

Liposuction Considerations in Men



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KEYWORDS

• Liposuction • Men • Ultrasound • Laser • Radiofrequency • Fat

KEY POINTS

- Male anatomy and fat distribution are different from the female anatomy.
- The most common areas for male liposuction are breasts, abdomen, flanks, and neck.
- Recovery, complications, and safety of liposuction in men is similar to that in women.

INTRODUCTION

Over the years, the number of men seeking cosmetic interventions has consistently increased by approximately 10% per year. The popularity of treatments such as liposuction are at an all-time high, because it has proven to be, for the right patient, a safe and effective way to reduce fat and improve physique. According to data released by the American Society for Aesthetic Plastic Surgery, Americans spent more than \$15 billion during the calendar year on aesthetic cosmetic procedures, and liposuction accounted for 56% of the total expenditures. The top surgical procedure for men was liposuction, with more than 45,012 procedures performed, predominantly in those aged 35 to 50 years.¹

GENDER CONSIDERATIONS DURING LIPOSUCTION CONSULTATION

During consultation with male patients regarding liposuction, the practicing dermatologist needs to be aware, aside from traditional methodologies (medical history, etc) of the behavioral differences of men compared with women. Both genders have similar goals and expectations regarding the treatment, with fat reduction and body sculpting being the main intentions. Men, however, are more direct in their approach and are more likely to follow through with the procedure after the consultation.

They are generally satisfied with the results, and flaws such as slight asymmetry and irregularities are not distressing to them, as opposed to women, who are more likely to return for correctional surgery and seek perfection. Speedy recovery and simple instructions also fair well with men, because their pain threshold is lower than that of women and they are less compliant with postoperative instructions. Despite the wide acceptance of the male seeking aesthetic treatments in our time, men still prefer to be private and discreet about engaging in a surgical treatment such as liposuction. To this end, liposuction has transformed male body sculpting for men because only small incisions are used, which can be concealed easily or difficult to see. With men, the advantages are seen early on, whereas the downside of treating this population emerges more frequently in the postoperative stage. Men can be better candidates for liposuction than women, because they tend to take fewer medications.²

FAT AND LIPOSUCTION TARGET LOCATIONS IN MEN

The subcutaneous fat is distributed anatomically into the apical, mantle, and deep layers. Deep fat is loosely organized and is the main target of liposuction, whereas superficial fat is dense and contained within fibrous bands. The traditional

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liposuction technique consists of deep and subdermal removal of fat and liposculpture can be achieved by careful removal or sculpture of the superficial fat layer. Fat distribution largely depends on genetics, race, and gender.³ The presence of anabolic hormones such as testosterone results in men having more muscle mass and less superficial fat than women, and metabolic differences between the genders result in different fat distribution in the body. Women accumulate more fat in the thighs, hips, and buttocks, whereas men tend to have more fat in the abdomen, trunk, and chin/neck region. As a consequence, men seeking liposuction are mostly concerned with contouring.

The Chin/Neck Area, Abdomen, Flanks and Breast Area

Because the skin of the flanks is generally thick and elastic, liposuction results in a satisfactory shrinkage without losing skin laxity, whereas results in the abdomen/breasts greatly rely on the individual skin quality.⁴

LIPOSUCTION TYPES

Over the decades, liposuction has undergone numerous advances with one common goal: To melt or remove fat and improve the overlying skin's appearance. Since the 1990s, numerous technologies have been developed by exploiting different sources of energy and geared toward ablation and liquefaction of fat to enhance, improve and facilitate traditional liposuction.⁵ These include laser-assisted liposuction, water-assisted, radio-frequency (RF)-assisted, and ultrasound-assisted devices.⁶ Moreover, because one of the major disadvantages of traditional liposuction is that it has no effect or may in fact worsen skin tightening or cellulite reduction in some anatomic sites such as the abdomen, arms, and inner thighs, these newer devices are hypothesized to improve skin laxity and tone. Power-assisted liposuction is another type of liposuction that was developed with the goal to reduce physician fatigue. Power-assisted liposuction devices use power supplied by an electric motor or compressed air to produce either a rapid in-and-out movement or a spinning rotation of an attached liposuction cannula. The reciprocating action reduces the force needed to perform the liposuction, resulting in a more accurate, gentler, and less traumatic approach. Several physicians prefer to use this type of device to treat men, who have harder and more fibrous tissue than women, and subsequently present greater physical demands on the performing surgeon.⁷⁻⁹

Liposuction is performed in the same manner in male patients as it is in females. The most common

approach is using the tumescent method, in which a saline solution of lidocaine, epinephrine, and bicarbonate is injected into the area where liposuction is to be performed.¹⁰ The tumescent formula works as a local anesthetic, but also, importantly, it provides hemostasis by constricting the small blood vessels. After infiltration, fat is suctioned using a syringe-cannula, which is connected to an aspirator, into the deep fat layer. The cannula is moved in a back-and-forth motion, and sometimes in cross-hatching manner.¹¹

In laser-assisted liposuction, tumescent anesthesia is performed first, after which a 1-mm diameter microcannula encasing a small optical fiber is introduced into the subcutaneous fat. The cannula is passed through the tissues in a back-and-forth motion to achieve an even distribution of laser energy throughout the desired area. Laser settings controlling power and cumulative energy, for example, are determined according to anatomic sites.^{12,13} These laser systems stimulate adipocyte burst, thus priming the fat for suctioning. In addition, the laser energy initiates a dermal collagen-tightening response.

In RF-assisted liposuction, delivery of directional RF energy into the subcutaneous fat coagulates and liquefies adipose tissue and gently heats the subcutaneous fibrous matrix and the dermal tissue to subnecrotic contractile levels.

RF-assisted lipoplasty is based on The BodyTite system (Invasix Ltd., Yokneam, Israel), an RF-assisted lipoplasty device demonstrated to be safe and effective in the removal of modest volumes of fat while inducing subdermal tissue contraction.¹⁴⁻¹⁷

Ultrasound-assisted liposuction (UAL) has been developed in 3 forms: external UAL, internal UAL, and vibration amplification of sound energy at resonance.^{18,19} External UAL entails transcutaneous application of high-frequency ultrasonic fields delivered into tissue, followed by traditional aspirative liposuction, with the goal of improving the mechanical removal of adipose cells. The use of high-intensity, high-frequency external ultrasound before liposuction has been reported to enhance the ability to extract fat, increase the amount of fat extracted, and decrease patient discomfort during and after liposuction. Internal UAL involves the application of ultrasonic energy through a specialized cannula directly into the subcutaneous tissue followed by traditional aspirative liposuction. In vibration amplification of sound energy at resonance-assisted liposuction, intermittent or continuous bursts of ultrasonic energy is used to break up fat cells, which are then removed by suction.^{19,20} Because accumulated fat is denser in male patients, ultrasonic

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