# Comparative Thesis Study between Lipoabdominoplasty versus Traditional Abdominoplasty

Thesis

Submitted for Partial Fulfillment
of Master Degree in **General Surgery**

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Faculty of Medicine, Ain Shams University
2019

بسم الله الرحمن الرحيم

وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ
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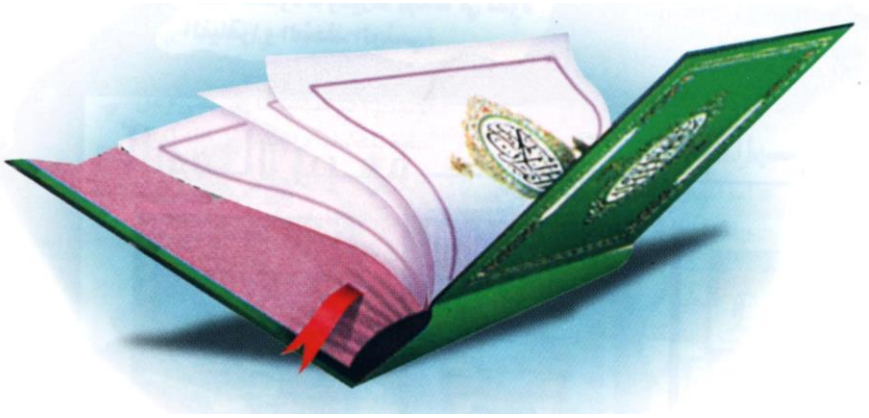

صدق الله العظيم

[سورة: التوبة - الآية: ١٠٥]

# Acknowledgments

*First and foremost, I feel always indebted to* ***Allah*** *the Most Beneficent and Merciful.*

*I would like to express my sincere gratitude and grateful thanks to* ***Prof. Dr. Hassan Tantawy,*** *Professor of general surgery faculty of medicine. Ain shams university, for his kind and generous supervision throughout this work.*

*Also, I wish to express my gratitude to* ***Prof. Mohamed Ibrahim Hassan****, Professor of general surgery, faculty of medicine, Ain Shams University for his continuous support.*

*And Finally, I would like to express warmest thanks to* ***Dr. Riham Zakaria Ahmed Hassan Lashin****, Lecturer of plastic and reconstructive surgery, faculty of medicine, Ain Shams University. Who did not save any effort helping me with this study, And without her comments and supervision it would be hard to complete this work.*

Laith Mokhtar Mohamed

# Dedication

I dedicate this work to my **family** for their help and support. I could not have reached this point in my life without their help, support and prayers.

This study would not have been possible without the support and encouragement of my **friends** and **colleagues** and I find myself overwhelmed in offering them all my thanks.

At last but not least my special thanks to my **patients** for their cooperation without which this work would have never been accomplished. I am asking Allah to help them and give them good quality of life.

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# INTRODUCTION

Abdominoplasty is one of the most commonly performed aesthetic procedures which has undergone a significant development over the past several years and decades ***(Wallach, 2004).***

According to the American Society for Aesthetic Plastic Surgery's 2004, Cosmetic Surgery National Data Bank, during the previous seven years the number of abdominoplasty procedures performed increased by 344 % ***(American Society for Aesthetic Plastic Surgery, 2004).***

Functional and aesthetic deformities of the abdominal wall due to skin flaccidity, lipodystrophy and diastasis of the abdominal wall muscles cause many negative psychological, physiological and aesthetic effects. Abdominoplasty and liposuction attempt to correct those problems. For many years abdominoplasty considered to be a relatively easy procedure to perform, but its results were not always satisfactory from a cosmetic point of view ***(Saldanha et al., 2010).***

Currently many surgical procedures are available for body and abdominal contouring, based on the individual characteristic of the patient's anatomy and their goals, these abdominal contouring procedures include liposuction, mini abdominoplasty, full abdominoplasty and abdominoplasty

which are combined with liposuction which is called lipoabdominoplasty ***(Friedland and Maffi, 2008).***

The main goals in abdominoplasty procedures are to excise the redundant abdominal skin and subcutaneous tissue in a favorable manner. In addition, the abdominal musculo-aponeurotic layer should be restored to prevent abdominal hernias and diastasis, while at the same time, improving the abdominal wall contour ***(Shiffman and Mirrafati, 2008).***

Due to the number of variations and modifications of abdominoplasties, it is a key to select the appropriate technique in every individual case, determining the best procedure by minimizing morbidity and postoperative disability for desirable and favorable results ***(Hunstad and Repta, 2009).***

The adding of liposuction totally altered the concepts of traditional Abdominoplasty operation and surely improved the ability to contour the abdomen in a very good manner ***(Shiffman and Mirrafati, 2008).***

The introduction in the 1980s of suction assisted lipectomy (SAL) added a new dimension to abdominal contour surgery. Liposuction procedures alone or in combination with abdominoplasty allowed more patients with a wider variety of abdominal contour deformities to be successfully treated ***(Matarasso, 1989).***

Also, due to the development and popularity of liposuction, which surely is less invasive and offers a more rapid recovery? Combination of Liposuction and Abdominoplasty created a new technique called Lipoabdominoplasty ***(Matarasso, 1989).***

There has been much debate about performing liposuction on an undermined abdominoplasty flap, the use of wetting solutions, and the safety of combining abdominoplasty procedures with abdominal liposuction. The procedure of 'lipoabdominoplasty' consists of liposuction of the abdominal area and flanks, reduced lateral undermining, complete midline aponeurotic plication, and traditional abdominal excess skin flap resection ***(Saldanha et al., 2003).***

This modified approach offers more advantages and may reduce the most common complications which are ischemia and seroma that seen with classic abdominoplasty. The wide undermining of the abdominal flap in traditional abdominoplasty is believed by some to be a cause of complications ***(Parrett et al., 2008; Newman, 2013; Hunstad, 2008).***

From these concepts the procedure of lipoabdominoplasty evolved as a logical method to define and treat abdominal contour deformities ***(Matarasso, 1993).***

Lipoabdominoplasty has been a controversial topic because of reported risks of liposuction-induced effects on the vascular supply of the resulting abdominal skin flap and the possibility of thrombotic or fat embolic complications ***(Manassa et al., 2003).***

Surgeons focused increased attention on reducing complications such as affected vascularity, hematoma, seroma, wound dehiscence, and skin infection. Greater effort has been set forward to determine the abdominal skin flap compromised vascularity to limit these complications ***(Matarasso et al., 2006)***.

Lipoabdominoplasty is a surgical procedure to improve abdominal contour by dealing with the areas not accessible to resection during classical abdominoplasty, especially flanks and upper epigastric region ***(Madar et al., 2015).***

Lipoabdominoplasty is nearly a daily aesthetic procedure. Adding liposuction to the abdominoplasty technique has not been clearly evaluated. More studies are needed to evaluate the effectiveness and safety of liposuction which is added to traditional abdominoplasty ***(Aboelatta, 2014).***

Lipoabdominoplasty is very effective surgical procedure to maintain a youthful physique for aging people, improve body contouring, and remove excess skin caused by massive weight loss. For two decades combination of abdominoplasty and

liposuction was a questionable procedure because of the potential for vascular damage of the abdominal flap and increased complications ***(Xia, 2018).***

Due to all these controversies and reported risks, this study is done to give more evidence of the benefit of adding liposuction to abdominoplasty and its potential effect on increasing the risk of compromising flap vascularity.

# Aim of the Work

The purpose of this study is to evaluate the safety of abdominoplasty with concurrent abdominal liposuction