MAPACS AESTHETIC MASTERCLASS

Advanced Anatomy, Aesthetic Strategy & Surgical Execution

7 June 2026 | 8:00 AM - 3:30 PM | St Giles Wembley, Penang

Guest Faculty: Giovanni Botti **Guest Chairperson:** Lok Huei Yap

OVERVIEW

The MAPACS Aesthetic Masterclass is an advanced, focused session dedicated to anatomy-driven aesthetic surgery. Structured around a clear guiding principle - structure over superficiality and longevity over trend - it deepens understanding of how anatomical precision, surgical judgement and disciplined technique lead to durable, natural outcomes.

Each surgical segment follows the framework: Anatomy - Aesthetic Considerations - Surgical Management. The afternoon session broadens into clinical judgement, open case discussion and practice strategy. The session is intentionally interactive throughout.

MORNING PROGRAMME | 8:00 AM - 1:30 PM

07:30 - 08:00 **Registration & Morning Coffee**

08:00 - 08:05 **Opening Remarks**

Dr Wong Thai Er | President, MAPACS

08:05 - 08:10 **Introduction of Guest Faculty**

Dr Lok Huei Yap | Organising Chairman

Framing the philosophy of structure over superficiality and longevity over trend, and outlining the anatomy-driven focus of the session.

UPPER FACE

08:10 - 08:55 **Brow** (45 min)

Anatomy Layered anatomy, ligamentous attachments, neurovascular pathways and safe dissection zones.

Aesthetic Considerations Vector design, brow-eyelid harmony, gender differences and restraint in elevation.

Surgical Management Open and endoscopic strategies, fixation principles, temporal integration and avoidance of distortion.

08:55 - 09:25 **Temple & Forehead** (30 min)

Anatomy Temporal fascia layers, sentinel vein, retaining structures and transition zones.

Aesthetic Considerations Temporal hollowing, upper face continuity and volume versus lift strategy.

Surgical Management Temporal lift refinement, volumisation planes and preservation of natural contour.

MIDFACE & LOWER FACE

09:25 - 10:15 **Face - Part I** (50 min)

Anatomy SMAS architecture and behaviour across the face. The retaining ligament system - zygomatic, masseteric-cutaneous and mandibular - their anatomical positions, surgical significance and release hierarchy. Facial nerve branching patterns, safe dissection corridors and danger zones specific to deep plane entry. Midface fat compartments: malar, nasolabial and orbital, and how compartment descent drives the aged appearance.

Deep Plane Anatomy The sub-SMAS plane in detail: the interface between the deep surface of the SMAS and the parotidomasseteric fascia. Understanding the step from superficial to deep plane dissection - where it is safe, where it is not, and why ligament anatomy determines everything. The role of the zygomatic retaining ligament as the key release point for midface mobilisation.

High SMAS Anatomy The high SMAS zone: anatomy of the prezygomatic space, the relationship of the SMAS to the zygomatic arch, and the tissue planes that allow high SMAS elevation without facial nerve injury. Why high SMAS extension produces superior vector control compared to standard SMAS plication or imbrication.

Coffee Break | 10:15 - 10:35

10:35 - 11:45

Face - Part II (70 min)

Aesthetic Considerations Ogee curve restoration as the primary aesthetic target. Jawline engineering: the relationship between ligament release, jowl correction and mandibular border definition. Cervicomental angle design and the interplay between platysma, submental fat and neck skin. Multi-vector planning - why a single superior vector is rarely sufficient and how to design compound vectors for midface, jawline and neck independently.

Deep Plane Surgical Management Entry point selection and the sequence of dissection from lateral to medial. Zygomatic ligament identification and release as the critical step enabling true composite flap mobilisation. Masseteric-cutaneous ligament release for jawline correction. Avoiding the facial nerve throughout: practical anatomical landmarks, depth discipline and the consequence of plane errors. Deep plane versus extended deep plane - when the additional dissection is warranted.

High SMAS Surgical Management High SMAS elevation above the zygomatic arch: technique, fixation points and the vector advantage over standard SMAS procedures. Integration of high SMAS with temporal dissection for upper-to-lower face continuity. How high SMAS extension addresses the lateral orbital and temporal transition zones that standard facelifts leave undertreated.

Platysma & Neck Integration Platysma as the cervical extension of the SMAS: corset platysmaplasty principles, decussation correction and lateral platysma fixation. Submental access - when it is required and how it coordinates with the lateral approach. Achieving a lasting cervicomental angle without over-tightening the neck.

Complication Avoidance Haematoma prevention: the role of drainage, blood pressure control and flap tension. Facial nerve injury - recognition, intraoperative management and prognosis. Skin necrosis risk: flap perfusion principles and avoiding tension at closure. Distortion, pixie ear and hairline displacement - how surgical planning prevents each.

RHINOPLASTY

11:45 - 12:45

Nose (1 hour)

Anatomy Osteocartilaginous framework, internal nasal valve dynamics and tip support mechanisms.

Aesthetic Considerations Dorsal lines, projection ratios, functional balance and ethnic nuance.

Surgical Management Open versus closed approach, structural grafting, spreader strategy and revision principles.

BREAST

12:45 - 13:30

Breast Augmentation - Foundations (45 min)

Anatomy Fascial layers, implant planes and inframammary fold control.

Aesthetic Considerations Upper pole balance, cleavage architecture and soft tissue envelope assessment.

Surgical Management Pocket precision, implant selection principles and strategies for long-term stability.

Lunch & Networking | 13:30

AFTERNOON PROGRAMME | 2:00 PM - 3:30 PM

BREAST - ADVANCED

14:00 - 14:30

Preserve vs Transaxillary Breast Augmentation - Compare & Contrast (30 min)

Preserve Method Tissue-preservation approach via a 2.5cm inframammary incision using the Motiva Channel Separator and Inflatable Balloon. Native tissues are elongated rather than divided. No cutting of muscle, ligaments or nerves. Paired with SmoothSilk Ergonomix implants.

Transaxillary Method Axillary incision concealed in the armpit fold. Blunt dissection without endoscopic assistance to create the subfascial or subpectoral pocket. No scar on the breast. Indicated for patients of small to moderate volume without ptosis and those with a poorly defined inframammary fold.

Anatomy Relevant pocket planes for each approach: subfascial, subpectoral, dual-plane. Interaction with the pectoralis major, fascial envelope and inframammary fold ligaments. Nerve preservation considerations and long-term implant behaviour.

Patient Selection Who is the ideal candidate for each technique. Contraindications, volume limits, soft tissue requirements and the crossover scenarios where one approach is favoured over the other.

Outcomes & Tradeoffs Scarring profile, recovery trajectory, implant stability, animation deformity risk and revision access - compared directly between both methods.

Surgeon Perspective Giovanni Botti's approach: when he reaches for one technique over the other, what drives that decision and the practical learning curve considerations for each.

CLINICAL JUDGEMENT

14:30 - 14:55

Managing the Difficult Patient (25 min)

Pre-operative Red Flags BDD screening, unrealistic expectation patterns and surgeon-shopping behaviour. How to identify risk before the operating table.

Intraoperative Judgement Decision pivots mid-case and knowing when to stop. Managing unexpected findings and the discipline of not over-correcting under pressure.

The Dissatisfied Patient Managing complaints post-operatively without litigation exposure. Communication strategy, documentation and the psychology of the unhappy outcome.

The Declined Consultation How to say no, protect your reputation and preserve the surgeon-patient relationship. Turning a refusal into a referral.

Dialogue format - Giovanni Botti & Lok Huei Yap

OPEN FLOOR

14:55 - 15:15

Attendee Case Discussion & Open Q&A (20 min)

Format Participants present case photographs or clinical questions. Giovanni Botti and Lok Huei Yap respond with live surgical reasoning - anatomy, planning, execution and revision strategy.

Submission Attendees are encouraged to submit cases or questions at registration to allow prior review.

Topics Welcome Surgical planning dilemmas, revision cases, anatomical questions, technique selection and complication management.

Interactive - audience-led

PRACTICE & REPUTATION

15:15 - 15:30

Building a Practice That Travels (15 min)

International Reputation How to build credibility across borders - publishing, live demonstrations, peer relationships and sustained teaching.

Patient Communications The consultation as part of the outcome. Rapport, trust architecture and the patient journey as a competitive advantage.

Growing Facelift & Necklift Volume Educating patients early, anatomy-first positioning in your market and the specialist referral flywheel.

5X Your Referral Rate Systems versus luck - what processes actually drive referrals and how to engineer them deliberately.

Closing panel - Giovanni Botti & Lok Huei Yap

GROUP PHOTOGRAPH

15:30

Group Photo Opportunity

All faculty, speakers and attendees are warmly invited to gather for a group photograph to mark the close of the masterclass.

Please assemble promptly at the front of the room at 15:30.

Close of Masterclass | 15:30