Comparative study between different incisions of abdominoplasty

Thesis

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To my parents

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Abstract

The contour of the abdomen is the backbone of body contouring surgery. Patients usually seek abdominoplasty for abdominal wall laxity, excess skin, striae, or diastasis of the rectus muscles. The inevitable end scar must be as invisible as possible, symmetrical, and located in regions covered with the minimal clothing. Thirty patients underwent different types of abdominoplasty including; Classic (full) abdominoplasty, HLT, inverted (T) abdominoplasty, (W) abdominoplasty, and mini-abdominoplasty. The significance of the proper choice of the incision of abdominoplasty appears in the aesthetic results and incidence of complications in the cases involved in the practical study in hand.

Key words:

- Abdominoplasty incisions.
- HLT: high lateral tension abdominoplasty.
- (W) Incision abdominoplasty.

Introduction

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Aim of the work

Introduction

Body image in particular has been proposed as a crucial factor in the motivation to undergo cosmetic surgery. The construct is considered to comprise of two components: body image orientation, referring to how important body image for a person, and body image evaluation, indicating how satisfied a person with his or her own body. It has been suggested that low body image evaluation combined with high body image orientation increases the likelihood to undergo cosmetic surgery.

If the outcome of an operation is consistent with the patient's expectations, one would expect that improved body image evaluation follows as a consequence **(Sarwer et al., 1998)**.

Abdominal plastic surgery has evolved greatly since Callia's original description in 1965 in response to demands for better results, smaller scars, faster postoperative recovery and, above all, fewer postoperative complications **(Matos, 2006)**.

Abdominoplasty, one of the most commonly performed aesthetic procedures, has undergone a significant evolution over the past several decades. It is targeted at addressing abdominal deformities characterized by excess skin and subcutaneous tissue and laxity of the abdominal wall musculature. Kelly was one of the first surgeons to attempt to correct excess abdominal skin and fat **(Kelly, 1910)**.

Since that time, numerous variations have been suggested. Thorek was the first to devise a procedure that preserved the umbilicus **(Thork, 1939)**.

Patients usually seek abdominoplasty for abdominal wall laxity, excess skin, striae, or diastasis of the rectus muscles. The ideal patient is within normal limits for his or her weight and height (i.e. body mass

index), has no plans for future pregnancies, has a moderate amount of excess of skin and fat, and has a mild diastasis of the rectus muscles **(Rees, 1980)**.

The type of incision is usually determined by the patient's body habitus or by the patient's choice of clothing, (i.e. bathing apparel or shorts). Most incisions are low on the abdomen, allowing the patient to wear fairly brief apparel. Most abdominoplasty incisions are variations of the Regnault, Grazer, or the bicycle-handlebar techniques described by Baroudi **(Baroudi and Moraes, 1995)**.

Traditional abdominoplasty techniques, which use primarily transverse incisions, seem to be most beneficial for those patients whose abdominal contour is relatively normal with only a minimal to moderate amount of flaccid skin (primarily vertical excess with minimal horizontal excess **(Matarasso and Belsley, 2005)**.

Massive weight loss patients with a large abdominal pannus, however, are usually disappointed with such techniques, as they fail to address the adjacent redundant tissue overlying the upper abdomen, flanks, and hips **(Taylor and Shermak 2004)**.

The high lateral tension, reverse, and vertical (fleur-de-lis) abdominoplasties (separately or in combination) have done well, then to improve overall anterior truncal contour in this group of patient **(Lockwood, 1996)**.

Aim of the work

The aim of the study is to evaluate the results of different incisions used in abdominoplasty, and to detect the morbidities and complications which may occur after the surgical procedure (pulmonary embolism, seroma, haematoma, flap viability, sensory loss, dog ears, persistent deformity, and wound infection) and comparing the aesthetic outcome, patient satisfaction, operative time, hospital stay.

Thirty patients with selection criteria for abdominoplasty with different incisions, ten patients for each type including the indications, technique, results and complications in a period of six months.

Review of Literature