

Strategies In Surgery

Body Contouring After Massive Weight Loss

- Inner arms
- Face
- Breasts
- Abdomen
- Back
- Inner thighs

by Jayesh I. Panchal, M.D., M.B.A.
Associate Professor, and
Section Chief, Plastic Surgery, and
Kamal T. Sawan, M.D.,
Assistant Professor, Plastic Surgery

During the past few years, morbid obesity has increasingly been treated, quite successfully, with gastric bypass surgery. Massive weight loss is associated with loose skin and overhanging pannus, making body contouring necessary to improve mobility and body image. Patients, who have lost massive amounts of weight, are turning to plastic surgeons in increasing numbers to help them improve their quality of life and self-esteem.

The American Society for Bariatric Surgeons estimates that there were 40,000 bariatric surgery procedures performed in 2000, and these increased to 60,000 in 2001. With many insurance companies providing reimbursement for these surgeries, procedures are almost sure to increase in the future.

OU Physicians Plastic Surgeons have responded to the demand for body contouring with well-designed, staged procedures resulting in consistent results and only minimal scars and morbidity.

The Role of Plastic Surgery in Post-Bariatric Surgery:

Massive weight loss is defined as the loss of greater than 100 pounds or 100 percent above the person's ideal body weight.

Approximately 60 to 70 percent excess weight is lost after 12 months, and patients reach a plateau. Most of the weight loss is in fat. However, the patient is usually left with a large amount of excess skin.

The need to remove this excess skin is not only for aesthetic benefit, but due to health risks as well. The risk of recurrent skin infections (Intertrigo) and skin breakdown - particularly in the abdomen area - makes it a problem that is typically covered by insurance companies. The presence of a large pannus prevents patients from losing further weight and having active lifestyles (Figure A and B).

To address these problems, patients are first evaluated, preferably, when they have reached their plateau of weight loss. This is usually a year after their gastric bypass operations. Body contouring surgery is planned with patients who are psychologically stable and willing to accept staged operations to achieve the expected goals.



Figure A: typical patient after massive weight loss and excessive skin laxity of the abdomen. Figure B: Post surgery

The exact sequence is customized to the needs and desires of each patient. It typically includes a belt lipectomy for the abdomen followed by a thigh lift and an arm lift. Many women who have lost a large amount of weight have extremely ptotic breasts and need a mastopexy. Liposuction can also be performed in conjunction with any of the lift procedures and is especially effective for the upper abdomen flanks and thighs.

Techniques for these procedures have been refined and the results are usually very satisfying for the patients. The surgeries are based on a concept popularized by Ted Lockwood who described the superficial facial system (SFS). The procedures aim to excise loose skin and subcutaneous tissue and anchor it to the SFS for resuspension.

Brachioplasty:

The inner arm excess is treated with brachioplasty through direct elliptical excision of the redundant tissue and placement of the incision medially along a line connecting the axillary dome to the medial epicondyle with anchoring of the SFS of the arm to that of the axilla (Figure C). The scars are well hidden in the brachial groove and allow for three-dimensional contouring of the arm.

Belt Lipectomy:

This is indicated for patients with generalized adiposity encircling the torso. It typically requires multiple positions intraoperatively for the back and abdomen. It improves the contour and tone of the abdomen and helps in elevating the buttocks (Figures D and E). Re-suspension of the SFS is also emphasized for improved, lasting results.

Inner Thigh Lift:

For optimum results, the upper inner thigh can be liposuctioned followed by excision of a crescent of redundant skin. The inferior thigh flap can then be anchored to the deep layer of the SFS (Colles) without undermining of the flaps (Figure F).

Mastopexy:

The excess skin envelope is excised and the nipple areola complex is elevated to create a more youthful appearance to match the remaining body profile. Sometimes excess skin tissue from the lateral chest wall can be used to augment the breast volume.

Surgery for the abdomen is frequently covered by insurance, and mastopexy is occasionally covered as well. The procedures are lengthy but rewarding for patients who see this as a final step in improving their body image and self-esteem.

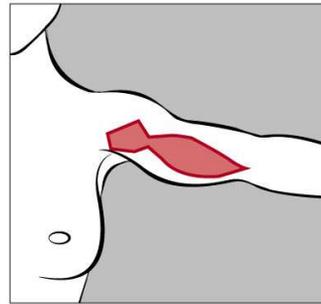


Figure C: A brachioplasty or arm lift requires a three-dimensional excision over distal arm and proximally over the axilla.

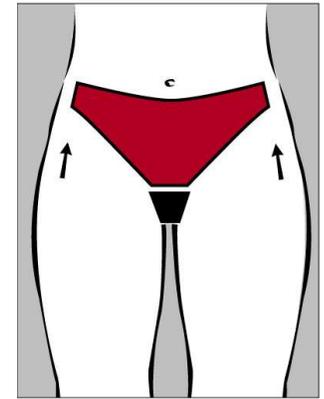


Figure D: Excision area for anterior abdominoplasty (dark area); arrows demonstrate the direction of pull to create a thigh lift

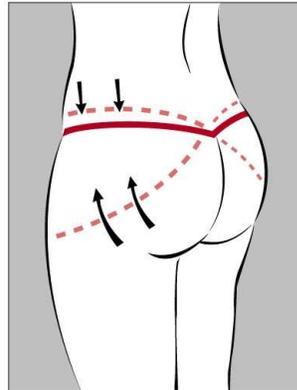


Figure E: Incisions for a circumferential abdominoplasty (solid line); the stippled line indicates area of undermining and mobilization

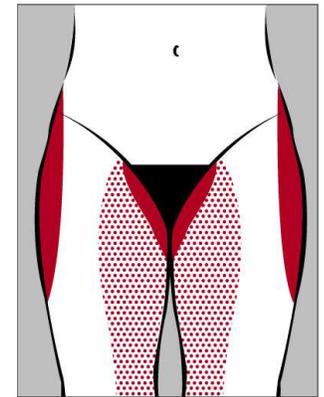


Figure F: For a thigh lift, incisions are placed medially in the groin crease; the stippled area demonstrates the area of liposuction. Liposuction is also performed on the lateral (dark red) portions on the trochanteric area.

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