



Body Contouring Surgery: Our 5 Years Experience

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INTRODUCTION

An increasing number of patients undergo bariatric surgery that leads to functional and aesthetic sequelae related to a rapid and massive weight loss, namely, skin and fat excess. These patients undergo body contouring surgery (BCS) to improve health, mobility, appearance, and psychological adjustment. However, these procedures are associated with a significant number of complications.¹⁻⁸ The purpose of this study was to report our experience on BCS in the last 5 years and to investigate the related complications.

METHODS

The records of all patients who underwent a BCS at a local hospital during the last 5 years (2010–2014) were reported. All procedures were performed by 1 of 4 board-certified plastic surgeons. Surgeons included in the study had been practicing in the community for variable lengths of time ranging from 10 to 33 years.

Data collection was performed through analysis of the medical records for each patient, including age, sex, weight, height, body mass index (BMI) and weight loss before surgery, and com-

plications that eventually occurred. The history of bariatric surgery and reports of diabetes, high blood pressure, pregnancies, and smoking were sought.

RESULTS

Our series included 335 patients who underwent surgery to improve the aesthetic appearance and functional outcome of their thighs, abdomen, upper arms, hips, and breast. One hundred eighty-one patients underwent abdominoplasty, 42 brachioplasty, 46 medial thigh lift, 10 combined abdominoplasty and medial thighplasty, 4 hip lifts, 4 augmentation mammoplasty with implants (Figs. 1, 2), and 48 autologous augmentation mastopexy (Table 1). The mean age of the patients was 41.5 ± 10.4 years. The mean BMI was 28 ± 3.2 kg/m², and the average weight loss before the operation was 38.3 ± 11.9 kg (range, 11–105 kg). Bariatric surgery has been performed for 47.2% of our patients, through either laparoscopic adjustable gastric banding or gastric bypass. The mean drainage duration was 2.3 ± 2 days, and the mean follow-up period was 12.5 ± 3 months (range, 6–24 months). Eighty-five patients (25.37%) reported at least 1 complication. The most frequent complications were bleeding (42 patients, 12.53%), seroma (24 patients, 7.16%), wound dehiscence (13 patients, 3.88%), scar migration, wound infection, and partial skin necrosis. We reported no cases of large necrosis, deep vein thrombosis, pulmonary embolism, lymphedema, or any vulvar problems.

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Fig. 1. View of a 32-year-old female patient before BCS.

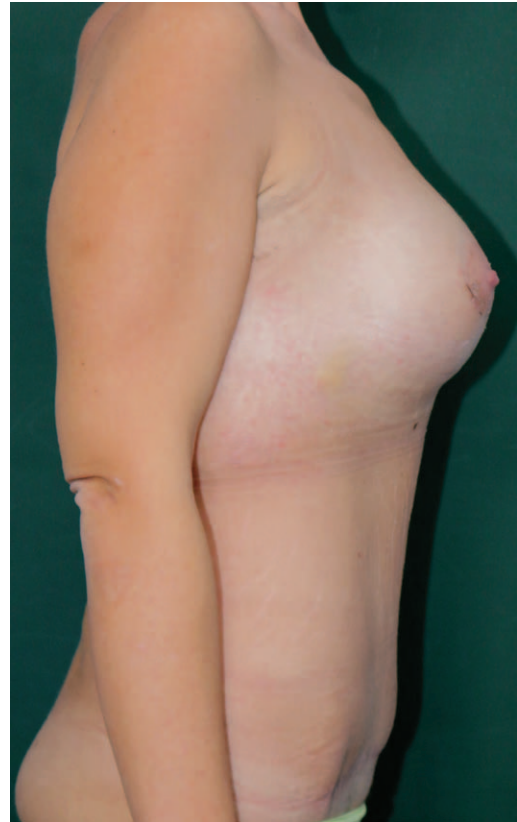


Fig. 2. View of the same patient after brachioplasty, abdominoplasty, and augmentation mammoplasty with breast implants.

A higher complication rate was associated with a higher BMI, history of bariatric surgery, diabetes, and smoking history.

CONCLUSIONS

In our experience, plastic surgery that deals with the body contouring after major weight loss is accompanied by a high percentage of minor complications. Patients who have undergone bariatric surgery or who have a high BMI at the time of surgery undergo a higher percentage of complications. Diabetes and smoking were found to be risk factors for the occurrence of wound dehiscence and seroma. Despite these complications, the majority of patients reported satisfactory BCS outcomes. However, the appropriate management of expectations before surgery is mandatory.

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Table 1. Body Contouring Procedures Performed in the Last 5 Years (2010–2014)

Surgical Procedure	No. of Patients	Complications Rate, % (No. of Patients)
Abdominoplasty	181	28.72 (52)
Brachioplasty	42	21.42 (9)
Medial thigh lift	46	26.09 (12)
Combined abdominoplasty and medial thighplasty	10	30 (3)
Hip lifts	4	—
Augmentation mammoplasty with implants	4	—
Autologous augmentation mastopexy	48	18.75 (9)
	335	25.37 (85)

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