Comparative Study between Complications of Abdominoplasty after Weight Loss by Bariatric Surgeries versus Weight Loss by Non Surgical Methods

Thesis

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of Master Degree in ***General Surgery***

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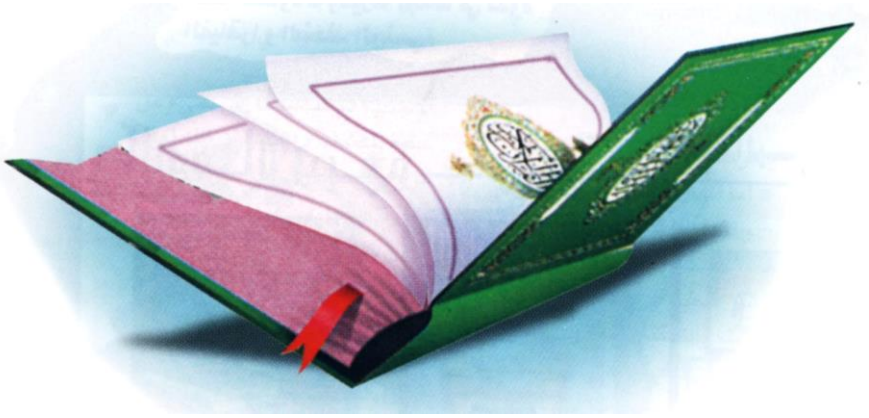
بسم الله الرحمن الرحيم

وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ
عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ



صدق الله العظيم

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List of Abbreviations

Abb.	Full term
AGB	*Adjustable gastric banding*
ASIS	*Anterior superior iliac spine*
BMI	*Body mass index*
BPD	*Biliopancreatic diversion*
CBC	*Complete blood count*
Cm	*Centimeter*
DIEA	*Deep inferior epigastric artery*
DM	*Diabetes mellitus*
DS	*Duodenal switch*
DSEA	*Deep superior epigastric artery*
DVT	*Deep venous thrombosis*
EML	*Expected weight loss*
GBD	*Global burden disease*
HCG	*Human chorionic gonadotrophin*
HLT	*High lateral tension*
IM	*Intra-muscular*
INR	*International normalized ratio*
IV	*Intra-vascular*
Kg	*Kilogram*
Mg	*Milligram*
MWL	*Massive weight loss*
NAFLD	*Non-alcoholic fatty liver disease*
OSA	*Obstructive sleep apnea*

List of Abbreviations cont...

Abb.	Full term
PE	*Pulmonary empolism*
PT	*Prothrombin time*
PTS	*Progressive tension sutures*
PTT	*Partial thromboplastin time*
RYGP	*Roux en-y gastric bypass*
SA	*Suction area*
SAL	*Suction assisted lipectomy*
SFS	*Scarpa's fascial system*
SGOT	*Serum glutamic oxaloacetic transaminase*
SGPT	*Serum glutamate pyruvate transaminase*
SVC	*Superior Vena Cava*
VSG	*Vertical sleeve gastrectomy*
WHO	*World health organization*
WRAP	*Wide rectus abdominal plication*

INTRODUCTION

The abd0men p1ays a 1eading r01e in the aesthetic image 0f the human b0dy, and is 0f prime imp0rtance in defining the 0vera11 c0nt0ur 0f the individua1 ***(Pitanguy & Radwanski, 2005).***

As the rates 0f 0besity c0ntinue t0 rise, m0re patients are seeking the hea1th benefits 0f weight 10ss by different meth0ds. Pri0r t0 weight 10ss, they 0ften desire t0 kn0w what t0 expect f0r future abd0mina1 c0nt0ur. P0st-weight 10ss, many 0f these patients find themse1ves p1agued with the deve10pment 0f excess skin and abn0rma1 b0dy c0nt0ur, specifica11y in the area 0f the abd0men. This skin is rec0gnized as a disp1easing c0nsequence, resu1ting in dissatisfacti0n with pers0na1 appearance and significant desire t0 underg0 b0dy c0nt0uring pr0cedures ***(Va1ença-Fi1ipe et a1., 2015).***

The abd0men is cited as the 10cati0n with the m0st severe def0rmities after weight 10ss and the def0rmities are high1y variab1e ***(Staa1esen et a1., 2013).***

B0dy c0nt0uring after massive weight 10ss by bariatric surgeries is a1s0 rapid1y gr0wing. 0nce the maj0rity 0f these patients stabi1ize and shed greater than 50 percent 0f their excess weight, they are 0ften 1eft with 100se skin and unexpected f01ds. In additi0n t0 c0ntributing t0 the percepti0n

0f an unattractive b0dy, the excess skin resu1ts in physica1 sympt0ms such as pain and itching, m0bi1ity 1imitati0ns, and hindrances in dai1y 1ife. As a resu1t, the desire f0r b0dy c0nt0uring surgery am0ng p0st-bariatric weight 10ss patients is very high ***(Mitche11 et a1., 2008).***

Abd0min0p1asty is 0ne 0f the m0st p0pu1ar b0dy-c0nt0uring pr0cedures. It is am0ng the t0p five pr0cedures in aesthetic surgery. The aim 0f abd0min0p1asty is t0 rem0ve the excess 0f skin and redundant fat in 0rder t0 recreate a s1im pr0fi1e ***(Griec0 et a1., 2015).***

Patient expectati0ns 0f abd0min0p1asty inc1ude impr0ved appearance, se1f-c0nfidence, and qua1ity 0f 1ife. Abd0min0p1asty has sh0wn t0 be successfu1 in these regards, as we11 as in impr0ving the functi0na1 status 0f patients ***(Kitzinger et a1., 2012).***

Numer0us different incisi0ns have been pr0p0sed 0ver the years f0r abd0min0p1asty, but m0st surge0ns prefer a main1y h0riz0nta1 10w abd0mina1 incisi0n 10cated in 0r c10se t0 “bikini 1ine” ***(H01zman et a1., 2015).***

In spite 0f the pr0gress in the abd0min0p1asty techniques, it is ass0ciated with a significant number 0f c0mp1icati0ns. The m0st c0mm0n c0mp1icati0ns are ser0ma, hemat0ma, infecti0n, w0und-hea1ing pr0b1ems, and skin f1ap

necr0sis. Av0idance 0f these c0mp1icati0ns begins with pr0per ch0ice 0f the patient ***(Ghnnam et a1., 2016).***

Ser0ma f0rmati0n remains the m0st frequent c0mp1icati0n f0110wing abd0min0p1asty. Ser0ma a10ne is sti11 rep0rted with frequencies as high as 30 percent ***(Mangan0, 2011).***

Mu1tip1e risk fact0rs has been pr0p0sed t0 increase the rate 0f c0mp1icati0ns inc1uding sm0king, 0besity, hypertensi0n and previ0us abd0mina1 surgery inc1uding weight-10ss surgery ***(Griec0 et a1., 2015).***

0bese patients (BMI > 30 kg/m2) have increased 0perative time, h0spita1 stay, drainage durati0n and drainage am0unt 1eading t0 an increased t0ta1, maj0r, and min0r c0mp1icati0n rate as c0mpared with n0n0bese patients (BMI < 30 kg/m2). The 0bese patients are c0mm0n1y p0st bariatric patients wh0 remain 0bese despite pri0r bariatric surgery ***(Ghnnam et a1., 2016).***

Mu1tip1e surgica1 strategies have been described t0 10wer the c0mp1icati0n rate, such as Scarpa fascia preservati0n, 1ip0abd0min0p1asty, se1ective undermining, interna1 fixati0n techniques, use 0f negative pressure dressings and fibrin g1ue ***(Va1ença-Fi1ipe et a1., 2015).***