

What I No Longer Do: Standard Abdominoplasty

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Private Practice

University of Illinois & University of Chicago



MARCH 14-16, 2019
CAESARS PALACE LAS VEGAS



ASPS
AESTHETICA
SUPER SYMPOSIUM

PROGRAM CO-CHAIRS:
Amy Alderman, MD
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Disclosures

Merz

Syneron/Candela

May use brand names due to lack of
distinguishing generic names

What I Do and Don't Do

- “Standard” Abdominoplasty is (almost) dead
 - Does not treat the entire trunk
 - Fat not properly addressed
 - Problems with lateral trunk contouring
 - Do it 1% of cases
- Solution: 360° Lipo-Abdominoplasty
 - Addresses entire trunk and flanks
 - No Drains & Rapid Recovery Techniques

The Problem: Too Many Dog Ears!



Thanks RealSelf!

Patients Are Telling Us What To Do

More lipo on flanks needed? (Photo)

Save

mgill2012 Nov 1, MI 9 hours ago



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

Not enough fat removed

Will bunched up skin smooth out? (Photo)

Nextlevelbaby1 Chicago, IL 14 hours ago

Rectangular Snip



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?

Not enough skin removed

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
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Extend BMI range

ERAS protocols + NDTT

ERAS protocols + NDTT

Scar planning

Incision markings

Scar care

Explain the need

Technique modifications

Lipo-abdominoplasty

Mons lift

Frequent Cause for Reoperation

- Lateral trunk fullness
 - Skin (dog ear), fat, or both
- Not addressed with anterior flank liposuction alone – need posterior approach
- Need a 360° approach with extended skin excision (Extended Abdominoplasty)
- Patient needs to understand the rationale for a longer scar and liposuction

Prevent Lateral Trunk Fullness

- **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

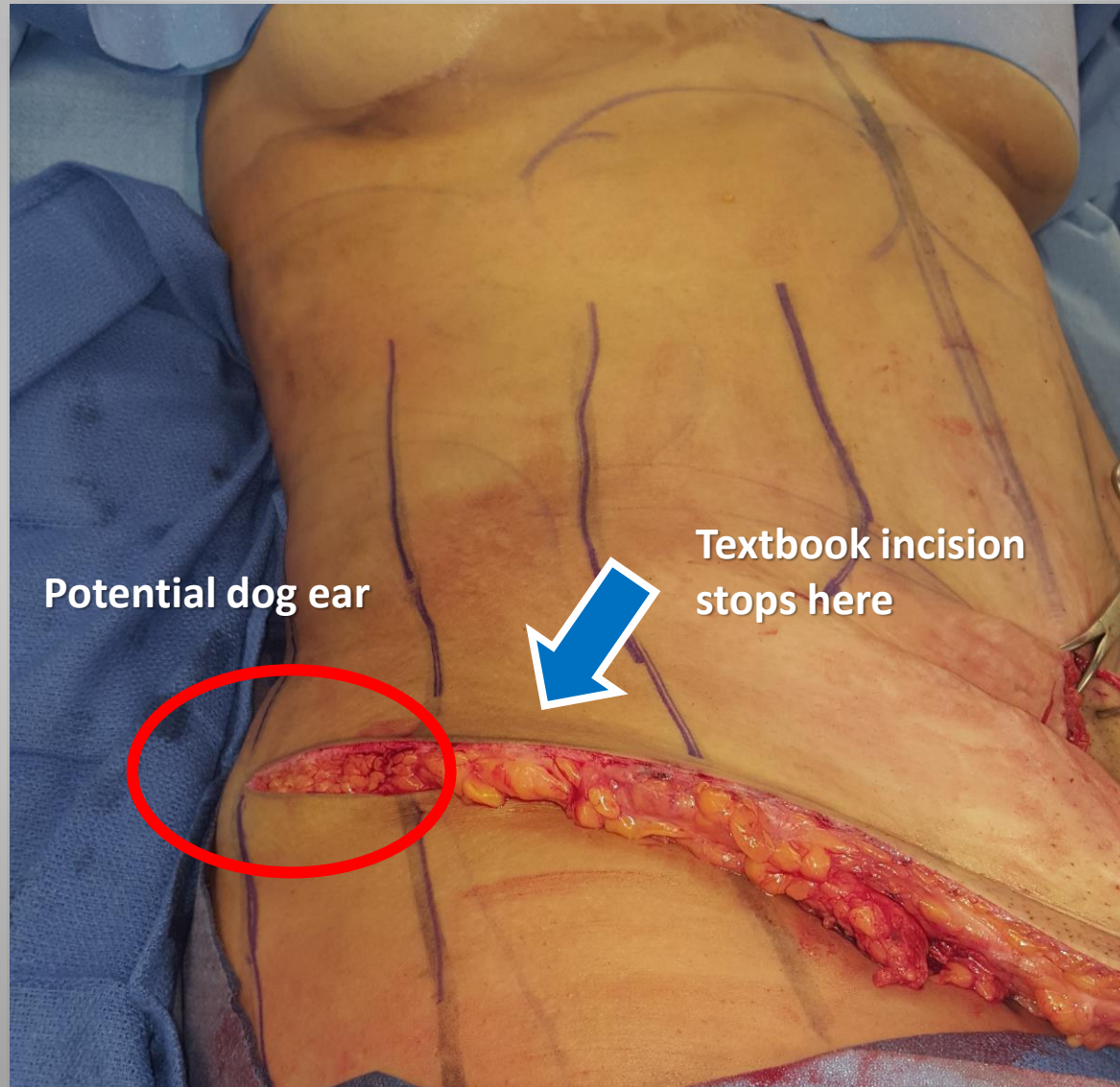
Standing: Mark Vertical Lines Every 5 cm



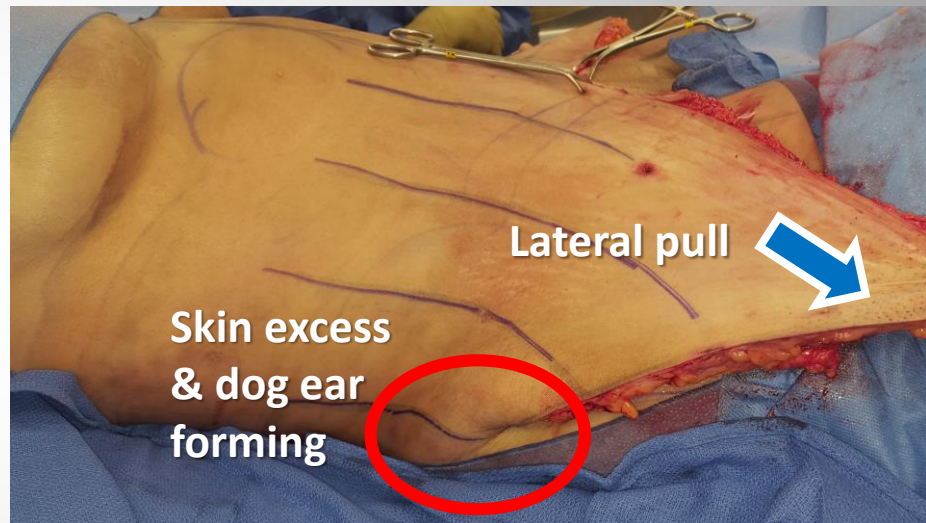
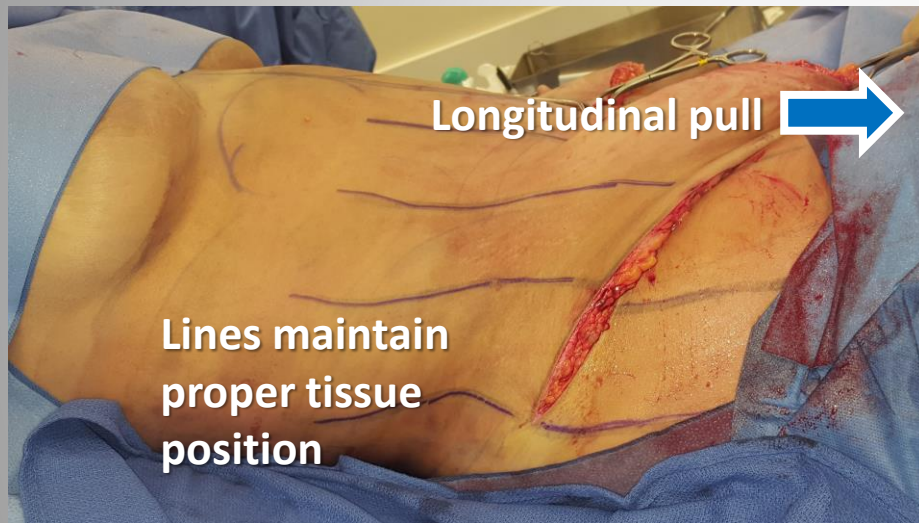
Liposuction From Back & Front



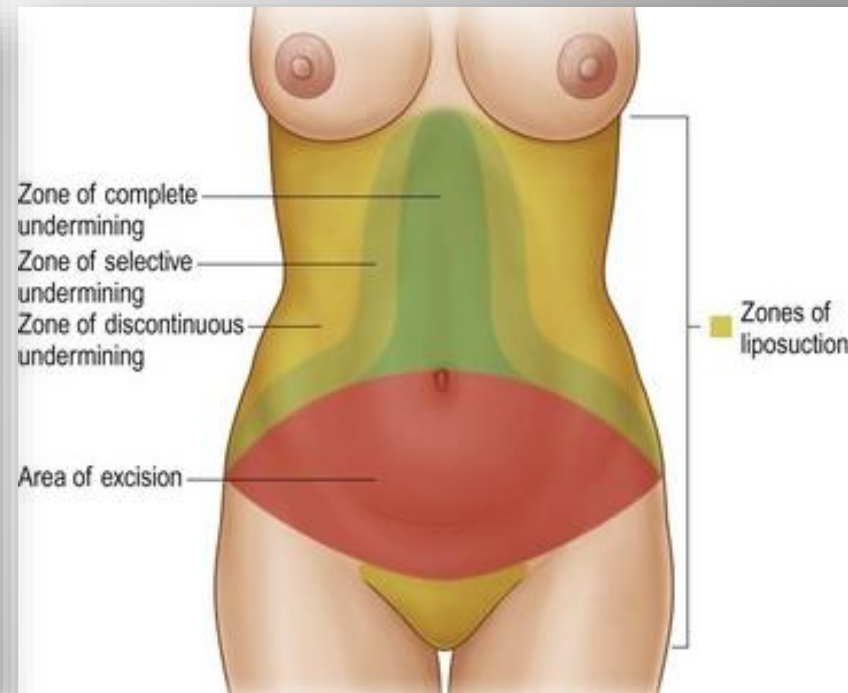
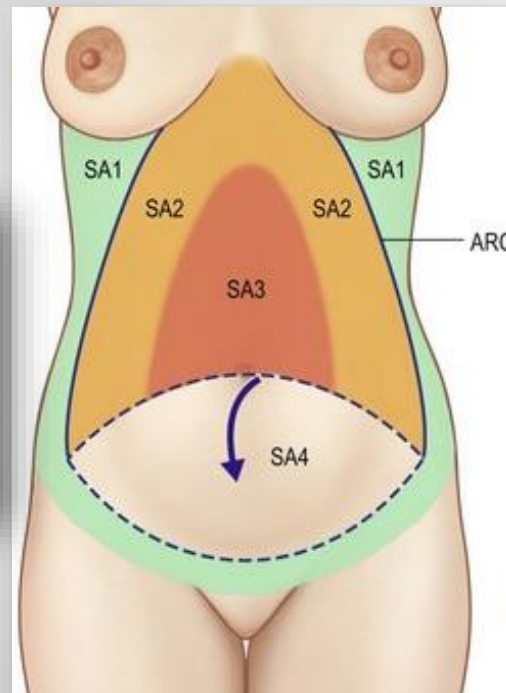
Longer Incision Past Anterior Axillary Line



Longitudinal Pull for Marking Skin Excision



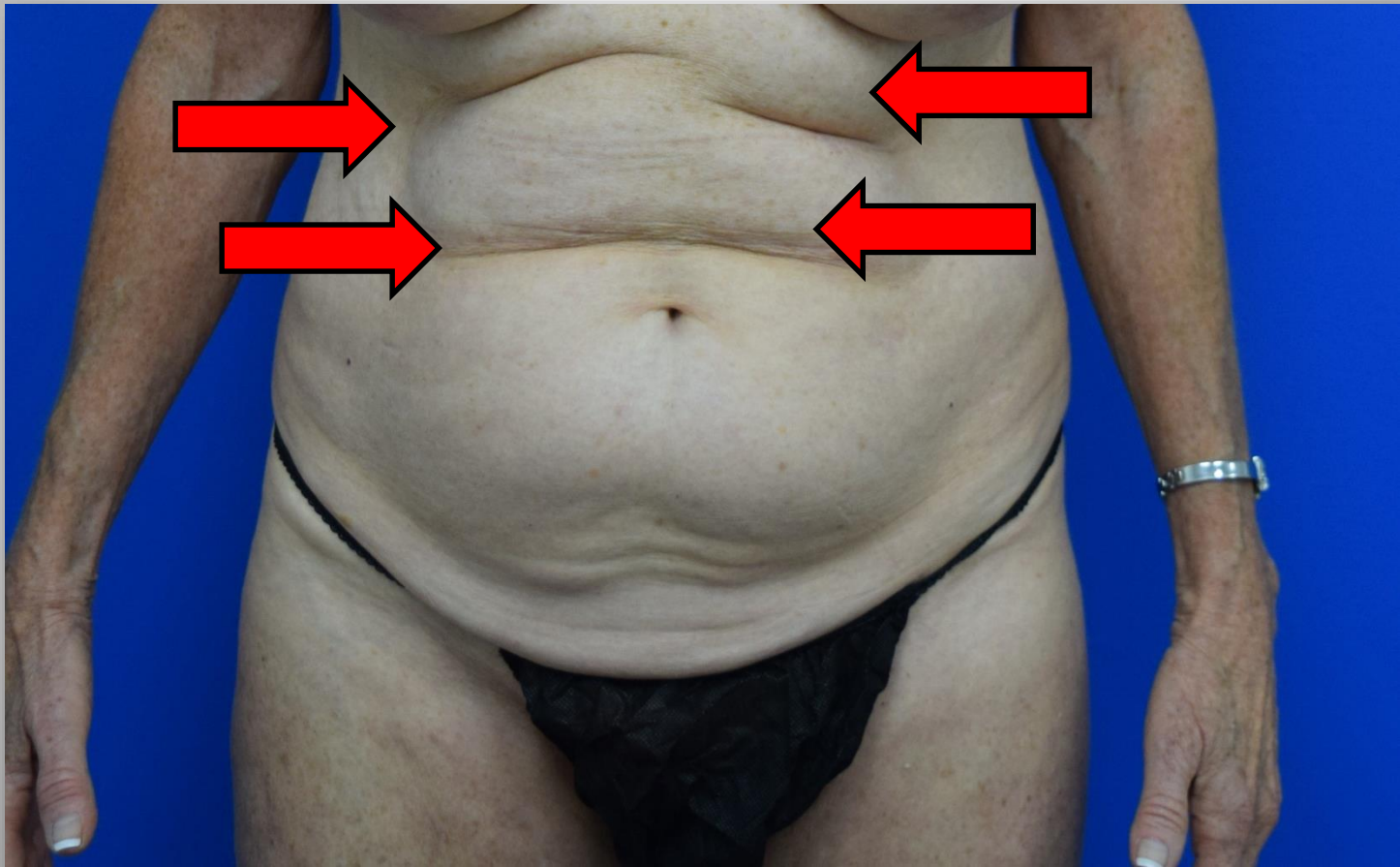
Lipo-Abdominoplasty



**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.

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Aesthetic Evaluation of Lipoabdominoplasty in Overweight Patients

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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.

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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.

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Presentation Available Next Week

DrGutowski.com -> Click [For Physicians]



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