The Lipogluteoplasty in Circumferential Bodylifting

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Sir:

The number of patients asking for a circumferential bodylift treatment after weight loss is rising. They seek a safe procedure with short hospitalization and a reduced down time. Therefore, a superficial preparation in body contouring surgery has gained wide acceptance in the last few years. Main characteristics are superficial fascia preservation and minor undermining. The principles of Saldanha et al1 for the lipoabdominoplasty do also work for the posterior part in circumferential bodylifting. In this article, I would like to share my experience with the lipogluteoplasty in circumferential bodylifting of the lower trunk.

More and more young people manage to lose weight through bariatric surgery or diet and exercise. These patients seek a circumferential treatment not only for functional but for aesthetic reasons. As they need to go back to their working life very soon, they appreciate a safe procedure with a low complication rate and a reduced down time. Therefore, not only for them but for all my bodylift patients, I began to use the “Fast track concept”.2 This concept has proven viability in other surgical fields. The centerpiece of the concept is a less traumatic procedure and a reduced operating time. A more superficial preparation in the abdominal area has found more and more acceptance in the last few years.3 The techniques differ in detail, but they have two main characteristics in common: a superficial fascia preservation and a minor undermining in the abdominal area.

In the gluteal area, I began my bodylift career years ago in raising the tissue flap on the muscle fascia. Soon after that, I raised the flap on the superficial fascia and shared my results of 50 patients in 2012.4,5 After that, I was thinking of a comparable lipobdominoplasty technique1 for the gluteal area and began to transpose its principles from the anterior to the posterior region: superficial fascia preserving through liposuction, skin-only resection, no further undermining, no dead space, and less bleeding. First results were promising, and I began to use this lipogluteoplasty technique in all of my circumferential bodylift procedures.

The drawings are the same as in conventional bodylifting with a superior and inferior resection line. The procedure starts with the liposuction between these two resection lines. The skin is thinned out completely (Fig. 1). Fat is suctioned out between the skin and the superficial fascia and slightly underneath the superficial fascia. It is not necessary to use liposuction on the deep plane. This maneuver would create a dead space with no function but with the risk of seroma formation. When liposuction is finished, one can reevaluate the amount of skin to be resected by a simple pinch test. The whole skin is resected en bloc without further undermining. After skin-only resection, one can see very well the preserved superficial fascia, which serves as ideal tissue for suspension suturing to form the buttock area (Fig. 2). Furthermore, it is used for

Plast Reconstr Surg Glob Open 2015;3:e303; doi:10.1097/GOX.0000000000000247; Published online 9 February 2015.

Presented, in part, (“The fast track bodylift”) at the annual meeting of the Transalp (Italy, Austria, Germany) Congress in Brixen, May 4, 2013.

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Fig. 1. Intraoperative view of the patient in prone position during superficial liposuction.

Fig. 2. Same patient after skin-only resection. Note the well-preserved superficial fascia.
deep wound closure to reduce skin tension. This leads to a nicer scarring in the late postoperative period.

As the wound is closed without any dead space, there is no need or space for drains. If further enhancement of the buttocks is desired, a lipofilling in the lower buttock area can be done in the same procedure without the need of a new donor site.

I have been using this lipoglutoplasty technique for 2 years now, and I have had no patients with seroma formation or wound-healing problems. I encountered a nicer scarring compared with my older cases.

I strongly recommend this technique in circumferential bodylifting in combination with the lipoabdominoplasty or Scarpa fascia preserving abdominoplasty.

DISCLOSURE

The author has no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the author.

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