn between ENT and Plastic Surgery at the time of MTAS applications. However one ENT job lead to another and following SHO jobs at Charing Cross and RNTNE, I undertook a South Thames and Eastern Deanery LATs (the latter with Carl Philpott as his first SPR) prior to securing my NTN and starting my ENT HST in 2010 in the W.Midlands. During that time I had exposure to basic endonasal and open septorhinoplasty along with H&N skin cancer excision and local flap / nasal reconstruction at Worcester and Heartlands with Lance Hollis and Sharam Anari respectively. Prior to my CCT in 2016, I applied for both facial plastic and Rhinology / skull base fellowships. I undertook my fellowships alongside my locum Consultant job at Oxford before securing my substantive post at W.Middlesex & Chelsea.

What fellowship(s) have you completed?

I completed an unfunded EAFPS fellowship between 2016 and 2018 as I was more interested in FPS than just rhinology alone. It is a competitive fellowship where you apply with other trainees from plastics, maxillofacial surgery and ENT from across Europe. There are a handful of funded (currently 16000 Euros) and unfunded posts each year. I completed it full time initially and then part-time over two years whilst working part-time (5 PA) as a consultant in Oxford before...
converting to a full time locum consultant. I completed 7 months with Alwyn D’Souza with exposure to H&N Skin Ca excision with local flap reconstruction in addition to a broad spread of facial plastic surgery in the NHS and private sectors including facelift, blepharoplasty, otoplasty, rhinoplasty (including revision with rib graft) and nonsurgical treatments, i.e., Botox, Filler and Laser treatments. More specific and complex revision rhinoplasty experience (including rib grafting) was gained with both Charles East and Julian Rowe-Jones for approximately 3 months each. I also spent one month over the summer holidays with Jonathan Sykes in Sacramento and Beverly Hills with further facial plastic experience including cleft surgery, endoscopic brow lift and fat transfer from the abdomen or thigh to the face. Normally 3 months of the 1 year fellowship is recommended to be undertaken abroad. I fitted the international component in across my oldest son’s school holiday and was awarded the BRS travelling fellowship (£1500) for the international component to the fellowship as I had tailored one of my papers to rhinoplasty. Prior to starting my substantive job I spent just under 6 months with Shahz Ahmed in Birmingham gaining advanced FESS and skull base surgical experience to help secure my substantive NHS post.

**What motivated you to pursue a career in Rhinology/FPS?**

I was interested in doing plastic surgery as a career before ENT higher surgical training, but as it happened one ENT job lead to another. During my ENT higher surgical training I became interested in rhinoplasty and facial plastic surgery. I liked the thought process behind reconstructing defects and the fact that one can get good patient satisfaction.

**How did you develop your CV to be competitive and show sub-specialist interest in rhinology/FPS?**

I tried to tailor my audit and research towards the speciality and present at facial plastics meetings. When preparing for the interview I’d recommend preparing for the basic questions, such as why you want to be a facial plastic surgeon, as they may not necessarily ask you about the details of your published papers. Think about why you are doing your fellowship and how it will help you define your consultant career. I had the opportunity to get involved with 3 book chapter publications including Scott Brown and Key Topics alongside completing a Rhinoplasty paper and chapters for a FPS Dissection manual, as I had the opportunity to learn from leaders in the field of facial plastic surgery.

**What have you gained the most from your fellowship over and above what you learned/experienced during HST?**

I gained further experience with H&N Skin Cancer management and Otoplasty in the NHS with first hand experience of aesthetic facial plastic non-surgical and surgical procedures in the private sector not seen in the NHS. There was flexibility and time to visit different facial plastic
mentors and complete research papers and the opportunity to write a number of book chapters, which further advanced my understanding.

**Do you have any advice for junior registrars wishing to pursue a career in Rhinology/FPS?**

Make your interest known and seek experience locally. Attend and network at BSFPS and other international meetings. I would advise that you consider the funding streams for your fellowship, if unfunded then plan your finances in advance.

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**Annual Meeting - Monday 7th December 2020**

We are delighted to announce that the *Annual meeting of the British Society of Facial Plastic Surgery will be held on Monday 7th of December 2020 on a virtual platform.*

When Prof. Hesham Saleh, the outgoing president of the BSFPS asked me to be the host for the March 2020 meeting, I was delighted to showcase the best Glasgow can offer in March this year. Unfortunately, COVID has not been kind to us and has changed the way we live. We will be hosting the programme through a virtual platform. The meeting was originally planned under the leadership of Prof. Hesham Saleh however since then the leadership has been transferred to Mr Peter Andrews as the new President of the BSFPS.

We have put together a wide spectrum of faculty, who are national experts in their own field. The theme will be *“Modern Day Facial Plastic Surgery” - A multi-disciplinary approach.* We have speakers from ENT, Maxillo-facial, Plastic surgery, Dermatology and non-surgical cosmetology. We will be covering a wide range of topics including Rhinoplasty, Otoplasty, Face lifts, Surgical rehabilitation of paralysed face and Mohs surgery. For the first time there will be an *“How I do it section” video demonstration* of facial sculpting, although this was planned pre-covid to be a “live” demonstration. There will also video talks on Otoplasty and Nasal septal perforation repairs, thus covering a wide spectrum of facial plastic surgery topics in a day. The “Icing” on the cake will be the *“Keynote” lecture by Dr. Jose Carlos Neeves from Portugal on “preservation Rhinoplasty”*. This meeting will be of value to all practising facial plastic surgeons including ENT, Maxillo-facial, Plastics, Dermatology and Oculoplastic colleagues. The meeting will be accredited with CPD points by ENT UK soon.

As we all know, facial plastics is a growing sub-specialty. In the forthcoming BACO, despite the threat of COVID, BSFPS is determined to put on an exciting show online, showcasing the breadth of the topic.

On Sunday 10th January, we kick off with management of the difficult septum at 11:15. Shahram Anari, Natarajan Balaji and I will be talking about those tricky anterior deviations, the ethmoid perpendicular plate and when it is time to open the nose for reconstructing the septum. On the same day at 15:45, there will be a panel discussing skin reconstructions after cutaneous malignancy resection, focusing on nasal reconstruction, auricular reconstruction and various facial flaps. This will be led by Prof Tim Woolford, who is one of the pioneers in this country for his nasal reconstructions, with other speakers to confirm.

The Keynote lecture on Monday 11th January, 12:15 will be given by our international speaker Pietro Palma. He will be talking on the resurgence of endonasal rhinoplasty. As one of the world’s renowned endonasal rhinoplasty surgeons, his lectures are always informative, full of reflection, and visually stunning. Please make sure not to miss it. The second day will also see the panel speaking on Nasal tip at 15:45, with Hesham Saleh and Pietro Palma.

On the last day, Tuesday 12th January, we start bright and early at 08:30 with aesthetic and reconstructive ear surgeries. Pinnaplasty - Earfold technique and auricular reconstruction will be discussed by Jose De Cordova and Alam Hannan. At the same time, a session on functional septorhinoplasty will be held; discussing the all-important effect of nasal valve on the nasal airway. Sandeep Uppal will take us through nasal valve assessment and nasal valve collapse. Prof Saleh closes this session with a talk on functional and aesthetic septorhinoplasty.

At 09:30 two senior surgeons, Prof Tim Woolford and Natarajan Balaji, have been invited to talk about their challenging cases in rhinoplasty. Finally at 12:30, we have a session on eyelid and forehead surgery. Alwyn D’Souza, Sandeep Uppal and John Morehead will discuss upper and lower lid blepharoplasty, brow lift and forehead lift.

We shall look forward to seeing you online!