

Recent Trends In Abdominoplasty Procedures

Essay

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List of abbreviations

DIEA :- Deep inferior epigastric artery.

DSEA :- Deep superior epigastric artery.

SAL :- Suction assisted lipectomy.

UAL:- Ultrasound assisted liposuction .

PAL :- Power assisted liposuction .

DVT :- Deep venous thrombosis.

PE :- Pulmonary embolism .

PDS :- Polydioxanone sutures.

ASIS :- Anterior superior iliac spine .

Hgb :- Haemoglobin.

HCT :- Haematocrite.

CBC :-Complete blood count.

S C :- subcutaneous tissue.

SVC :- superior vena cava.

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Introduction

Introduction

Abdominoplasty has been a procedure increasingly in demand and the plastic surgeon is continually required to obtain better results. With the passage of time, pregnancies, weight variations, alterations of gait and posture, and changes occurring in the skin, cellular tissue, muscles, fasciae and bone result in the abdomen losing its ideal contour. The diagnosis takes into account these alterations to correct and repair deformities for obtaining the best results. **(Lockwood, 1996).**

The well contoured abdomen is attractive because it reflects health and reproductive fitness both increasing waist circumference and greater waist to hip ratio correlates with increasing risk for diabetes, hypertension and cardiovascular diseases **(Rexrode et al, 1998 and Cikim et al, 2004).**

Abdominal wall surgery was first described in the 19th century focused on removal of redundant skin for repair of large umbilical hernias. Kelly published one of the first reports on the use of abdominoplasty in this century in an attempt to correct excess abdominal skin and fat. **(Kelly, 2006).**

Despite a multitude of variation, the lower abdominal incision became the approach of choice; all abdominoplasty incisions can be determined by patient choice of clothing or patient body habitus i.e. bathing apparel or shorts. Numerous designs of abdominoplasty techniques are available with number of different classification schemata have been described to help determine the best procedure for any given abdominal deformity. **(Grazer, 1990).**

These classifications may help guide of technique but the actual procedure performed must be individualized for patient, .medical history; physical examination finding and personal preferences. **(Bozola, 1998).**

Belt lipectomy may be super added by suction assisted lipectomy and abdominoplasty and was popularized by Illouz 1983. The use of liposuction and abdominoplasty has revolutionized the concept of the body contouring. Abdominoplasty will serve to repair the underlying muscles which are plicated and liposuction will countour the overlying fat but attention must given to the danger zone and the safe zone during liposuction.**(Illouz, 1983).**

Bariatric surgery has evolved as a very effective therapy for morbid obesity. Patients who undergo bariatric surgery lose an average of 40% to 84% of their excess weight over 12 to 18 months **(Obied et al, 2005).**

Bariatric surgery improves abnormal lipid levels, controls hypertension, and reduces the risk of diabetes by as much as 75%. Overall, mortality from obesity-related problems can be decreased as much as 24% Unfortunately, these patients experience significant skin excess, laxity, and ptosis in multiple areas, which may lead to postural, functional, hygenic, dermatologic, and aesthetic impairment. **(Greenway et al, 2002,Schauer et al, 2003 and Sugerman et al, 2003).**

Typically, these patients initially pursue body contouring out of concern for excess abdominal laxity, but other affected areas are the trunk, hips, thighs, arms, and breasts. The abdominal deformity can be corrected with many techniques including abdominal dermolipectomy, full abdominoplasty with or without liposuction, belt lipectomy, high lateral-tension abdominoplasty, and vertical abdominoplasty **(Matarasso, 1995 ,Fuente et al, 1998, Aly et a, 2003, Costa et al, 2004, and Lockwood, 2004).**

Classic abdominoplasty poorly addresses the redundant lateral flank and hip rolls deformities. The lateral excesses may even be emphasised by the classical operation increasing lateral fullness or leaving dog-ears. After massive weight loss many patients present with multiple folds or rolls of skin and subcutaneous fat laterally and posteriorly in addition to a large abdominal redundancy. buttock ptosis is often present. The fullness that exists circumferentially needs to be addressed surgically to achieve a more complete contouring. To achieve this we perform a circumferential torsoplasty for those patients in order to reduce the entire circumference of the trunk and hips and lessen the buttock and lateral flank ptosis. **(Van Geertruyden, 1999).**

As with all body contouring procedures ; complications can occur ; the most devastating complications of abdominoplasty is pulmonary embolism which is described to be a risk factor at 0.8% .**(Grazer, 1979).**

The history of abdominoplasty has taken many different routes but has certainly evolved to be integral part of cosmetic surgery and body contouring and there are still more development on the way of newer techniques that have less blood loss and faster recovery.**(Mirrafati, 2005).**

Aim of the work

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To discuss the common as well as the recent procedures for abdominoplasty.

Summary and Conclusion