No Drain Abdominoplasty: No More Excuses

Karol A Gutowski, MD, FACS Instructional Course





Angiotech/Surgical Specialties - Advisory Board AxcelRx Pharmacuticals - Advisory Board Suneva Medical - Instructor

NO financial interests in any suture company

Will use brand names due to lack of distinguishing generic names

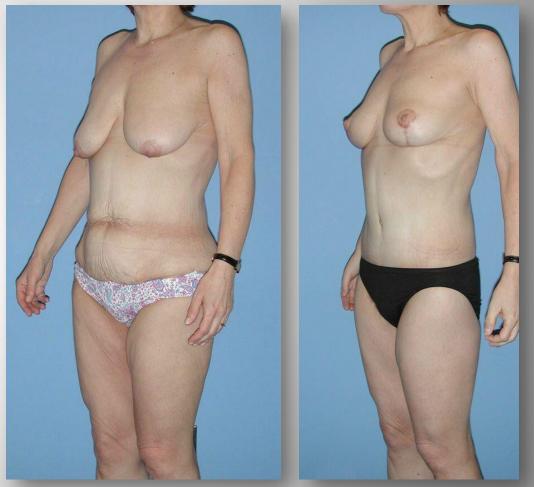
Objectives

- Explain why drains aren't needed
- Present data on No-Drain Abdominoplasty
- Learn PTS technique
- Discuss pitfalls & key points
- Know how to manage complications

Rethink the need for drains to improve patient experience

Drain Free Procedures

- Breast
 - Reduction
 - Mastopexy
 - Augmentation
- Trunk
 - Abdominoplasty
 - Body lift
- Extremity
 - Arm lift
 - Thigh lift (depends)



Drains

- "Standard of care" for many procedures
- Benefit: often NOT proven
- Downside: pain, cost, less mobility, anxiety, phone calls, infection, scars
- Not substitute for good surgical technique

PTS Criticisms

- Requires an assistant
- Takes too long
- Does it really work?
- Cost

But I was trained to do it this way.....

PTS Criticisms

- Requires an assistant
- Takes too long
- Does it really
- Cost

a to do it this way.....

Evidence?

RECONSTRUCTIVE

Evidence-Based Value of Subcutaneous Surgical Wound Drainage: The Largest Systematic Review and Meta-Analysis

Aaron M. Kosins, M.D., M.B.A. Thomas Scholz, M.D. Mine Cetinkaya, B.S. Gregory R. D. Evans, M.D. Orange, Calif.; and Durham, N.C.

Background: The purpose of this study was to determine the evidenced-based value of prophylactic drainage of subcutaneous wounds in surgery. **Methods:** An electronic search was performed. Articles comparing subcutaneous prophylactic drainage with no drainage were identified and classified by level of evidence. If sufficient randomized controlled trials were included, a meta-analysis was performed using the random-effects model. Fifty-

Conclusions: Many surgical operations can be performed safely without prophylactic drainage....breast reduction, abdominal wounds, femoral wounds..... Furthermore, surgeons should consider not placing drains prophylactically in obese patients.

2013

Drains in Breast Reduction



Evidence-based Clinical Practice Guideline: Reduction Mammaplasty

Drains. Although wound drains can minimize the amount of fluid at the surgical site, evidence indicates that the use of drains neither increases nor decreases postoperative complications, causes greater patient discomfort, and possibly increases the length of the hospital stay.²⁷⁻²⁹

Recommendation: In standard reduction mammaplasty procedures, evidence indicates that the use of drains is not beneficial. However, if liposuction is used as an adjunctive technique, the decision to use drains should be left to the surgeon's discretion. *Level I, II Evidence: Grade A*



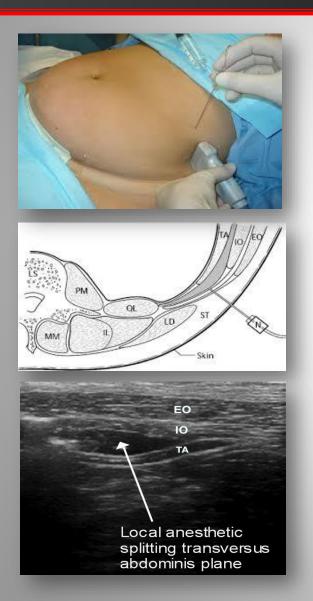


Drains in Breast Augmentation

- No evidence to support drains in primary breast augmentation
- Drains may increase risk of capsular contracture 4x
- No guidelines for secondary cases with <u>capsulectomy</u> or with <u>biological products</u>



Enhanced Patient Experience



Body Contouring

Abdominoplasty With Progressive **Tension Closure Using A Barbed Suture Technique**

ASJ 2009

Jeremy P. Warner, MD; and Karol A. Gutowski, MD

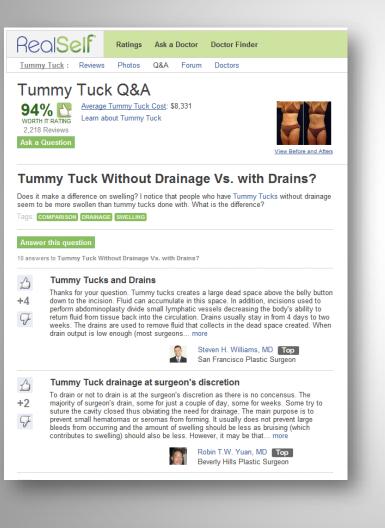
IDEAS AND INNOVATIONS

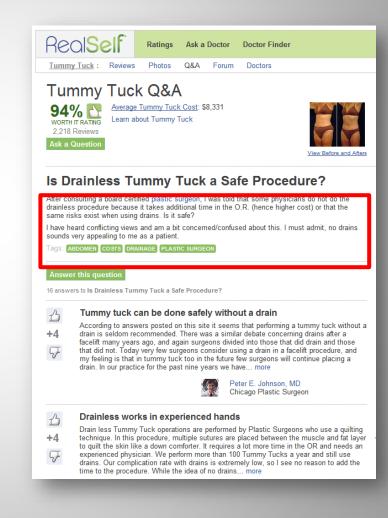
PRS 2010

Use of Absorbable Running Barbed Suture and Progressive Tension Technique in Abdominoplasty: A Novel Approach

Allen D. Rosen, M.D. Montclair, N.I.

Patient's Perception of Drains





Patient's Perception of Drains

Real <mark>Self</mark>		Ratings	Ask a Doctor		Doctor Finder	
Tummy Tuck :	Reviews	Photos	Q&A	Forum	Doctors	
Home > Tummy Tuck > Forum > Recovering MARCH Tummy Tuckers!						
Tummy Tuck Forum						
94% Average Tummy Tuck Cost: \$8,331 WORTH IT RATING Learn about Tummy Tuck 2,218 Reviews Post to Forum						

Recovering MARCH Tummy Tuckers!

By 3boys 1princess on 07 Apr 2011

Thought I would start another thread for recovery questions and comments. Here goes the first one... How long have you had your drains or how long did you have them? I am 10 days out and still have both. NOT happy about that. Think that I am doing too much, but LIFE goes on. Was supposed to get 1 out tomorrow but drainage jumped back up to 40 today. YUCK!! Hope everyone is recovering nicely and if you have any questions or comments POST THEM HERE!!

Tissue Adhesives

Body Contouring

Effect of Tissue Adhesives on Seroma Incidence After Abdominoplasty: A Systematic Review and Meta-Analysis



Marwan W. Nasr, MD; Samer F. Jabbour, MD; Rachad I. Mhawej, MD; Joseph S. Elkhoury, MD; and Fadi H. Sleilati, MD

- Lack of high-quality evidence to support TAs to prevent seroma after abdominoplasty
- Well-designed RCTs are needed

Clinical Experience

- 230 consecutive abdominoplasties
 - 43 circumferential
 - 211 with flank liposuction
 - 65 massive weight loss
 - 183 outpatient
- Tumescent technique
- Modified Progressive Tension Suture Technique
 - Bidirectional barbed sutures
 - 8 to 10 minutes (vs 15 to 18 min, up to 50 min)
 - No drains
 - Compression garment + binder for 2 weeks

Results

- 1 epigastric seroma
 - One aspiration
- 8 lower abdominal seromas
 - Multiple aspirations
 - 4 required drain
- 1 major wound dehiscence
- 2 hematomas drained in OR
- 2 infected seromas
 - Incised & drained

Pivotal Publication

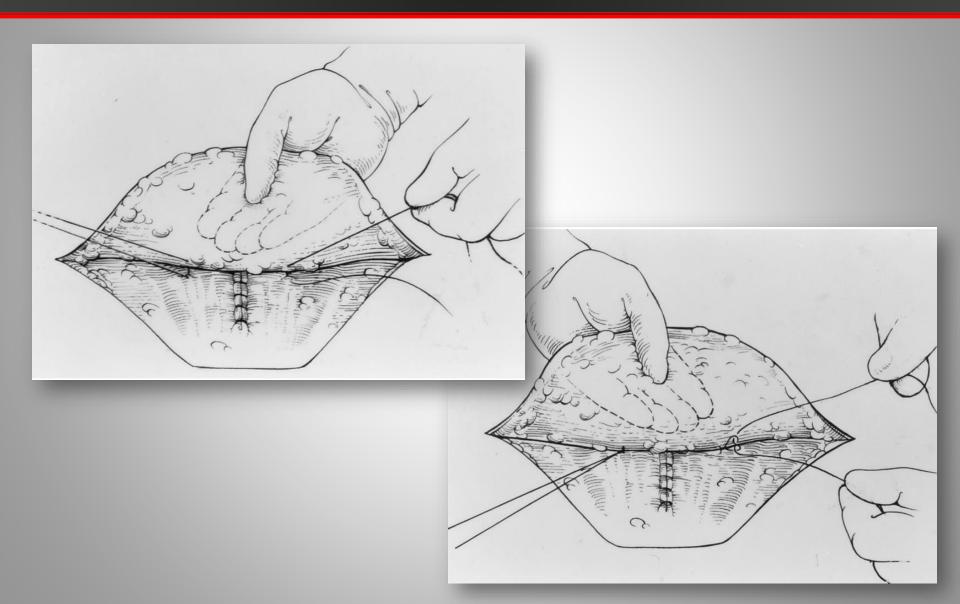
Techniques in Cosmetic Surgery

Progressive Tension Sutures: A Technique to Reduce Local Complications in Abdominoplasty

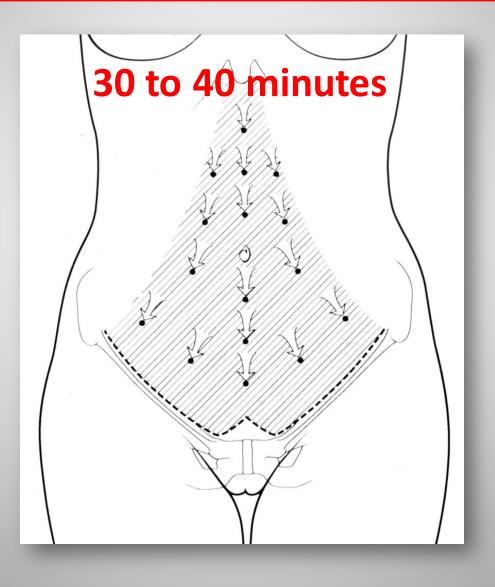
Harlan Pollock, M.D., and Todd Pollock, M.D.

Dallas, Texas

Individual Sutures



Progressive Inferior Tension



Introduction of Barbed PTS

Body Contouring

Abdominoplasty With Progressive Tension Closure Using A Barbed Suture Technique

ASJ 2009

Jeremy P. Warner, MD; and Karol A. Gutowski, MD

IDEAS AND INNOVATIONS

Use of Absorbable Running Barbed Suture and Progressive Tension Technique in Abdominoplasty: A Novel Approach

Allen D. Rosen, M.D. Montclair, N.J.

Subsequent Publications

Body Contouring

Prevention of Seroma After Abdominoplasty

Aesthetic Surgery Journal 30(3) 414-417 © 2010 The American Society for Aesthetic Plastic Surgery, Inc. Reprints and permission: http://www.sagepub.com/ journalsPermissions.nav DOI: 10.1177/1090820X10374116 www.aestheticsurgeryjournal.com (S)SAGE

Gertrude M. Beer, MD; and Heinz Wallner, MD

Abstract

Body Contouring

Background: Seroma is one of the most troubling co that shearing forces between the two separated abdom patient until the layers are sufficiently adhered may be a Objective: The authors examine the association betw Methods: This retrospective study included 60 patien 48 hours (group 2). For thromboembolism prophylaxis follow-up for detection of seroma continued for at least Results: Mobilization after 24 hours led to a seroma r Conclusions: For abdominoplasty patients with a lo with chemical and mechanical thromboembolism proph

Reducing Seroma in Outpatient Abdominoplasty: Analysis of 516 **Consecutive Cases**

John W. Antonetti, MD, and Alfred R. Antonetti, MD

Abstract

Background: Over the past 30 years, the preferred tech regarding the surgical and postoperative approaches that be Objective: The authors evaluate their 28-year experience of drains) for reducing the overall complication rate, most s Methods: A retrospective review was conducted of 517 or groups based on operative setting, postoperative care, and Results: The authors found that the last group of patients, as an outpatient procedure, had the lowest incidence of sero 9.6% in early groups, when abdominoplasty was performed a without the placement of progressive tension sutures, but we Conclusions: Abdominoplasty can be safely performed surgical time is limited. Despite controversy in the previous sutures without drains dramatically decreases overall compl

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Commentary

Karol A. Gutowski, MD, FACS

DOI: 10.1177/1090820X10371752

Although seroma after abdominoplasty is rarely a cause of significant morbidity or reoperation, its presence does result in increased patient visits and occasional discomfort due to percutaneous aspirations or additional drain placement. Rarely, a seroma may contribute to infection, inci-

Aesthetic Surgery Journal

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DOI: 10.1177/1090820X10372048

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30(3) 418-427

(\$)SAGE

Are other options available to minimize seroma formation without the additional cost and risk of prolonged immobilization? Starting with Pollock and Pollock's first patient series,² reports have been published supporting the role of internal progressive tension sutures in not only minimizing seroma formation, but also eliminating the need for drain placement.3,4,11 This technique is simple and

Aesthetic Surgery Journal 30(3)

Subsequent Publications

Body Contouring

Use of Quilting Sutures During Abdominoplasty to Prevent Seroma Formation: Are They Really Effective?

Marcos Sforza, MD; Rodwan Husein; Katarina Andiolkov MD, PhD:

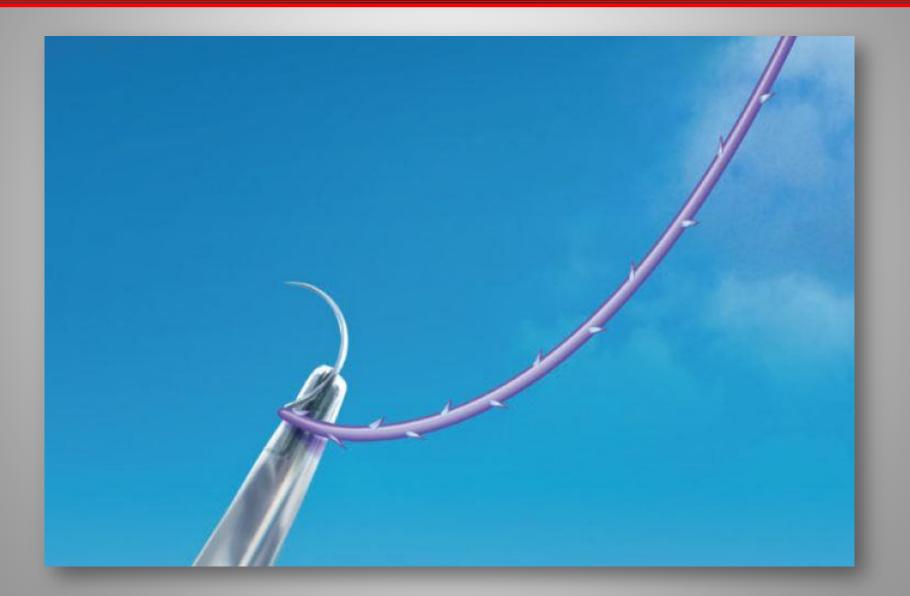
Paulo Cesar Rozental-Fernandes, MD; Re Milan Jovanovic, MD, PhD

Body Contouring

Decrease in Seroma Rate After Adopting Progressive Tension Sutures Without Drains: A Single Surgery Center Experience of 451 Abdominoplasties Over 7 Years

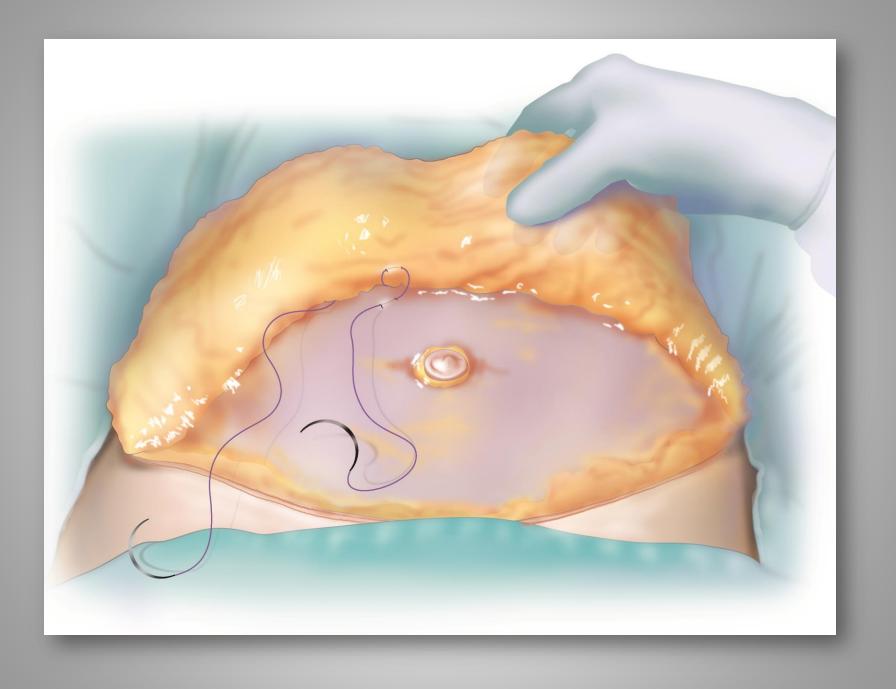
Luis H. Macias, MD, FACS; Edwin Kwon, MD; Daniel J. Gould, MD, PhD; Michelle A. Spring, MD, FACS; and W. Grant Stevens, MD, FACS

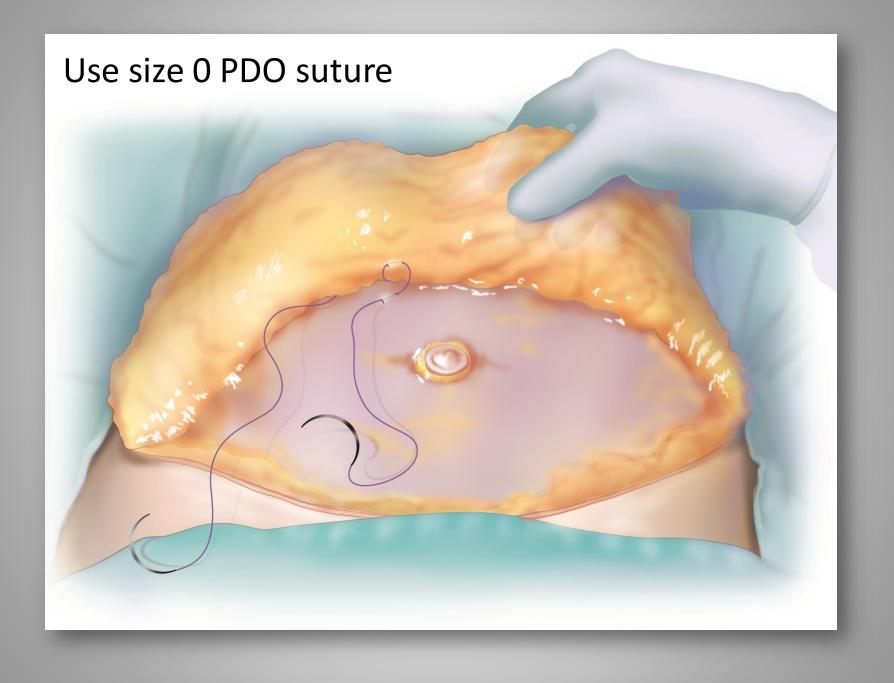
Barbed Suture Technology

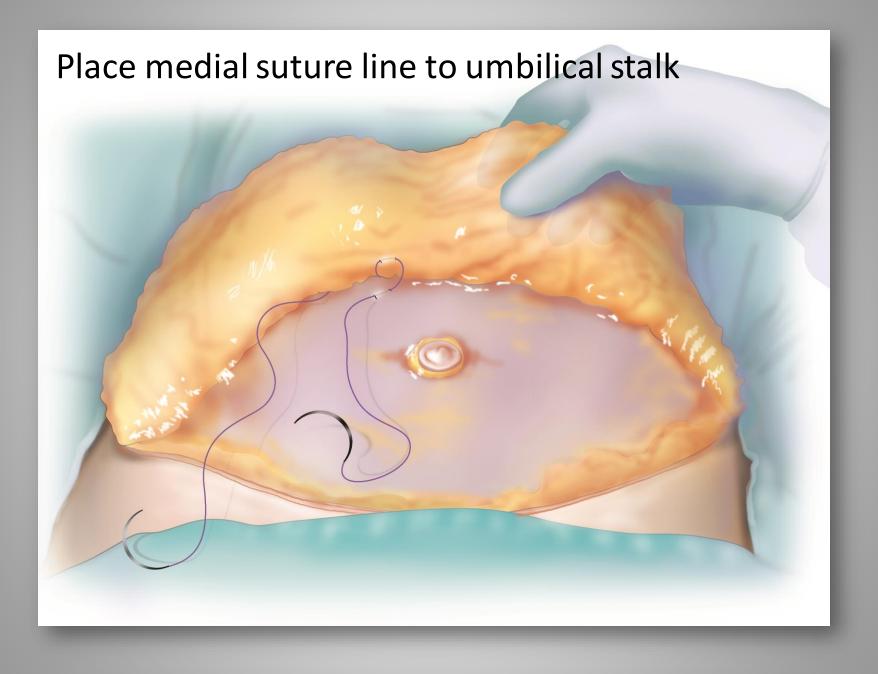


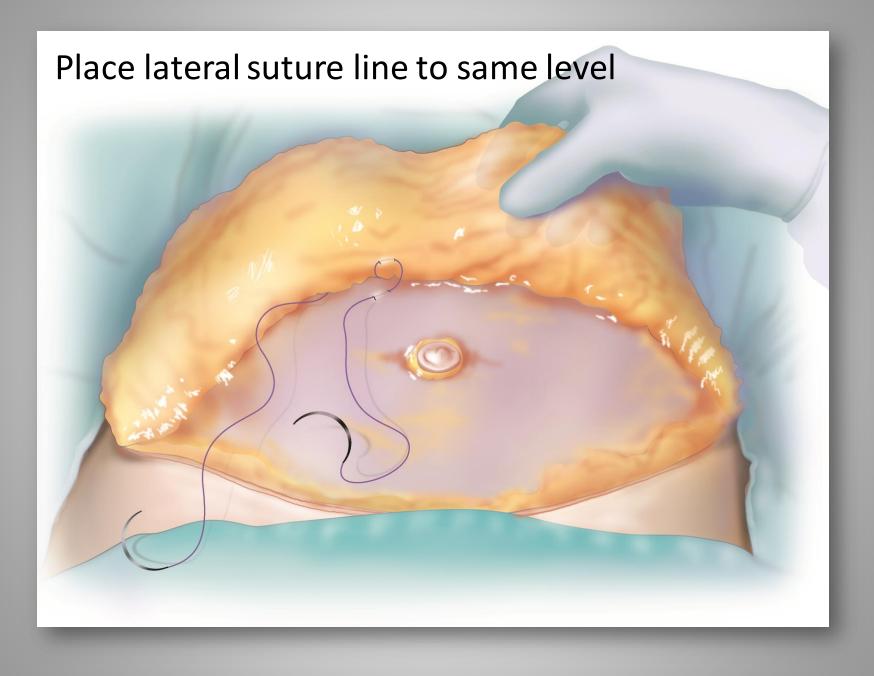
Barbed Suture Technology







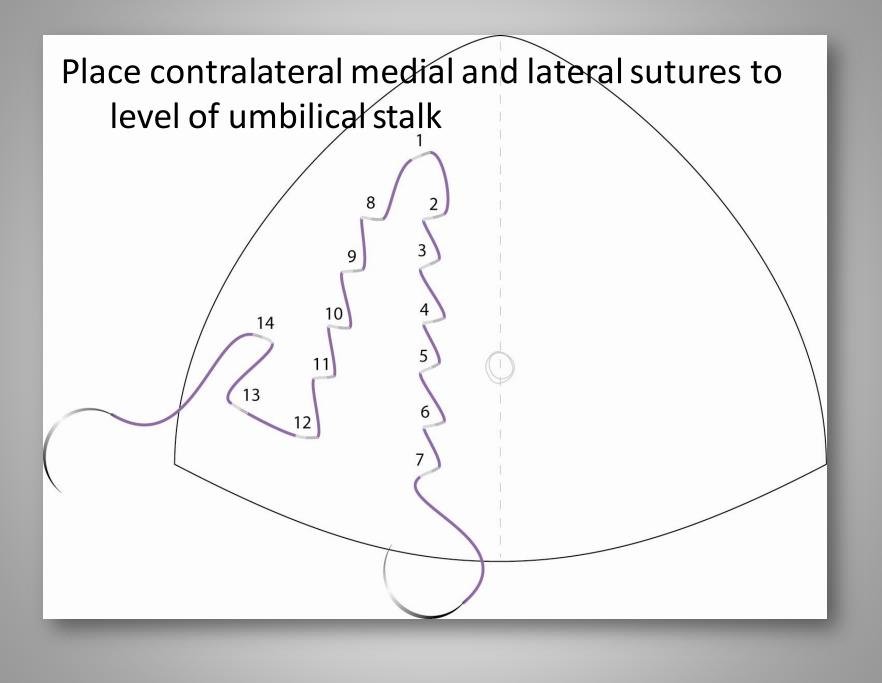


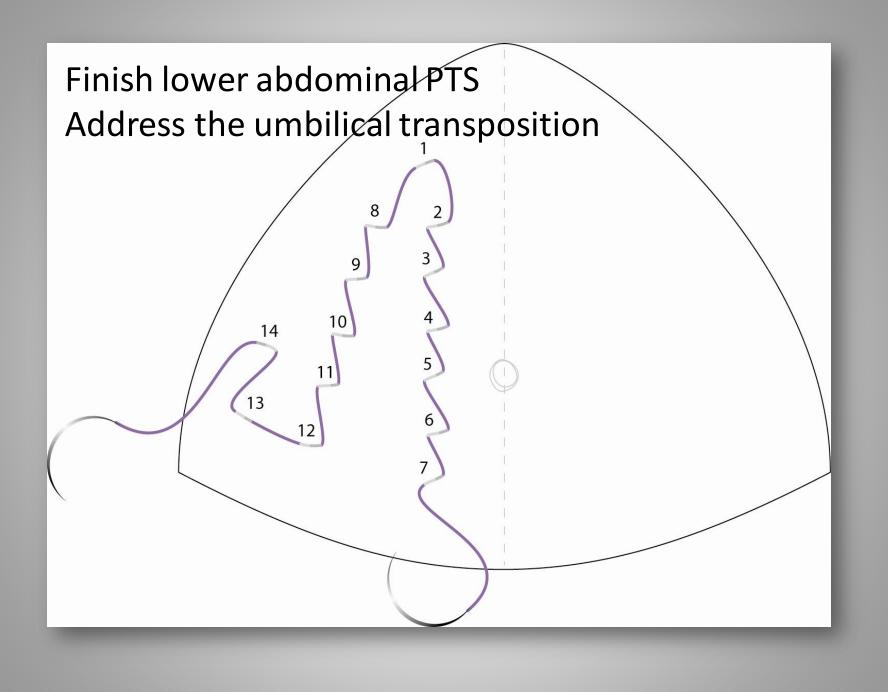


Advance needle 2 cm with each placement on abdominal flap

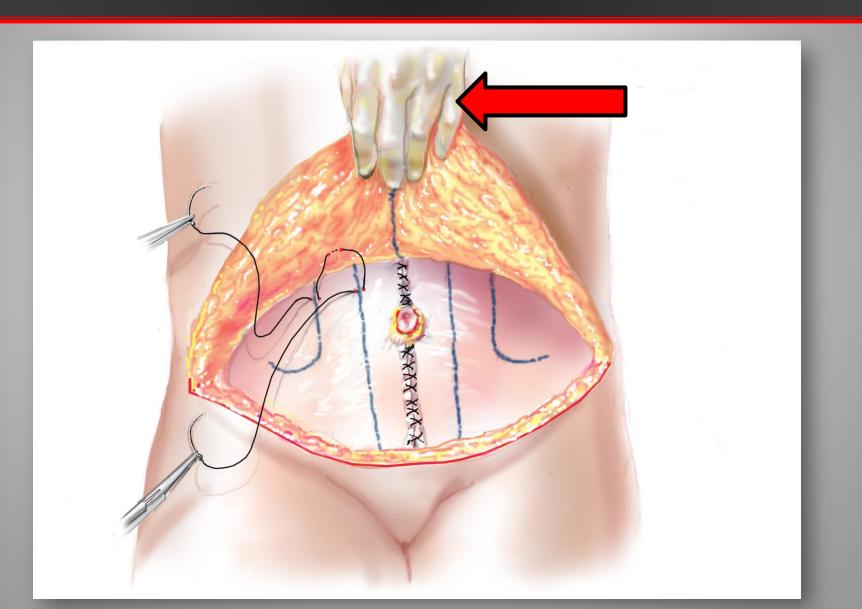
Secure to abdominal wall fascia while maintaining progressive inferior tension on flap

The PTS should include no more than half of the abdominal flap thickness





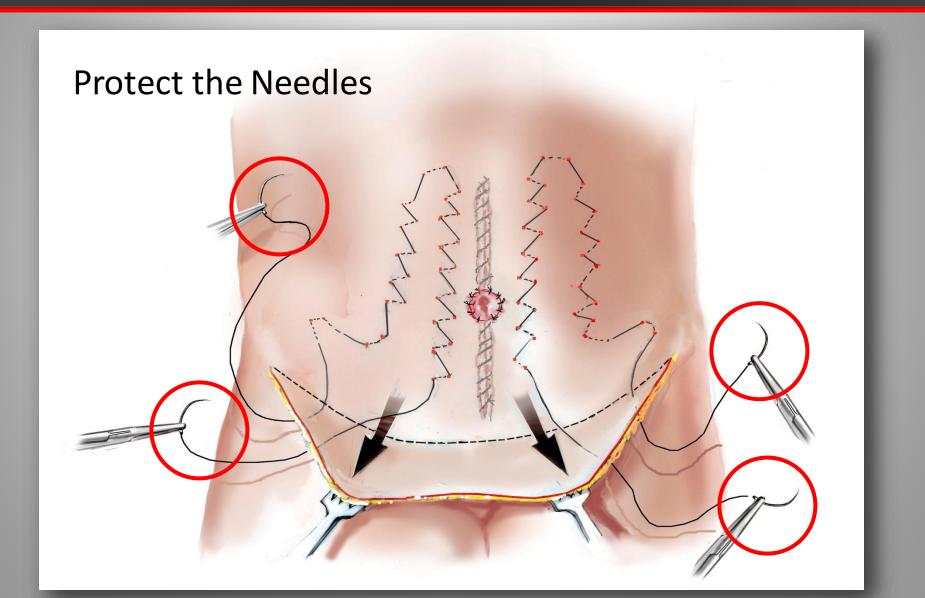
Barbed Progressive Tension Sutures



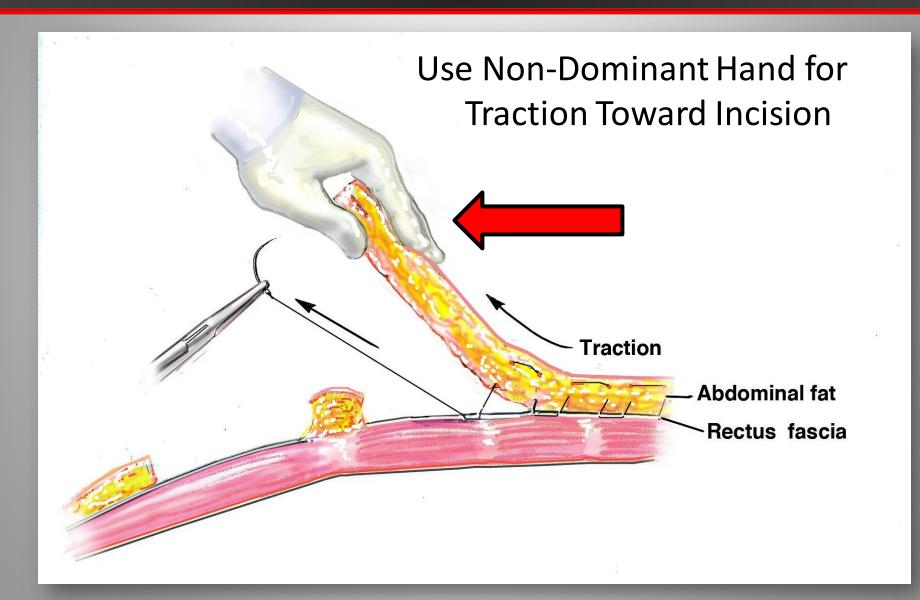
Barbed Progressive Tension Sutures

Finish lower abdominal PTS Address the umbilical transposition

Barbed Progressive Tension Sutures



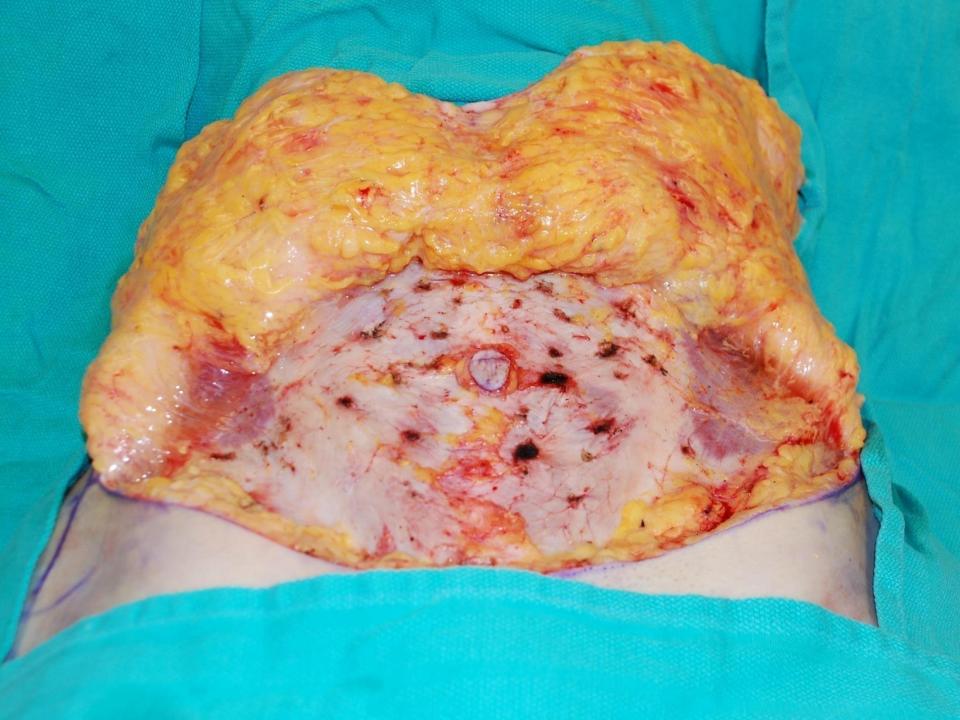
Barbed Progressive Tension Sutures

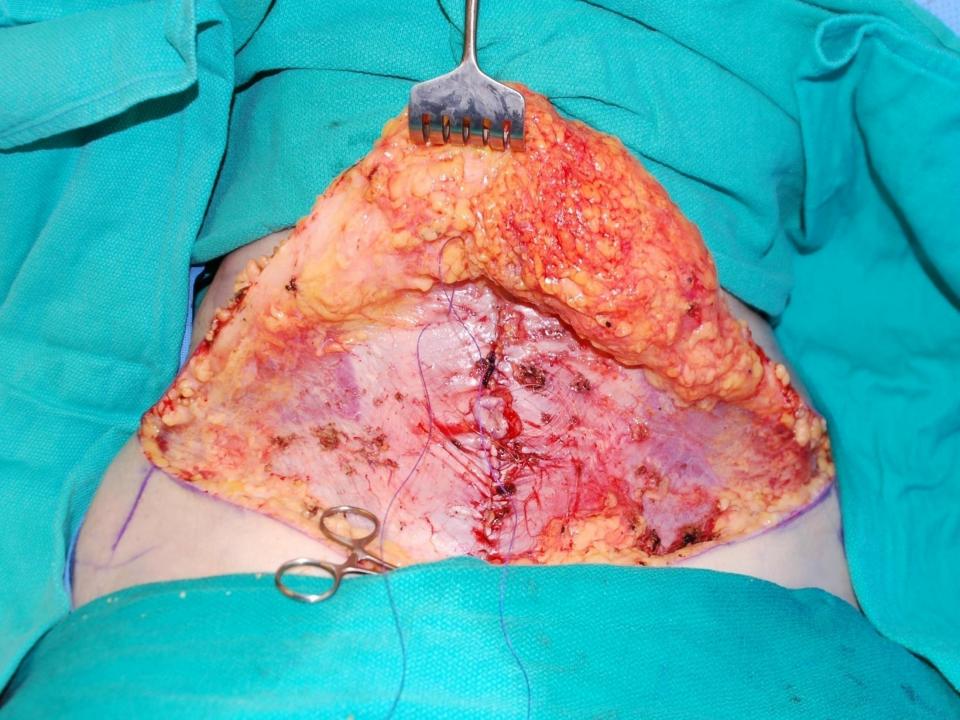


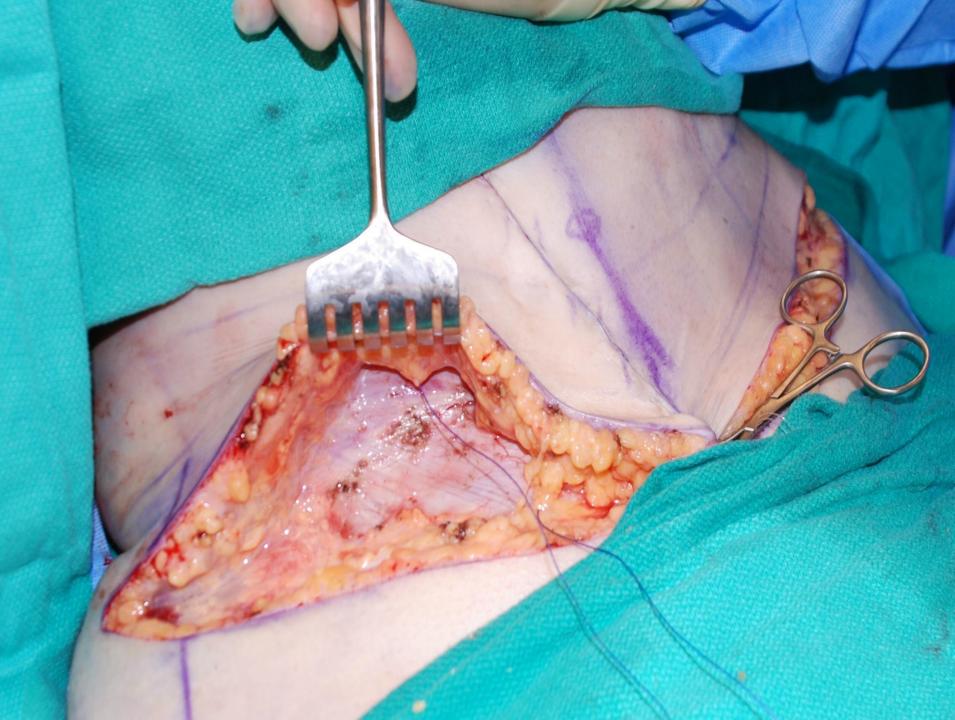
Unidirectional Barbed Suture



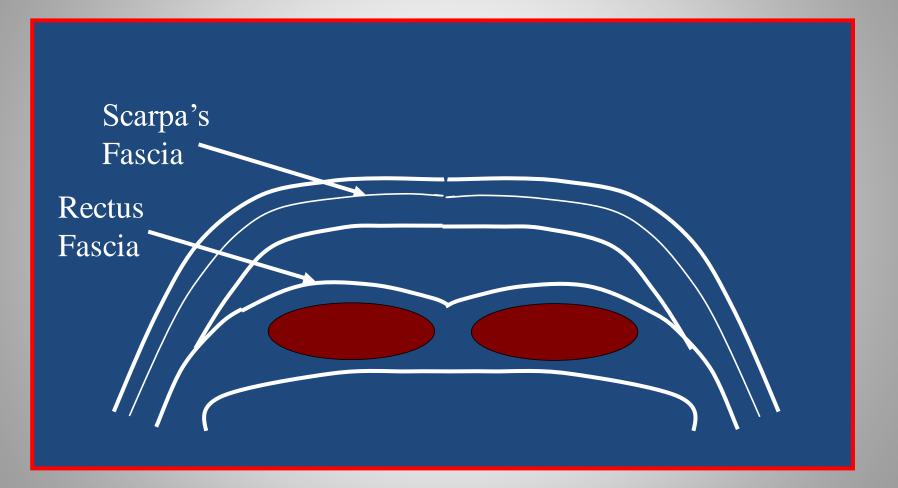




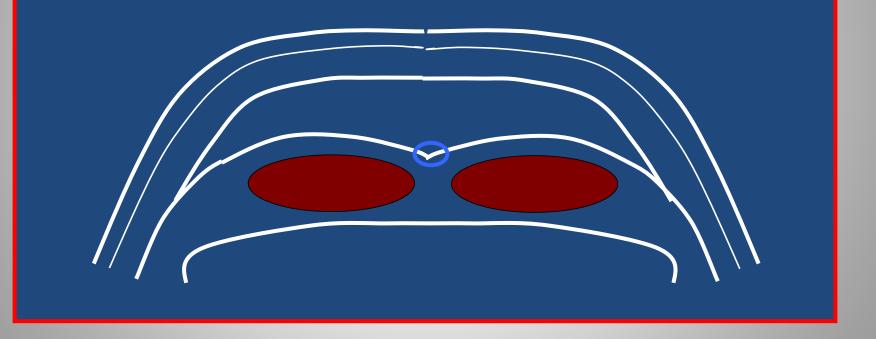




Layers of PTS



Rectus Fascia Plication: Choice



Progressive Tension Suture Quill PDO Taper Point Size 0, 24 cm or 30 cm

Scarpa Fascia Suture Quill PDO Taper Point Size 0, 24 cm or 30 cm

Dermal Closure Quill Monoderm Diamond Point Size 2-0



Arm lift

Mastopexy

with lateral autoaugmentation

Body lift

Thigh lift

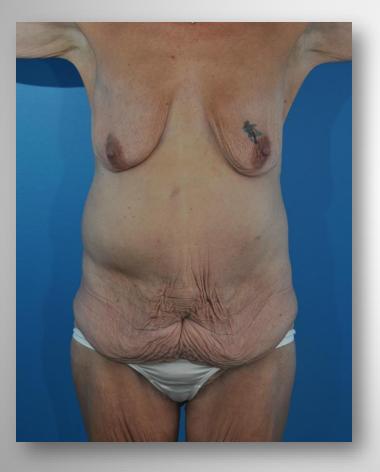


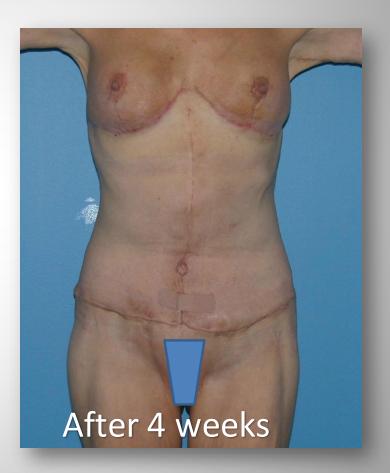




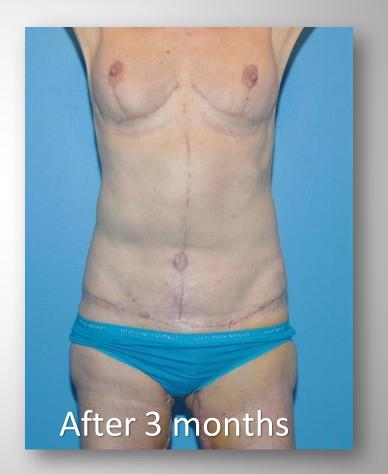






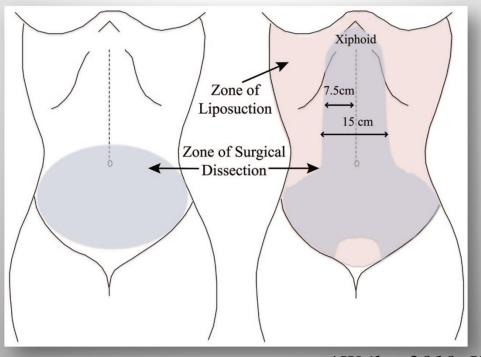






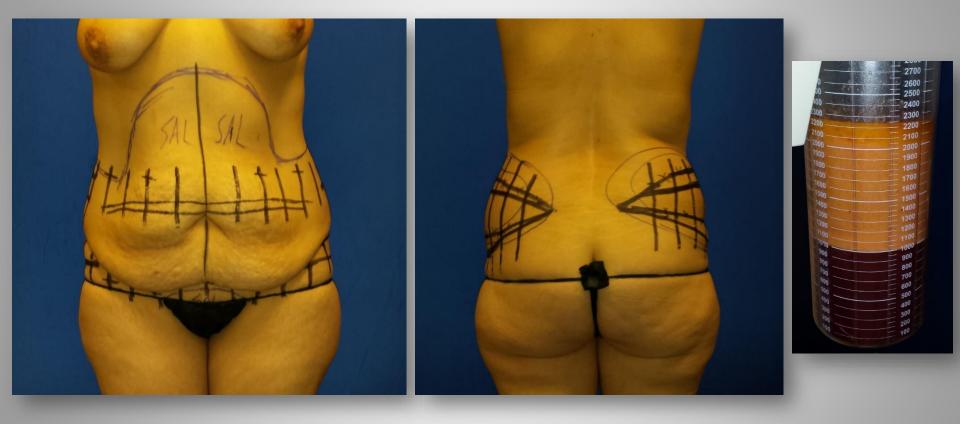
Lipo-Abdominoplasty

- Rethink Matarasso's classification
- Lipo-abdominoplasty with minimal lateral undermining is safe*



*Weiler 2010, Heller 2008, Samra 2010

Liposuction of Abdominoplasty Flap



Extended Lipo-Abdominoplasty



Extended Lipo-Abdominoplasty



No Drains No Suture

Body Contouring

Lipoabdominoplasty Without Drains or Progressive Tension Sutures: An Analysis of 100 Consecutive Patients

Sarah Epstein; Michael A. Epstein, MD, FACS; and Karol A. Gutowski, MD, FACS



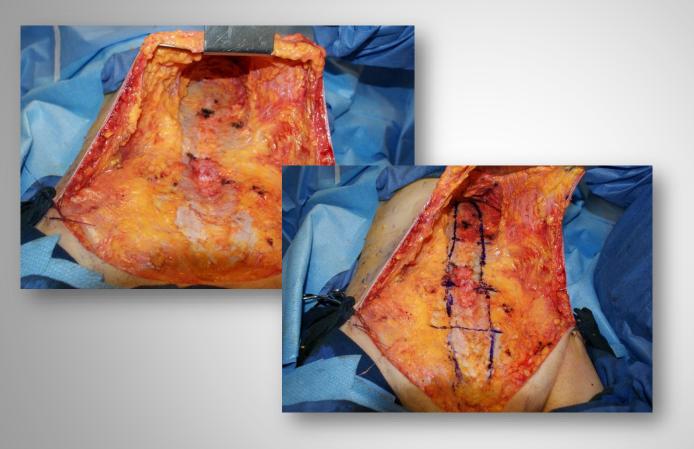


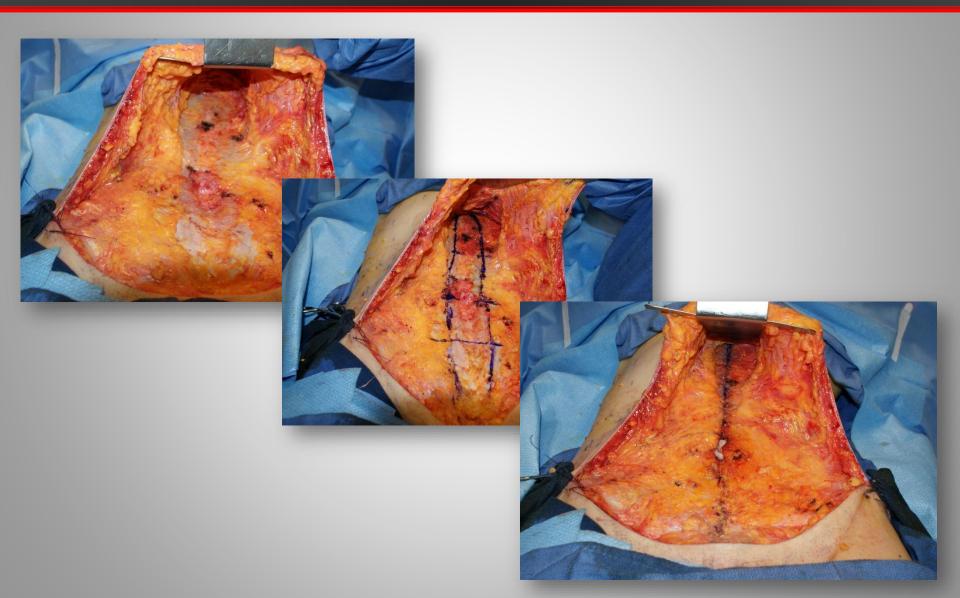




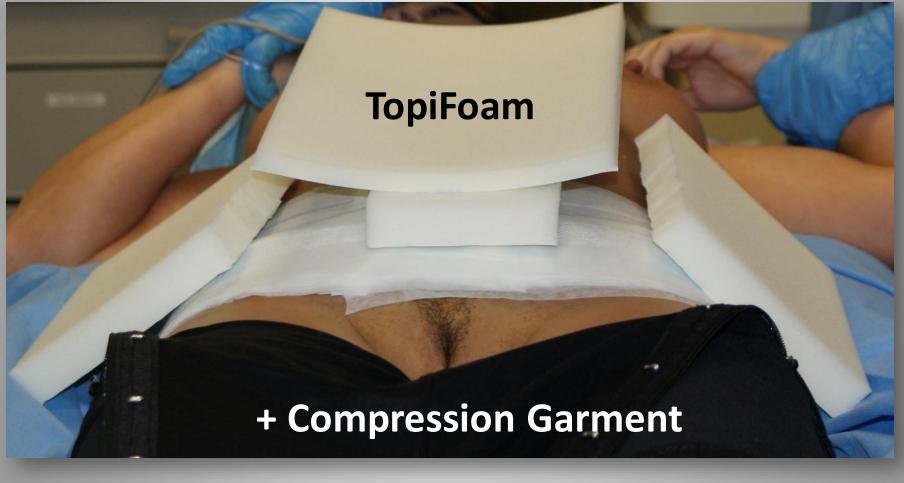








Compression



+/- Soft Abdominal Binder

Practical Tips

- Instruct assistants on principals of this technology
 - More familiarity = faster incorporation it into your practice
 - Don't cut off one of the two needles of the bidirectional sutures
- Suture is more firm
 - Gentle stretching prevents loop and knot formation
- Avoid contact with gauze, lap sponges & similar materials
 - Barbs may attract lint-like material onto the suture
- Two needles on operative field with each suture
 - Protect the needle not in use with a needle holder
- If a barbed suture breaks
 - Start a new suture with 3-4 cm of overlap with the old suture

More Practical Tips

- Keep abdominal flap aligned
 - Mark undersurface & avoid tendency to pull flap to one side
- Avoid excess tension as fat necrosis may result
- May apply techniques to circumferential abdominoplasty
 - Use posterior "3-point" tissue fixation to close dead space
- Advise patients
 - Small abdominal contour irregularities resolve in 1 to 2 weeks
 - May feel "popping" sensation in 2 to 6 weeks

Lessons Learned

- Quill PDO in dermis will "spit"
- Resist temptation to advance suture too far
 - Fascia tissue contour
 - Dermis puckers
- Teach nurses & scrub techs
- Don't place on certain material
- Patient expectations
- Favorable learning curve
- Try it on a TRAM

Technique Advantages

- Fast closure
 - 8 to 10 minutes additional time for PTS
- Can do <u>without</u> an assistant
- Maintains tissue approximation
 - Less tissue pull-through
- Eliminate abdominal drains
- Need for abdominal binder?

Seroma Treatment

- Aspirtate if in doubt
- SeromaCath
- Sclerosis
 - Doxycycline
 - Ethanol
- Excision



Not Using Drains is an Uplifting Experience!





Contact Information

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Video Presentation



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