Abdominoplasty

Classic Principles and Technique

Alan Matarasso, MD[a,*], Dana Moore Matarasso[b], Emma James Matarasso[b]

KEYWORDS

- Abdominal contour surgery • Abdominolipoplasty system of classification & treatment • Liposuction
- Mini abdominoplasty • Abdominoplasty • Lipoabdominoplasty
- Pregnancy and postpartum abdomen

KEY POINTS

- Examination of the treatable layers of the abdominal wall (skin, fat, and muscle) and the nontreatable conditions in order to classify patients into the appropriate abdominal contour surgery procedure.
- Reconcile patients' anatomic findings and their tolerance for the level of procedures, risks, recovery, and expected outcome.
- Recognize that downstaging patients from their appropriate anatomic level of treatment based on the examination to less invasive options do not yield equivalent results as more invasive options.
- Abdominoplasty in appropriate circumstances can be combined with other procedures. Length of surgery is an important consideration in determining the number of procedures that can be safely performed simultaneously.
- Abdominoplasty is the aesthetic surgical procedure associated with the greatest risk for systemic complications.

INTRODUCTION

Abdominoplasty is a commonly requested procedure for many reasons, including the concerns of an aging population determined to maintain a youthful physique, women intent on restoring their prepregnancy appearance, the rise in massive weight loss patients who are seeking to remove the stigmata of residual excess skin from weight loss. The goal of abdominal contour surgery is the aesthetic improvement of the affected soft tissue layers of skin, fat, and muscle through the least conspicuous incision feasible. Depending on the anatomic nature of the "disagreeable biologic condition," the goal can be achieved through a range of procedures referred to as the abdominolipoplasty system of classification and treatment. These operations include liposuction alone (type I), the limited abdominoplasties (type II, mini abdominoplasty; type III, modified abdominoplasty), and a full standard abdominoplasty (type IV) with liposuction (lipoabdominoplasty) or without liposuction of the flap (**Fig. 1**, **Table 1**).[1–4]

If additional abdominal, flank, or posterior skin needs to be resected, an abdominoplasty can be extended to address those regions (eg, Fleur di Lis, flankplasty, or extended–circumferential abdominoplasty).[5]

The modern history of abdominal contour surgery and abdominoplasty can be traced back to the late 1960s and the contributions of several surgeons. Those procedures have evolved into present day abdominal contour surgery owing to advances in technique (eg, incision design, muscle treatment), technology (eg, liposuction), changing patient population (eg, massive weight loss), a

Disclosures: The authors have nothing to disclose.
[a] Manhattan Eye, Ear & Throat Hospital, Lenox Hill Hospital, North Shore-Long Island Jewish Hospital System, 1009 Park Avenue, New York, NY 10028, USA; [b] 1009 Park Avenue, New York, NY 10028, USA
* Corresponding author.
E-mail address: dam@drmatarasso.com

Clin Plastic Surg 41 (2014) 655–672
http://dx.doi.org/10.1016/j.cps.2014.07.005
0094-1298/14/$ – see front matter © 2014 Published by Elsevier Inc.

plasticsurgery.theclinics.com

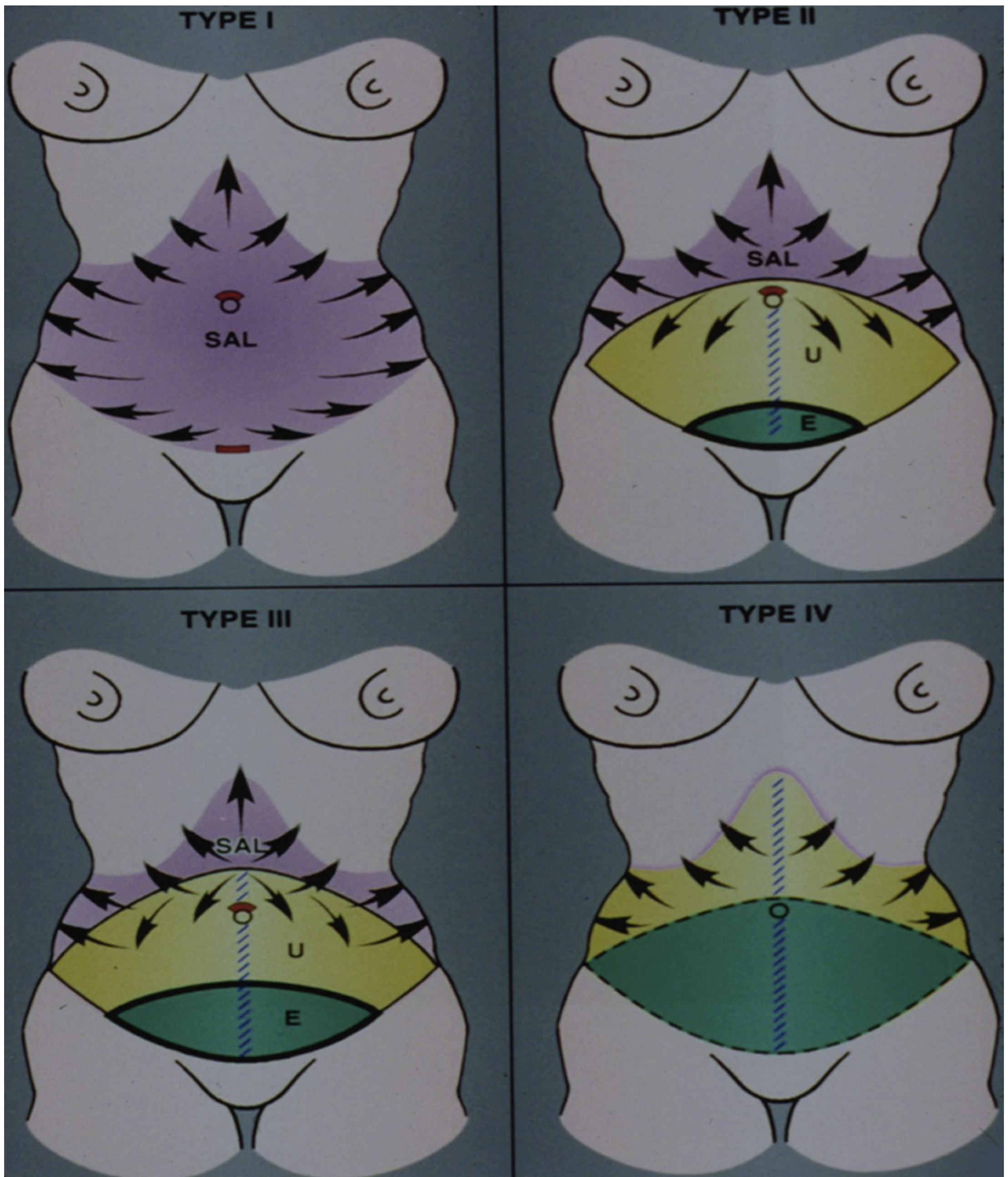

Fig. 1. The 4 common abdominal procedures: Type I, liposuction; type II, mini abdominoplasty; type III, modified abdominoplasty; type IV, full abdominoplasty with liposuction (lipoabdominoplasty) or without liposuction. E, excision; SAL, suction assisted lipectomy; U, undermining. (*From* Matarasso A. Traditional abdominoplasty. Clin Plast Surg 2010;37(3):415–37; with permission.)

better understanding of physiology (eg, wetting solutions), and anatomy (the ability to do combined procedures and flap liposuction). Similar to many scientific advances, in abdominoplasty these strides have been incremental. Numerous surgeons have provided varying degrees of contributions to present-day abdominoplasty surgery. **Table 2** offers a brief, incomplete overview of milestones in abdominoplasty evolution.[6–9]

This article focuses on abdominoplasty with liposuction (lipoabdominoplasty) or abdominoplasty without concomitant liposuction, in the most commonly encountered scenario of abdominoplasty, the postpartum abdomen.

Download English Version:

https://daneshyari.com/en/article/4108016

Download Persian Version:

https://daneshyari.com/article/4108016

Daneshyari.com