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INTERNATIONAL SOCIETY OF AURICAL RECONSTRUCTION (ISAR)

NEWSLETTER

INSIDE THIS ISSUE

A Message from the President

This is our third and final newsletter of 2025 with several exciting updates to share. This issue highlights our growing Southeast Asian collaboration, including a recent knowledge-sharing visit from a Vietnamese surgical team to Indonesia to exchange techniques and perform complex reconstructive procedures. We also share insights from the Ukrainian Workshop, where international colleagues joined local teams for an intensive program focused on facial and auricular reconstruction. In addition, you'll find details about our next webinar, results from the latest case study along with the upcoming case, and a look at current activities in our "What's Going On?" section.

Prof Corstiaan Breugem
President ISAR

Southeast Asia ISAR Member Collaboration: From Vietnam to Indonesia

A team of skilled plastic surgeons from Vietduc University Hospital in Hanoi, Vietnam, recently embarked on a knowledge-sharing journey to Indonesia. Led by renowned experts in their field, Dr. Ha Nguyen and Dr. Huyen Tran, the team visited Surabaya and Yogyakarta to transfer their expertise and perform complex surgeries. In Surabaya, the team attended the morning report activities of plastic surgery residents at Airlangga University and participated in sharing about plastic surgery residency in Vietnam. We're also planning to have future collaborations in plastic surgery residency exchanges.

Facial Reanimation Surgery in Surabaya

From September 1 to 2, the Vietnamese team performed facial reanimation surgery at Airlangga University Hospital in Surabaya. This procedure aims to restore facial function and mobility in patients with facial paralysis or weakness. The team's exceptional skills and precision were on full display as they worked alongside Indonesian medical professionals to bring new hope to patients in need.

Aesthetic Surgery Insights and Cultural Exploration

On September 4, the team visited the Navy Hospital Surabaya to observe and join aesthetic surgery procedures and discuss future collaboration with the chairman of the East Java Plastic, Reconstructive, and Aesthetic Surgery Association. Later, we took a short trip to witness the breathtaking sunrise at Mount Bromo, one of East Java's most stunning natural wonders.

Microtia Reconstruction & Exploring Borobudur Temple in Yogyakarta

The team then traveled to Yogyakarta, where they performed a one-stage endoscopic microtia reconstruction surgery at Sardjito Hospital on September 5. This advanced surgical technique offers a promising solution for patients. The team's expertise in auricular reconstruction was evident throughout the procedure. After a successful surgery, we took some time to explore the magnificent Borobudur Temple in Central Java, a UNESCO World Heritage Site and one of Indonesia's most iconic landmarks.

The Vietnamese plastic surgeons' visit marked a significant milestone in the collaboration between ISAR members, fostering the advancement of science and expertise in plastic surgery, especially auricular and craniofacial reconstruction. As they returned to Hanoi on September 7, the team left behind a legacy of knowledge and skills that will benefit Indonesian medical professionals and patients for years to come, as well as a commitment for future collaboration.

By Dr Indri L. Putri, Surabaya, Indonesia

The war in Ukraine sadly continues and huge numbers of Ukrainian military personnel and civilians continue to be killed and maimed by Russian aggression. Frontline, eastern hospitals bare the brunt of primary trauma care however regular medical evacuations bring the wounded to more western cities such as Kyiv and L'viv. In addition western cities probably carry the burden of most secondary reconstructive surgery. ISAR members will be well aware than many of the greatest advances in reconstructive surgery have taken during war time. It is probably fair to say that reconstructive surgical training programmes were not universally available before the war. It is definitely fair to say that Ukrainian doctors show incredible dedication, resilience, skill, compassion and an incredible thirst for learning.




ISAR members Osman Akdag (Konya, Türkiye), Stephan Guichard (Paris , France) and Ken Stewart (Edinburgh, Scotland) were delighted to be able to travel to L'viv, in September 2025. We were accompanied by Patrick Addison (Edinburgh Facial Palsy Surgery Specialist), Steven Hutchison (Edinburgh, Facial Prosthetist) and Peter Vickers (Maxillo-facial Surgeon New Zealand). We undertook a 6-day workshop on facial reconstruction with a heavy emphasis on auricular reconstruction.

We were hosted by the amazing local team lead by Dr Hnat Herych and his colleagues at the Fisrts Medical Union Adult and Paediaric hospitals. We spent our first day seeing a variety of facial and auricular reconstruction cases both trauma and congenital. A number were ideal for surgical intervention and others more suited to prosthetic reconstruction. Day one was spent with both lectures and a ear carving workshop, Days 3-5 full on auricular reconstruction and prosthetic carving.

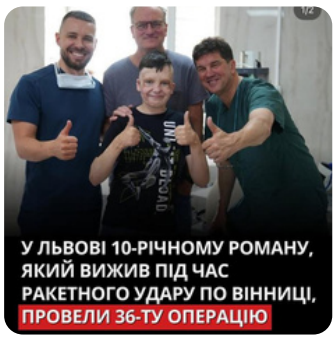

Perhaps our most famous patient was a 10-year-old boy who had been badly burned by a Russian missile aimed at a clearly civilian target. He had been evacuated to Germany for primary burn care and in subsequent months had met both the Pope and Prince Harry. His issues included loss of the top of both ears and severe hand contractures. We offered him staged surgery, but he made it perfectly clear , in fluent English, that he had already had 36 surgeries and he wanted both ears and both hands operated in one sitting. When we explained that Stephan and Osman were more famous than either the Pope or the Prince, he was delighted that they and the Ukrainian doctors made his ears.

Perhaps our most sobering moment was rounds in the Children's hospital the following day and seeing one of our post op patients colouring in a tank. In what depraved cruel world do 6-year-old girls' colour in pictures of military ranks.




Ukraine is a beautiful country and Lviv one of the nicest cities in Europe. Its people show incredible determination, spirit, and resilience. Having witnessed their resolve and cheer we were left in no doubt that they will prevail in their 'War of Independence". We were also left in no doubt that their reconstructive surgeons will have much to teach the rest of the world when it is all over.

Thanks to ISAR for sponsoring the meeting, to Matrix Surgical for supplying some implants. (Sadly they arrived too late but we will use them next time), to The Para troop regiment for supplying surgical equipment but mostly to the staff of First Medical Union Emergency Hospital and Children's hospitals for your warm reception and your dedication.

We only had one air raid whilst in Lviv. Incoming cruise missiles and drones on our last night saw us scurrying for the air raod shelter which pleasantly doubkled up as the hotel wine cellar. But spare a thought for our local host Oleg who decided his best refuge from the Shaheeds in his 6th floor apartment was his cast iron bathtub!"

Dr Ken Stewart

NEW WEBINAR

Join us for an ISAR webinar on The Porous Polypropylene Ear Reconstruction – Pitfalls of Surgery!
Learn from world experts Dr. Sheryl Lewin, Dr. Scott Stephan, and Prof. Dr. Corstiaan Breugem as they discuss challenges and key lessons in this complex procedure.
Hosted by Dr. Indri Lakhsmi Putri and Dr. Mai Thy Truong, this promises to be an insightful session for reconstructive surgeons.

🗓️ **23 January 2026 | 15:00–16:00 GMT**
🔗 **Free registration**

Register Now

LAST WEBINAR

Thank you for joining us for the ISAR webinar on Ear Elevation: Surgical Techniques and Post-Operative Care.
We're grateful to our moderators and expert speakers for their valuable insights and to everyone who attended. If you missed the live session—or would like to revisit it—the recording is now available on our website.

Watch Now

In our last newsletter we asked for your thoughts on a challenging Case. You were presented with two similar cases and asked which incision would you choose? Dr Stephan Guichard walks us through the approaxches

This type of malformation falls within the category of constricted ears or cup ear but in their most severe form. (figure 1)
It can be unilateral, bilateral, isolated or part of the BOR syndrome. From the descriptive point of view, the lower part is normal, with the presence of a tragus, an anti-tragus, a lobe as well as an external auditory canal in normal size and position.
The upper part is atrophic, tipped downwards, like a "hood" partially covering the lower part. When tension is applied backwards, a net horizontal skin contraction is observed, originating just above the tragus. (I have always wondered if the term 'constricted ear' used by Tanzer came from this characteristic). (figure 2).


Figure 1


Figure 2

From the point of view of reconstruction, given the absence of the antihelix, scapha and helix, it is obvious that it will be necessary to resect the malformed elements and use costal cartilage to make a framework reconstructing these elements, but also, it will be necessary to insert this model into the lower part of the ear to give rigidity to the whole.

Then arises the question of the skin approach because we notice that this narrowing in the middle part will present a problem for the insertion of the cartilaginous framework.
It is therefore tempting to make a vertical incision (figure 3) to immediately release this narrowing with the idea of using the skin covering the atrophic area to cover the cartilaginous framework.

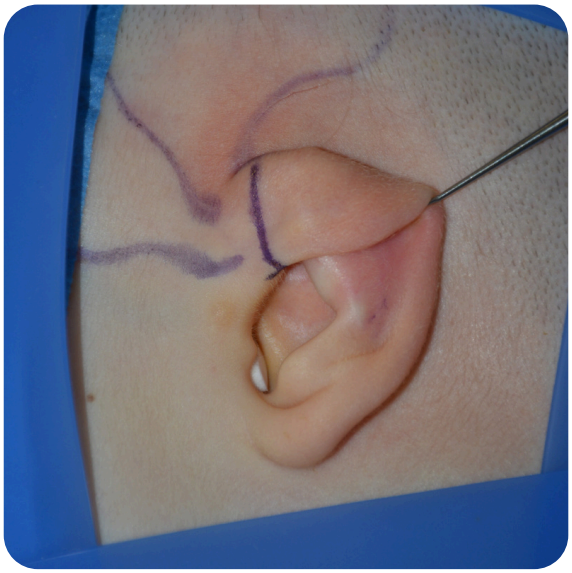


Figure 3

f this skin approach indeed allows to put the framework in place, it has 2 disadvantages: the horizontal suture is under tension, and the skin flap covering the cartilage moves backwards, therefore the very thin skin covering the initial atrophic area will cover the cartilage framework. (figure 4)


Figure 4


Figure 5

Even if the initial result may seem satisfactory, this very thin skin, covering the cartilage, will not provide sufficient vascularization to the cartilaginous graft and this will lead to secondary resorption. (figure 5)
It is preferable to adopt a more classic type 2 approach according to Françoise Firmin located below this constricted area. (figure 6, 7)


Figure 6

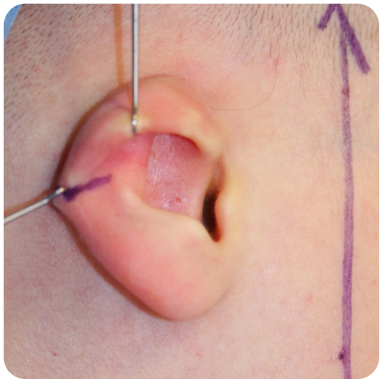


Figure 7

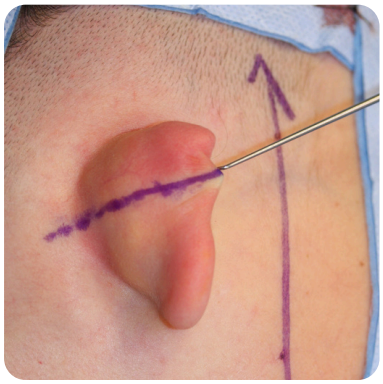


Figure 8

This will of course allow the cartilaginous framework to be easily inserted into the lower part, but above all to move the upper flap forwards where the skin excess from the atrophic area can be resected while at the same time removing the constricted skin. (figure 8)
The skin, covering the cartilage, will then be thicker allowing better trophicity of the cartilage and a stable result over time. (figure 9&10)


Figure 9


Figure 10

What approach and technique would you choose?

Tell Us Here

Want to contribute a case?
Email the details to:
isar@in-conference.org.uk

Recent Publications

Innovative Approaches in Microtia Treatment: Advancements in Tissue Engineering and Scaffold Design

Advancing Auricular Reconstruction: The Evolution and Outcomes of Auricular Reconstruction Using a Porous Polyethylene (PPE) Framework

Implantable bone conduction devices enhance functional ear reconstruction in patients with pediatric microtia

Bilateral implant-retained auricular prosthesis for a patient with fire-related missing ears: A case report

Innovation Highlights

- In China, surgeons led by Guo Shuzhong have optimized the traditional three-stage ear reconstruction (for microtia) into a two-stage procedure, with millimeter-level costal cartilage carving precision, which is being used to treat ~2,500 children per year in China. Read More here
- In September 2025 at the 2025 International Conference on Biofabrication in Warsaw, a contribution described a patient-specific 3D-printed scaffold (TPU/PCL) for auricular reconstruction — showing the field is moving into very customized scaffold / additive manufacturing territory. Read More Here

Upcoming Events

- 21st Annual Meeting of the Middle East Academy of Otolaryngology – Head & Neck Surgery — 10-12 April 2026 in Dubai, UAE.
- 4th International Conference on ENT: Head & Neck Surgery (ENT 2026) — 11-12 May 2026 in Kuala Lumpur, Malaysia.
- Nijmegen Ear Surgery Course — 20-24 April 2026 in Nijmegen, The Netherlands. A focused ear surgery course
- SAS Conference 2026 (ENT UK) — 1-2 October 2026 in Smethwick, UK.
- Otology, Rhinology & Laryngology Conference 2026 — 27-29 July 2026 in Rome, Italy.

If you would like to include anything in our next Newsletter please email us at ISAR@in-conference.org.uk