

# BAPRAS SSIG

BAPRAS Student Special Interests Group Newsletter



2016 Elective Bursary Recipients



BAPRAS

British Association of Plastic  
Reconstructive and Aesthetic Surgeons



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# Letter From the President



BAPRAS awards up to 20 bursaries each year to provide financial support for medical students who wish to undertake research, travel or an elective in a subject related to plastic surgery. We are particularly pleased to see that these visits encourage students to take up careers in plastic surgery. Even though the numbers of junior doctors applying for careers in surgery has fallen recently, plastic surgery remains one of the most popular ones. After paediatric surgery, it is the most popular surgical specialty for female trainees, and our most recent workforce survey showed that 18% of the plastic surgery consultants in the UK are female, a high proportion for surgery.

Bursary holders go all over the world. Previous visits have been the USA, Australia, New Zealand, South Africa, Hong Kong, Uganda, Malaysia, Borneo, Vietnam, India, Bangladesh, Argentina, Peru, Brazil, Ghana. To give you a taste of where others have gone and what can be achieved, there is a selection of previous reports on the BAPRAS website.

The bursaries are very popular. Last year there were over twice as many applicants as the number of bursaries available, so the application must be good. Do get it looked at by someone senior. The applications are scored by several plastic surgeons, and we look particularly at the reasons for choosing a proposed project, and its benefits to them and to others. We also like to see a good breakdown of the costs of the trip, and not just the cost of the flight to that country.

Do also remember that, although not a requirement for a bursary, BAPRAS welcomes medical students as junior members of the Association. The annual subscription is only £25 per annum, which includes reductions in the fees for the scientific meeting and the advanced educational courses.

Good luck with your applications, and if you are successful do enjoy your time away as well as making the most of it educationally.

David Ward  
President BAPRAS 2017 -2018



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# The SSIG

The Student Special Interests Group was established in 2016 in response to a growing interest in plastic surgery amongst medical students, and a recognised desire for students to become more involved in the speciality at an early stage in training.

## The group has 4 aims:

- 1. To promote plastic surgery amongst medical students*
- 2. To provide a forum to disseminate relevant information related to plastic surgery*
- 3. To provide support, professional development and networking opportunities for students*
- 4. To feedback to BAPRAS information regarding student interest in plastic surgery*

## Founding Committee



Chair - Dr Alistair Reed

Alistair is a Foundation Year 2 Doctor in Oxford Deanery. He graduated from the University of Oxford in 2016 during which time he obtained a BA Honours degree in Medical Sciences. During this time he founded the Oxford society for Plastic Reconstructive and Aesthetic Surgery (OxPRAS) and, based on this experience, was later elected inaugural chair of the BAPRAS SSIG. Alistair has a keen interest in plastic surgery and plans to apply for Core Surgical Training before pursuing a career in the speciality.



IT & Publications - Dr Adriana Panayi

Adriana is a postdoctoral research fellow in the division of Plastic Surgery at Harvard Medical School. She completed her medical degree at the University of Cambridge, where she also received a BA in Medical Science. She also holds a BSc in Neuroscience from University College London. She has deep interest in plastic and reconstructive surgery and has most recently interned in New York City and Los Angeles shadowing facial plastic surgeons specialising in reconstructive rhinoplasty.



Secretary - Emma Gill

Emma is a graduate medical student in her penultimate year at the University of Edinburgh, where she previously earned her BSc in Medical Sciences. She has worked in research labs based in Nottingham, Leeds and her host institution Edinburgh. A key member of Edinburgh University's Surgical Society, Emma works on student initiatives aimed at promoting surgery as a career and she has a particular interest in Plastic and Reconstructive Surgery. She also participates in research projects with a surgical focus, most recently with the orthopaedic and breast surgery teams in Edinburgh.

## Membership:

Membership is only available to Student Members of BAPRAS. On successful application, Student Members of BAPRAS automatically become members of the SSIG.

## Benefits:

In addition to discounts on courses and meetings afforded by Student Membership of BAPRAS, SSIG members will:

- 1) Join a growing network of students interested in plastic surgery
- 2) Receive relevant information and newsletters through the SSIG mailing list
- 3) Have the opportunity to join the SSIG Committee



# Kerala, India



*Alisha Casement completed her medical degree at Birmingham University and is currently and is currently working as a Foundation Year 1 in the North West Thames foundation school. She undertook her elective in The Amrita Institute of Medical Sciences under the supervision of Dr Akshay Omkumar and Dr Subramania Iyer.*

Above: The Amrita Institute of Medical Sciences, Kerala, India

During my month at the Amrita Institute, I undertook a data collection project. This involved me searching through paper diaries for patients who had undergone breast reconstruction or mastectomies from January 2015 to May 2016. I collected demographic data about these patients, including age, distance from hospital and type of procedure. The

database included over 300 patients. In order to understand the reasons for and against undergoing breast reconstruction in India, I worked with a social worker to contact the ladies individually to discuss this. I also attended multiple surgery lists seeing everything from breast reconstruction, to finger re-attachment, to hair transplantation. The



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placement opened my eyes to the wider role of plastic and reconstructive surgery, and the importance in regaining function. The hospital allowed me to scrub in which was a really fantastic opportunity.

*What were the best things about the visit?*

The highlight of the trip was meeting the first two double-hand transplant patients in India. They both

drivers. The fact that the two girls I was with were more interested in having a holiday than being in hospital meant that I was having to get a rickshaw by myself early in the morning and not returning until late, which was a little unnerving. Adjusting to the heat was also difficult, with temperatures of up to 46 degrees! I was often quite tired by the afternoon, although I was lucky

and tailor the programme to suit whichever department you want to attend. They provide one-on-one mentoring and all resources necessary to enable a worthwhile experience. There are lots of opportunities to see things you would never see in the UK, and to take part in research. The experience would not have been the same if it weren't for Dr Omkumar, who took me under his



With the Dr. Subramania Iyer, Clinical Professor and Head of Plastic Surgery



In the surgical theatre



Travelling with friends

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had this pioneering surgery at the Amrita Institute, and one year on I was able to observe them employing fine movement and sensation with their new hands. It was an exciting time for the institute, as a double-hand transplant is still yet to be achieved with such success in many countries including the UK. One man had lost his hands in a train accident. The donor's family were so happy to see him changing another's life, and the spiritual significance of organ donation in India really touched me.

*What problems did you encounter?*

India is not an easy country to travel around. Organising travel was difficult, and we found that we were getting ripped off by autorickshaw

that the plastic surgery department was air-conditioned.

*What accommodation was provided?*

The Amrita Institute did offer accommodation including food for £10 per night. However, some friends had recommended an excellent apartment near the hospital. I went with two friends, and we stayed in a three-bedroom serviced apartment for £100 each per month. It had wifi and was absolutely immaculate – a perfect place to relax after a long day in hospital.

*Would you recommend this to anyone else?*

The Amrita Institute is a fantastic tertiary centre, with over 50 departments to choose to visit. They offer a really hands on experience

and was always coming to get me to show me interesting things.

*Are you more likely to choose a career in plastic surgery as a result of this experience?*

Absolutely. Following the junior doctor contract debate I had been feeling disheartened about entering a profession that seemed to be spiralling into uncertainty. I had particular doubts about becoming a plastic surgeon given the long and difficult training time. This elective came at just the right time because it re-ignited my passion for surgery. I am very thankful for this opportunity as before my elective I had considered the possibility of following a career pathway outside of medicine completely. Now I am sure that medicine is still for me.



# Chandigarh, India



*Alistair Reed graduated from Oxford University in 2016 and is currently undertaking Foundation Year 2 in Oxford Deanery. During his medical elective he joined the plastic surgery department of a tertiary referral centre in India (PGIMER, Chandigarh). He has maintained contact with the department with a view to returning there in the future once he has more surgical experience.*

Above: Contemplating life at the Golden Temple, Amritsar

PGIMER is a very large government tertiary referral centre which offers all medical and surgical specialities and receives patients from across northern India. I spent four fascinating weeks immersing myself in all facets of the plastic surgery department and with daily ward rounds, clinics, and elective, emergency and trauma theatres I was never short

of things to do! Clinics typically included over 50 patients and were a fantastic opportunity to see a huge variety of pathologies from cleft lip and other congenital abnormalities to post-burn contractures and trauma patients. The elective theatres were consultant-led and I observed a number of more



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complex cases including platoplasty, eye lid reconstruction and various flaps. In the emergency theatre (which runs all day and night), I assisted the residents with cases of facial fractures and split-skin grafting for burns. In the Trauma Centre I was shocked by the severity of the injuries which presented; including severe head injuries, major burns, and amputations. This

ment. The department was very welcoming and the junior surgeons were very keen to teach.

*What problems did you encounter?*

Culture shock - the sweltering heat, noise and crowded nature of India may not be to everyone's taste and, with limited access to Western food, adjusting to the local cuisine was harder than I expected.

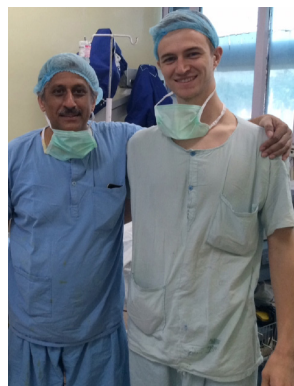
difficult to complain.

*Would you recommend this to anyone else?*

Yes, definitely! The burden of disease amenable to treatment by plastic surgery in India is huge and any student with an interest in the speciality should consider this as an opportunity to get exposure to a vast spectrum of pathologies. With so many patients requiring interven-



PGIMER Nehru Hospital



In theatre with the head of plastic surgery Prof Sharma



Out for dinner with Professor of Surgery Dr Gurpreet Singh

was also an invaluable opportunity to learn about the initial management of wounds including cleaning, suturing and dressing. Overall, this was a fantastic placement which offered exceptional exposure to patients.

*What were the best things about the visit?*

During this placement I saw a completely different spectrum of cases from those I had seen in the UK. Trauma from road traffic and industrial accidents are endemic, and represented a large proportion of the workload. Severe burns are all too common and I was able to appreciate many aspects of managing these complex patients from initial resuscitation and emergency surgery to post-burn treat-

ment. PGIMER is one of the top state hospitals in the country but areas of the hospital are still relatively under-resourced. This was particularly evident in the Trauma Centre where just a handful of doctors were responsible for the resuscitation of large numbers of patients, often requiring intubation, without access to monitoring equipment. Finally, obtaining approvals to undertake the placement was very time-consuming and, although definitely worth it, I would recommend applying at least a year in advance.

*What accommodation was provided?*

I stayed in the Old Doctors' Hostel on the hospital site. The rooms were very basic, but there was air conditioning and at ~£1 per night it is

tion, the plastic surgery department is extremely busy and I was afforded the freedom to plan my own days. Observing the management of patients with traumatic and burns injuries was particularly interesting as this was an area in which I had had little exposure. Outside of the hospital, India is an amazing country and Chandigarh is ideally located for weekend trips to Delhi, Amritsar or even the Himalayas!

*Are you more likely to choose a career in plastic surgery as a result of this experience?*

My time at PGIMER was both exciting and exhausting, and I loved every minute of it. This experience has reinforced my desire to become a plastic surgeon and I have made lasting links for the future.





# Cape Town, SA



*Abigail Shaw is a Academic Foundation Year 2 Doctor at the John Radcliffe Hospital, Oxford. She is currently carrying out a project in the Craniofacial Unit. She graduated in 2016 from the University of Bristol and also has a BSc in Cellular and Molecular Medicine. She completed her medical elective in the trauma unit in Groote Schuur, Cape Town. She plans to apply for Core Surgical Training and would like to continue to work abroad after gaining further surgical experience.*

Above: Camps Bay, Cape Town

Groote Schuur is a government tertiary referral hospital near the centre of Cape Town. The unit mostly receives referrals from the day hospitals in the townships, which have a high rate of violence associated with gangs, poverty and substance abuse. Most of the cases are stabbings, gunshots, community assaults and road traffic accidents.

I worked 3 or 4 shifts per week, starting at either 8am or 6pm with a ward round, assisting the doctors with clerking, ordering tests, referrals and bloods. I also acquired new skills in suturing, wound care and plastering a wide variety of injuries. There was always an opportunity to go to theatre with the 'cutting registrar' as during the



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night they did not have an assistant unless a student was available. Whilst I was there, a study was being set up on patient flow through the trauma unit with the aim of looking at barriers to patients leaving the resuscitation area. In the UK, all patients should be seen in A&E and treated, admitted or discharged within 4 hours. However, in the trauma unit at Groote Schuur Hos-

do wound care, and also how to insert chest drains. There was also plenty opportunity for theatre experience, and I was able to assist with an emergency laparotomy for a gunshot wound abdomen, sternotomy for a stab wound to the heart, and brachial artery repair among others. Furthermore, I was being taught by trauma surgeons from around the world who were training in the unit.

I also experienced difficulty finding the right equipment in the department; often stocks ran out during the shift or were never in the same place twice, so you had to hunt for them which often wasted a lot of time.

*What accommodation was provided?*

No accommodation was available at Groote Schuur. I rented an



Groote Schuur Hospital on the slopes of Devil's Peak



Outside the entrance to Groote Schuur Hospital

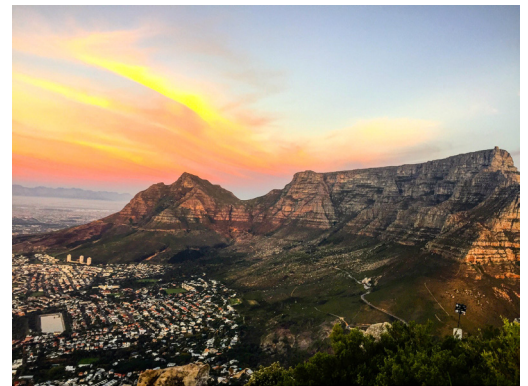


Table Mountain overlooking Cape Town

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pital, patients often stay for several days in resus waiting for theatre, a bed or specialist investigations. The research plan was to identify all patients admitted to the resuscitation area over a 3 month period (around 300), looking at the time they were admitted, any referrals or investigations and the time they were discharged, moved down to yellow area or admitted to a ward. I was able to help with the research proposal, attend the ethics meeting at the hospital and collect the first 3 weeks data. In these 3 weeks, we collected data on 86 patients.

*What were the best things about the visit?*

Definitely the opportunity to learn new skills, I learned how to assess a trauma patient, how to suture and

The community of students in the trauma unit was great as there were many students doing clinical and research placements from Europe and Canada. Finally, Cape Town as a city was amazing, with hiking, beaches, food, wine and sights!

*What problems did you encounter?*

Security and crime. In general we had few problems but you have to be sensible, for example not walking around the city at night, using 'ubers' and avoiding public transport. I did, however, have my car broken into during the night outside our accommodation. If you are considering an elective here, scrubs was an issue as they are always huge in the hospital, so may be better to take your own set with you!

apartment through 'Airbnb' in Oranjezicht with two other elective students from my university.

*Would you recommend this to anyone else?*

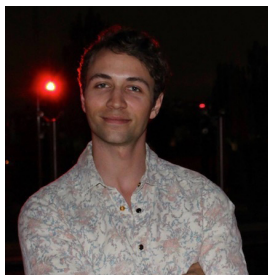
Absolutely, these were definitely the best two months of medical school. I had the invaluable opportunity to gain a lot of experience in a short time with teaching from fantastic doctors.

*Are you more likely to choose a career in plastic surgery as a result of this experience?*

Yes – I really enjoyed the opportunity to learn different suturing techniques and about wound care. Being in surgery was definitely the most enjoyable part, which strengthened my desire to pursue a career in plastic surgery.



# Sao Paulo, Brazil



*After graduating in July 2016, Edward Balai completed his Foundation Year 1 at the King George Hospital in Ilford. He has now just started his Foundation Year 2 at Whipps Cross Hospital – rotating through jobs in Urology, General Practice, and A&E. After completing his foundation training he is hoping to take some time out of programme to travel and work abroad, before returning to the UK for Core Surgical training.*

Above: Receiving a trauma patient from the HEMS team.

I chose to spend part of my medical elective with the Trauma and Emergency Surgery team, at the Hospital das Clinicas in Sao Paulo, Brazil. My time with the team was largely split between surgical ward rounds and seeing new admissions in the huge A&E department, observing and assisting in theatres, and attending the general surgery clinics. The Emer-

gency surgery team's work in the ED was largely focused around the resus bays and the patients with traumatic injuries who were being brought in by ambulance or via police helicopters. In theatres they were very keen for students to scrub-in and get involved and there were many opportunities to assist with both open and laparoscopic cases. The



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caseload varied from patients with direct trauma such as RTAs and gun shot wounds, to surgical emergencies presenting in the ED or from other hospitals. Healthcare in Brazil is very centralised so while the large tertiary hospitals offer excellent care, the standard of primary care and care at the smaller community hospitals is often poor. This meant that it wasn't uncommon to see pa-

trauma survey as they also taught and explained various practical procedures. There were a huge variety of operations going on in the surgical department, and as students we were allowed freedom to see and assist with many of the cases. So there were lots of excellent opportunities for me to practice my basic surgical skills under supervision. Outside the theatres, the Resident's and medical

accommodation to all foreign students, free of charge. The accommodation is basic, with two students sharing a room/bathroom, but obviously very convenient. There is also a metro station next to the hospital, so it is easy to get downtown and get out to see other parts of the city.

*Would you recommend this to anyone else?*

Yes. Although there are some bar-



Exploring and admiring Sao Paulo's street art; Batman Alley, Vila Madalena, Sao Paulo.



Weekend spent in Rio de Janeiro, view of Copacabana beach from the top of Sugarloaf Mountain.



Visit to Iguacu Falls; Foz do Iguacu, Brazil-Argentina border.

tients with very advanced end-stage cancers or patients who urgently needed surgery to correct problems the community hospitals had not dealt with correctly. As well as attending theatres, there were also weekly laparoscopic lab training sessions for the residents that I was able to attend, as well as medical student anatomy/procedure cadaver teaching sessions in the dissection room.

*What were the best things about the visit?*

Hospital das Clinicas is a large teaching hospital with a medical school onsite, so the doctors were all very welcoming and keen to teach. Down in the ED I was able to go with the Residents to receive trauma patients from the heli-pad on the roof, and then assist with their

students teaching sessions were also very beneficial. The medical student sessions involved a Professor first taking you through and revising the anatomy of a region, before then demonstrating and teaching a procedure e.g. the various approaches you can take to insert a central line.

*What problems did you encounter?*

Unless fluent in Portuguese, the language barrier and communication with patients can be a little difficult. However the doctors and medical students generally spoke very good English, as they usually spend at least a year in the US or UK as part of their surgical training.

*What accommodation was provided?*

The University provide on-site ac-

riars with regards to language, the doctors spoke very good English and were very keen to teach. The level of medicine and surgery delivered was of a very high quality, yet they also have very advanced and varying pathology that one wouldn't likely see in the UK. Brazil is also a very welcoming country to visit, with lots to see and do outside of the hospital.

*Are you more likely to choose a career in plastic surgery as a result of this experience?*

I believe so yes. This placement was a great opportunity to see lots of emergency cases and the surgery performed, but I feel it has made me realise what I am most interested in is the procedures for reconstruction and restoration of function after traumatic events.





# Kampala, Uganda



*Sian Dobbs graduated from the University of Nottingham in 2016, and is currently an Academic Foundation Trainee at Manchester Royal Infirmary. She spent her medical elective at CORSU, a charitable organisation working to provide life changing plastics/reconstructive surgery to children in Uganda and neighbouring countries. Sian continues to pursue a career in surgery, with a developing interest in head and neck surgical oncology.*

Above: Waiting for theatre outside CORSU

A typical day at CORSU would involve a 5.45am wake up in order to get to the hospital for a 7am ward round. The ward is small but very busy and loud, with many patients, relatives and members of the medical team involved. After ward round I would help with ward jobs, go to theatre or go to outpatient clinic. Depending on how busy the

day was we would typically leave the hospital between 5-6pm. Visiting surgeons from Canada and India also ran teaching sessions that I attended with the plastic trainees. There were several theatre lists running each day. The resources in theatre were very impressive and a huge range of surgeries were carried out. Cleft lip and palate re-



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pairs, microsurgical procedures such as free flap surgeries, breast surgery, hand surgery, head and neck surgery, hypospadias surgery. On the ward I was able to learn practical skills and increase my confidence for example with inserting NG tubes into malnourished cleft lip and palate children, performing femoral stabs to obtain blood samples from extremely small, dehy-

drated patients and helping nurses with dressing changes. With a visiting UK nurse we devised a teaching programme for the nurses to deliver information about A-E assessments, recognition of a deteriorating patient, good record keeping and practical information such as the importance of making sure the crash trolley is kept stocked! I also began working on a research project with Dr George, looking at the experience at CORSU with vascularised free fibula flaps. I am hoping to complete an audit and continue to gather data for a formal review.

*What were the best things about the visit?*

The patients I met were the best thing about my visit to Uganda. From learning about the fascinating na-

ture of their pathology, to learning more about them, their families and their life in Uganda. For example, a 17 year old girl, left paraplegic after surgery for Burkitts Lymphoma of the spine at 3 years of age. She lived in rural Uganda and her family struggled to cope with her condition. She had sacral, iliac and trochanteric pressure sores. She was determined to return to school,

*What problems did you encounter?*

and we practised speaking English together as she was very enthusiastic to learn and wanted to become a pharmacist. Arriving in Uganda was initially challenging and it did take me a while to adapt to the local culture. The community was extremely welcoming and I felt at home in the village I was staying in. I sometimes struggled when faced with the harsh reality of patients' social circumstances, and became frustrated at the limitations of what we could do to help with the social care of patients after discharge. CORSU have recently introduced a new Plastic Surgery Residents training programme. Whilst I was encouraged

to attend theatres, and did perform my own minor surgeries (removal of extra digits etc) the high number of trainees meant that scrubbing for theatre was competitive.

*What accommodation was provided?*

I stayed in a house share with a lady who is friends with the Hodges. Mr Hodges would collect me as he drove past the house on the way to



Children from the on site school, used by local children and patients



The nutrition bay, where malnourished cleft lip and palate babies received nutritional support prior to surgery.



Radial forearm free flap used in a patient presenting with an extensive facial deficit

the hospital in the morning. This was a brilliant and social place to stay, with several PhD students, a nurse and other medical students, and we all travelled together at the weekends. I really appreciated having that support network around me, especially as a solo traveller.

*Would you recommend this to anyone else?*

Absolutely. Despite challenges and hard work, I had the most rewarding experience and learnt lessons that I will carry with me for life.

*Are you more likely to choose a career in plastic surgery as a result of this experience?*

Yes. I am interested in pursuing a career in head and neck oncology, and have also developed a keen interest in cleft lip and palate surgery.

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# 2016 Bursary Recipients

ALISHA CASEMENT

ABIGAIL SHAW

ALEX MACMILLAN

EDWARD BALAI

ALISTAIR REED

SIAN DOBBS

AMY SHARKEY

UMARAH MUHAMMAD



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# Useful contacts

## ALISHA CASEMENT

Hospital/Unit/Clinic:  
The Amrita Institute of Medical  
Sciences

Supervising doctor:  
Dr Akshay Omkumar (mentor)  
Dr Subramania Iyer (Head of  
department)

Contact details:  
Mr Nampoothiri (co-ordinator):  
ekmnampoothiri@aims.amrita.  
edu

## ALEX MACMILLAN

Hospital/Unit/Clinic:  
Auckland City Hospital

Supervising doctor:  
Mr Nick McIvor

Contact details:  
Phillipa Elgar  
University of Auckland

## ALISTAIR REED

Hospital/Unit/Clinic:  
Postgraduate Institute of Medical  
Education and Research

Supervising doctor:  
Professor Ramesh Sharma

Contact details:  
Professor Subhash Varma, Dean  
dean\_pgichd@yahoo.com

## AMY SHARKEY

Hospital/Unit/Clinic:  
Argentina - Hospital Juan a  
Fernandez  
Peru - Charity DB Peru

Supervising doctor:  
Argentina - Geordan Shannon  
Peru - Darleen Bowie

Contact details:  
Argentina - Hospital General de  
Agudos Juan A. Fernández  
Peru - dbperuong@aol.com

## ABIGAIL SHAW

Hospital/Unit/Clinic:  
Trauma Unit, Groote Schuur Hos-  
pital

Supervising doctor:  
Professor Andrew Nichol

Contact details:  
Jade Rolfe  
jade.rolfe@uct.ac.za

*Note: Unfortunately, the University of Cape  
Town is suspending international electives  
after 2017 due to complaints from local  
UCT students that they are not getting  
enough clinical time due to the number of  
international students.*

## EDWARD BALAI

Hospital/Unit/Clinic:  
Hospital das Clinicas da Faculdade  
de Medicina da Universidade de Sao  
Paulo

Supervising doctor:  
Mr Roberto Rasslan

Contact details:  
robertorasslan@uol.com.br

## SIAN DOBBS

Hospital/Unit/Clinic:  
CORSU (Comprehensive Rehabili-  
tation Services in Uganda)

Supervising doctor:  
Mr Andrew Hodges  
Dr George Galiwango

Contact details:  
andrewhodges3001@gmail.com,  
george.galiwango@corsuhospital.  
or.ug

## UMARAH MUHAMMAD

Hospital/Unit/Clinic:  
Hospital Kuala Lumpur

Supervising doctor:  
Madam (Dr.) Normala Haji Basiron

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# BAPRAS

British Association of Plastic  
Reconstructive and Aesthetic Surgeons