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Physical and pharmacological restraints in geriatric and gerontology services and centers

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Physical and pharmacological restraints are a controversial issue in the context of geriatric care due to their moral, ethical, social and legal repercussions and despite this fact, no specific legislation exists at a national level. The use of restraints is being questioned with growing frequency, as there are studies that demonstrate that restraints do not reduce the number of falls or their consequences, but rather can increase them, cause complications, injuries and potentially fatal accidents. Restraints are not always used rationally, despite compromising a fundamental human right, that is, freedom, protected in the Constitution, as well as values and principles, such as dignity and personal self-esteem. There are centers where restraints are applied to more than 50% of patients, and in some cases without the consent of their legal representatives. On some occasions, restraints are used for attaining organizational or environmental objectives, such as complying with tight schedules and for reducing or avoiding the supervision of patients who walk erratically and, at times, are used indefinitely. Even greater confusion exists with respect to the emerging concept of chemical or pharmacological restraints, since no conceptual framework exists based on scientific evidence, and with sufficient consensus for guiding healthcare workers. In this context, the Sociedad Española de Geriatría y Gerontología (SEGG – Spanish Geriatrics and Gerontology Society), aware of the significance and transcendence of the issue, and in an attempt to preserve and guarantee maximum freedom, dignity and self-esteem, on the one hand, and to ensure the maximum integrity and legal certainty of the persons cared for in geriatric and gerontology services and centers, on the other, decided to create an interdisciplinary committee on restraints made up by members from different disciplines and members of SEGGER Working groups or committees, external health care workers, groups, organizations, and associations, who are experts in restraints, as well as the main anti-restraint movements. An outcome of this decision is the Consensus document on physical and pharmacological restraints, together with the Consensus on physical and pharmacological restraints, published by the SEGGER, which should signify a qualitative leap forward in care for the elderly and serving as a best practice guide for healthcare workers.

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The total lift effect: Eliminating the signs of ageing

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The elimination of unsightly facial contours has long been the desire of both women and men. Since the early 1990's, surgeons have been evaluating new surgical techniques for lifting the cheeks and jowls. The Sling technique, which was published in the *Journal of Plastic Surgery*, securely lifted the cheek/jowls of the face and neck with a single suture. At the same time, in Russia, the Aptos (anti-ptosis) technique was designed for facial rejuvenation using modified sutures. The original Aptos face lift technique did not require any incisions, but was not as secure as the Mid-Face Sling described in the *Journal of Plastic Surgery* by Dr. Summers in the U.S. In order to achieve increased stability, he placed a small 1.5 inch incision in the hair-bearing scalp to secure the Aptos face lift threads. Additionally, Dr. Summers used the so called multi-planar approach, placing the sutures in the soft tissue layers around the skin, muscle and fat (adipose). As a result, variable elevation of each tissue layer was achieved, adapting the results to the demands of each individual patient. Today, advances in the type of lifting threads and the techniques used can do more for solving age expressions than twenty years ago. Facial contouring is an achievable objective without surgery utilizing Non-Surgical Skin Tightening (NSST) and/or the Thread lift face lift procedure, which is a completely non-invasive method of rebuilding collagen in the skin, resulting in overall tightening and lifting effect. Collagen accounts for around 30% of the protein content of the human body, and it is often considered to be the "glue that holds the body together". It is found in fibrous tissues such as skin, ligaments and tendons, as well as in the bones, blood vessels, the cornea of the eye, and in the gut. As we get older, the production of collagen begins to slow down and cell structures start losing their strength. As a result, skin starts to become fragile, less elastic and wrinkles set in. In addition, hair starts losing its color, joints lose their flexibility, and bone quality begins to deteriorate. Being an unquestionable sign of ageing, flaccid skin appears as a result of low turnover of collagen. Millions of people worldwide seek out ways to stimulate the production of collagen when wrinkles start to show. Injectable skin fillers, such as Hialuronic Acid and Botulinum Toxin A, have become increasingly popular for getting rid of the lines and wrinkles associated with aging, and the threads, known as Caprolactone/PDOs and COGs are used for more severe cases of facial sagging. Using the three techniques in different steps, we can proudly present a gradual elimination of signs of ageing.

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