Post Bariatric Lower Body Lift

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General Surgery

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بسم الله الرحمن الرحيم

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Dedication

To those who always been there for me.

To my beloved father and mother for their support, dedication and sacrifice to teach me to always do my best.

To my lovely wife, daughter and son, who always give me the hope and will.

To my teachers who have been so generous.

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Introduction

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Morbid obesity is a metabolic disease associated with numerous medical problems. An exact definition of obesity is obtained through calculation of the body mass index (BMI): weight in kilograms divided by height in meters squared (kg/m2). A BMI of 20–25 kg/m2 is suggested to be ideal, people with a BMI between 25 and 30 kg/m2 are characterized as overweight, those with a BMI between 30 and 40 kg/m2 are obese and over 40 kg/m2 denotes morbid obesity. ***(Wilding; 2006).***

The most frequent problem is the combination of arthritis and degenerative joint disease, present in at least 50% of patients seeking surgery for severe obesity. The incidence of sleep apnea, asthma, hypertension, type 2 diabetes, hyperlipidaemia, heart disease, stroke and gastro esophageal reflux is high. The incidence of these conditions increases with age and with the severity and duration of the severe obesity. ***(Richard; 2012).***

These patients usually have tried different weight reduction methods, including diets, exercise, etc. Nevertheless, the majority do not succeed and they fall into a vicious cycle**.** Surgical treatment of morbid obesity is gaining popularity, with increased interest and acceptance. It is the way to achieve stable reduction of body weight in morbidly obese patients. ***(Gracia ; 2010).***

Despite massive efforts of health care providers to influence weight through diet, physical activity and lifestyle changes, the only effective long-term method for weight loss has been shown to be bariatric surgery. In a head to head trial, O'Brien and colleagues randomized obese adolescents to lap band or to diet and lifestyle

changes. Patients randomized to lap band lost 34.6 kg compared with the diet group, who lost 3.0 kg at the end of the 2-year trial ***(O'Brien. et al.; 2010).***

If the patient loses weight through bariatric surgery, then the type of bariatric operation utilized is likely to affect their final BMI. Lap-band patients tend to lose the least weight, while gastric bypass patients tend to lose more weight, and gastric sleeve patients lose an intermediate amount. Duodenal switch patients are uncommon, but tend to experience the largest drops in BMI. ***(Aly; 2006).***

Areas affected after massive weight loss include the arms, breasts, abdomen, back and thighs and may result in musculoskeletal strain, functional limitation with walking, maintaining adequate hygiene, bowel and bladder habits and sexual activity. These elements compound the psychosocial issues related to massive weight loss. ***(Chandawarkar; 2006).***

Massive weight loss (MWL) patients make up the majority of patients who undergo body lift. The lower trunk of MWL loses the intrinsic elasticity of the skin irreversibly during this process, leading to redundant lax skin, which is almost always circumferential in nature. ***(Aly et al.; 2003).***

Body contouring of massive weight loss patients is the latest frontier in plastic surgery. It is so important to become familiar with the presentation of these patients and with the delineation and effective treatment of their deformities**.** ***(Davison et al.; 2007).***

The lower body lift is recommended for patients with circumferential body laxity who have achieved significant weight loss through surgical bariatric intervention or diet and exercise regimens. The circumferential component of the procedure allows

for the treatment of buttocks ptosis, lateral and anterior thigh laxity. The lower body lift procedure can be combined with various ancillary procedures such as autologous buttocks augmentation, abdominal contouring. ***(Hunstad and Repta; 2014).***

The high satisfaction rate, the ease of concealing the incision with clothing and the low complication rate indicates a reliable and versatile technique. The procedure results in significant improvement of the body contour and firmness of the skin in the medial and lateral thigh, trochanteric area, and gluteal region. ***(Sozer and Agullo; 2008).***

Aim of Work

AIM OF THE WORK

The aim of this work is to study and implement the different surgical treatment options, as well as the modifications brought to the different surgical techniques, for the management of lower body deformities, to provide a more pleasing lower body contour after successful massive weight loss.

Introduction to Bariatric Surgery