ELSEVIER SAUNDERS

CLINICS IN PLASTIC SURGERY

Clin Plastic Surg 33 (2006) 395–403

Gluteal Recontouring With Combination Treatments: Implants, Liposuction, and Fat Transfer

Adrien E. Aiache, MD, FACS

Patients seeking augmentation or recontouring of the gluteal region have three basic options: gluteal implants, liposuction, and augmentation with fat injections. In many cases, all three treatments are used together to achieve attractively shaped buttocks with proper proportions and good projection. The treatment or combination of approaches that is appropriate for each individual patient is discovered through consultation that focuses on understanding a patient's goals. To determine the treatment(s) required by a patient, his or her unique anatomy must be analyzed to identify gluteal areas that have excesses or deficiencies that can be successfully addressed in gluteal recontouring.

Gluteal augmentation with implants

The choice of the most appropriate implant type and position is a cooperative effort between the patient and plastic surgeon. What the patient hopes to achieve and his or her individual anatomy must be carefully evaluated before surgery to prevent postoperative dissatisfaction with the results. As part of the consultation, the advantages and disadvantages of the various types, shapes, and positions of gluteal implants must be thoroughly explained during the informed consent process.

The anatomy and shape of the buttock before surgery determine the type of implant that will produce the optimal results. When considering a patient's anatomy, the width of the pelvis is critical. For example, thin patients with narrow hips have better results with round or high projection oval implants that have a relatively small base diameter. In contrast, patients with broad, wide hips benefit from low projection implants with a wider base even though these implants tend to produce less projection. Some degree of compromise is often required, which must be discussed with patients.

Patients who have a marked pelvic curvature must be approached carefully to avoid producing excessive projection of the buttock (as in the Hottentot Venus body type). Implants with low projection are preferred in patients with marked lordosis and a flat lower spinal region for fear of creating

9884 Little Santa Monica Boulevard, Suite 102, Beverly Hills, CA 90212, USA
E-mail address: aaiachemd@sbcglobal.net

0094-1298/06/$ – see front matter © 2006 Elsevier Inc. All rights reserved.
doi:10.1016/j.cps.2006.04.004
plasticsurgery.theclinics.com

a poorly shaped upper buttock (Fig. 1). The risk of this deformity increases when implants are in a submuscular or intramuscular position because this type of placement creates more projection in the upper buttocks.

Implant spacing is another important factor that surgeons and patients must consider when planning gluteal augmentation. The space between gluteal implants should be without tension to minimize the risk of wound breakdown. For patients who desire wider spacing between implants, they may be placed more laterally, as seen in Fig. 2. This positioning can be helpful in filling the posterior trochanteric depression that is objectionable to some patients.

In 1984, Jose Robles and his colleagues [1] of Buenos Aires, Argentina, described the submuscular implantation of solid elastomer implants for preventing the problems seen with subcutaneous placement of gluteal implants. His technique became popular in the United States despite the additional technical difficulties that accompany submuscular placement because it helped prevent the capsular contracture seen in subcutaneous implants. Placement of submuscular implants is technically demanding because dissection of the submuscular space is limited inferiorly by the exit of the sciatic nerve into the lower buttocks (Fig. 3).

Placement of implants in a submuscular or intramuscular position is the best option for patients who desire increased volume in the upper pole (Fig. 4). Placing implants beneath or within the gluteal maximus muscle allows for higher positioning, as illustrated in Fig. 5. However, these patients must be closely evaluated because creating too much upper pole fullness may require liposuction to restore a more harmonious contour.

Implants placed in the subfascial plane are capable of augmenting the entire buttock because this position accommodates the use of implants that are large and wide, as illustrated in Fig. 2. Ideally, subfascial implants should be soft, textured, or have a polyurethane cover, but this implant model is not available in the United States. The textured surface reduces the risk of displacement and dislocation, which can result in

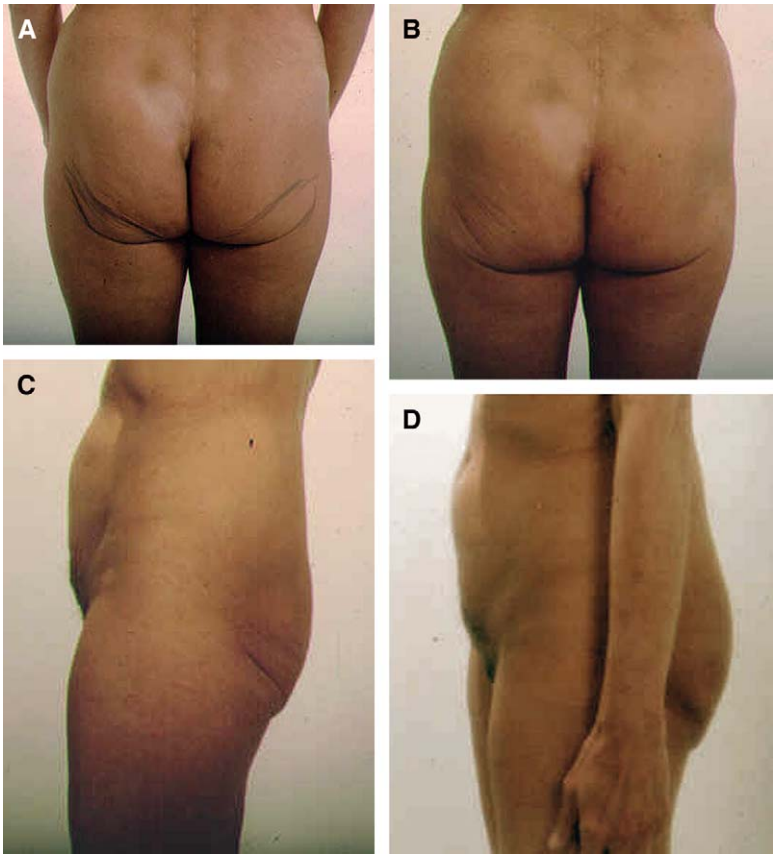

Fig. 1. This 48-year-old woman with lordosis post spinal surgery underwent gluteal augmentation with implants and lower buttock liposuction. Patients like this require low-profile implants. Preoperative views (*A, C*) and postoperative views (*B, D*) are shown.

Download English Version:

https://daneshyari.com/en/article/4108619

Download Persian Version:

https://daneshyari.com/article/4108619

Daneshyari.com