

Advanced Techniques in Abdominoplasty: Optimizing Results & the Patient Experience

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Private Practice

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Disclosures

Merz – Trainer, Advisory Board

Suneva Medical - Instructor

Will use brand names due to lack of
distinguishing generic names

Abdominoplasty Evolution

- Panniculectomy
- Flap elevation and umbilical transposition
- Concurrent non-flap liposuction
- Extended & circumferential abdominoplasty
- Lipo-abdominoplasty (flap liposuction)
- No-drain techniques
- Enhanced recovery protocols
- Addition of energy devices?

Patient Concerns

- “Ideal candidate” by BMI
- Pain
- Downtime
- Scar
 - Too high
 - Too visible
 - Too long
- Unnatural result
 - Dog ears
 - Mons aesthetics

Solutions

- “Ideal candidate” by BMI
- Pain
- Downtime
- Scar
 - Too high
 - Too visible
 - Too long
- Unnatural result
 - Dog ears
 - Mons aesthetics

Extend BMI range

ERAS protocols + NDTT

ERAS protocols + NDTT

Scar planning

Incision markings

Scar care

Explain the need

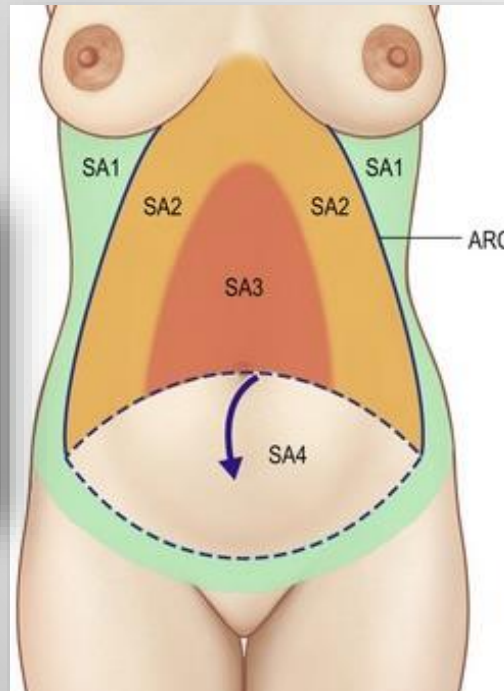
Technique modifications

Lipo-abdominoplasty

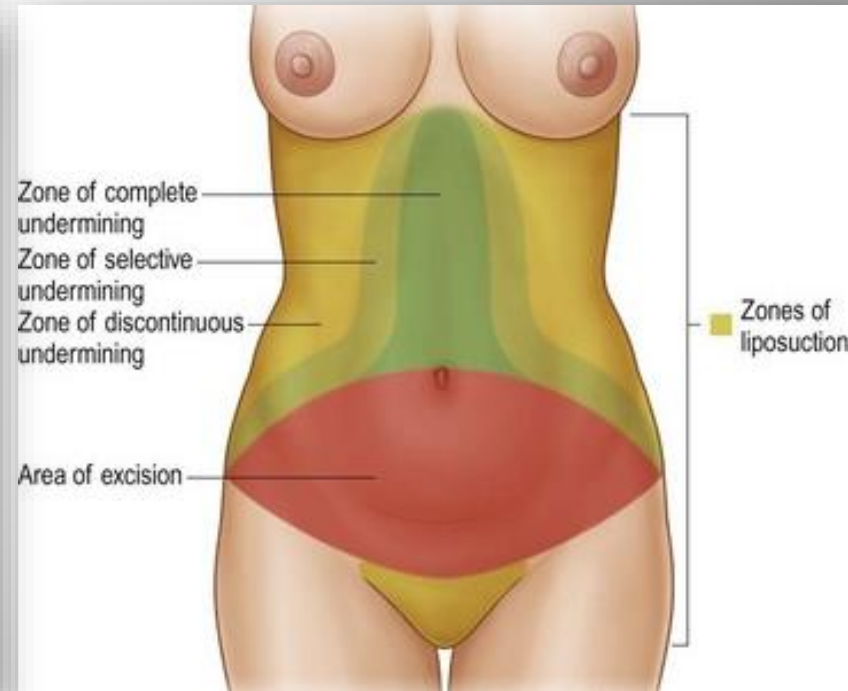
Mons lift

Lipo-Abdominoplasty

- SUCTION AREA (SA)
- | | |
|-----------------------|-----|
| Safe areas of SAL | SA1 |
| Limited areas of SAL | SA2 |
| Cautious areas of SAL | SA3 |
| Unrestricted SAL | SA4 |

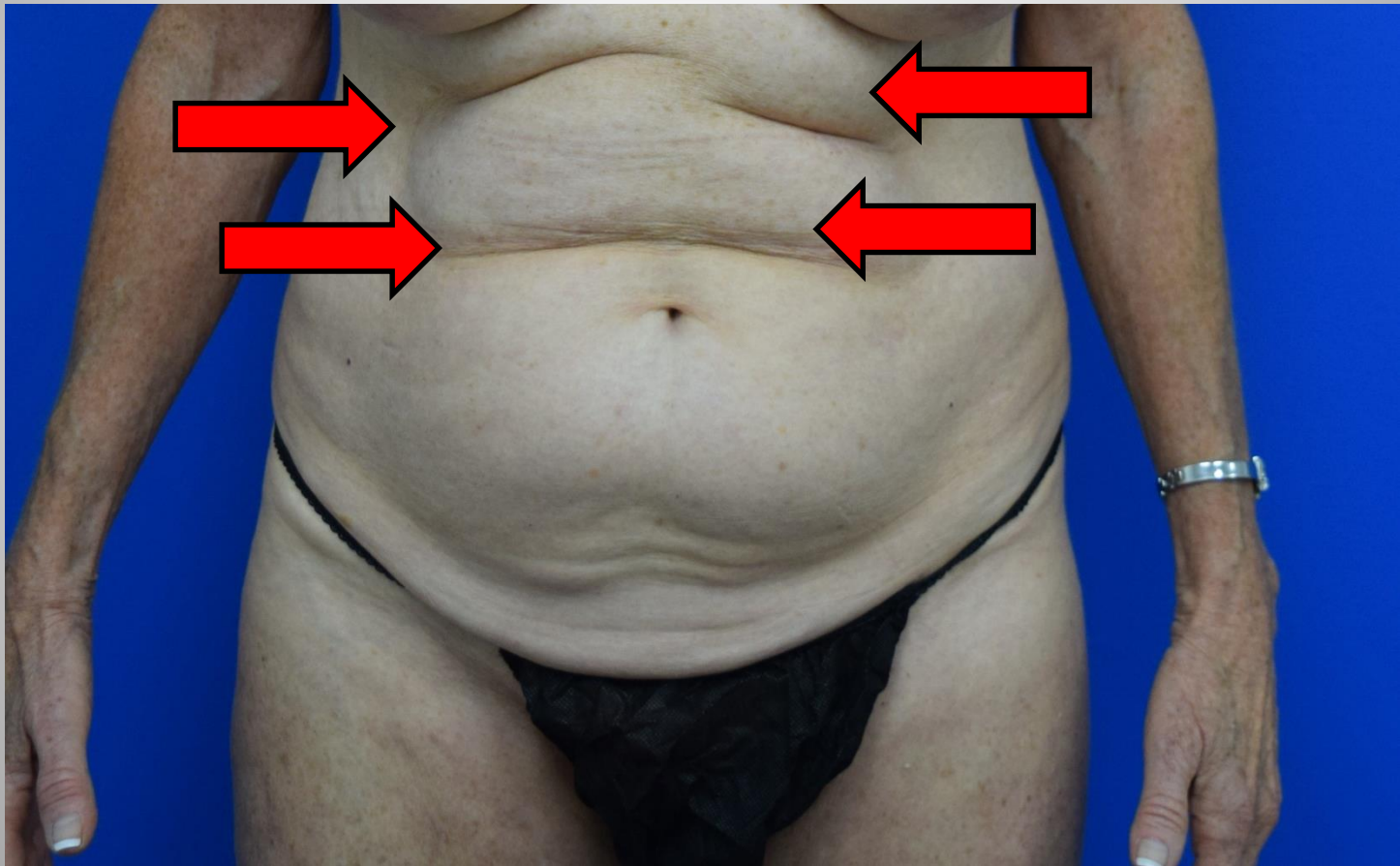


**Traditional limited liposuction
with abdominoplasty**



**Extensive liposuction with
abdominoplasty**

Not a Lipo-Abdominoplasty Candidate



Lipo-Abdominoplasty

COSMETIC 

Liposuction Abdominoplasty: An Advanced Body Contouring Technique

Daniel Brauman, M.B.B.S.,
M.D.

Josephine Capocci, B.S.N.,
M.S.N.

White Plains, N.Y.

Background: Liposuction abdominoplasty was first performed by the author in 1997. In 2002, the procedure was presented as an “evolving concept” at the 71st Annual Meeting of the American Society of Plastic Surgeons. Over the next 6 years, an additional 294 procedures were added to the initial 43 ($n = 337$ patients), culminating in an advanced body contouring technique.

Lipo-Abdominoplasty

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Aesthetic Evaluation of Lipoabdominoplasty in Overweight Patients

Osvaldo R. Saldanha, M.D.,
Ph.D.

Alessandra G. Salles, M.D.,
Ph.D.

Marcus C. Ferreira, M.D.,
Ph.D.

Francis Llaverias, M.D.

Luis H. U. Morelli, M.D.

Osvaldo R. Saldanha Filho,
M.D.

Cristianna B. Saldanha, M.D.

Santos and São Paulo, Brazil

Background: The aim of this study was to evaluate the aesthetic results of lipoabdominoplasty in overweight patients (body mass index, 25 to 29.9) compared with normal weight patients (body mass index, 18.5 to 24.9).

Methods: The authors performed a retrospective and comparative analysis of late follow-up results after lipoabdominoplasty performed from 2000 to 2009 in two groups of 30 patients, one with a body mass index of 25 to 29.9 and one with a body mass index of 18 to 24.9. Aesthetic results were evaluated using a scale with five objective parameters, developed in the Faculty of Medicine, University of São Paulo. There were seven evaluators: three plastic surgeons, three nondoctors, and the surgeon performing the procedure.

Results: For all evaluators, the postoperative average grade was significantly higher than before surgery for the entire group of patients ($n = 60$) and in each subgroup. The average grades for the groups did not differ significantly.

Lipo-Abdominoplasty

COSMETIC

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GLOBAL OPEN

Cosmetic

Lipoabdominoplasty with Progressive Traction Sutures

Javier Vera Cucchiaro, MD
Horacio Lostia, MD, SACPER,
FILACP
Patricia Velazquez, MD, SACPER,
FILACP
Elizabeth Liska, MD

Background: Proactively preserving Scarpa's fascia and thus its intrinsic lymphatic drainage and tensile strength for suture placement can eliminate the need for drains after lipoabdominoplasty and therefore reduce the rate of seroma development. In this article, we describe the effectiveness of a modified progressive traction suture (PTS) technique, which enables us to lessen the most common complications and avoid hospital readmission; these sutures take 3–5 minutes of additional surgery time.

Extended BMI Range

- Patients with BMI > 30 can still get good results
 - If fat is extra-abdominal
 - Use circumferential truck liposuction
- BMI alone is not the deciding factor
- Consider body shape and fat distribution
- Manage expectations

BMI 37.8



Circumferential Liposuction Extended Lipo-Abdominoplasty



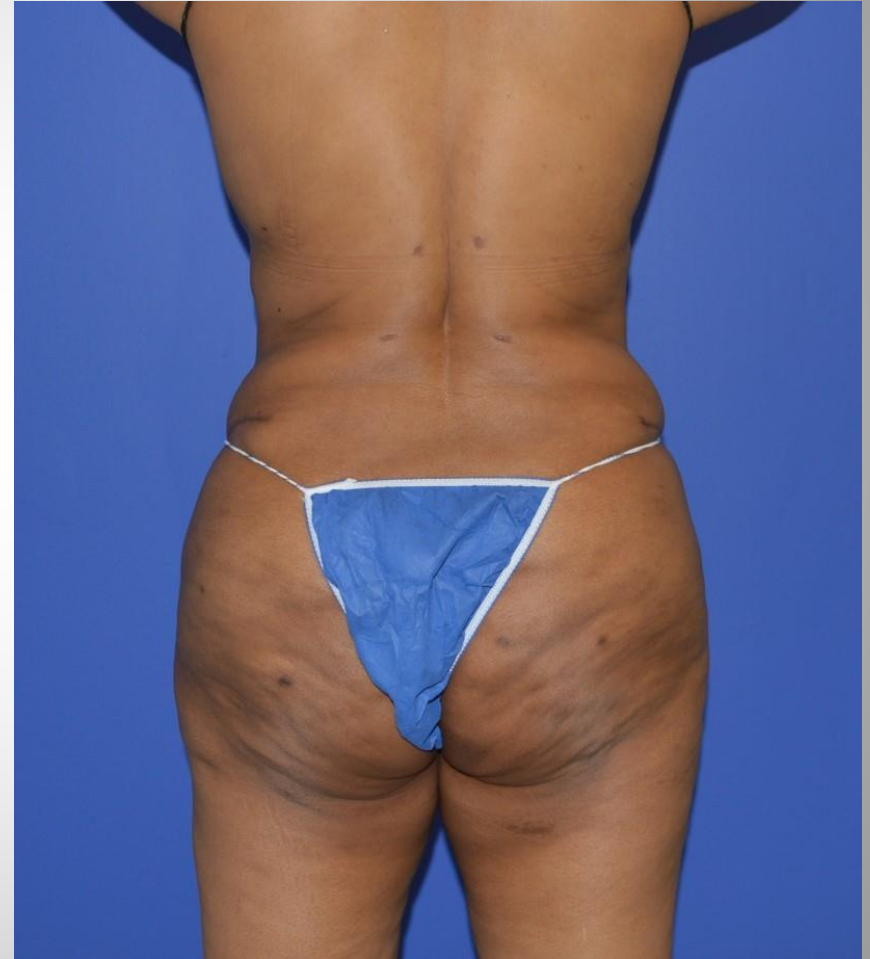
Circumferential Liposuction Extended Lipo-Abdominoplasty



Circumferential Liposuction Extended Lipo-Abdominoplasty



Circumferential Liposuction Extended Lipo-Abdominoplasty



Too Many Dog Ears & Flank Excess



Patients Are Telling Us What To Do

More lipo on flanks needed? (Photo)

mgill2012 • Novi, MI • 9 hours ago



**Not enough
fat removed**

12 weeks post op of a tummy tuck and liposuction done to the flanks. I was told they got 900cc of out each side of my flanks. But I'm not satisfied with my results. Could this still be swelling or is more lipo needed? I love how flat my stomach is but when I sit down my sides roll over so bad! At 12 weeks when will it be ideal to get more lipo done?

flanks options 3 months post-op

Save

**Not enough
skin removed**

Will bunched up skin smooth out? (Photo)

Nextlevelbaby1 • Chicago, IL • 14 hours ago



I tried calling the PS but have not gotten a response. Not sure traveling to Miami for sx was smart. Maybe being in home state would produce better response. I am 17 days post TT. I have a bunching of skin at the end of my incision. It looks and feels like maybe it's stitched too tight. Will this go away when the swelling goes down? What can I do to help it heal? Should I be concerned? Will I need more sx?

Prevent Abdominoplasty Dog Ears

- **Line** markings
 - Align tissue correctly
- **Liposuction** of flanks & love handles
 - Lateral debulking
- **Longer** incision
 - More lateral skin excision after debulking
- **Longitudinal** traction (NOT Lateral)
 - Prevent tissue from bunching up

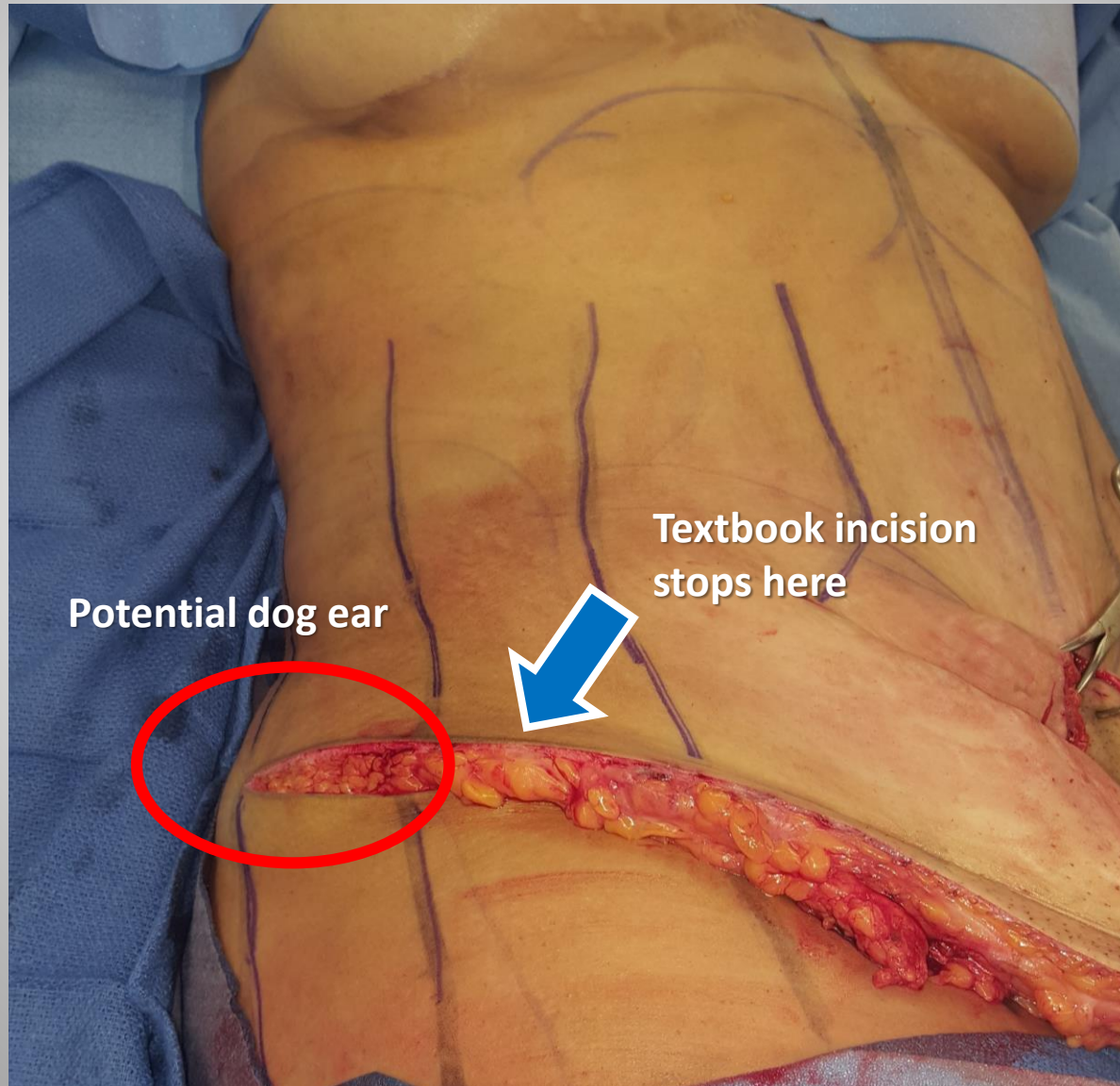
Standing: Mark Vertical **Lines** Every 5 cm



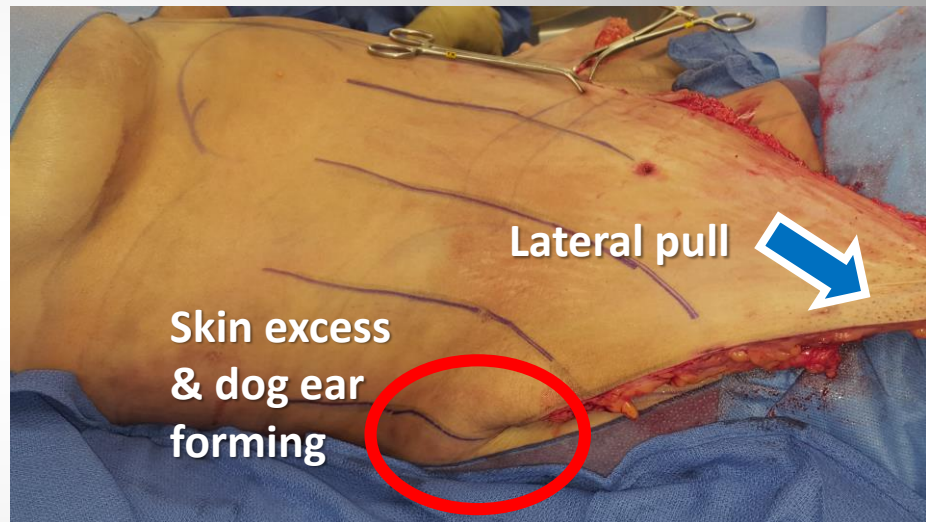
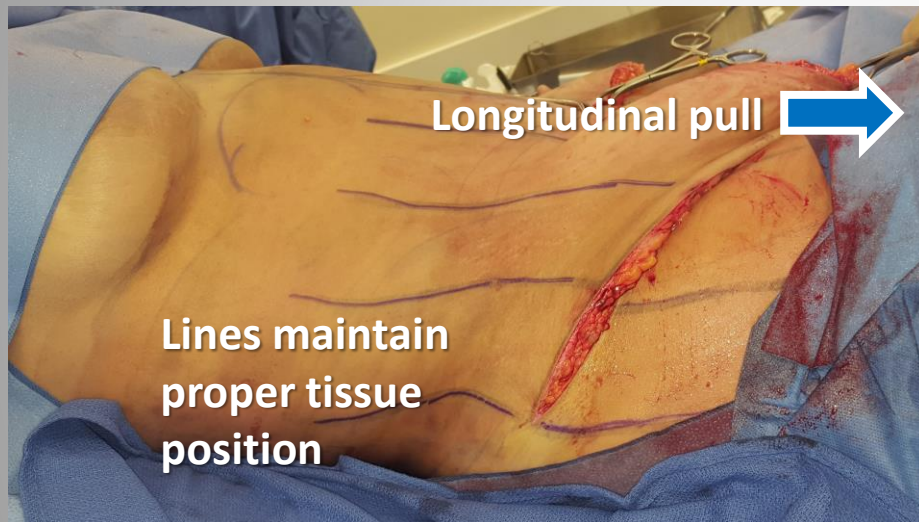
Liposuction From Front & Back



Longer Incision Past Anterior Axillary Line



Longitudinal Pull for Marking Skin Excision

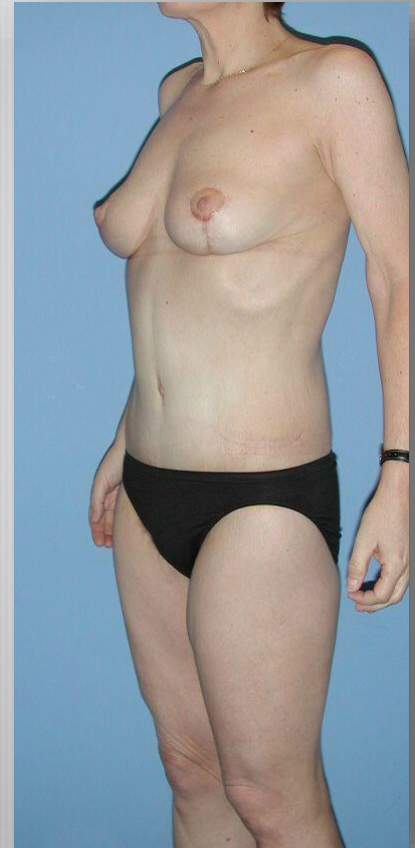


Need to Lower the Incision



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.....

Patient's Perception of Drains

RealSelf Ratings Ask a Doctor Doctor Finder

Tummy Tuck : Reviews Photos Q&A Forum Doctors

Tummy Tuck Q&A

94%
WORTH IT RATING
2,218 Reviews

Average Tummy Tuck Cost: \$8,331
Learn about Tummy Tuck

Ask a Question


View Before and After

Tummy Tuck Without Drainage Vs. with Drains?

Does it make a difference on swelling? I notice that people who have Tummy Tucks without drainage seem to be more swollen than tummy tucks done with. What is the difference?

Tags: [COMPARISON](#) [DRAINAGE](#) [SWELLING](#)

Answer this question

10 answers to Tummy Tuck Without Drainage Vs. with Drains?


+4



Tummy Tucks and Drains

Thanks for your question. Tummy tucks creates a large dead space above the belly button down to the incision. Fluid can accumulate in this space. In addition, incisions used to perform abdominoplasty divide small lymphatic vessels decreasing the body's ability to return fluid from tissue back into the circulation. Drains usually stay in from 4 days to two weeks. The drains are used to remove fluid that collects in the dead space created. When drain output is low enough (most surgeons... more

**Steven H. Williams, MD** [Top](#)
San Francisco Plastic Surgeon


+2



Tummy Tuck drainage at surgeon's discretion

To drain or not to drain is at the surgeon's discretion as there is no consensus. The majority of surgeon's drain, some for just a couple of day, some for weeks. Some try to suture the cavity closed thus obviating the need for drainage. The main purpose is to prevent small hematomas or seromas from forming. It usually does not prevent large bleeds from occurring and the amount of swelling should be less as bruising (which contributes to swelling) should also be less. However, it may be that... more

**Robin T.W. Yuan, MD** [Top](#)
Beverly Hills Plastic Surgeon

RealSelf Ratings Ask a Doctor Doctor Finder


Tummy Tuck : Reviews Photos Q&A Forum Doctors

Tummy Tuck Q&A

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View Before and After

Is Drainless Tummy Tuck a Safe Procedure?

After consulting a board certified plastic surgeon, I was told that some physicians do not do the drainless procedure because it takes additional time in the O.R. (hence higher cost) or that the same risks exist when using drains. Is it safe?

I have heard conflicting views and am a bit concerned/confused about this. I must admit, no drains sounds very appealing to me as a patient.

Tags: [ABDOMEN](#) [COSTS](#) [DRAINAGE](#) [PLASTIC SURGEON](#)

Answer this question

16 answers to Is Drainless Tummy Tuck a Safe Procedure?


+4



Tummy tuck can be done safely without a drain

According to answers posted on this site it seems that performing a tummy tuck without a drain is seldom recommended. There was a similar debate concerning drains after a facelift many years ago, and again surgeons divided into those that did drain and those that did not. Today very few surgeons consider using a drain in a facelift procedure, and my feeling is that in tummy tuck too in the future few surgeons will continue placing a drain. In our practice for the past nine years we have... more

**Peter E. Johnson, MD**
Chicago Plastic Surgeon


+4



Drainless works in experienced hands

Drain less Tummy Tuck operations are performed by Plastic Surgeons who use a quilting technique. In this procedure, multiple sutures are placed between the muscle and fat layer to quilt the skin like a down comforter. It requires a lot more time in the OR and needs an experienced physician. We perform more than 100 Tummy Tucks a year and still use drains. Our complication rate with drains is extremely low, so I see no reason to add the time to the procedure. While the idea of no drains... more

Patient's Perception of Drains

RealSelf[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%
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[Learn about Tummy Tuck](#)

[Post to Forum](#)


[View Before and Afters](#)

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

Pivotal Publication

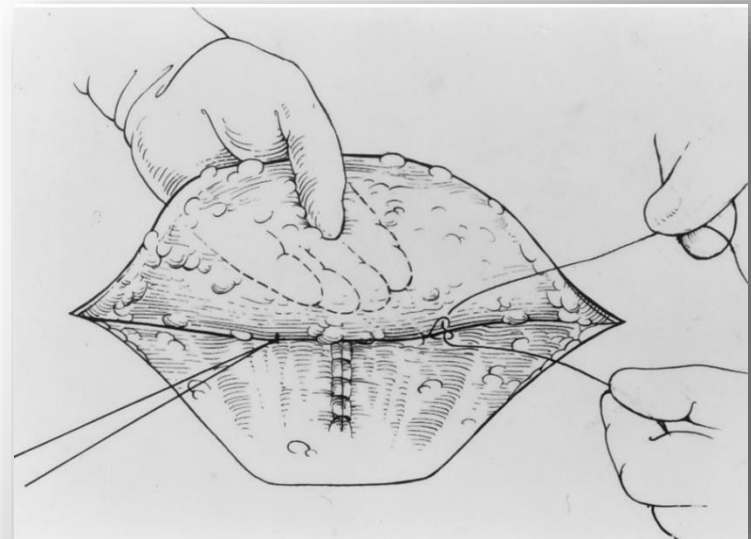
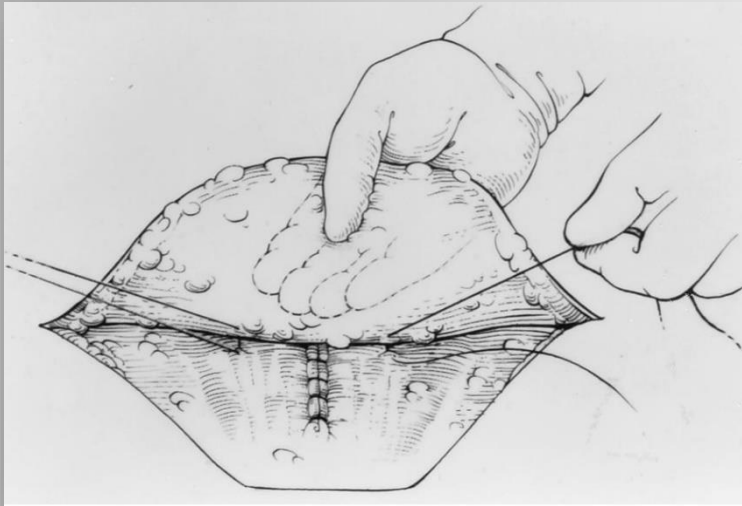
Techniques in Cosmetic Surgery

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

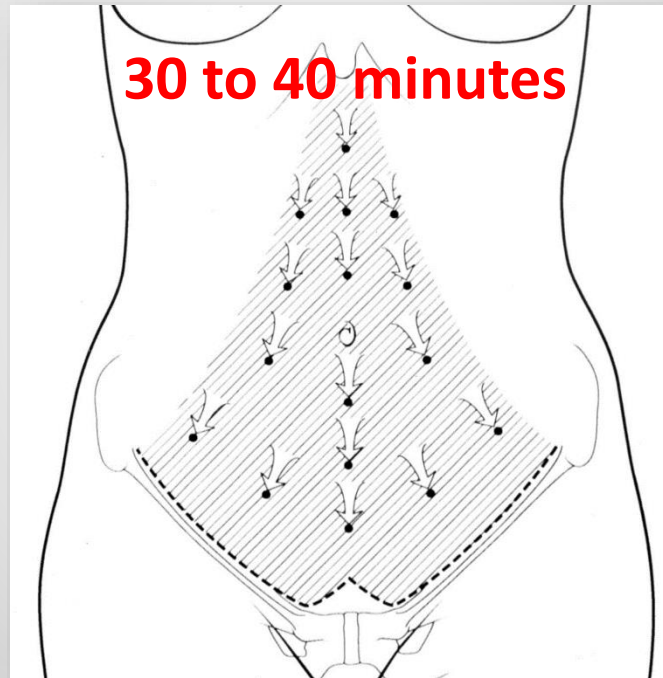
Harlan Pollock, M.D., and Todd Pollock, M.D.

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.
Moncklair, N.J.*

PRS 2010

Subsequent Publications

Body Contouring

Prevention of Seroma After Abdominoplasty

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

Aesthetic Surgery Journal
30(3) 414–417
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journalsPermissions.nav](http://www.sagepub.com/journalsPermissions.nav)
DOI: 10.1177/1090820X10374116
www.aestheticsurgeryjournal.com
SAGE

Abstract

Background: Seroma is one of the most troubling complications after abdominoplasty; incidence rates of that shearing forces between the two separated abdominal layers play a key role in the development of a patient until the layers are sufficiently adhered may be a solution to the problem.

Objective: The authors examine the association between length of immobilization and the development of seroma.

Methods: This retrospective study included 60 patients; half were immobilized for 24 hours (group 1) and half for 48 hours (group 2). For thromboembolism prophylaxis, all patients received low molecular weight heparin follow-up for detection of seroma continued for at least three months.

Results: Mobilization after 24 hours led to a seroma rate of 13%, whereas immobilization of at least 48 hours led to a seroma rate of 0%.

Conclusions: For abdominoplasty patients with a low or moderate thromboembolic risk, the data suggest that with chemical and mechanical thromboembolism prophylaxis significantly reduces the risk of seroma.

Body Contouring

Reducing Seroma in Outpatient Abdominoplasty: Analysis of 516 Consecutive Cases

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

Aesthetic Surgery Journal
30(3) 418–427
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journalsPermissions.nav](http://www.sagepub.com/journalsPermissions.nav)
DOI: 10.1177/1090820X10372048
www.aestheticsurgeryjournal.com
SAGE

Abstract

Background: Over the past 30 years, the preferred techniques and settings for abdominoplasty have evolved regarding the surgical and postoperative approaches that best limit serious complications such as seroma.

Objective: The authors evaluate their 28-year experience with abdominoplasty and suggest a technique (prophylactic drains) for reducing the overall complication rate, most significantly with regard to seroma.

Methods: A retrospective review was conducted of 517 consecutive abdominoplasty cases in the senior author's groups based on operative setting, postoperative care, and surgical technique. Concurrent procedures and complications were also noted.

Results: The authors found that the last group of patients, in whom abdominoplasty with progressive tension sutures as an outpatient procedure, had the lowest incidence of seroma. Specifically, the incidence of clinically significant seroma was 9.6% in early groups, when abdominoplasty was performed as an inpatient procedure; the rate was 24% when it was performed as an outpatient procedure, but was then reduced to 1.9% with the placement of progressive tension sutures.

Conclusions: Abdominoplasty can be safely performed with other concomitant procedures (such as liposuction) as an outpatient procedure. Despite controversy in the previous literature, the authors' data support the conclusion that progressive tension sutures without drains dramatically decreases overall complication and seroma rate during abdominoplasty.

426

Aesthetic Surgery Journal 30(3)

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-

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.^{3,4,10} This technique is simple and

Subsequent Publications

Body Contouring

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

Marcos Sforza, MD; Rodwan Husein; Katarina Andjelkov, MD, PhD; Paulo Cesar Rozental-Fernandes, MD; Renato Zaccheddu, MD; and Milan Jovanovic, MD, PhD

Body Contouring

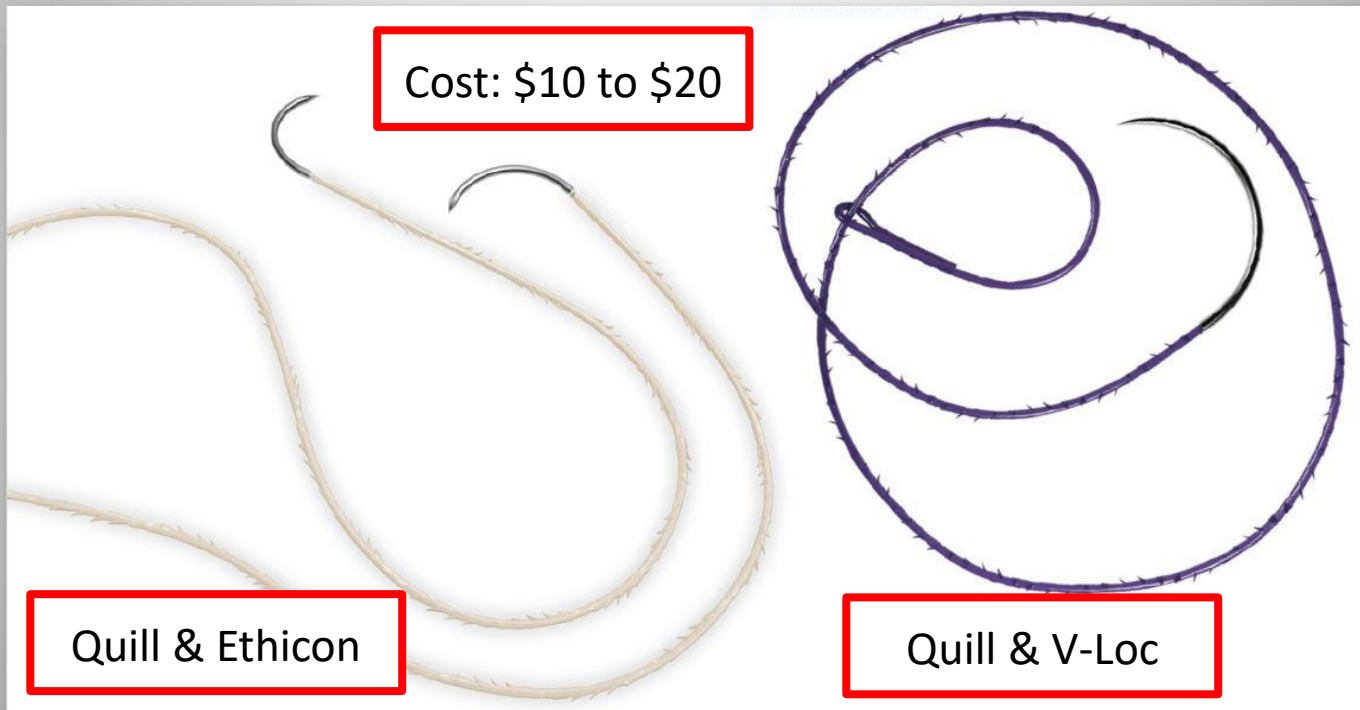
Decrease in Seroma Rate After Adopting Progressive Tension Sutures Without Drains: A Single Surgery Center Experience of 451 Abdominoplasties Over 7 Years

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

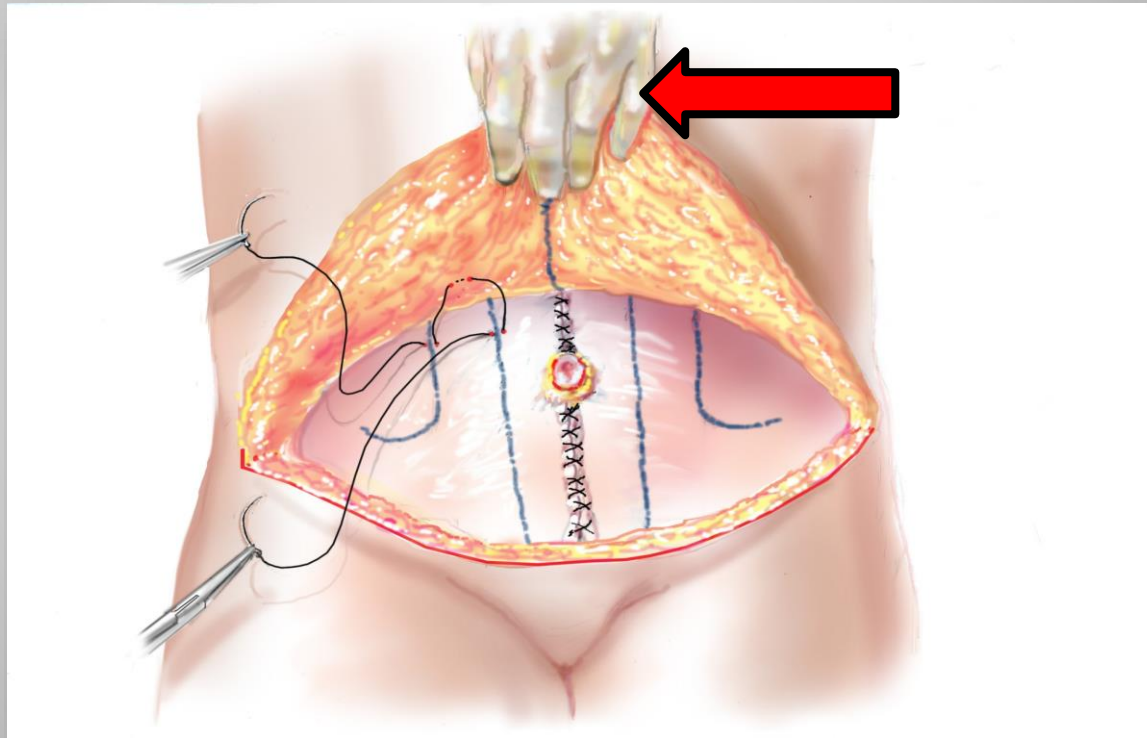
Barbed Suture Technology



Barbed Suture Technology

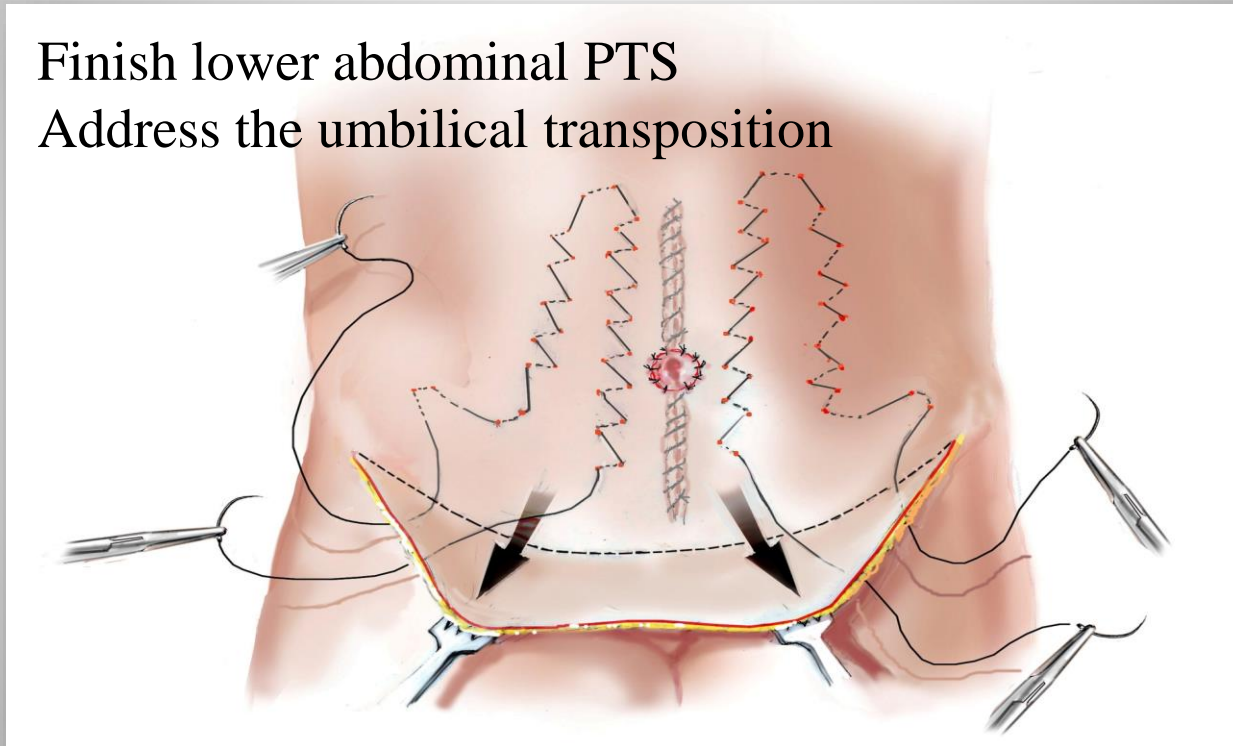


Barbed Progressive Tension Sutures

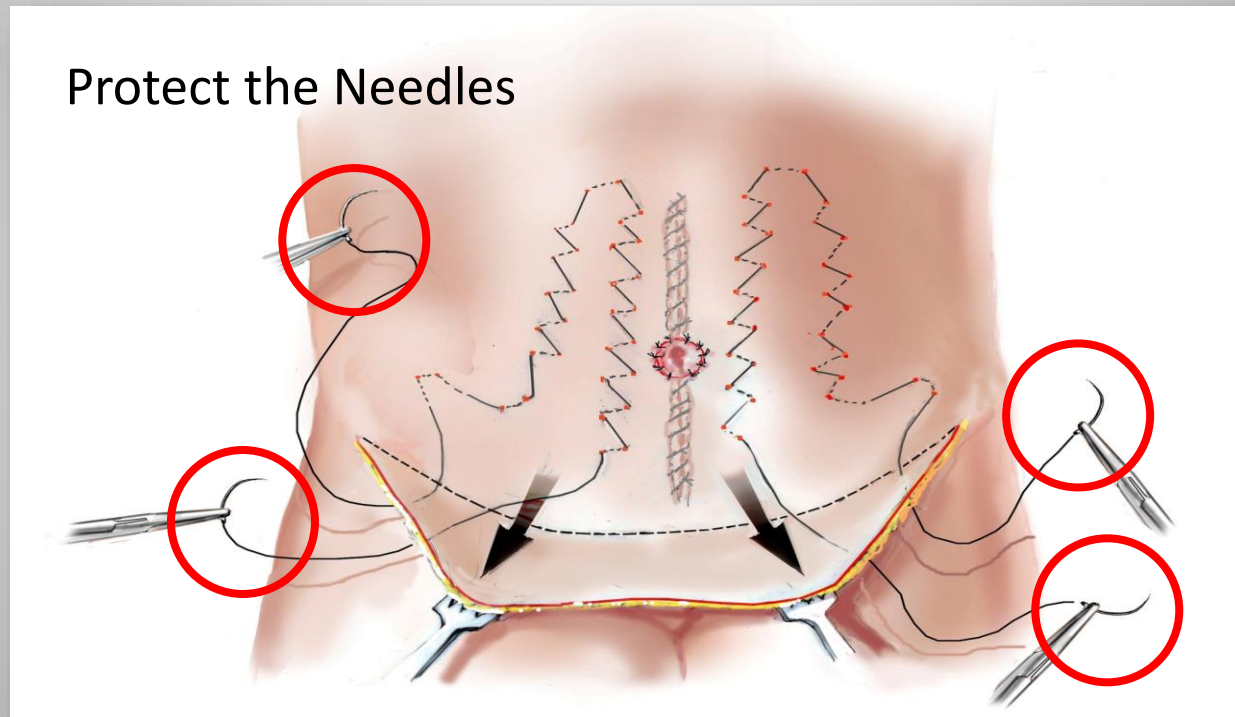


Barbed Progressive Tension Sutures

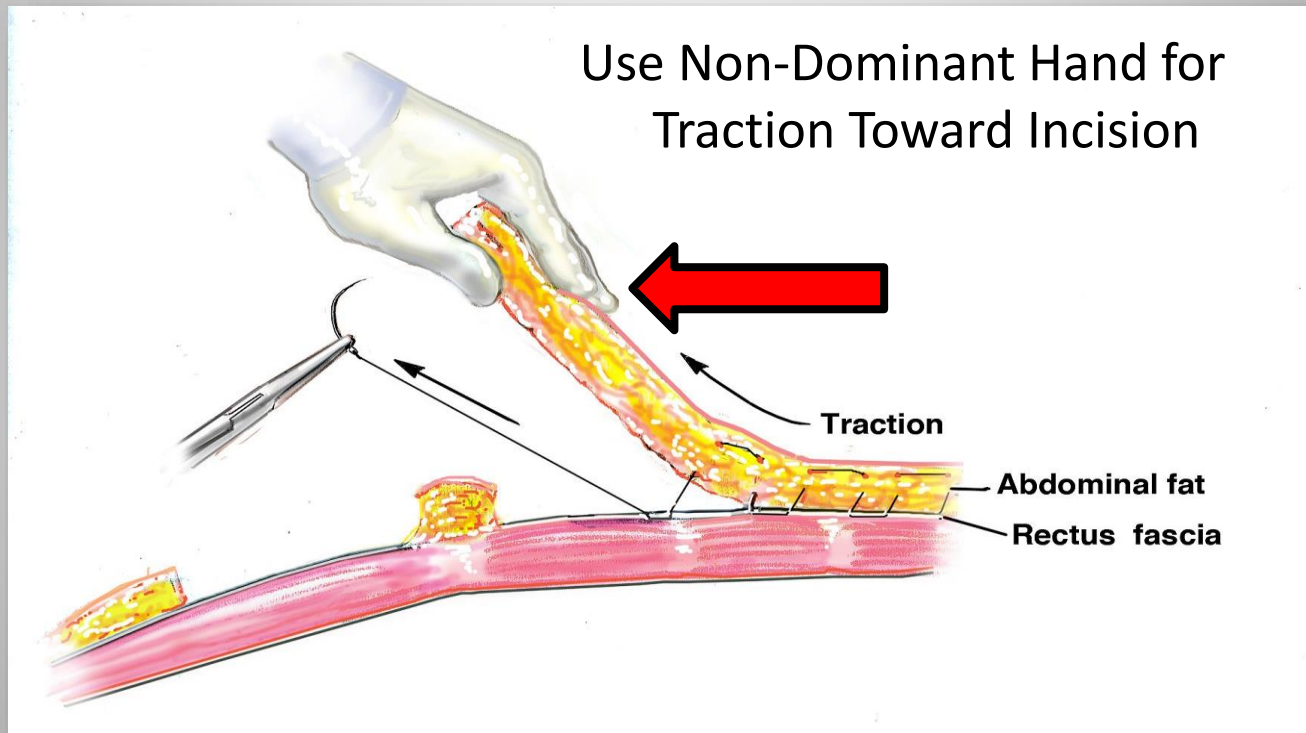
Finish lower abdominal PTS
Address the umbilical transposition



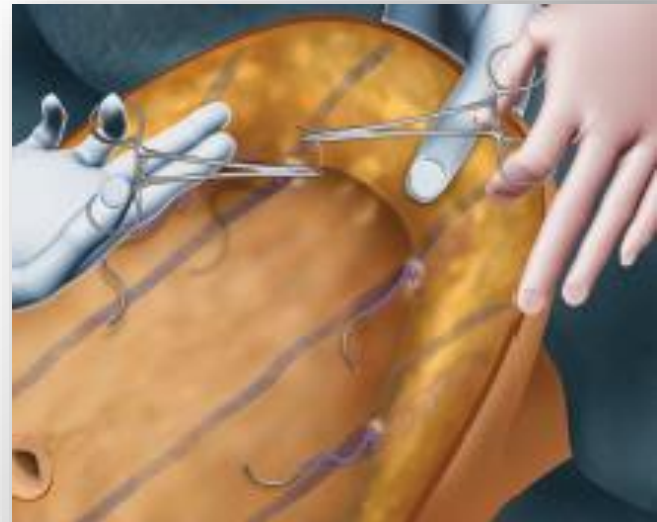
Barbed Progressive Tension Sutures



Barbed Progressive Tension Sutures



Unidirectional Barbed Suture



Rosen, PRS 2010

No Drain Body Contouring Patient

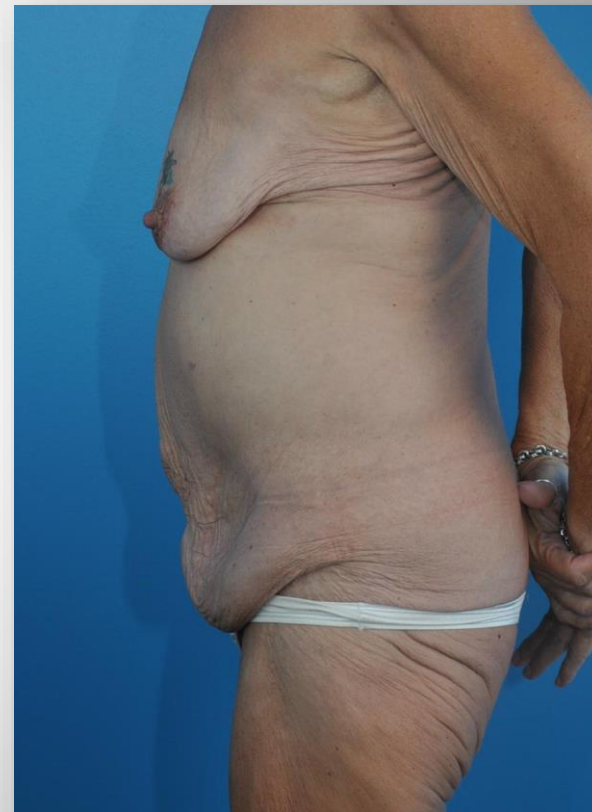


Arm lift

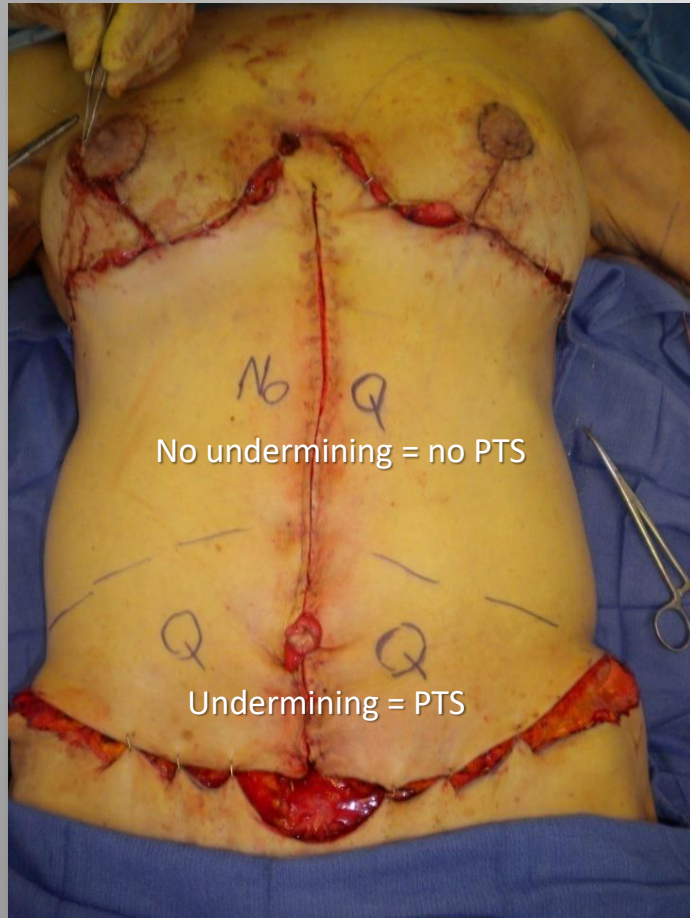
Mastopexy
with lateral auto-
augmentation

Body lift

Thigh lift



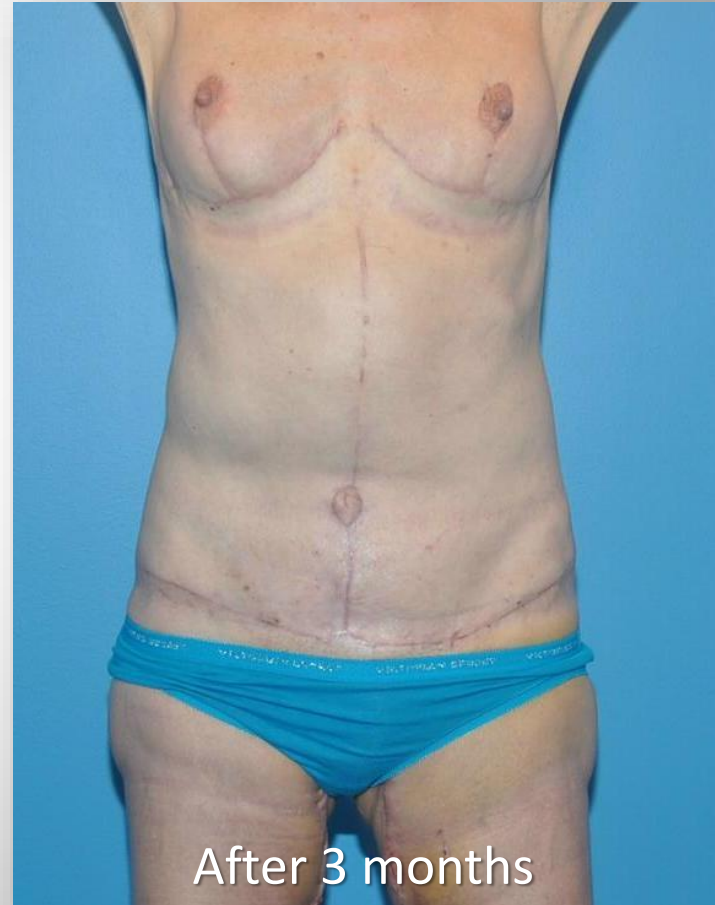
No Drain Body Contouring Patient



No Drain Body Contouring Patient



No Drain Body Contouring Patient



No Drains No Suture

Body Contouring

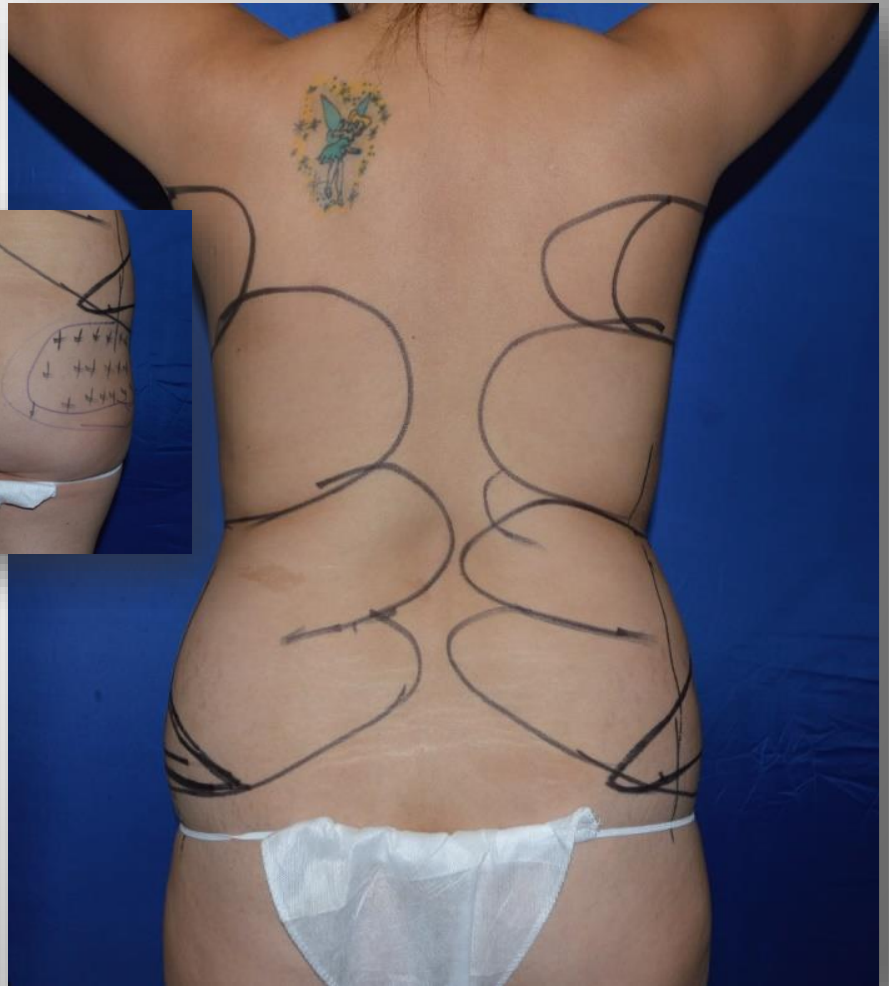
Lipoabdominoplasty Without Drains or Progressive Tension Sutures: An Analysis of 100 Consecutive Patients

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

No Drains No Suture



Treat Entire Trunk



No Drain Lipo-Abdominoplasty



No Drain Lipo-Abdominoplasty



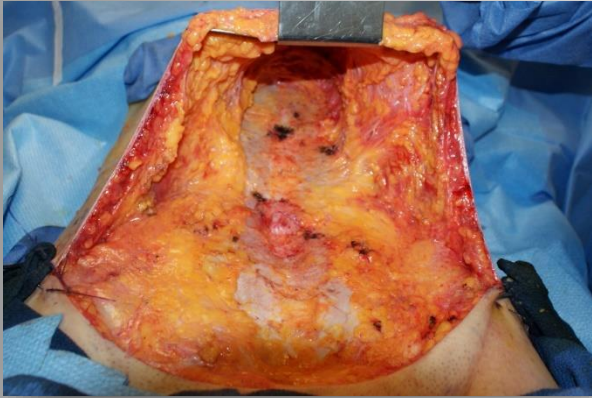
No Drain Lipo-Abdominoplasty



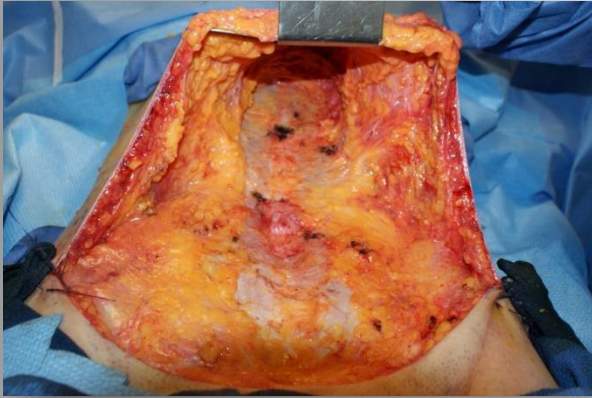
No Drain Lipo-Abdominoplasty



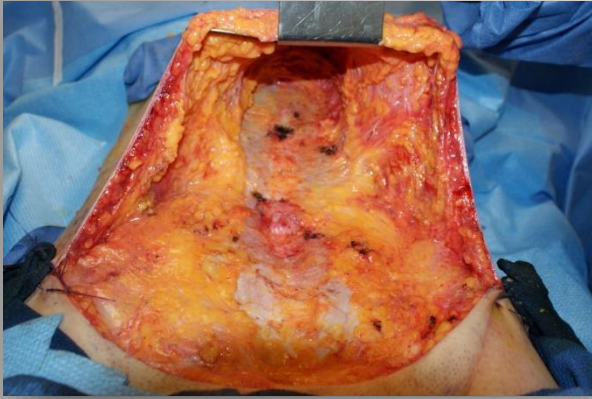
No Drain Lipo-Abdominoplasty



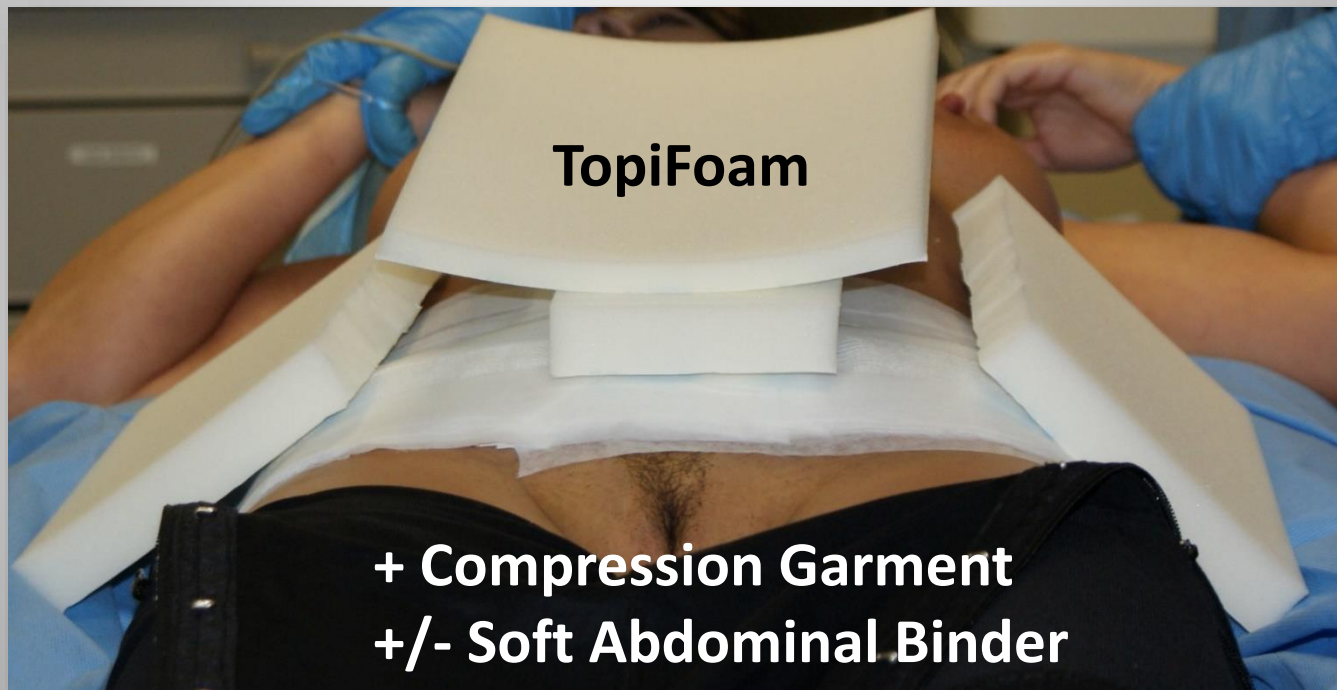
No Drain Lipo-Abdominoplasty



No Drain Lipo-Abdominoplasty



Compression



Technique Advantages

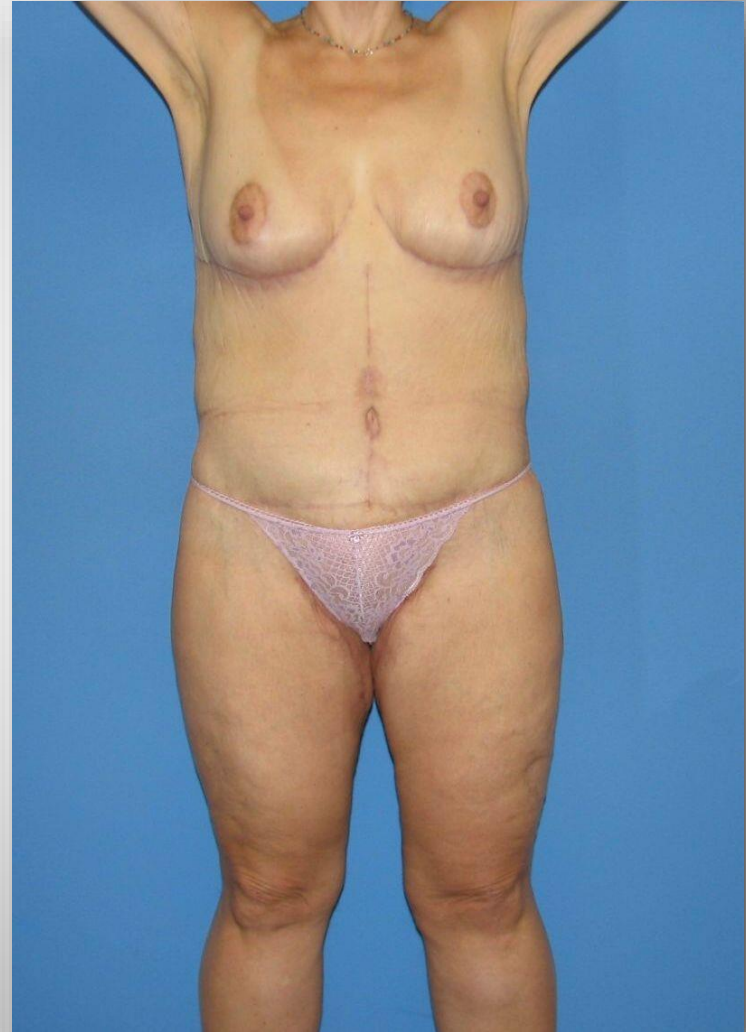
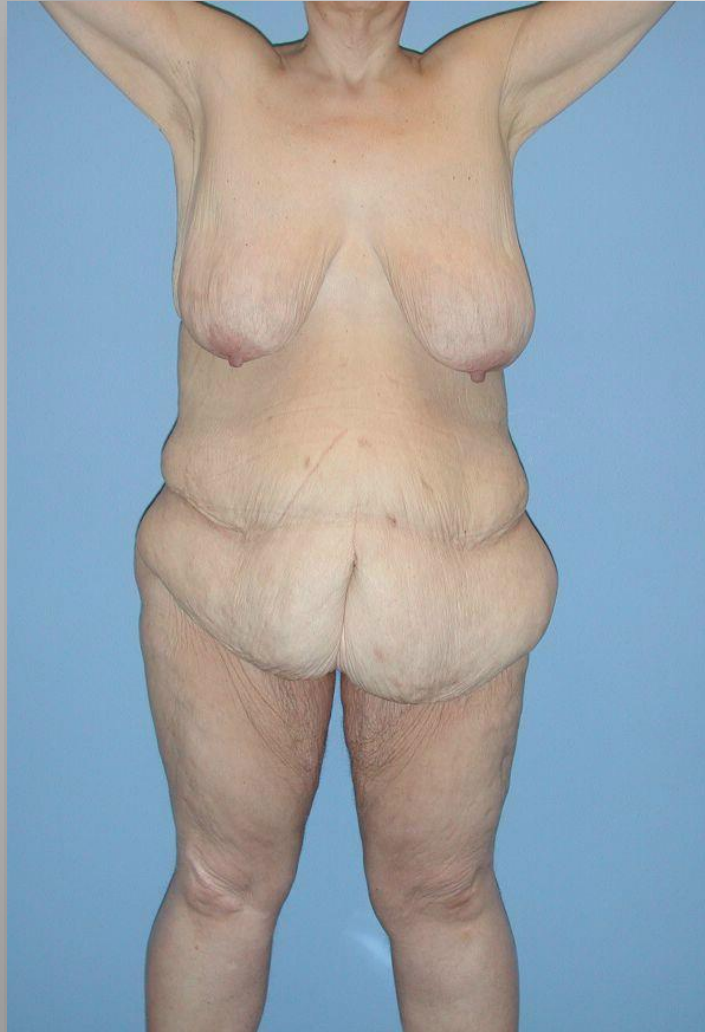
- Fast closure
 - 8 to 10 minutes additional time for PTS
- Can do without an assistant
- Maintains tissue approximation
 - Less tissue pull-through
- Eliminate abdominal drains
- Need for abdominal binder?

Seroma Treatment

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



Not Using Drains is an Uplifting Experience!



A Better Patient Experience

- Modern pain control
- Minimize opioid medications
- Early mobilization
- No drain technique
- Compression garments, not stiff binders

Why is Non-Opioid Analgesia Important

- Opioid epidemic
- Less opioid use
- Less PONV
- Faster transfer from PACU
- Faster discharge home
- Normalized physiology (RR, HR, BP)
- Decreased surgical stress response?
- Decreased risk of long-term pain & CRPS?
- Better patient reviews on RealSelf

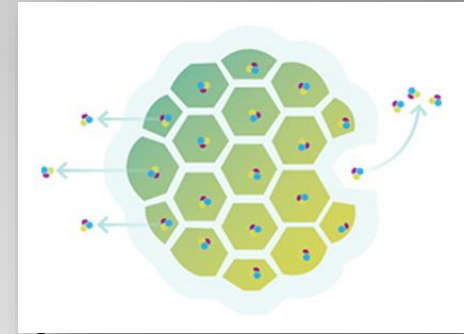
Clinical Consequences of Inadequate Pain Relief: Barriers to Optimal Pain Management

Jaime L. Baratta, MD
Eric S. Schwenk, MD
Eugene R. Viscusi, MD
Philadelphia, Pa.

Summary: Uncontrolled postoperative pain may result in significant clinical, psychological, and socioeconomic consequences. Not only does inadequate pain management following surgery result in increased morbidity and mortality but it also may delay recovery, result in unanticipated readmissions, de-

Liposomal Bupivacaine (Exparel)

- Controlled bupivacaine release
- Pain relief 2 to 3 days
- Can't mix with lidocaine within 20 min
- May be an “add on” cost
- Mixed results in breast augmentation
- Use in plastic surgery not standardized



\$300 vial

Systematic Review of Liposomal Bupivacaine (Exparel) for Postoperative Analgesia

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Background: Management of postoperative pain often requires multimodal approaches. Suboptimal dosages of current therapies can leave patients experiencing periods of insufficient analgesia, often requiring rescue therapy. With absence of a validated and standardized approach to pain management, further refinement of treatment protocols and targeted therapeutics is needed. Liposomal bupivacaine (Exparel) is a longer acting form of traditional bupivacaine that delivers the drug by means of a multivesicular liposomal system. The effectiveness of liposomal bupivacaine has not been systematically analyzed relative to conventional treatments in plastic surgery.

Liposomal Bupivacaine – Big Picture



- Lack of evidence prevents assessment of liposomal bupivacaine as a peripheral nerve block (2016)
- Liposomal bupivacaine at surgical site (2017)
 - Does appear to reduce pain compared to placebo
 - Limited evidence does NOT demonstrate superiority to bupivacaine

Preemptive & Preventive Analgesia

- Preemptive analgesia (before incision) effectiveness is debatable
 - Local anesthetic at incision sites (mandatory in MAC cases)
 - Preoperative oral NSAIDs, acetaminophen (useful for short cases)
- Preventive analgesia (after incision) effectiveness is debatable
- Has to be part of ERAS protocol

Preemptive, Preventive, Multimodal Analgesia: What Do They Really Mean?

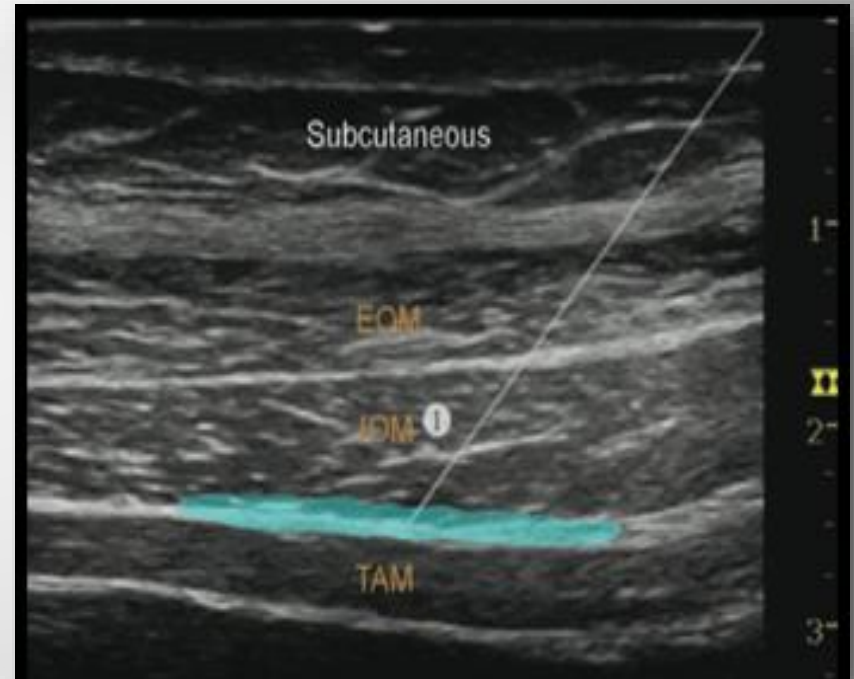
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Summary: To improve postoperative pain management, several concepts have been developed, including preemptive analgesia, preventive analgesia, and multimodal analgesia. This article will discuss the role of these concepts in improving perioperative pain management. Preemptive analgesia refers to the

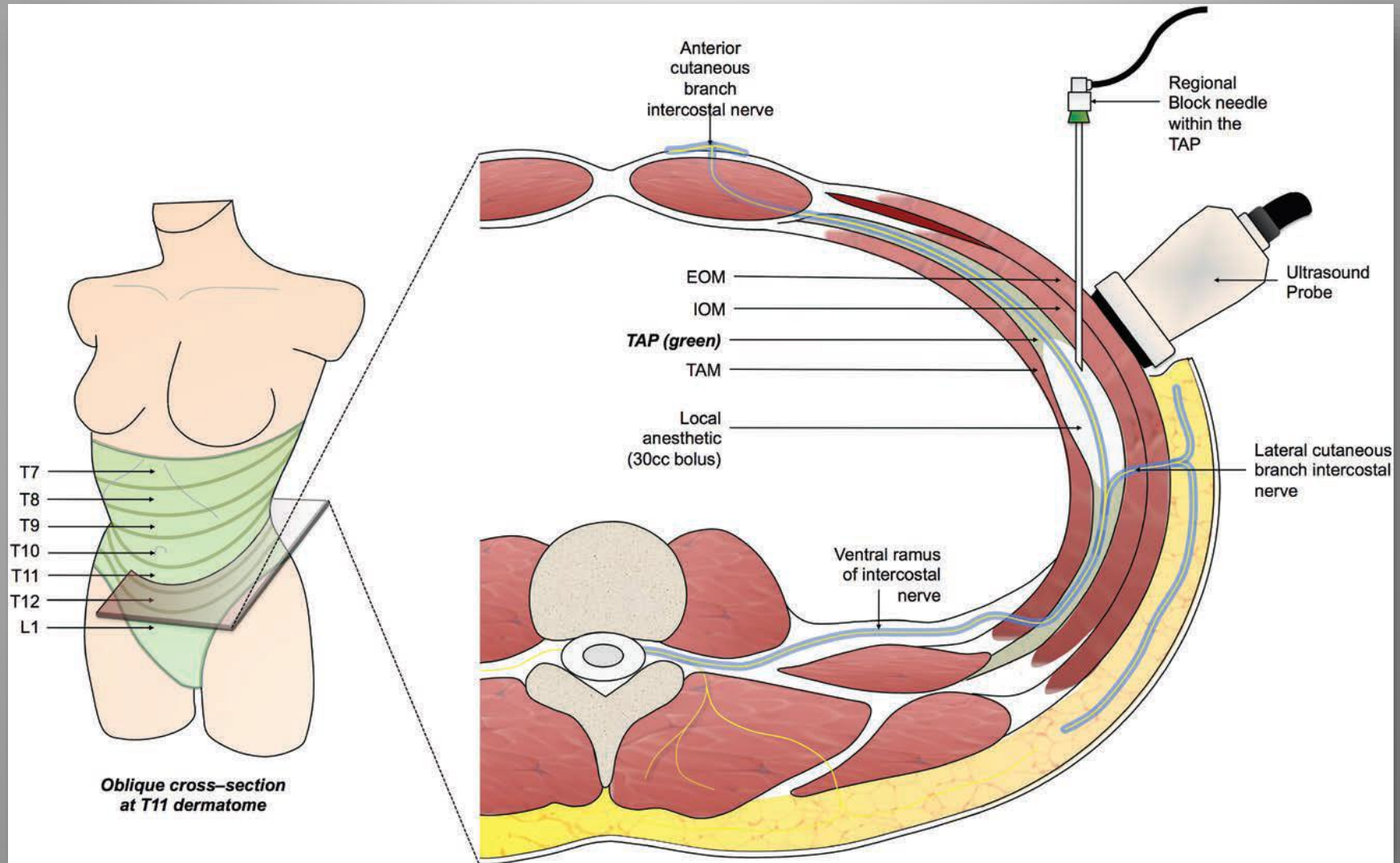
Transversus Abdominis Plane (TAP) Block

- **TRANSVERSUS ABDOMINIS PLANE (TAP)**
- Between transversus abdominis and internal oblique muscle
- 30 mL 0.25% ropivacaine or bupivacaine (with Epi) per side
- Ultrasound guided by anesthesiologist
- Open access by surgeon intraoperative

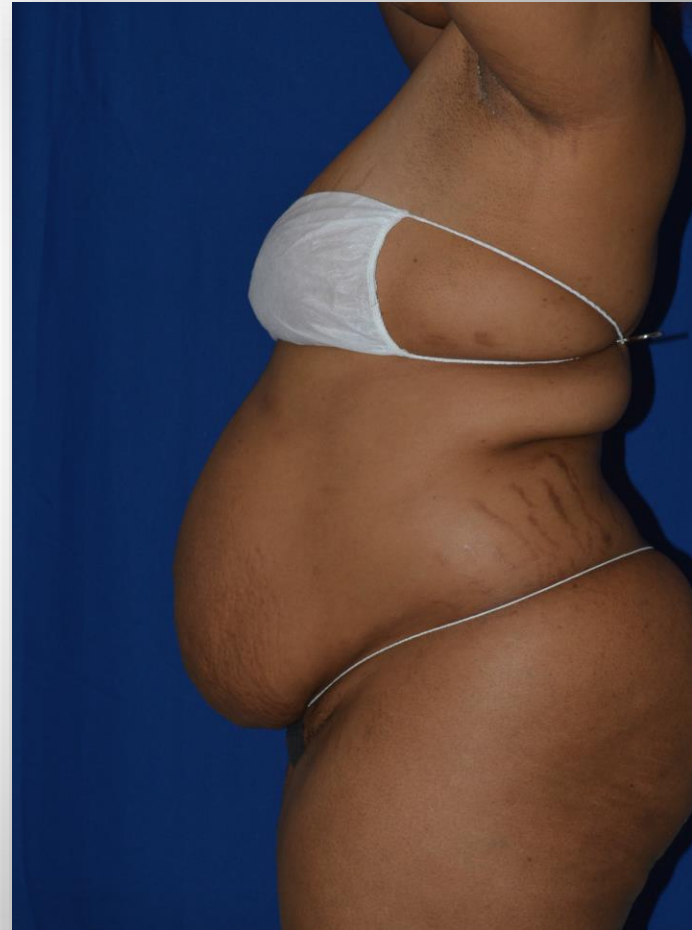
Transversus Abdominis Plane (TAP) Block



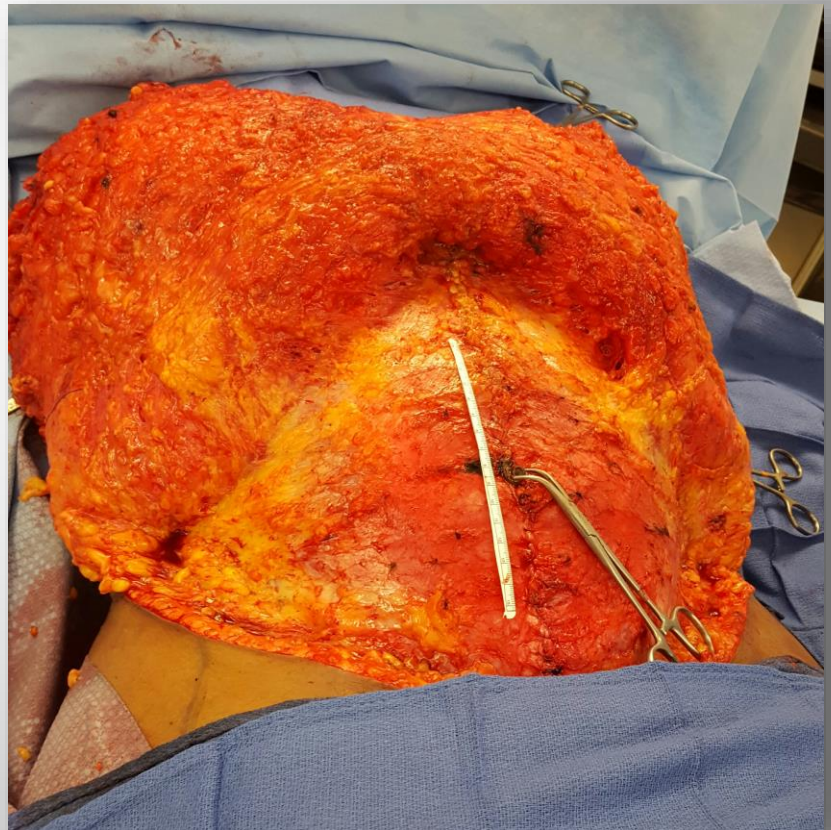
Intraoperative TAP Block



Abdominal Wall Disruption



Abdominal Wall Hernias & Diastasis



Outpatient & Fast Recovery



Abdominoplasty Intraoperative TAP Block

- 10 ml 0.5% bupivacaine 0.5% + 10 ml 1% lidocaine with Epi
- Reduced morphine requirement
- Earlier ambulation
- Lower pain scores

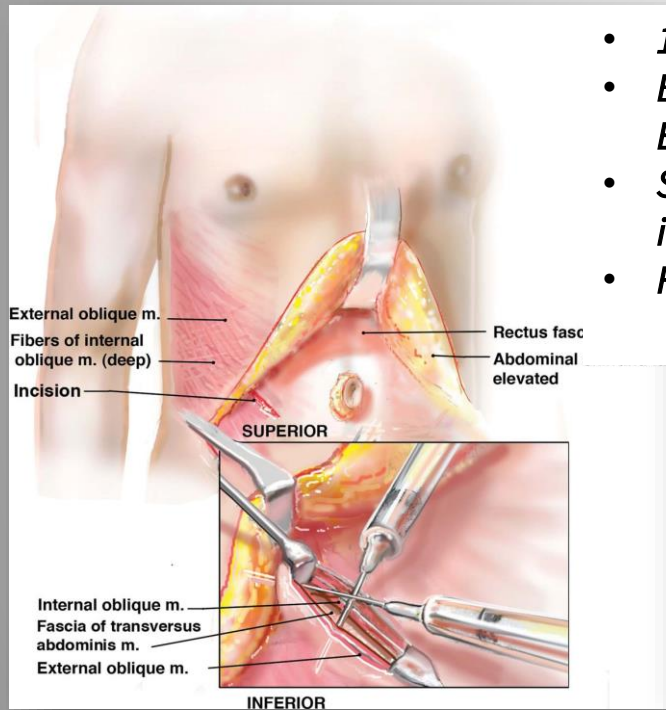
Transversus Abdominis Plane Block Anesthesia in Abdominoplasties

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Renato Zaccheddu, M.D.
Hussein Nagi, M.D.
Miodrag Colic, M.D., Ph.D.

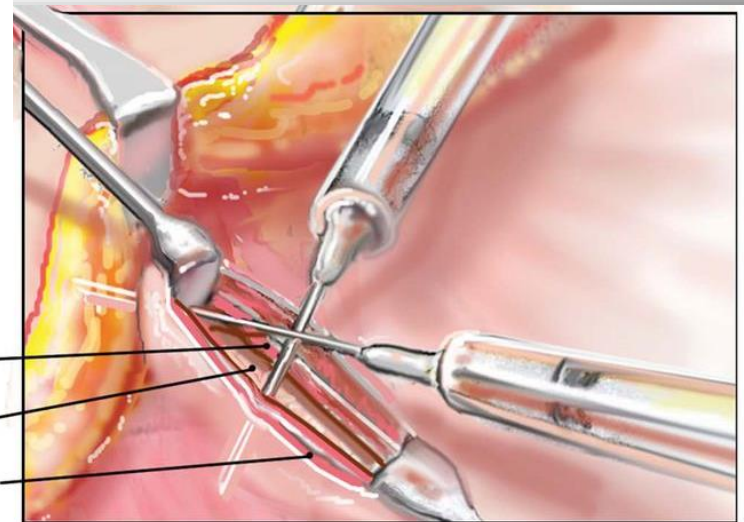
Background: The transversus abdominis plane block is a promising approach to the provision of postoperative analgesia following abdominal incision. This effective method blocks the sensory nerve supply to the anterior abdominal wall. The authors evaluated its analgesic efficacy over the first 12 postoperative hours after abdominoplasty with liposculpture in a randomized, controlled, double-blind clinical trial.

Transversus Abdominis Plane (TAP) Block

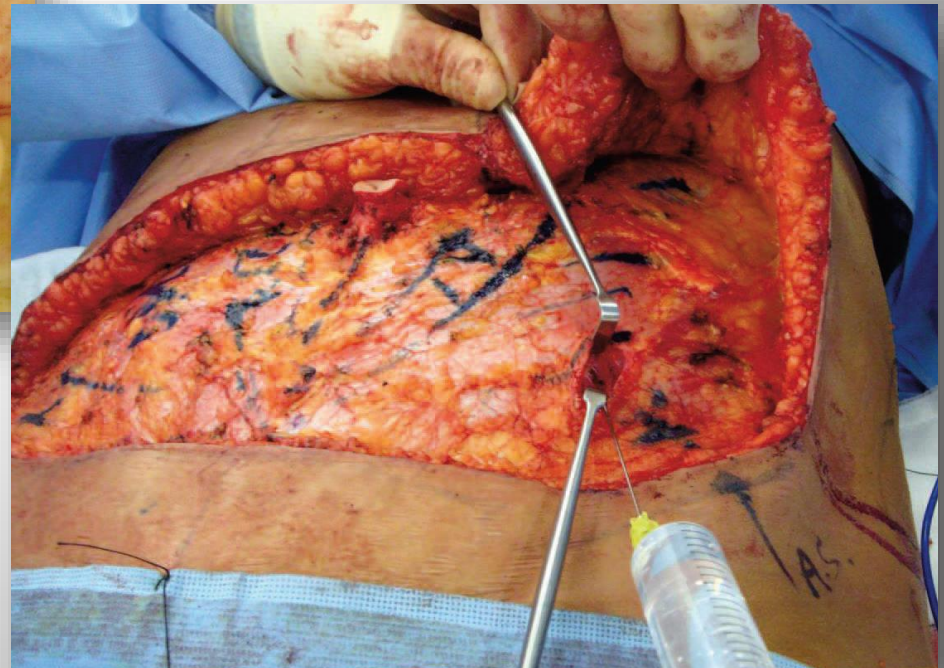
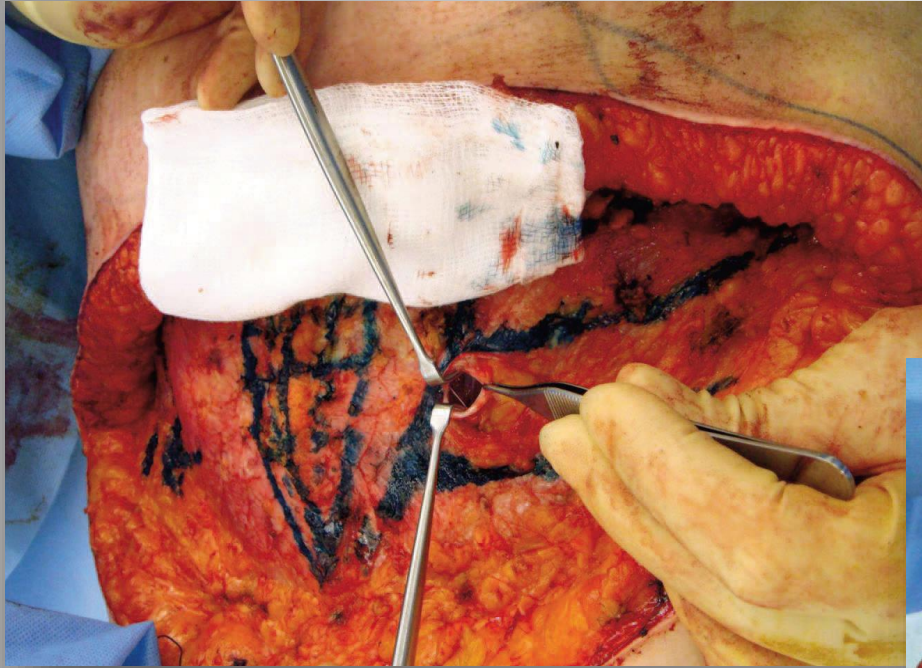


- *1 cm incision in facia*
- *Blunt dissection through EOM & IOM*
- *Short infiltration cannula into TAP*
- *Figure 8 suture in fascia*

Internal oblique m.
Fascia of transversus abdominis m.
External oblique m.



Intraoperative TAP Block



NSAIDs Are Safe in Plastic Surgery

Time to dispel myth of NSAIDs causing bleeding in breast & body cases

Ketorolac Does Not Increase Perioperative Bleeding: A Meta-Analysis of Randomized Controlled Trials

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Bart Kachniarz, B.A.
Dennis P. Orgill, M.D.,
Ph.D.

Background: Postoperative pain control is essential for optimal patient outcomes. Ketorolac is an attractive alternative for achieving pain control postoperatively, but concerns over postoperative bleeding have limited its use.

Methods: Computer searches of the MEDLINE, EMBASE, and Cochrane Library databases were performed. Twenty-seven double-blind, randomized,

Ibuprofen May Not Increase Bleeding Risk in Plastic Surgery: A Systematic Review and Meta-Analysis

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Kevin C. Chung, M.D., M.S.
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M.S.

Background: Nonsteroidal antiinflammatory drugs such as ibuprofen are common medications with multiple useful effects, including pain relief and reduction of inflammation. However, surgeons commonly withhold all nonsteroidal antiinflammatory drugs perioperatively because of bleeding concerns. However, not all nonsteroidal antiinflammatory drugs irreversibly block platelet function. The authors hypothesized that the use of ibuprofen would have no

Team Effort with Anesthesiologist

- Seek out those who want to give a better patient experience
- Collaborate on ERAS protocols
- Give them patient feedback
- Learn from each other



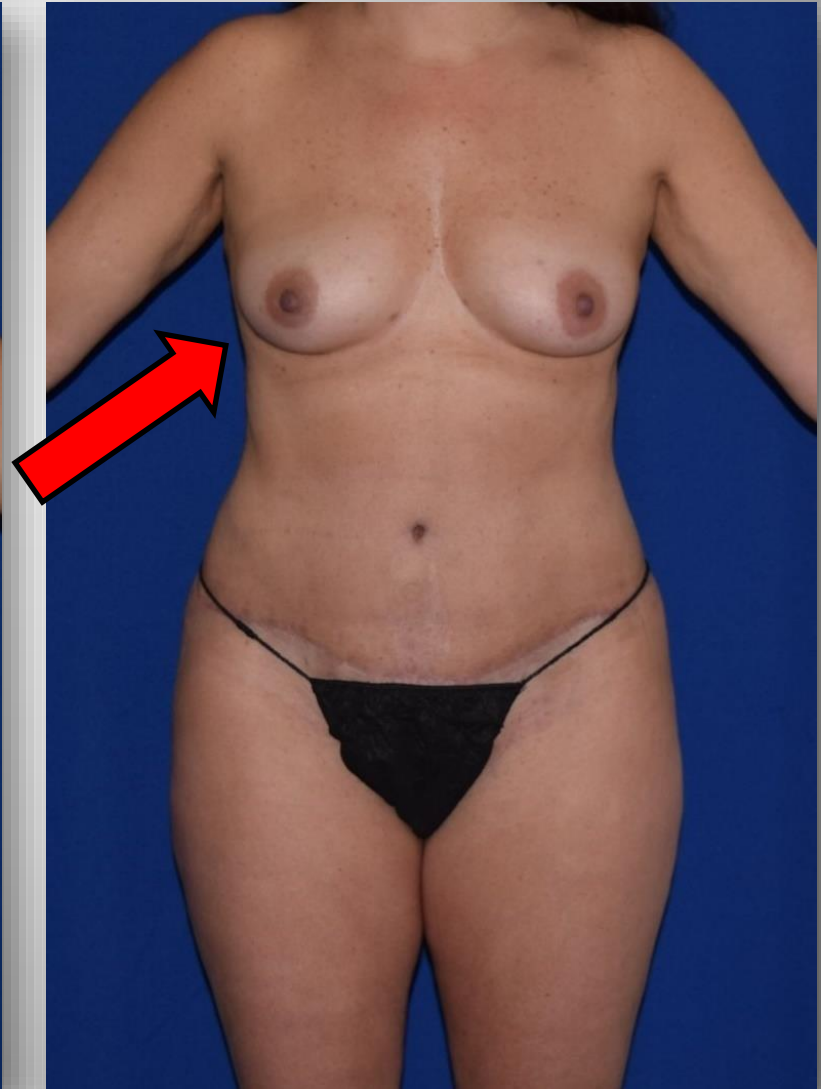
Lipo-Abdominoplasty & Body Lift Protocol

- Gabapentin 300 mg PO (#40)
 - 600 mg at bedtime before surgery, then every 6 hrs x 3 to 5 days
- TAP or RS block
- SQ tumescent infiltration (500 mg lidocaine/L +epi)
- Ketorolac 30 mg IV during skin closure
- Tramadol 25 mg before discharge
- Acetaminophen 500 mg + NSAID of choice every 4 hr
- Oxycodone + acetaminophen (5/325 mg) as needed (#24)
- Ondansetron 4 mg ODT prn #4

Repurpose the Fat



Repurpose the Fat



Advanced Techniques in Abdominoplasty: Optimizing Results & the Patient Experience

Karol A Gutowski, MD, FACS

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