What I No Longer Do: Standard Abdominoplasty

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Disclosures

Merz
Syneron/Candela

May use brand names due to lack of distinguishing generic names
What I Do and Don’t Do

• “Standard” Abdominoplasty is (almost) dead
  – Does not treat the entire trunk
  – Fat not properly addressed
  – Problems with lateral trunk contouring
  – Do it 1% of cases

• Solution: 360° Lipo-Abdominoplasty
  – Addresses entire trunk and flanks
  – No Drains & Rapid Recovery Techniques
The Problem: Too Many Dog Ears!

Thanks RealSelf!
Patients Are Telling Us What To Do

More lipo on flanks needed? (Photo)

12 weeks post op of a tummy tuck and liposuction done to the flanks. I was told they got 900cc of fat out each side of my flanks. But I'm not satisfied with my results. Could this still be swelling or is more lipo needed? I love how flat my stomach is but when I sit down my sides roll over so bad! At 12 weeks when will it be ideal to get more lipo done?

Will bunched up skin smooth out? (Photo)

I tried calling the PS but have not gotten a response. Not sure traveling to Miami for sx was smart. Maybe being in home state would produce better response. I am 17 days post TT. I have a bunching of skin at the end of my incision. It looks and feels like maybe it's stitched too tight. Will this go away when the swelling goes down? What can I do to help it heal? Should I be concerned? Will I need more sx?
Patient Concerns

• “Ideal candidate” by BMI
• Pain
• Downtime
• Scar
  – Too high
  – Too visible
  – Too long
• Unnatural result
  – Dog ears
  – Mons aesthetics
Solutions

- “Ideal candidate” by BMI: Extend BMI range
- Pain: ERAS protocols + NDTT
- Downtime: ERAS protocols + NDTT
- Scar: Scar planning
  - Too high: Incision markings
  - Too visible: Scar care
  - Too long: Explain the need
- Unnatural result: Technique modifications
  - Dog ears: Lipo-abdominoplasty
  - Mons aesthetics: Mons lift
Frequent Cause for Reoperation

- Lateral trunk fullness
  - Skin (dog ear), fat, or both
- Not addressed with anterior flank liposuction alone – need posterior approach
- Need a 360° approach with extended skin excision (Extended Abdominoplasty)
- Patient needs to understand the rational for a longer scar and liposuction
Prevent Lateral Trunk Fullness

- **Line** markings
  - Align tissue correctly
- **Liposuction** of flanks & love handles
  - Lateral debulking
- **Longer** incision
  - More lateral skin excision after debulking
- **Longitudinal** traction (NOT Lateral)
  - Prevent tissue from bunching up
Standing: Mark Vertical Lines Every 5 cm
Liposuction From Back & Front
Longer Incision Past Anterior Axillary Line

Potential dog ear

Textbook incision stops here
Longitudinal Pull for Marking Skin Excision

- Longitudinal pull
- Lines maintain proper tissue position

- Lateral pull
- Skin excess & dog ear forming
Lipo-Abdominoplasty

Traditional limited liposuction with abdominoplasty

Extensive liposuction with abdominoplasty
Not a Lipo-Abdominoplasty Candidate
Lipo-Abdominoplasty: An Advanced Body Contouring Technique

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Background: Liposuction abdominoplasty was first performed by the author in 1997. In 2002, the procedure was presented as an "evolving concept" at the 71st Annual Meeting of the American Society of Plastic Surgeons. Over the next 6 years, an additional 294 procedures were added to the initial 43 (n = 337 patients), culminating in an advanced body contouring technique.
Lipo-Abdominoplasty

Liposuction Abdominoplasty: An Advanced Body Contouring Technique

Aesthetic Evaluation of Lipoabdominoplasty in Overweight Patients

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Background: The aim of this study was to evaluate the aesthetic results of lipoabdominoplasty in overweight patients (body mass index, 25 to 29.9) compared with normal weight patients (body mass index, 18.5 to 24.9).

Methods: The authors performed a retrospective and comparative analysis of late follow-up results after lipoabdominoplasty performed from 2000 to 2009 in two groups of 30 patients, one with a body mass index of 25 to 29.9 and one with a body mass index of 18 to 24.9. Aesthetic results were evaluated using a scale with five objective parameters, developed in the Faculty of Medicine, University of São Paulo. There were seven evaluators: three plastic surgeons, three non-doctors, and the surgeon performing the procedure.

Results: For all evaluators, the postoperative average grade was significantly higher than before surgery for the entire group of patients (n = 60) and in subgroups. The same can be said for those who achieved the criteria for an ideal body. The difference between groups was not significant.
Lipo-Abdominoplasty

Liposuction Abdominoplasty: An Advanced Body Contouring Technique

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Lipoabdominoplasty with Progressive Traction Sutures

Background: Proactively preserving Scarpa’s fascia and thus its intrinsic lymphatic drainage and tensile strength for suture placement can eliminate the need for drains after lipoabdominoplasty and therefore reduce the rate of seroma development. In this article, we describe the effectiveness of a modified progressive traction suture (PTS) technique, which enables us to lessen the most common complications and avoid hospital readmission; these sutures take 3-5 minutes of additional surgery time.
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