

BODY LIFT UPDATE 2008

Doctor Aly and doctor Cram have just returned from the American Society of Aesthetic Plastic Surgeons Annual Meeting in San Diego California. This society is open to plastic surgeons certified by the American Board of Plastic Surgery, and who also have a specialty interest and a practice profile that concentrates activity in the area of aesthetic surgery. One of the fastest growing areas in aesthetic surgery is the body lift procedures that are useful in restoring body contour to patients who have been obese, and who have undergone massive weight loss. As they have for the last 9 years, Dr. Cram and Dr. Aly taught a 5-hour course in body lifting after massive weight loss. As pioneers in this field, they have taught hundreds of plastic surgeons from the United States and from around the world who attend this meeting each year. The course covers not only the restoration of contour in the abdomen, hips, and buttock, but includes specific procedures developed by the Iowa City Plastic Surgery team in Upper Body Lifts (breasts, upper back, and arms), and in Thigh Lifts.

Dr. Aly was the moderator for a panel of international surgeons presenting their own work in the field. Dr. Aly's book, BODY CONTOURING AFTER MASSIVE WEIGHT LOSS, was the first medical text book on this developing field, and continues to be a leading resource for plastic surgeons who are entering the challenging field of body lift procedures after massive weight loss. The problem of morbid obesity is growing world wide and surgeons from other countries are attending these meetings, and coming to our fellowship program in body lift procedures in order to be able to help those in their own country who have found success with massive weight loss.

The general improvement in results from Body Lift procedures is slow but steady. The basic concepts outlined in Dr. Aly's textbook remain the foundation on which our advances and those of other surgeons in the field are based. We continue to feel that we can get our best result in the body lift procedure by using a three position strategy in which we start with the patient on his or her back, and get the best abdominal tightening possible, and then turn the patient first on their left side and then on their right side to get the maximum lateral thigh and buttock lift. Some surgeons seeking to shorten the operating time have adopted a two-position strategy, turning the patient from the back to their stomach. We tried that approach in our early cases, but felt we could not get as much lateral thigh and buttock improvement by that approach.

We have modified our techniques in some patients, to include more liposuction in some areas than we had used in the past. This refinement depends on the patient's individual areas of fat deposition and the quality of the blood supply where liposuction will be extensive. Safety is the first consideration in all body lift procedures. Our usual operating times without extensive liposuction generally range from 3 ½ to 4 hours and blood loss is normally well controlled so that transfusion is almost never needed.

During our body lift procedures we had experimented with several types of flaps to enhance the buttocks in some patients, but our experience with that has lead us to use a fat transfer technique that does not require vascularized flap techniques. In our hands, this technique has been more reliable and has produced better results. We do continue to evaluate the results that other groups are reporting and remain open to technical advances in this area if they can produce consistent excellent results.

We continue to use an epidural anesthesia technique to ease the discomfort associated with this large operative procedure. The patient has the epidural catheter placed, then receives a general anesthetic during the procedure, with epidural supplement. In the body lift, during the procedure we also insert a pain pump catheter and at the end of the case, a pain pump is attached to this catheter which will later bathe the abdomen and the back wound with local anesthetic. When the patient awakens from the general anesthetic the epidural catheter continues to deliver pain relief. The patient is able to get up and walk the evening of the surgical procedure and the next day walks continue with some frequency. About 36 hours after the operation the epidural is stopped, and the pain pump is turned on. The patient then has the local anesthesia in the wound, and oral medication to control their pain. Using these techniques the patients are able to breathe and walk without severe discomfort and their postoperative course is greatly benefited.

The body lift procedure continues to evolve, and we continue to strive to remain in the forefront in finding new conceptual and technical advancements in the total body lift field. Please check our other updates for

the upper body and thigh lift areas as well as updates in the facial aesthetic surgery and breast aesthetic surgery areas of our practice.