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**BACKGROUND:** Anaemia and iron deficiency are common following post-bariatric abdominoplasty. Given the low oral absorbability of iron resulting from bariatric surgery, it has been hypothesised that post-operative intravenous iron supplementation could be used to treat anaemia in these patients.

**METHODS:** In this randomised trial, 56 adult women undergoing post-bariatric abdominoplasty were allocated for post-operative supplementation with 2 intravenous applications of 200 mg of iron saccharate or 100 mg of iron polymaltose complex orally, twice a day for 8 weeks. The primary outcome was the difference in mean haemoglobin levels between groups at post-operative week 8. Secondary outcomes evaluated at post-operative weeks 1, 4 and 8 included iron profile, reticulocyte count, quality of life (SF-36 and FACIT–Fatigue), adverse effects and complications.

**FINDINGS:** The mean baseline haemoglobin levels were 12.71 g/dL (SD 1.06) in the oral group and 12.24 g/dL (SD 1.09) in the intravenous (iv) group, with a drop at post-operative week 8 to 12.54 g/dL (SD 1.18) in the oral group and an increase to 12.80 g/dL (SD 0.81) in the iv group (p = 0.009). The oral group had a haemoglobin deficit of 0.14 g/dL (SD 0.76), whereas the intravenous group had a gain of 0.57 g/dL (SD 0.87; p = 0.002). Iron deficiency was higher in the oral group (81.5%) than in the iv group (40.7%; p = 0.002). There were no differences in reticulocyte counts, quality of life or complications. The intravenous group had no adverse effects, whereas the oral had constipation (17.9%) and diarrhoea (10.7%).

**INTERPRETATION:** Post-operative intravenous administration of iron promoted higher haemoglobin levels and less iron deficiency.

Peri-operative anemia is an independent risk factor for comorbidities and mortality. Although blood transfusion is a traditional treatment for anemia, this intervention is associated with increased morbidity and mortality. For these reasons, procedures aimed at better utilisation of the patient’s own blood, rather than donor blood, termed “patient blood management”, have now been recommended. Post-operative intravenous iron supplementation meets this paradigm shift. The results of this trial may imply changes in the guidelines addressing the treatment of patients undergoing post-bariatric plastic surgeries, including the recommendation of intravenous iron administration for a more effective recovery of haemoglobin levels and iron stores, especially important outcomes for post-bariatric patients who will undergo a second surgery in a short period of time.

**REFERENCES:**
1. Montano-Pedroso JC, Garcia EB, Omonte IRV, Rocha MGC, Ferreira LM. Hematological variables and iron status in abdominoplasty after bariatric surgery. *Obes Surg.* 2013;23(1):7–16.
2. Montano-Pedroso JC, Garcia EB, Novo NF, Veiga DF, Ferreira LM. Postoperative intravenously administered iron sucrose versus postoperative orally administered iron to treat post-bariatric abdominoplasty anaemia (ISAPA): The study protocol for a randomised controlled trial. *Trials.* 2016;17(1):1–11.
3. Marik PE, Corwin HL. Efficacy of red blood cell transfusion in the critically ill: a systematic review of the literature. *Crit Care Med.* 2008;36(9):2667–2674.
4. Goodnough Lawrence Tim MD, Shander Aryeh MD. Patient Blood Management. *Anesthesiology.* 2012;116(6):1367–1376.
5. Shermak M a. Pearls and perils of caring for the post-bariatric body contouring patient. *Plast Reconstr Surg.* 2012;130(4):586e-597e.

**New Approaches to Body Shaping & Cellulite**

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Added social and cultural aesthetic demands mainly due to the social media and the “selfie” phenomenon has increase the requirement on the superficial contour including the superficial skin. The Cellulite is an orphan condition not well studied and considered as part of the normality and not a disease. It is rare on males due to the strong skin attachments to the underlying fascia. It is more common to find it on the overweight an obese, however it can also occur on thin patients. The cellulite is a common concern and a frequent consultation. Many invasive and noninvasive treatments have been described with discrete improvement. The current work shows the authors experience using and an invasive approach with ultrasound energy (VASER).
METHODS: From January 2012 to November 2017 consecutive procedures were performed for cellulite treatment. Post-bariatric and patients with major medical conditions were excluded. VASER assisted emulsification using a Saturn probe, Liposuction with autologous fat grafting was performed. Photographic assessment of the preoperative and postoperative follow up was done.

RESULTS: Photographic comparison and a non-standard survey was performed in order to evaluate results. Most patients were satisfied with the procedure. Minor complications including swelling, bruising and hematoma were reported. Neither necrosis nor infections were reported. Fat embolism was not reported. Pre-operative, 1, 3, 6 and 12-month postoperative pictures were taken in order to evaluate results.

CONCLUSION: The VASER assisted cellulite management is an effective way to reduce the appearance of the cellulite. The lack of complete understand of the condition, of a classification and a comparative trial of the available alternatives limits the current evidence. More research and comparative trials are needed to understand the condition and to enhance the current treatments.

The Greek Line Technique. Perfecting Aesthetic Results in Abdominoplasty

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BACKGROUND: There is a constant deepening between the vertical abdominal muscles in artistic works and in perfect bodies. Our aim is to demonstrate, a novel and safe technique to achieve exactly that feature in abdominoplasties. We are proposing the term “Greek line” for this characteristic abdominal groove as the Greek sculpting in its classical era 400B.C introduced to the world and popularized this kind of perfection in body shape. We could say that Plastic Surgery technically now is going through its classical era and we strive to give our patients the results that the Greek classical sculpting could deliver to its immortal statues.

TECHNIQUE: First we mark the midline of the abdomen and the area 2cm bilateral of the midline. Then we inject the area with Klein solution between the xyphoid and the umbilicus. We begin the abdominoplasty as normally and when the dissection reaches the level of the umbilicus we perform radiofrequency assisted liposuction (RFAL). Superficially and deeply to this central area. The settings are: temperature 38°, Power 50J. If the thickness of the abdominal flap is more than 2cm we perform also liposuction with cannula No 3, if it is less than 2cm we don’t need to do any liposuction. We continue the dissection of the flap above the umbilicus. Before the closure we introduce 4–6 stitches PDS 2/0 between the abdominal flap in the midline and the abdominal wall in Linea alba. These stitches are under tension and are pulling the flap downward. The “Greek Line” has been already formed.

PATIENTS: From May 2010 to Nov 2017 we performed the “Greek Line” technique in 208 patients. Mean age of patients was 44 years old. Mean follow up was 3.5 years. 175 patients were smokers.

RESULTS: In all patients the Greek Line was obvious after the operation. At the 5 years follow up the results were stable. Patients were very satisfied with the results. We didn’t have any problems with vascularity of the flap.

CONCLUSION: The “Greek line” technique is an easily performed one with long lasting results. It offers the tone of perfection in abdominoplasty, evolving it to a highly defined body sculpting procedure and providing high quality aesthetic results. It is also a safe technique which can be applied in every patient (smokers or not).

The Use of Soft Silicone Solid Implant Molded Intraoperatively for Pectus Excavatum Surgical Repair

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