Role of Plastic Surgery in the weight loss MDT

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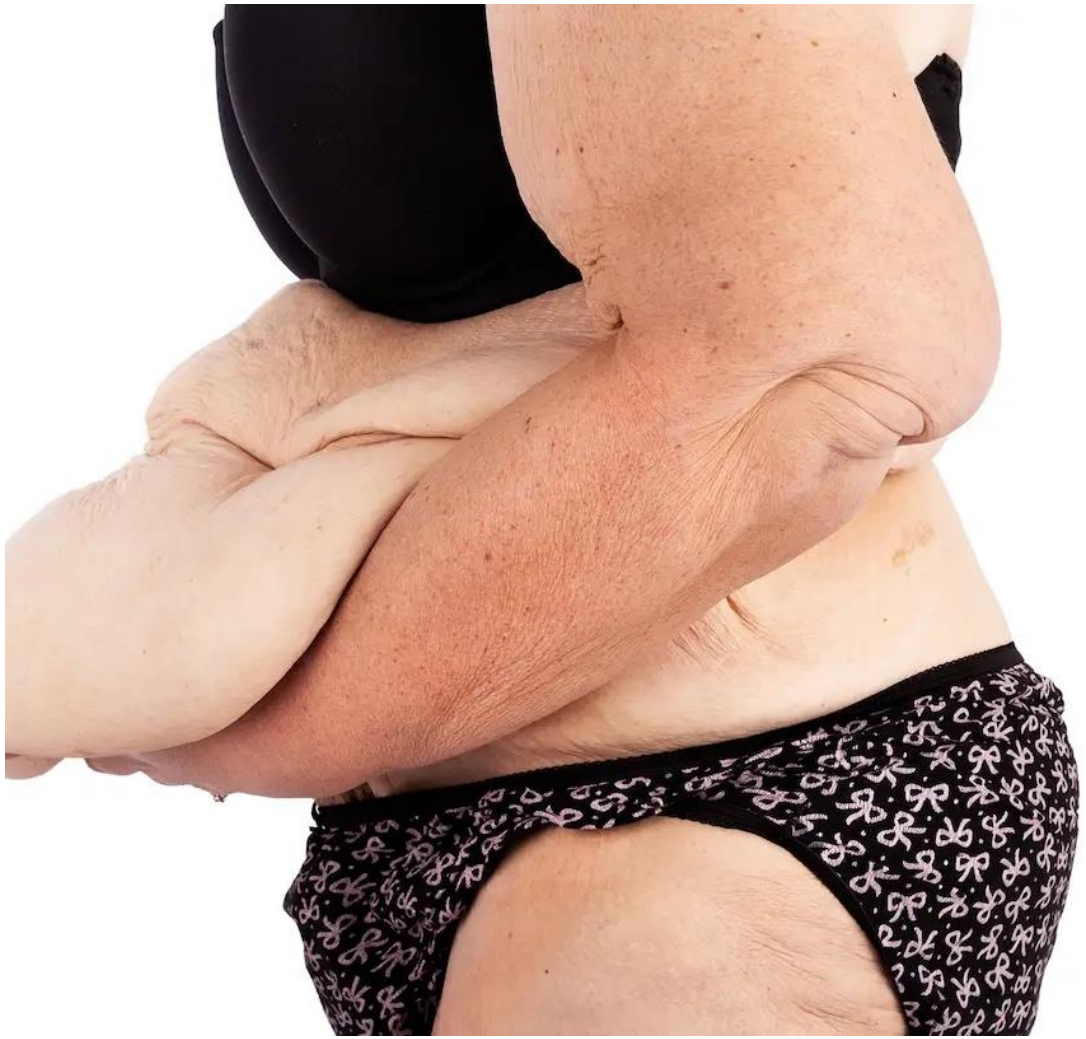
Disclosure Statement

Speaker:

Dr. Saif Al Azzawi

- Has no relevant financial relationships to disclose
- Will not be discussing unlabeled/unapproved use of drugs or products
- Patients' photos are shared with their consent (discretion advised)
  No images to be captured of this presentation

Weill Cornell Medicine-Qatar



Objectives

Identify the functional effect of excess skin post massive weight loss with bariatric surgery

1

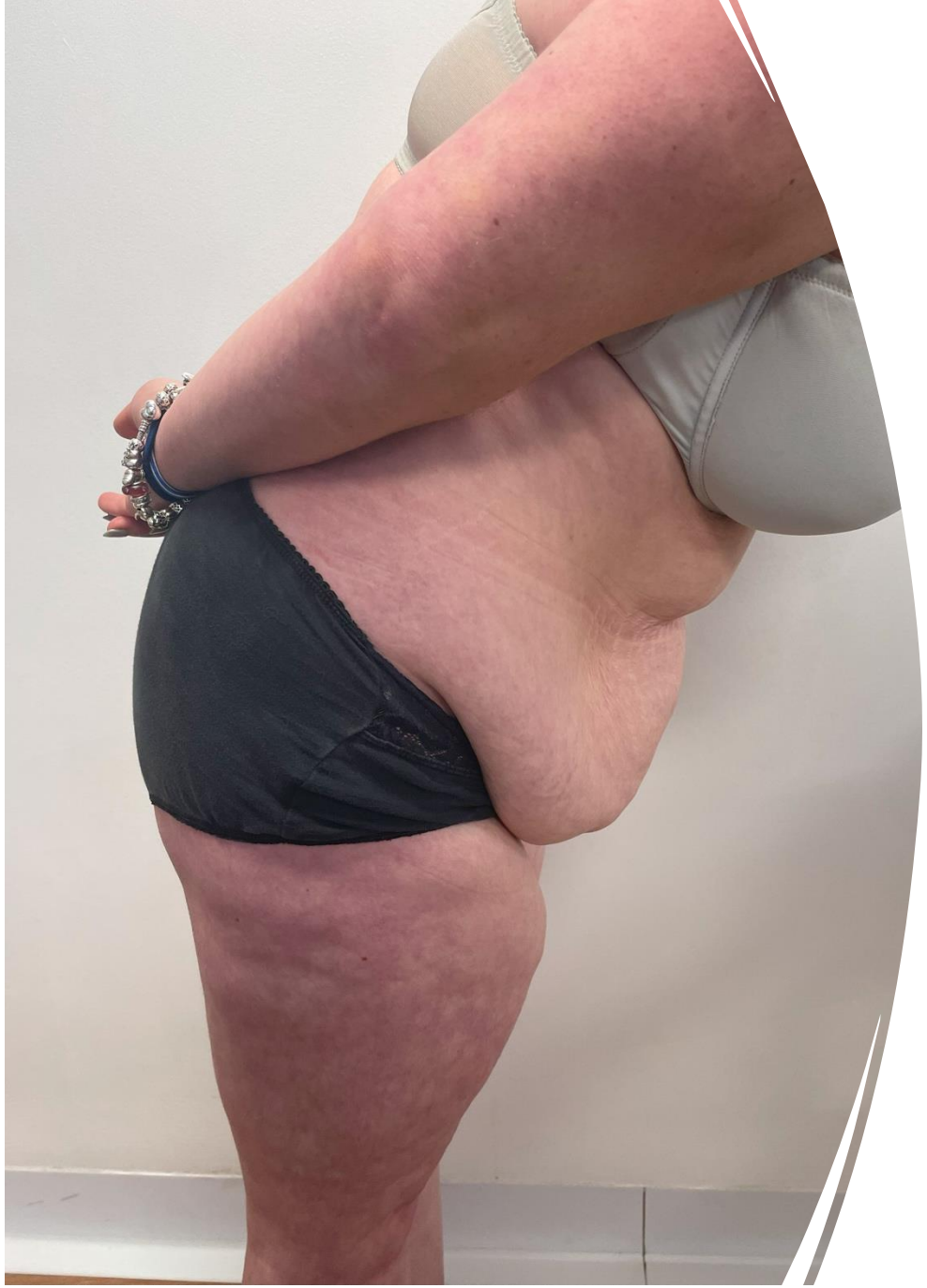
Define patients concerns and expectations after large volume weight loss

2

Recognize the surgical approach to deliver skin reduction surgery after bariatric surgery

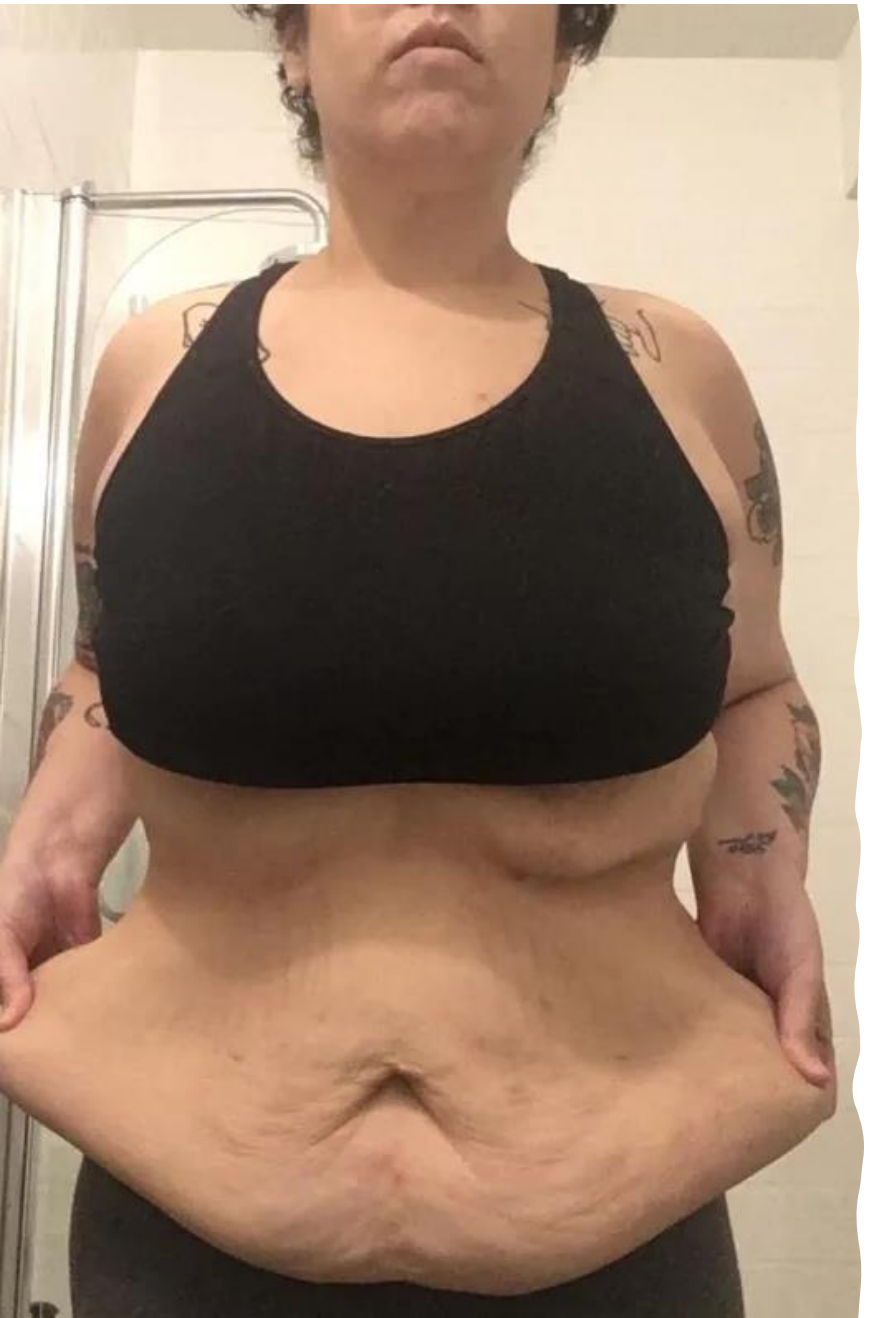
3

key philosophy:
under promise
over deliver ,
do good work
support the holistic approach to improve quality of life



A show of hands

- Do you think a plastic surgeon should be part of the weight loss multi disciplinary management team? Raise your hands for yes



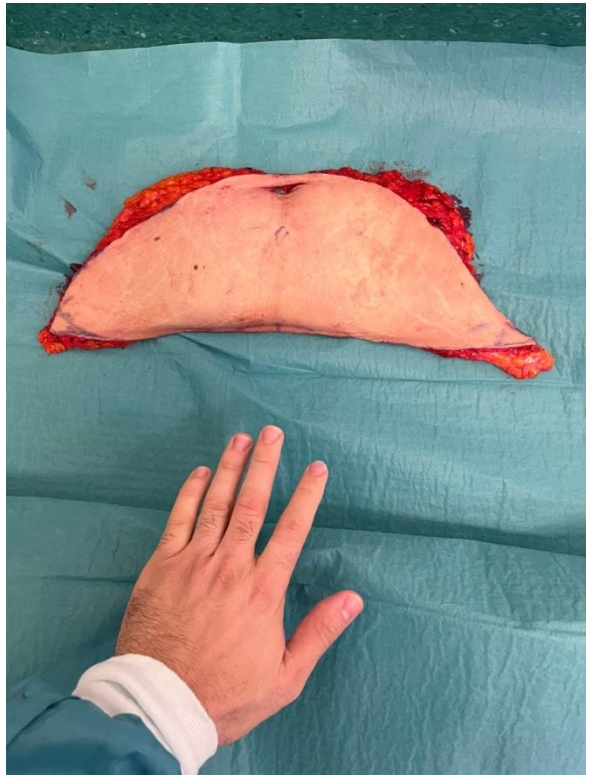
A story from a patient

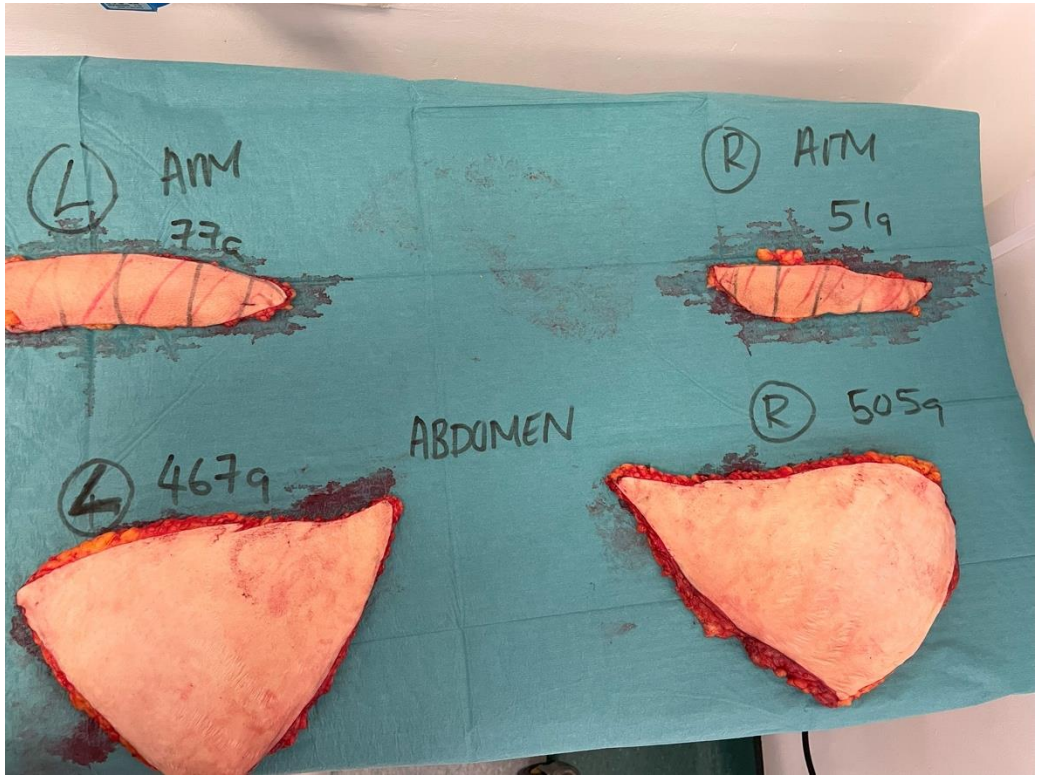
- The physical and emotional toll of carrying excess skin has been immense. The skin now hangs uncomfortably, inhibiting my ability to fully enjoy life. Engaging in exercise, became a struggle due to chafing and discomfort. My self-confidence took a hit as the reflection in the mirror didn't align with the progress I had achieved. This cascade of body image issues even crept into my intimate moments, affecting my sexual well-being. *Had I known this to be the case, I wouldn’t have gone through the weight loss procedure.*

- To me, this is not patient centred care, and we must change the way we do things

Identify the functional effect of excess skin post massive weight loss with bariatric surgery

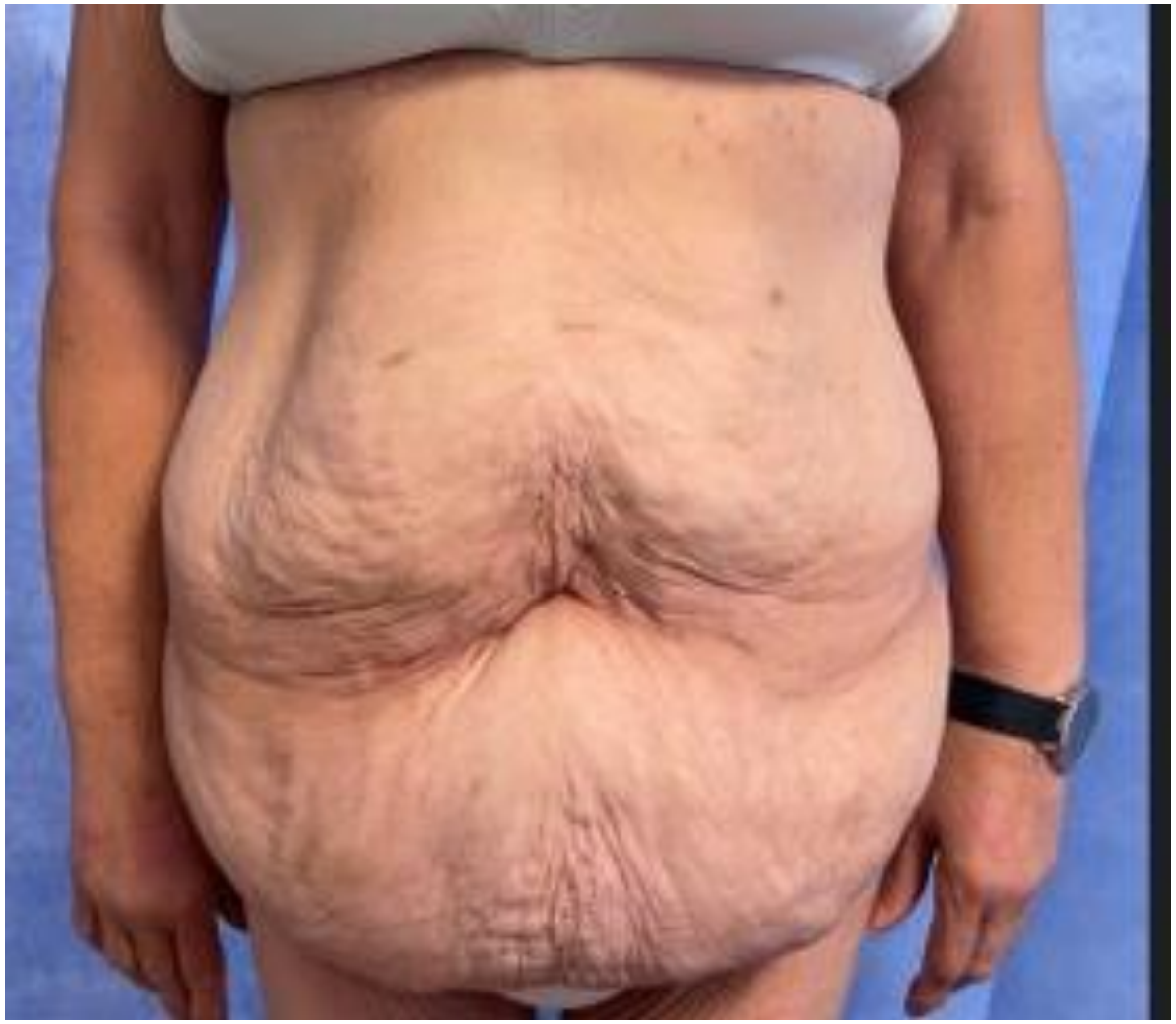
- Background to the study : involve patients in our decision making
- Putting the patient ahead of the health service
- Financial implications, bariatric surgery saves lives and saves money to the healthcare system
- Research conducted at Obesity and Metabolic Surgery Centre in Luton and Dunstable Hospital in the UK
- This study explores the morbidity resulting from excess skin and investigates the demand and access to plastic surgery following LRYGBP





Issues with skin excess

- Bariatric surgery procedures whether sleeve gastrectomy or gastric bypass surgery(laparoscopic Roux-en-Y gastric bypass (LRYGBP)) results in a significant loose skin fat envelop and has driven up the demand for plastic surgery skin reduction
- There is considerable implications on physical activity and body image
- This included
  Physical issues – mobility, cleaning etc
  Body Image issues
  Problems with exercise
  Sexual Dysfunction

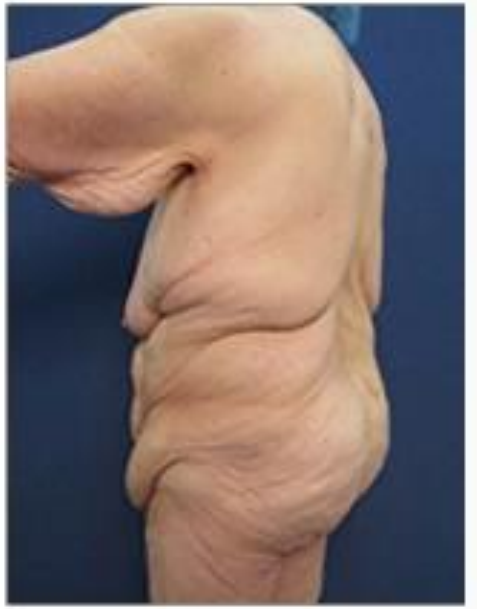


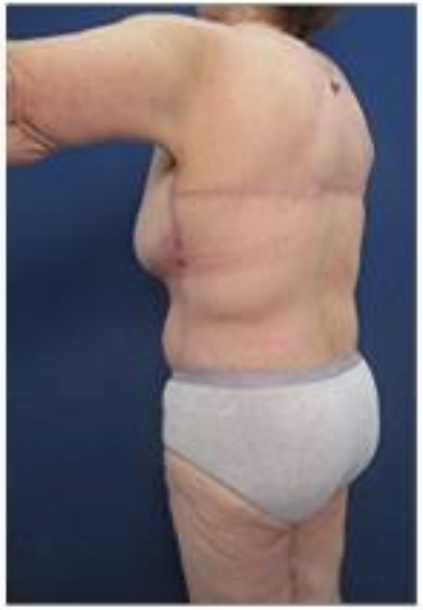
Methods

- Questionnaires were sent to a series of 151 consecutive patients who underwent LRYGBP at the centre to explore the demand and delivery of plastic surgery, and the physical and functional problems of excess skin.

Results

- With a response rate of 67%
  72% reported local physical skin problems (rash, ulceration, excoriation, infections)
- 74% reported functional problems with mobility and exercise
- and 93% reported body image issues
- 97% of patients have attempted to access services with plastic surgery for excess skin and only 23% have managed to see a plastic surgeon at the time of the study





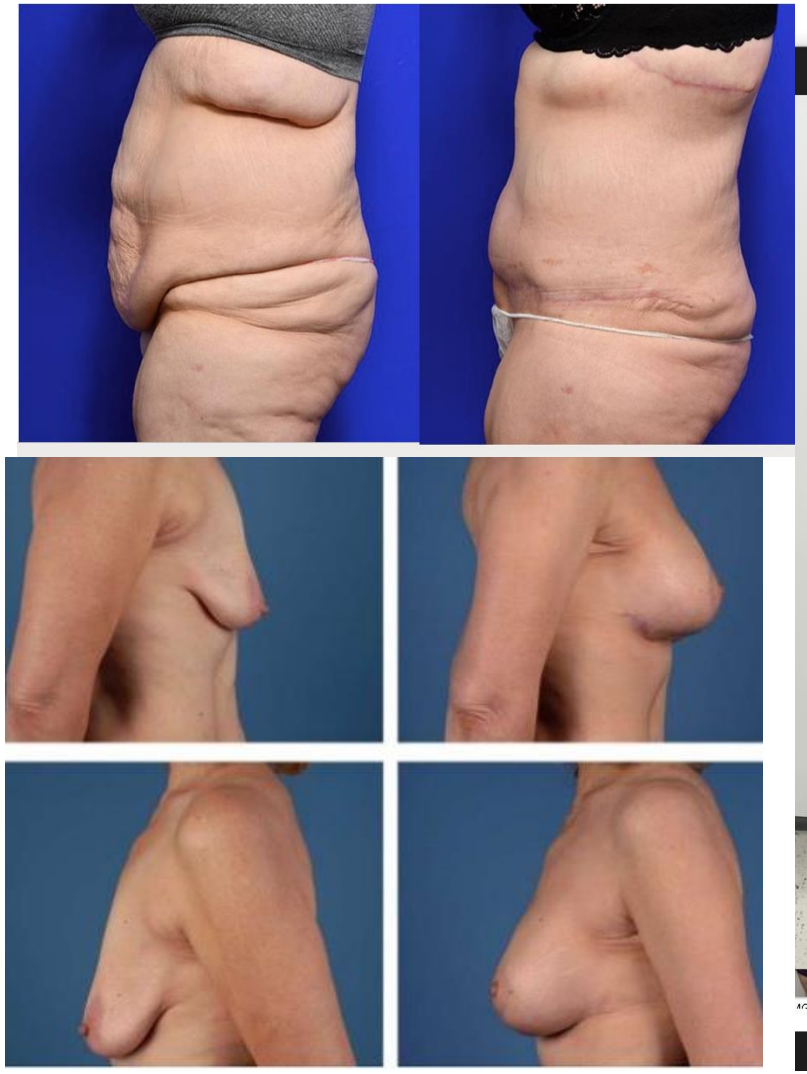
What is important to our patients ? In order of their own priorities

- Abdominoplasty (getting rid of abdominal apron)
- Breast lift
- Brachioplasty (arm lift , bingo or bat wings)
- Thigh lift
- Total body lift (360 or belt abdominoplasty)
- Upper body lift
- Reverse abdominoplasty

Recognize the surgical approach to deliver skin reduction surgery after bariatric surgery
Orders of priority for access to skin reduction

- 1- ABDOMINAL SKIN EXCESS (Abdominoplasty vs Apronectomy)
- 2-BREAST UPLIFT SURGERY with its own different challenges, blood supply, and poor skin quality)
- 3-ARM REDUCTION
- 4-THIGH REDUCTION
- 5-BUTTOCK LIFT
- 6-BACK LIFT
- 7- Face and neck lift

- * A combination of any of the above done together (like mummy makeover)
- F**ace and neck can be at any point



Abdomen

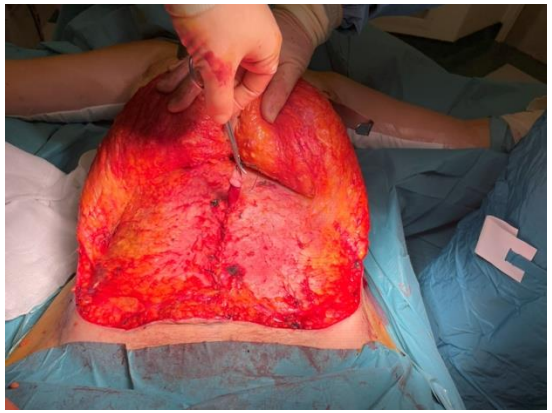
Abdominoplasty vs
Apron-ectomy

Removal of the Apron for functional reasons only , no undermining as there is high risk

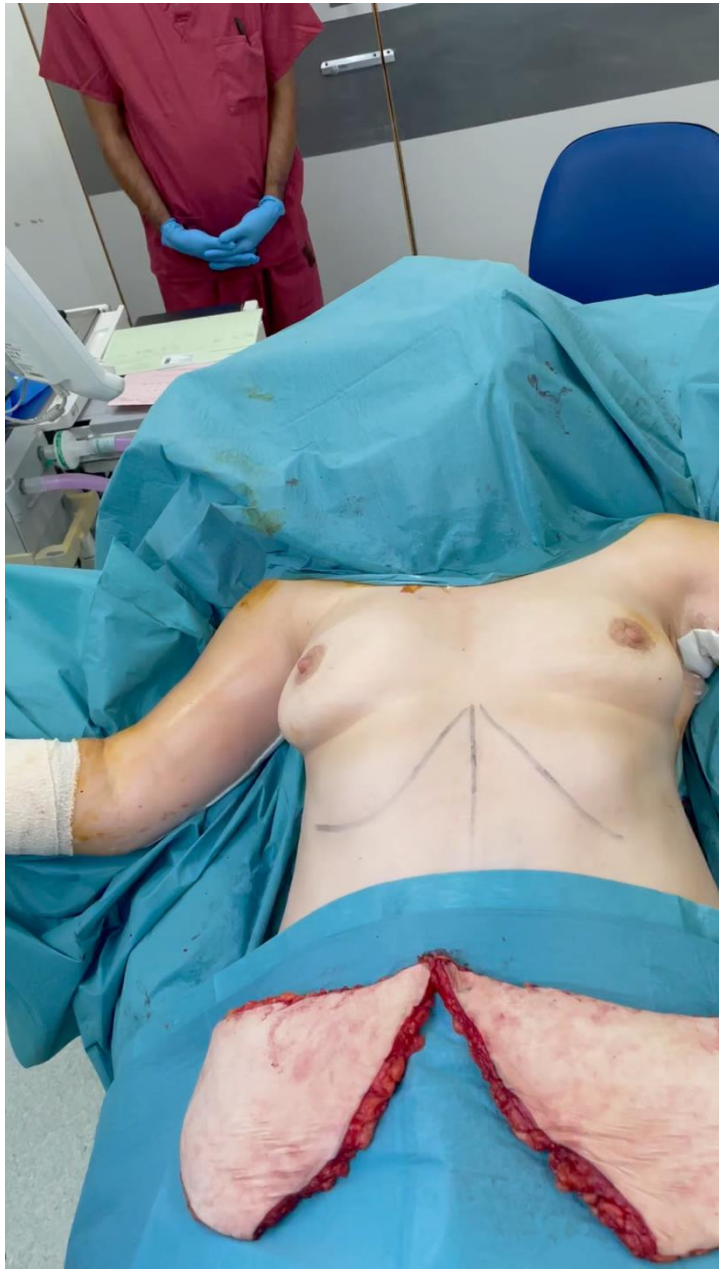
of wound breakdown

Abdominoplasty

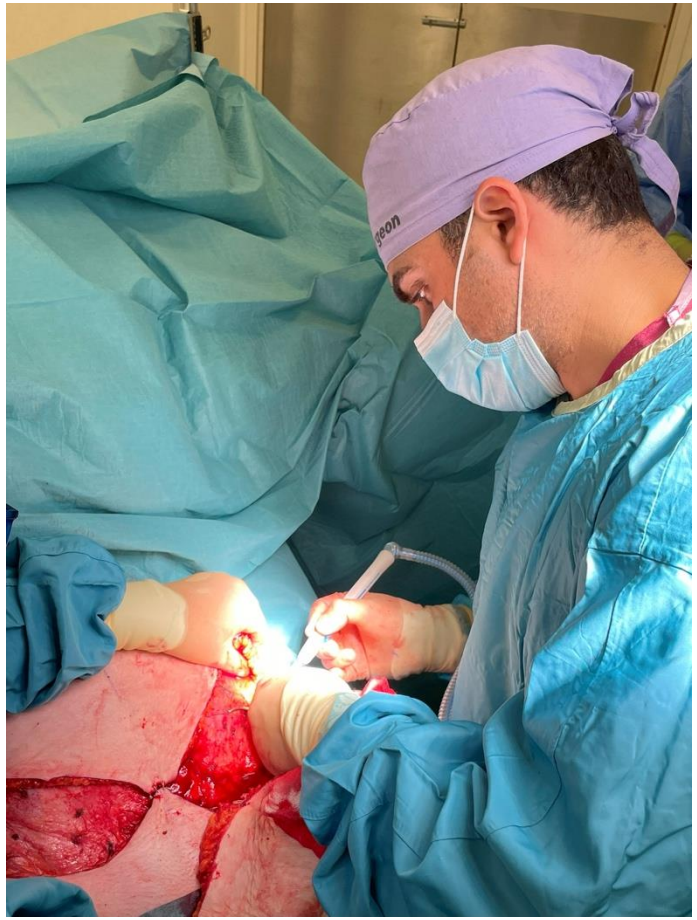
Mini Abdominoplasty
Full abdominoplasty
Full abdominoplasty with rectus plication
Fleury De Lys Abdominoplasty



New approach :
Lateral Extended abdominoplasty
Avoids the vertical element of the FDL
Eve Procedure

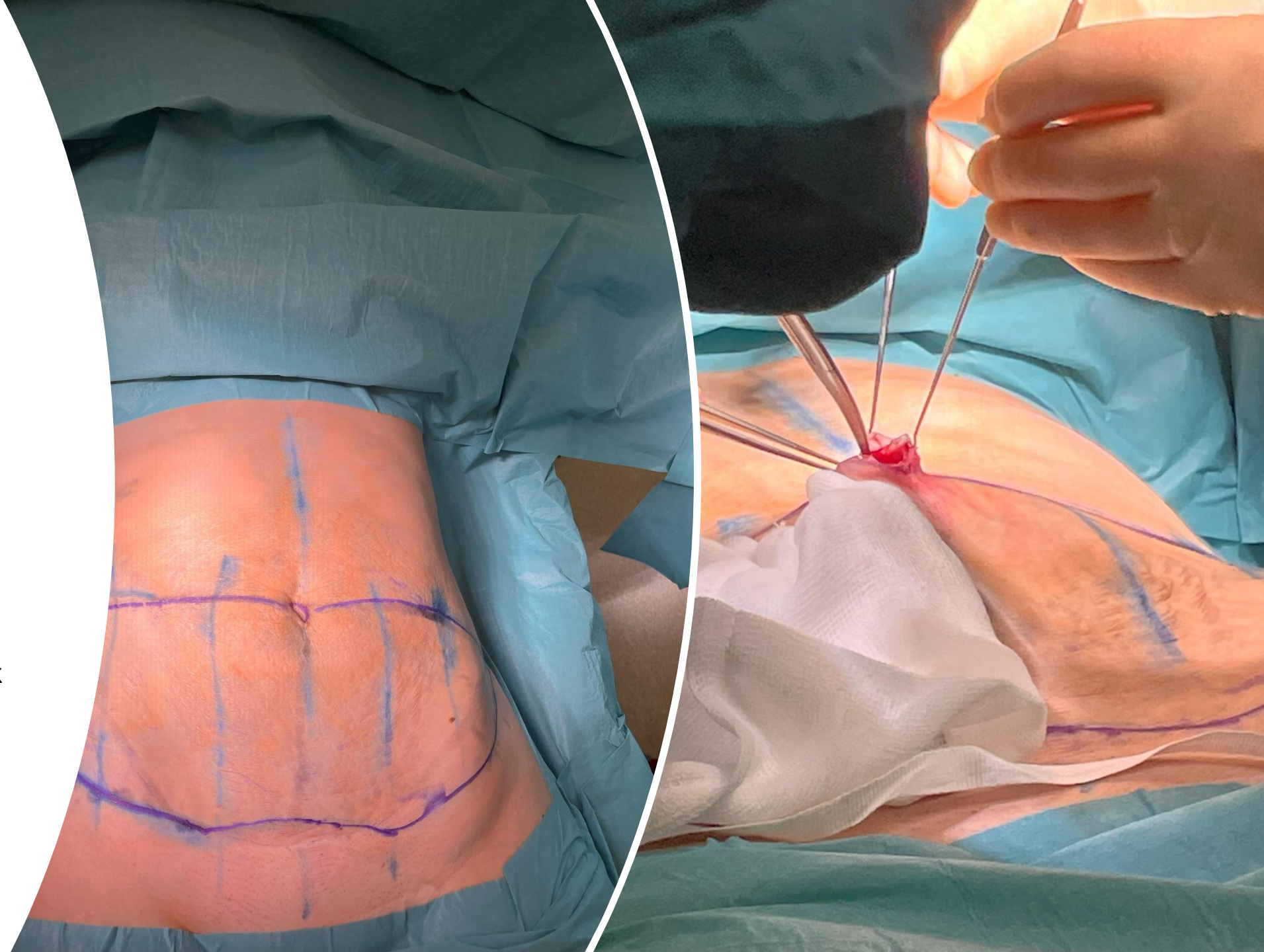


Standard abdominoplasty
Most commonly done body contouring procedure



Marking and umbilical blood supply issue

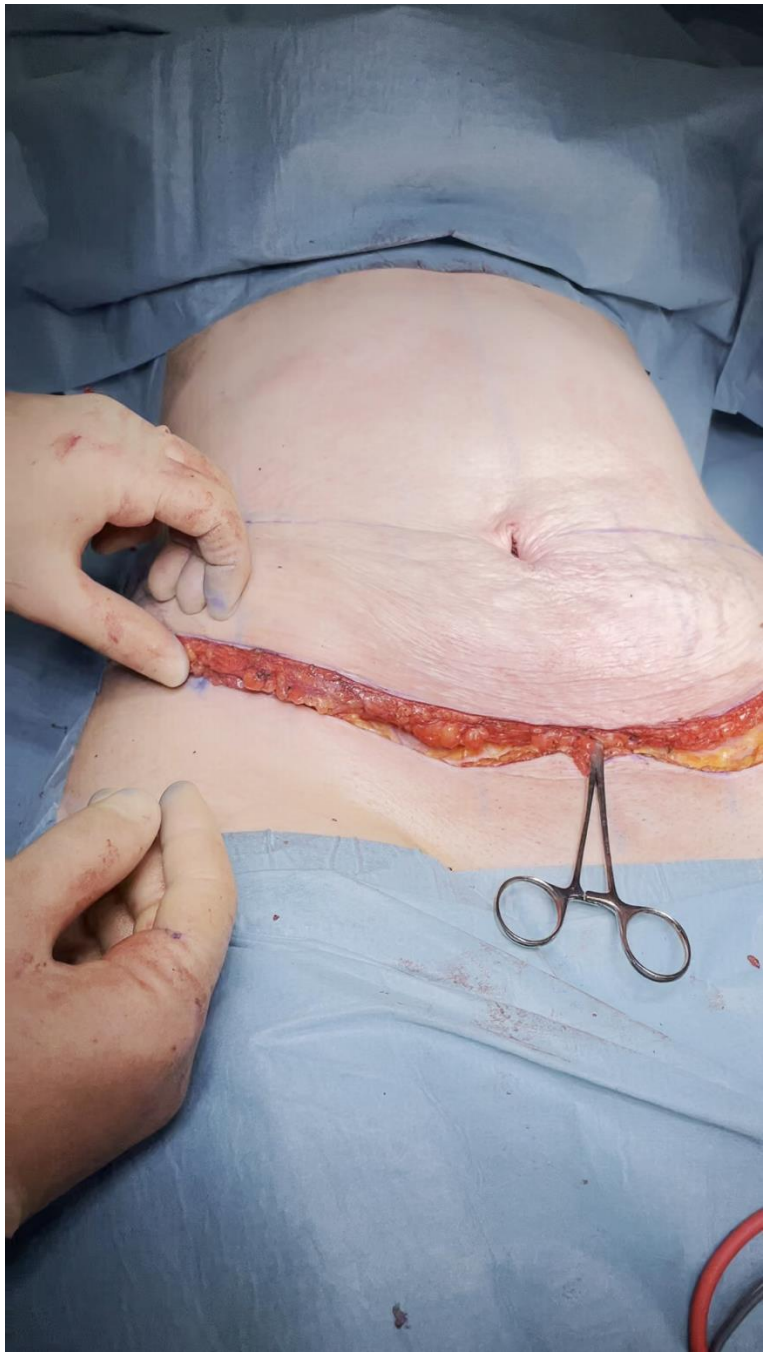
- Sadly many times the umbilicus is sacrificed and a neo umbilicus will need to be created
- Surprisingly this is a significant psychological burden from this approach, the reconstructied umbilicus heals and leaves no mark
- Key is consent for those patinets



Dissection technique

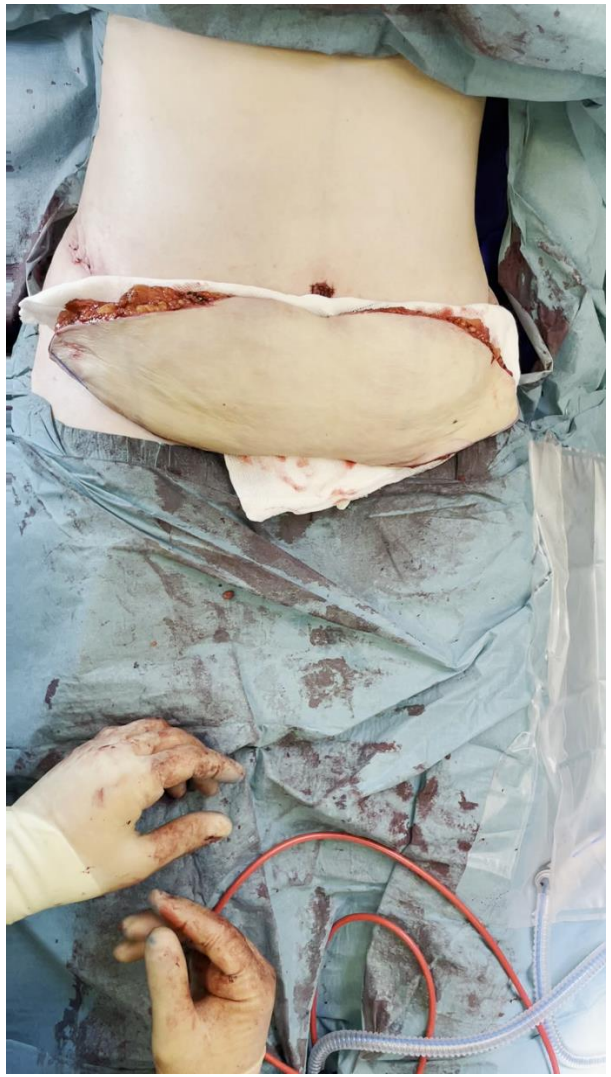
Dissection of the flap to the costal margin and xiphisternum
Umbilicus is circumscribed and preserved
Addition of liposuction with caution to preserve the
Blood supply to the abdominal wall

A rectus sheath plication is required with non absorbable
Surture



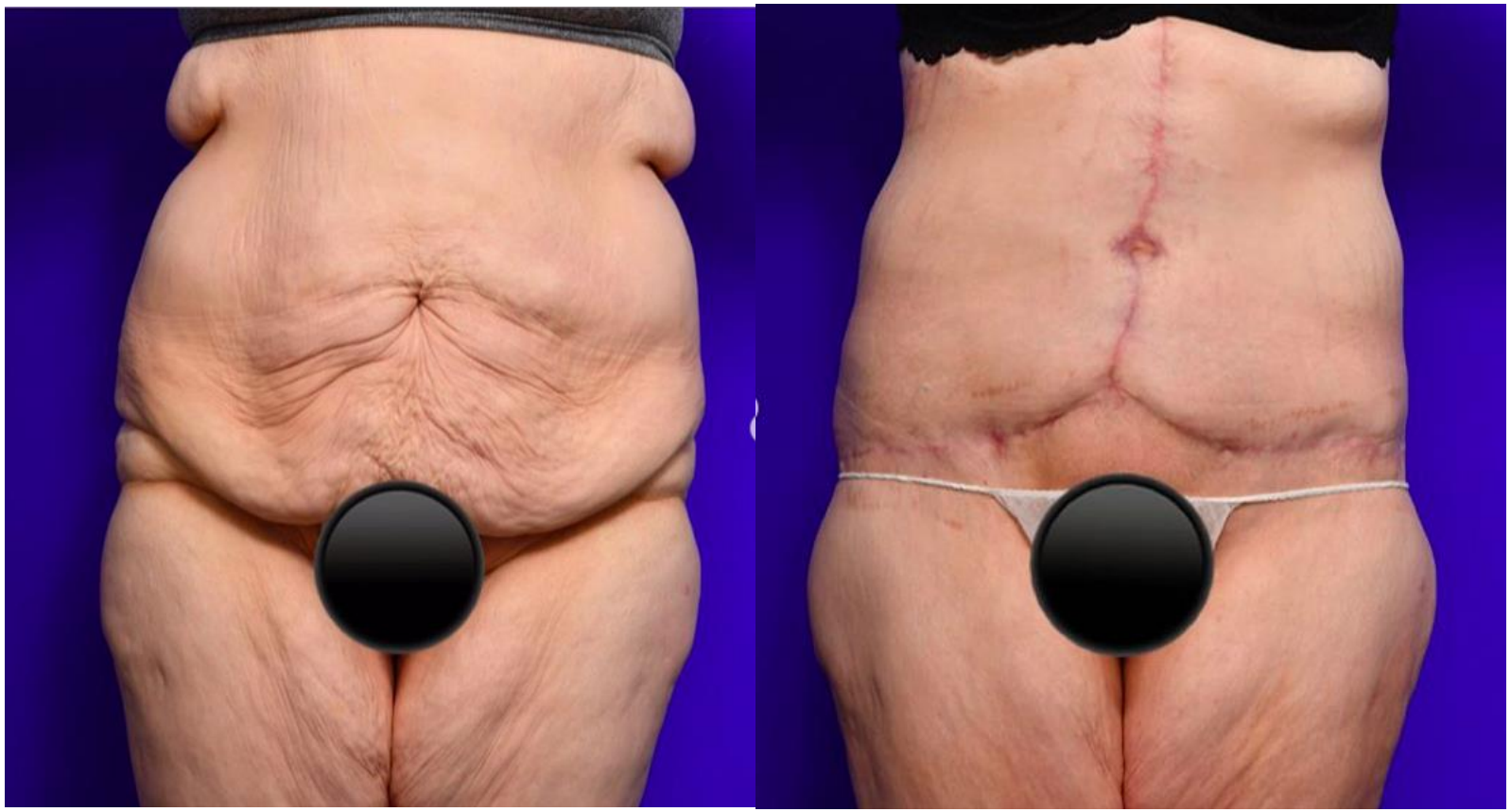
Abdominoplasty

Excision of excess skin and fat tissue
Plus plication of the rectus abdominus muscles
To correct the divarication of recti following years of obesity – pregnancy



Fleur De Lys Abdominoplasty

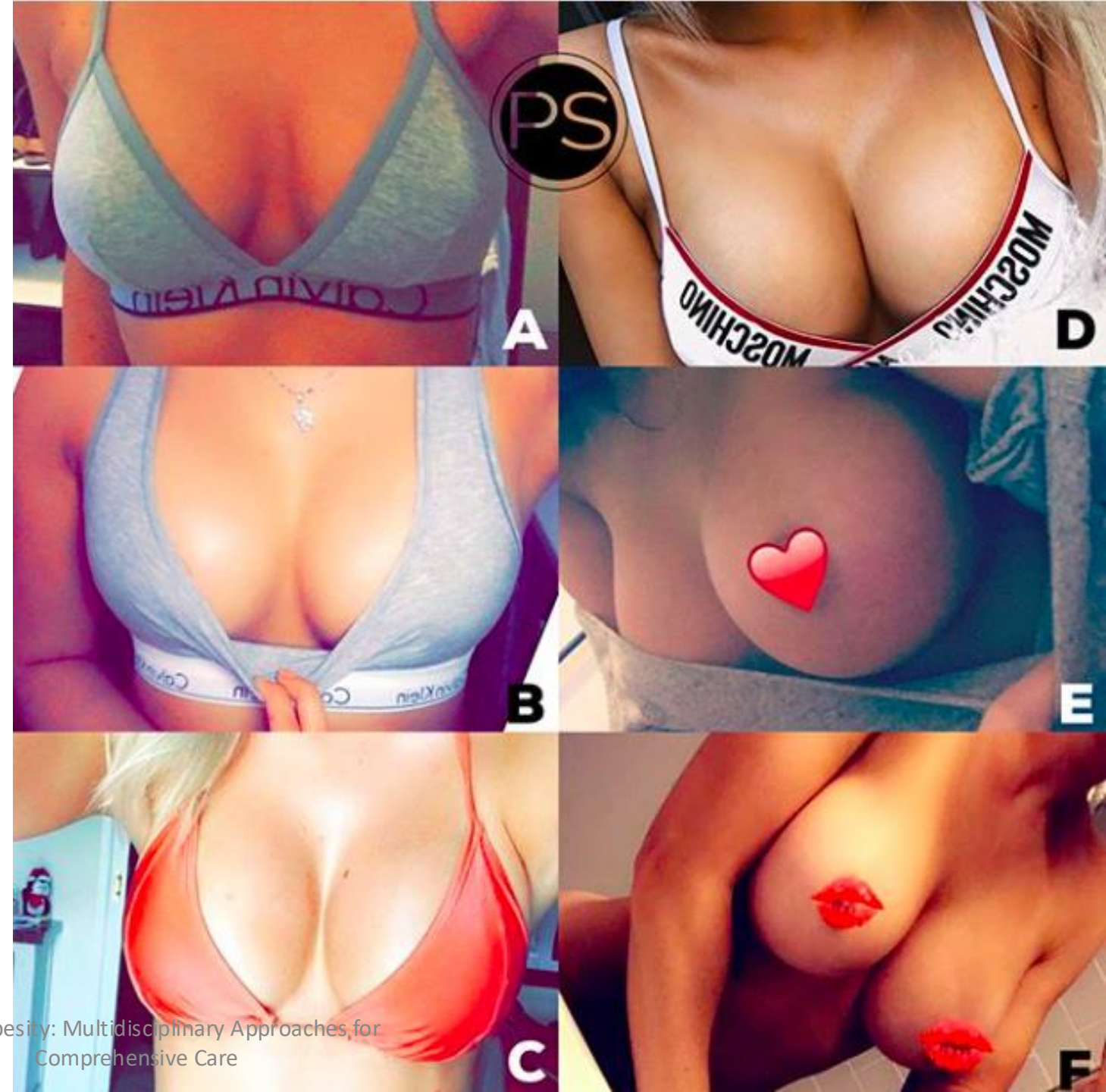
Here we address both vertical and horizontal component of skin laxity
obvious down side is the vertical midline scar
high risk of wound breakdown at the site of inverted T Junction
Essentially the technique is taking out two ellipses of skin, a vertical and a horizontal one
When indicated and not done patients will always complain about the remaining skin excess



Breast surgery

- Setting correct expectations

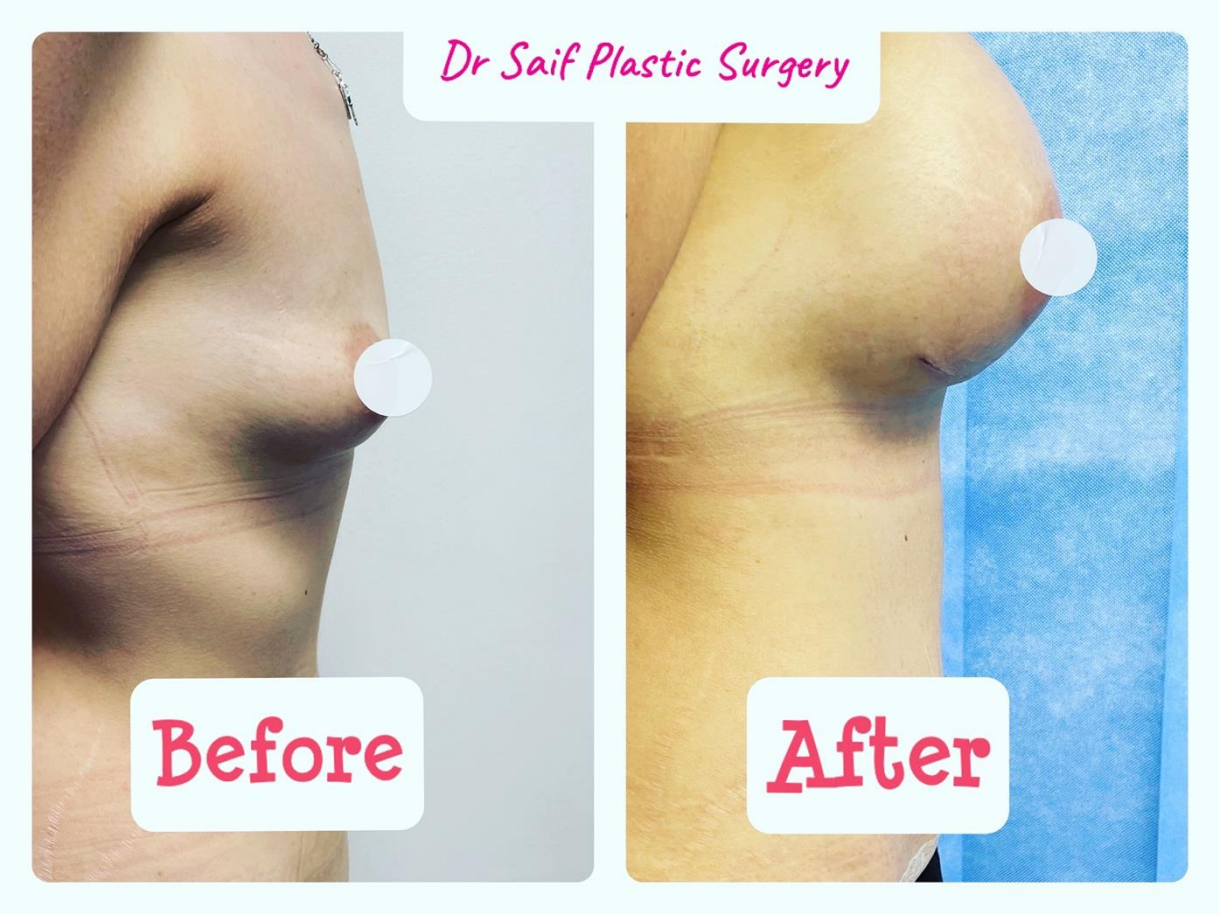
- Scarring will be significant
- Poor skin quality from stretch
- Blood supply challenges (pedicle to the NAC)
- Overall wound healing issues following bariatric surgery



Ideal situation

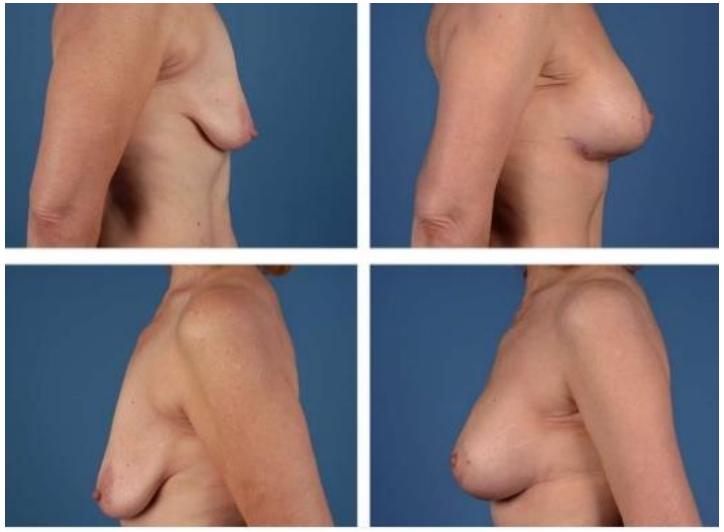
Soft tissue deflation of the upper poll
Minimal descent of the NAC
Correctable with implant plus internal
Mastopexy technique

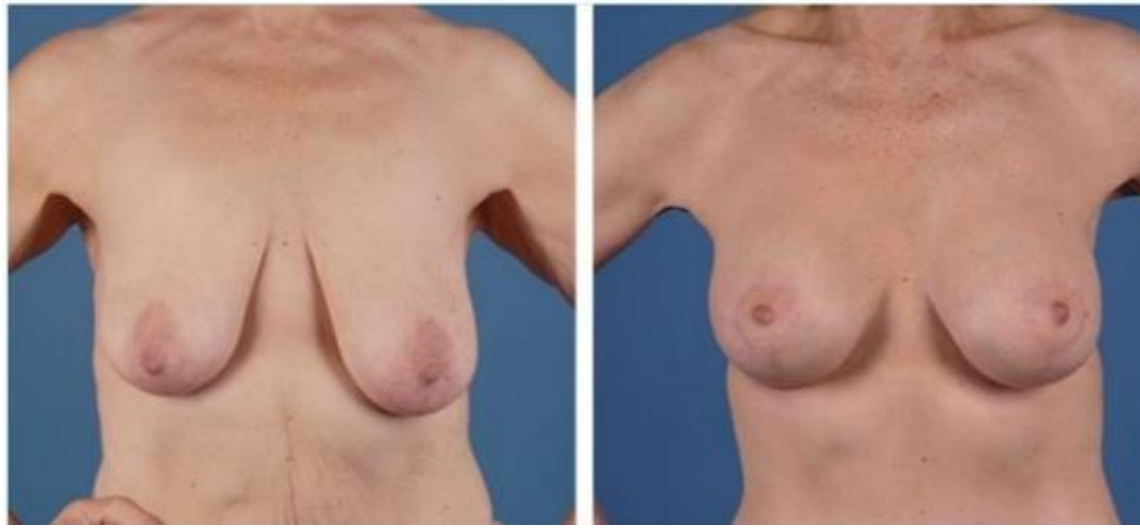
Avoids significant scarring around NAC,
Avoids the anchor shape scar in the breast

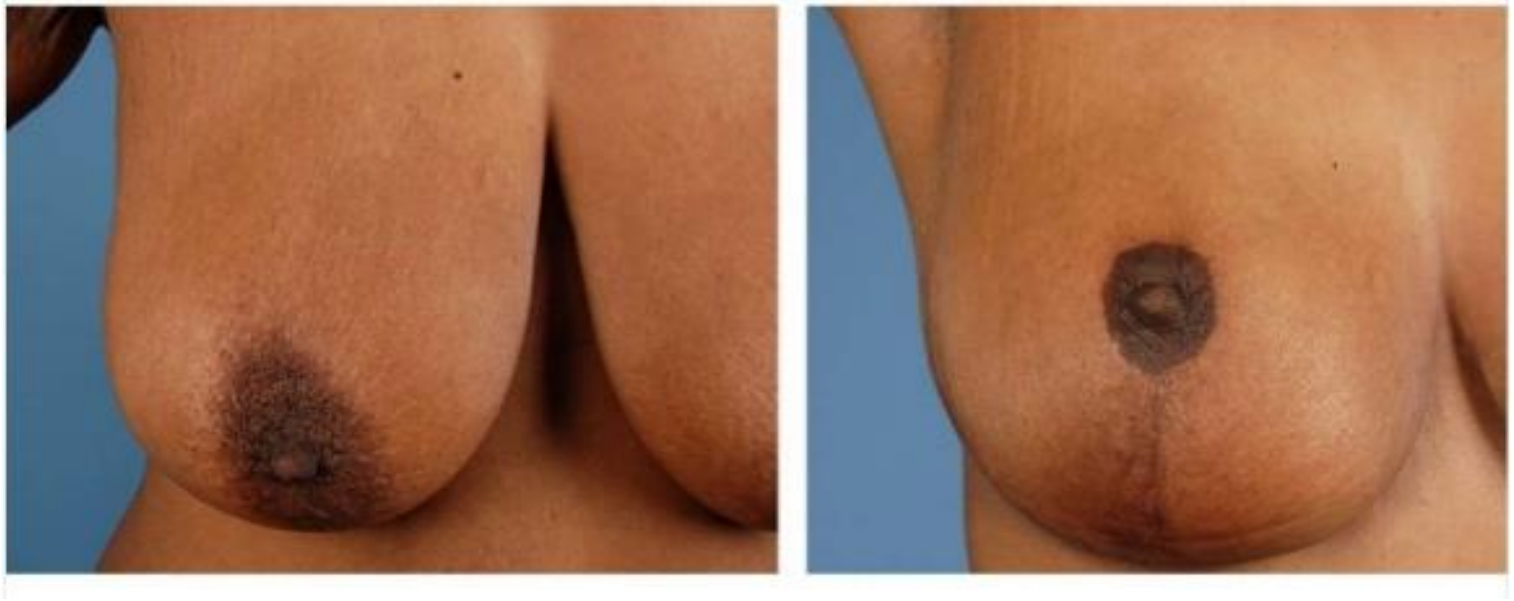


Most of the times we don’t deal with idial situation

Most of my weight loss breast patients for Breast uplift needs implant + scars



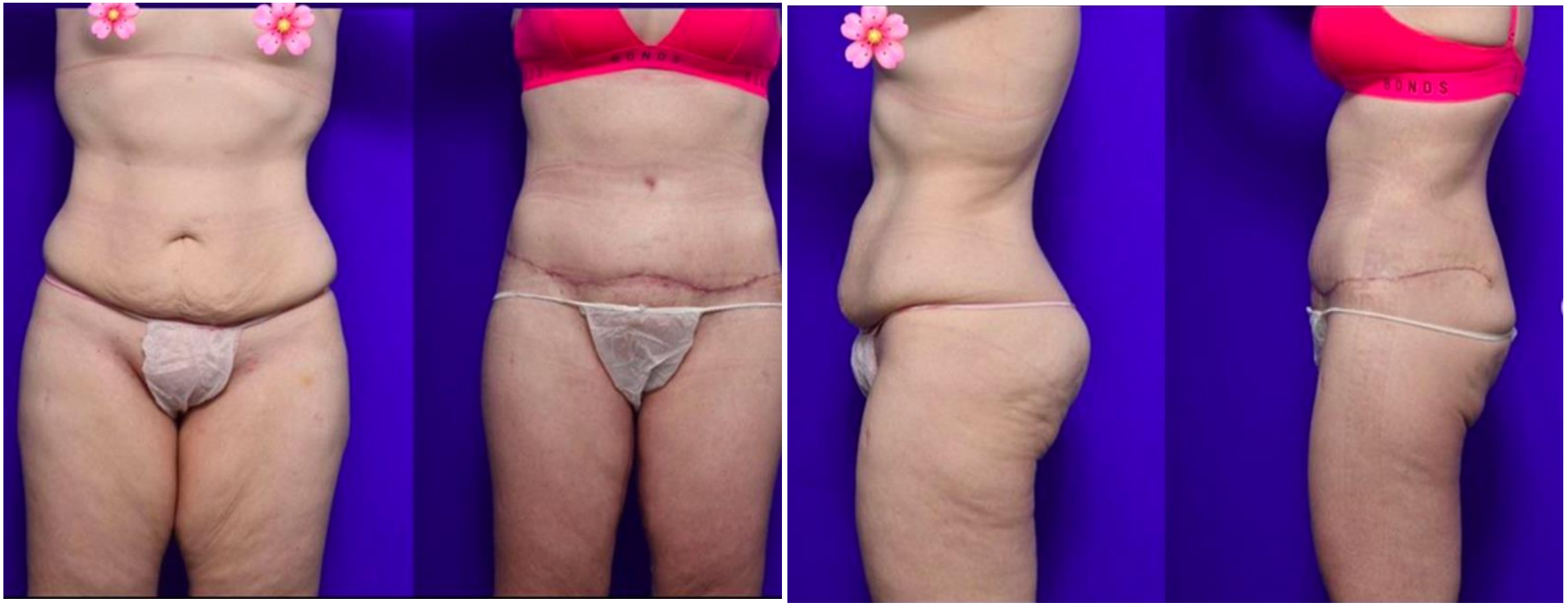




Challenges: poor skin quality
Risk of bottoming out, soft tissues
Not strong enough to support implant in long term

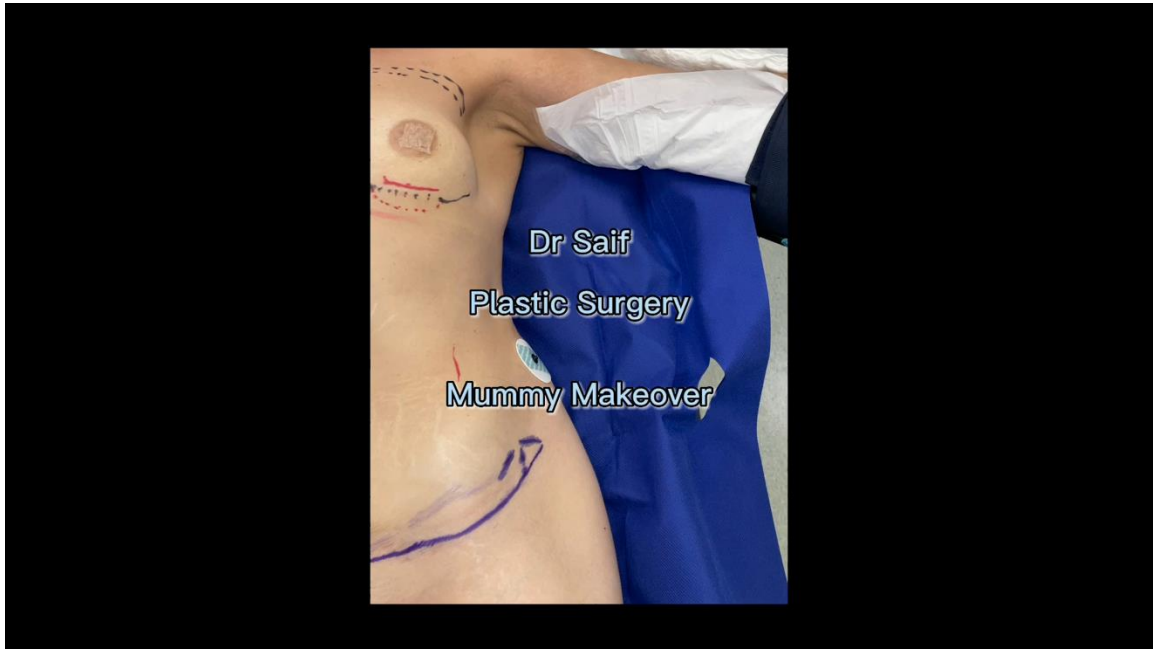
Combination procedure:

Breast augmentation lift plus abdominoplasty i.e mummy makeover , also done for post massive weight loss



Breast and abdominal surgery combination

- Breast and abdominal surgery
- Two competing vectors
- More challenges with wound healing

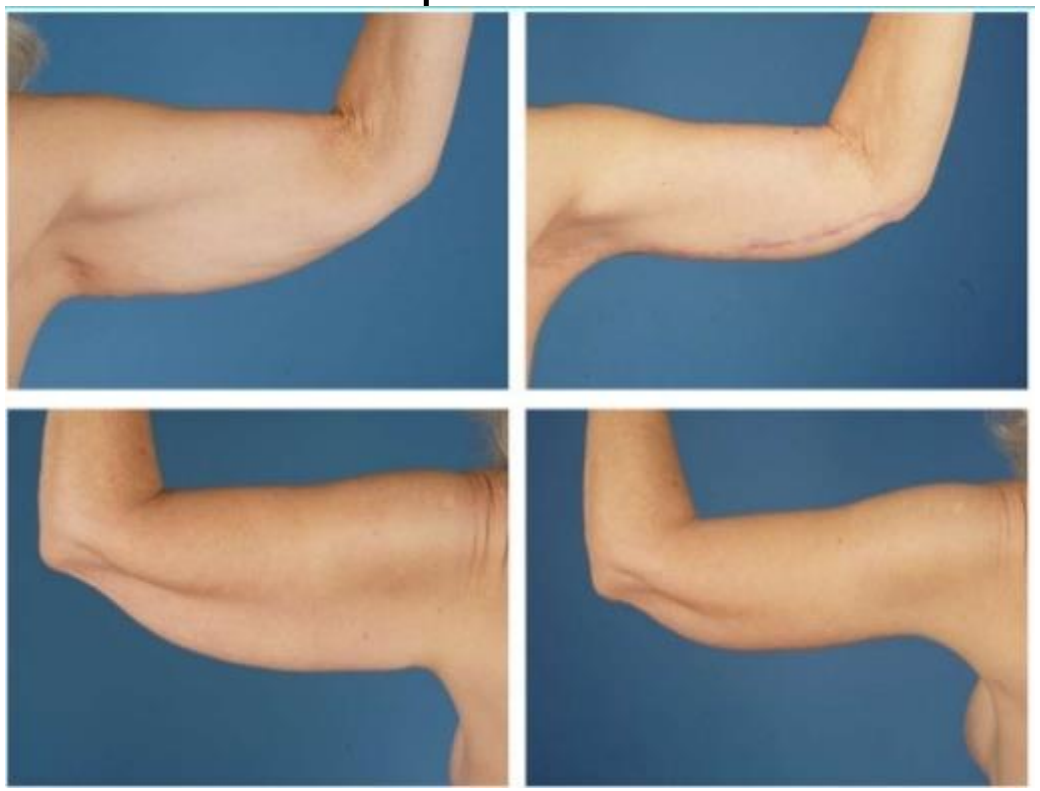


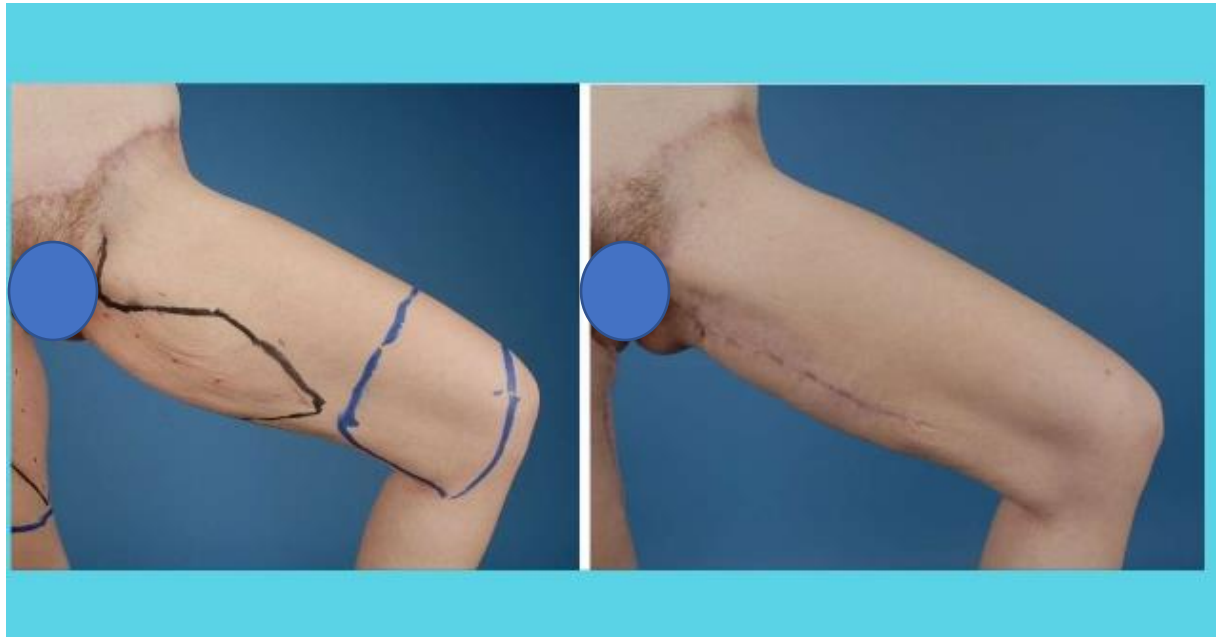
Arm and thigh lift

Long scars, risk of breakdown and lymphedema

Like with all body contouring it’s a balance between excess skin vs the scars

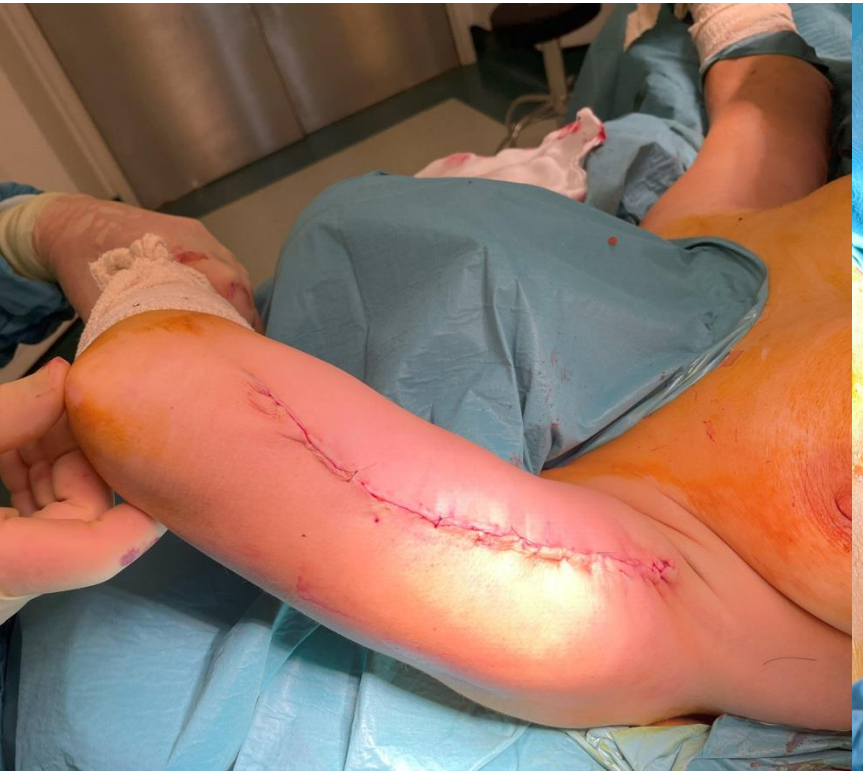
our bariatric patients have always been more tolerant of scars than we expected

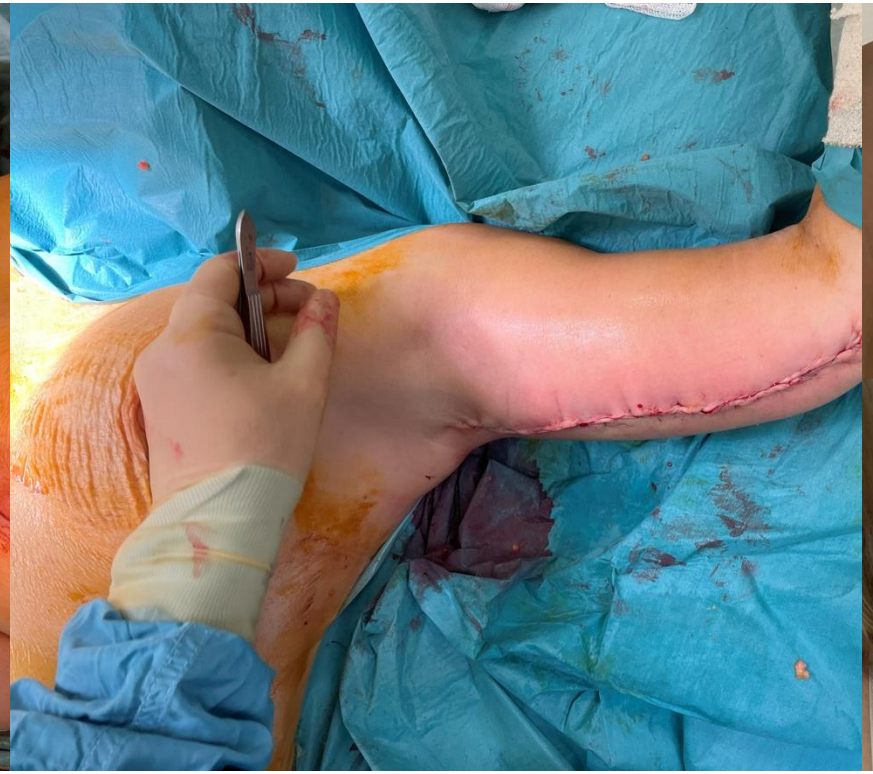


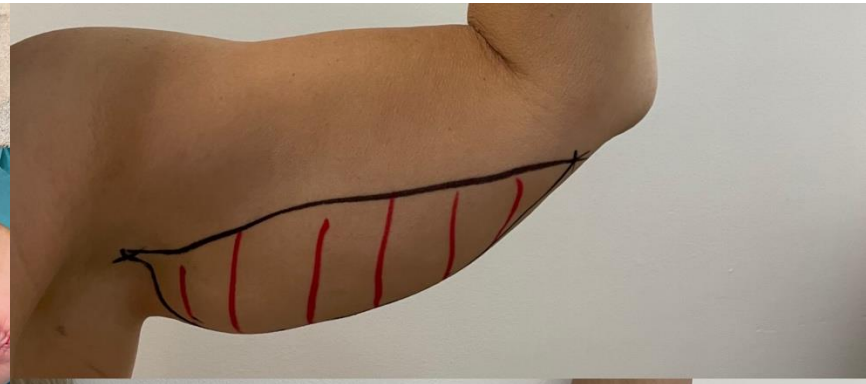


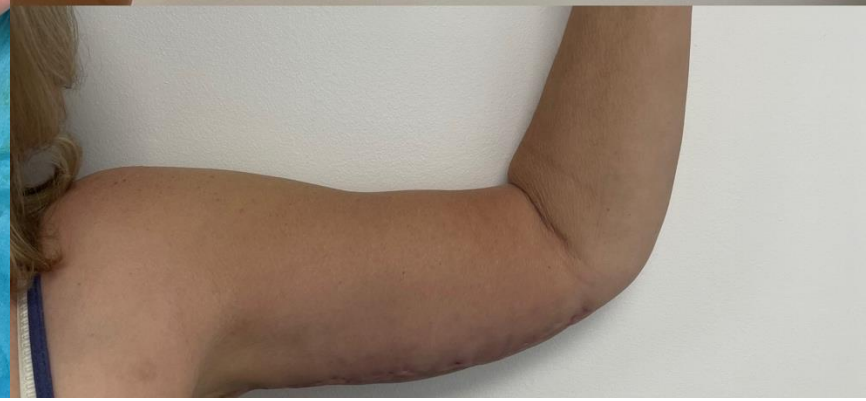
Modification of traditional techniques

- New techniques I have adapted :
- Start with liposuction to remove fat
- And aim to preserve the superficial lymphatic network , which is reducing both seroma and l lymphodema
- Moved the scar position to patient cant see it,









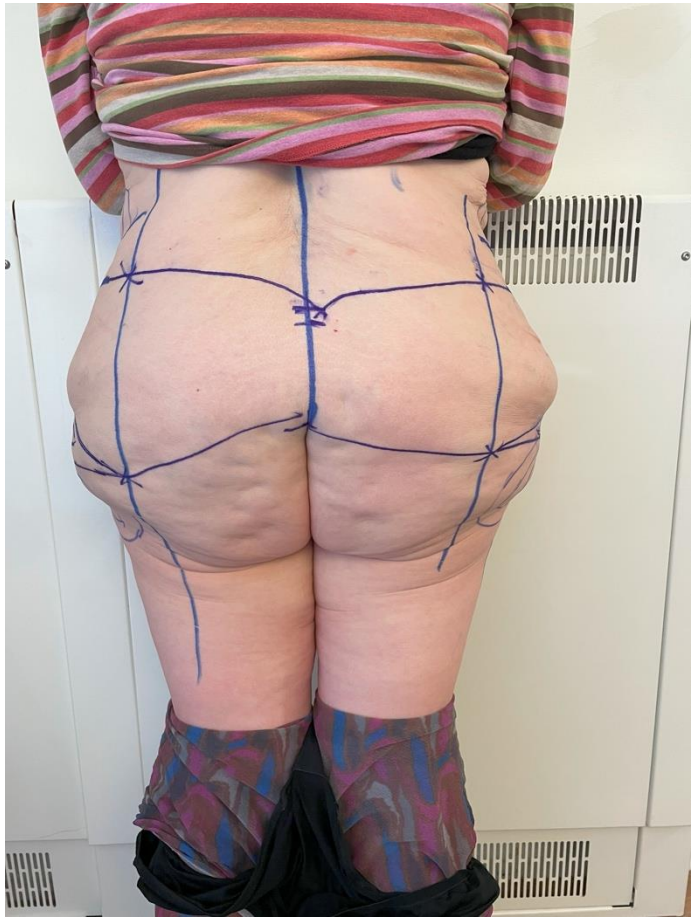
Body lift

Contouring the lower body after massive weight loss

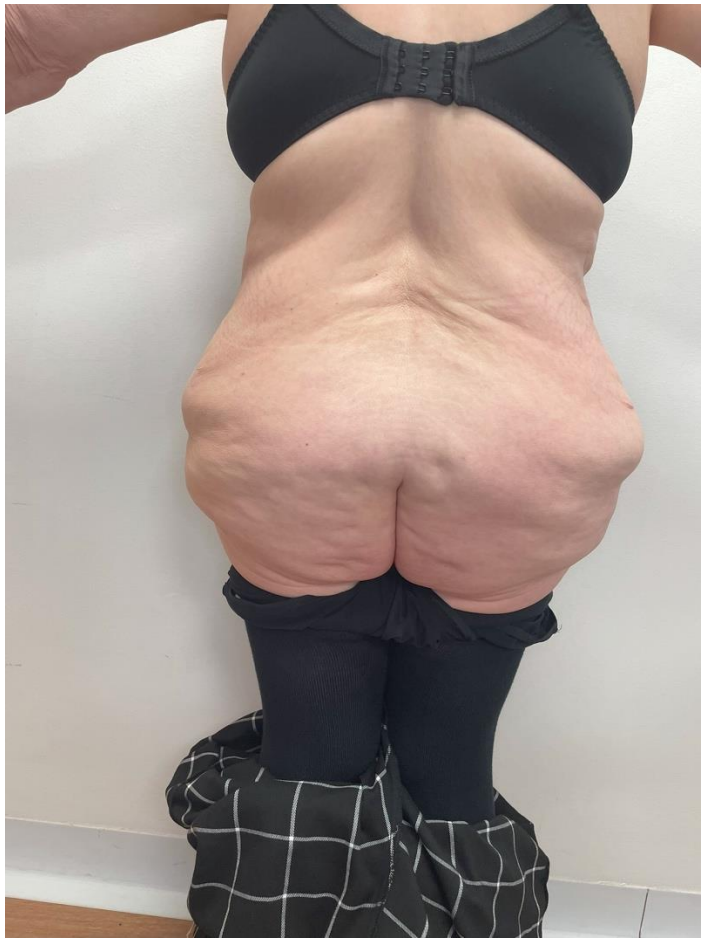
This is often a secondary procured for those who have already d one the above procedures. (Abdominoplasty, breast , arms etc)

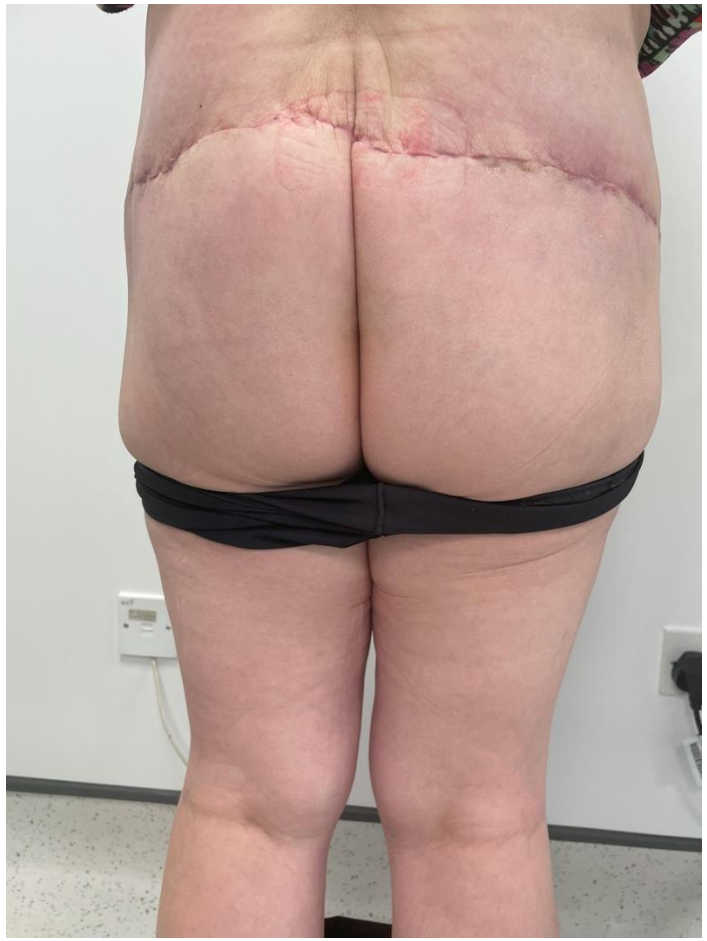
But sometimes offered as a what is known as circumferential body lift which makes it more challenging due to potential for wound breakdown

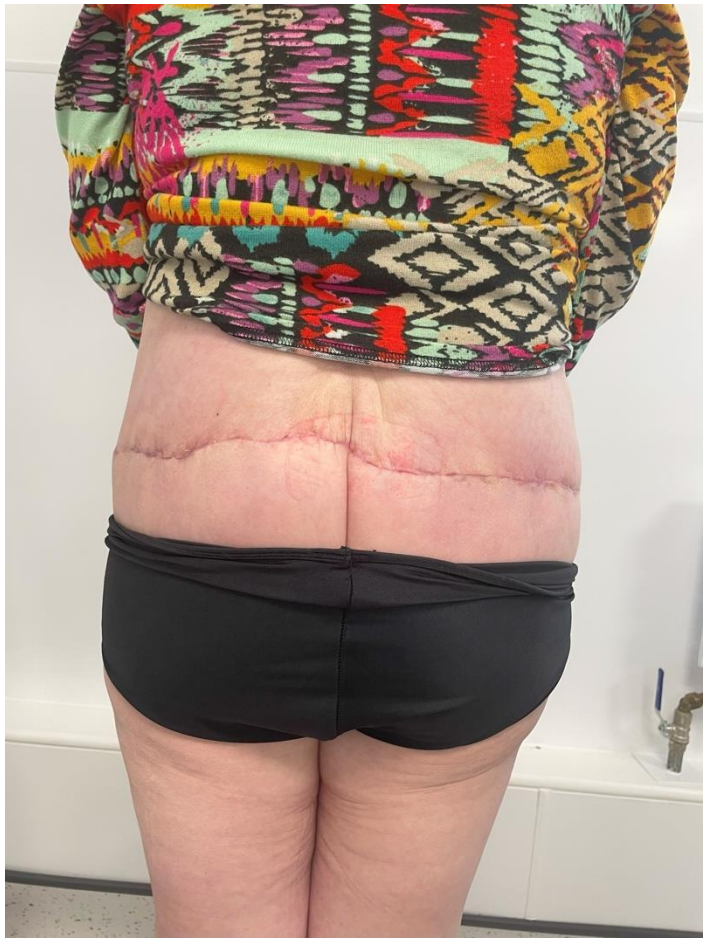
Since there will be competing forces of pull from the front and back



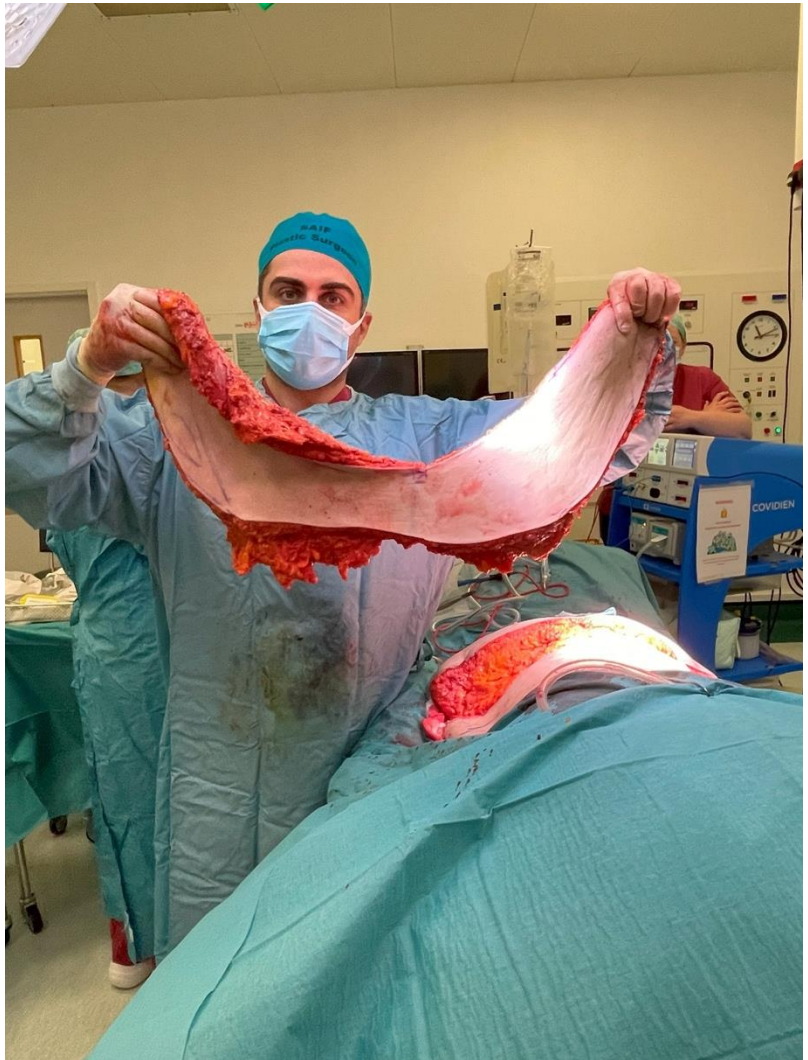
Body lift, buttock lift, back lift

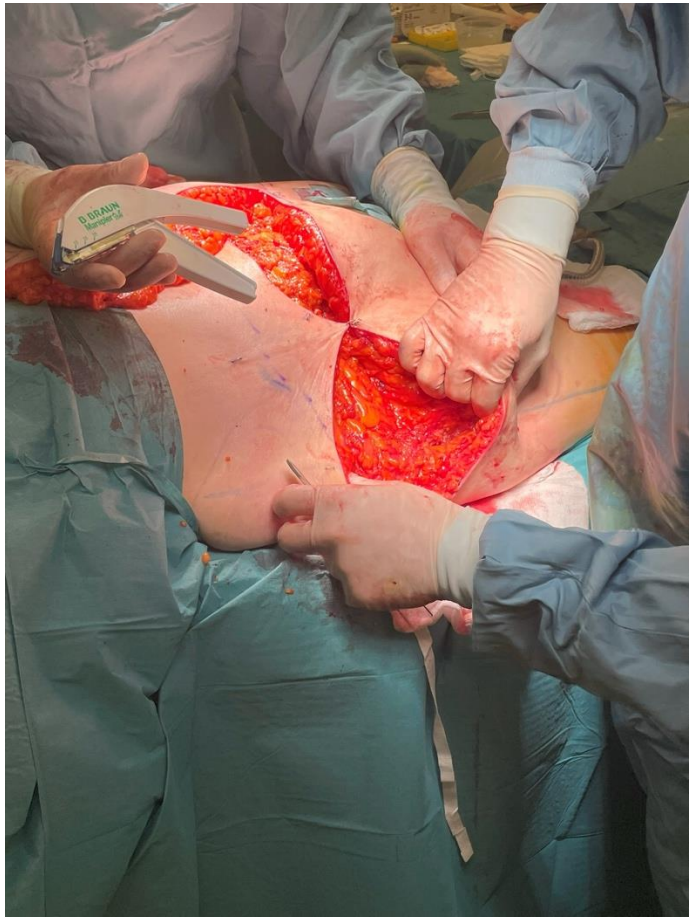


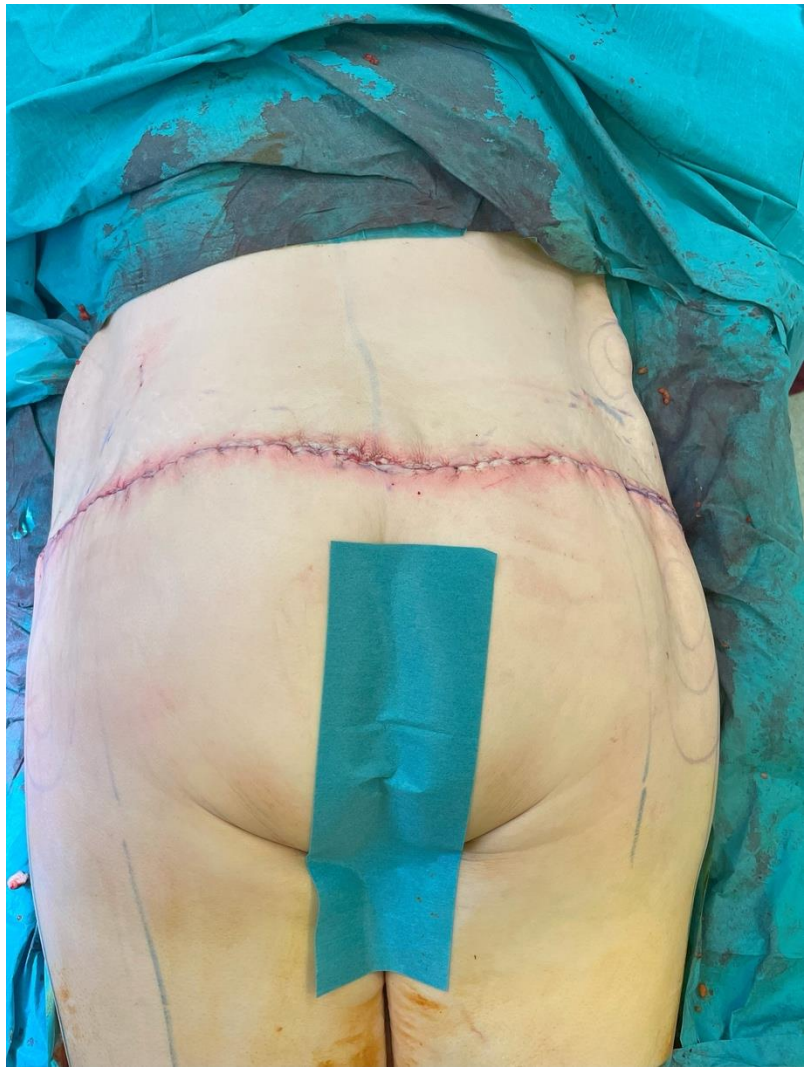




My personal preference is doing this operation in staging, doing surgery for many hours when we must re position a bariatric patient from supine to prone to supine again is not appealing to me or to the anesthetists , and ideally needs a second surgeon

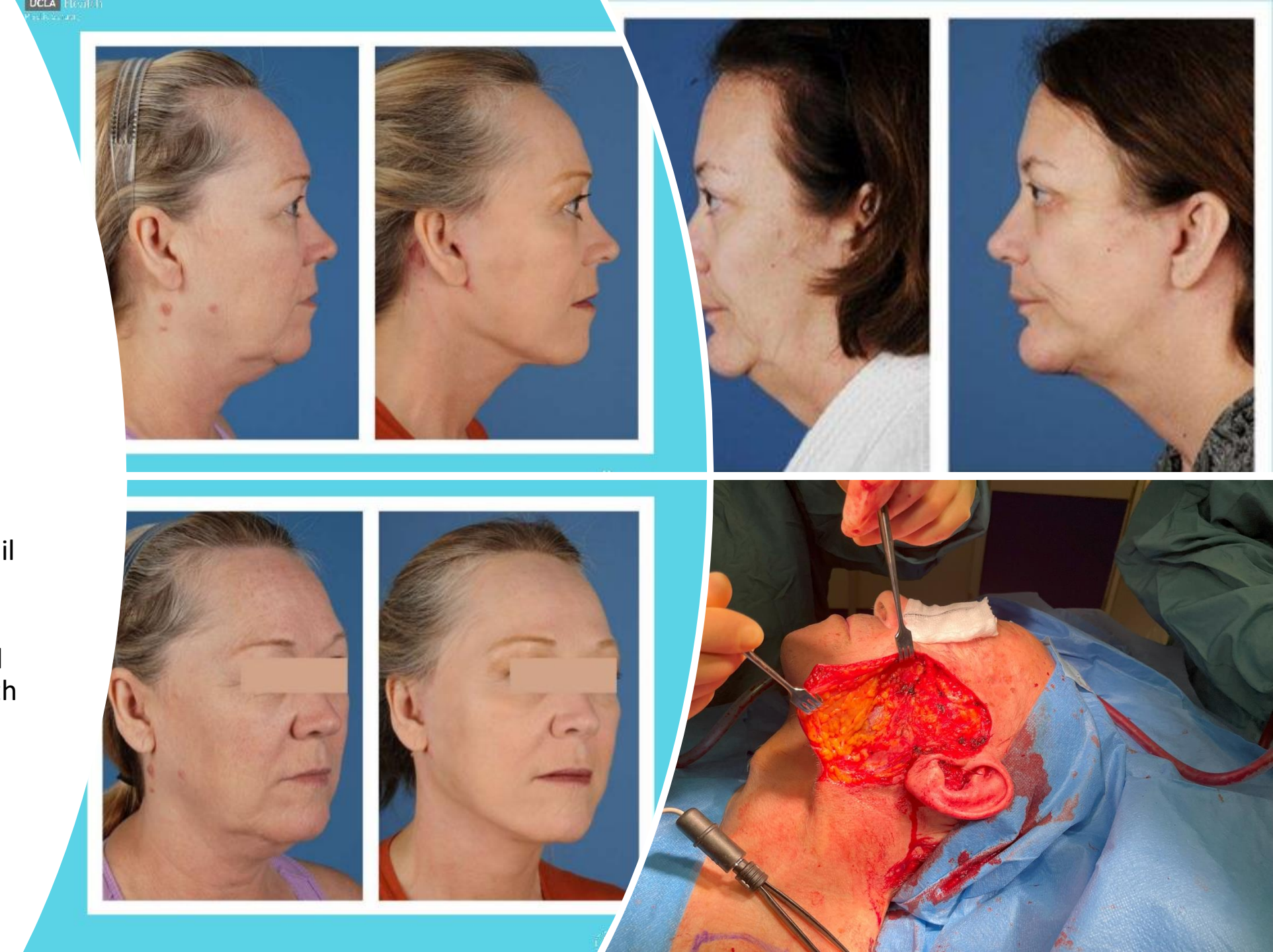






Face and neck lift

- Surprisingly this tends to be lower down the list , patients tend to focus on their body as a main priority
- Face lift techniques that are skin only are bound to fail due to skin stretching
- For sustainable result, will need deep plane face lift with SMAS excision

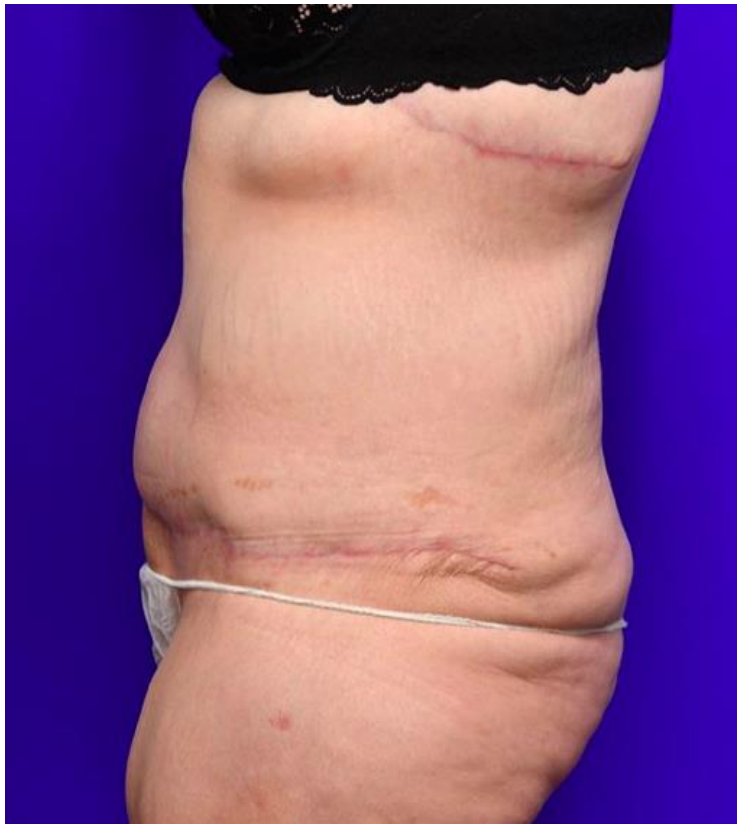


New challenges require new procedures

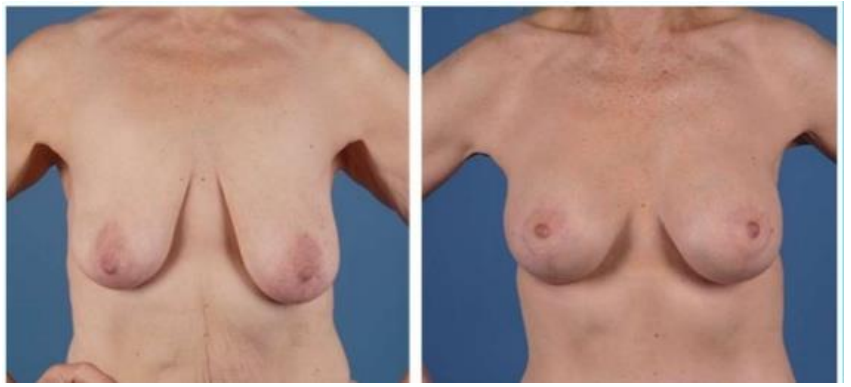
spiral Flankectomy
upper back lift
Reverse abdominoplasty

Replace any area of excess skin with scars

Bariatric patients tolerate scars a lot more than their cosmetic surgery counterparts



In an ideal world

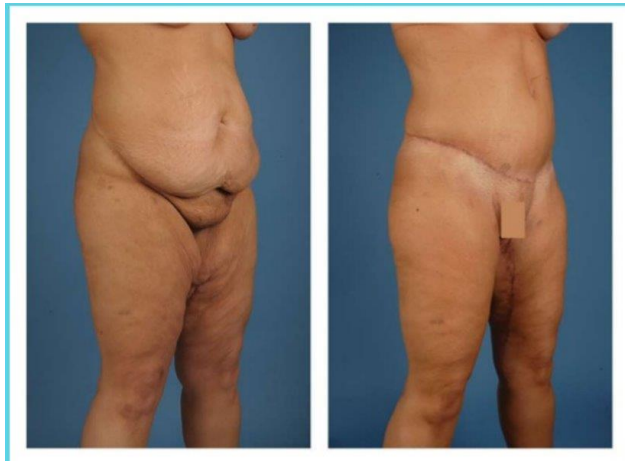


- We work in a Bariatric Plastic Surgery Multi Disciplinary team , being the only way that weight loss surgery is offered

- Surgeons working together in the joint clinic and the operating theatre.

- The patient coming in for weight loss surgery consultation sees the bariatric surgeon and the plastic surgeon on the same day , before the surgical journey

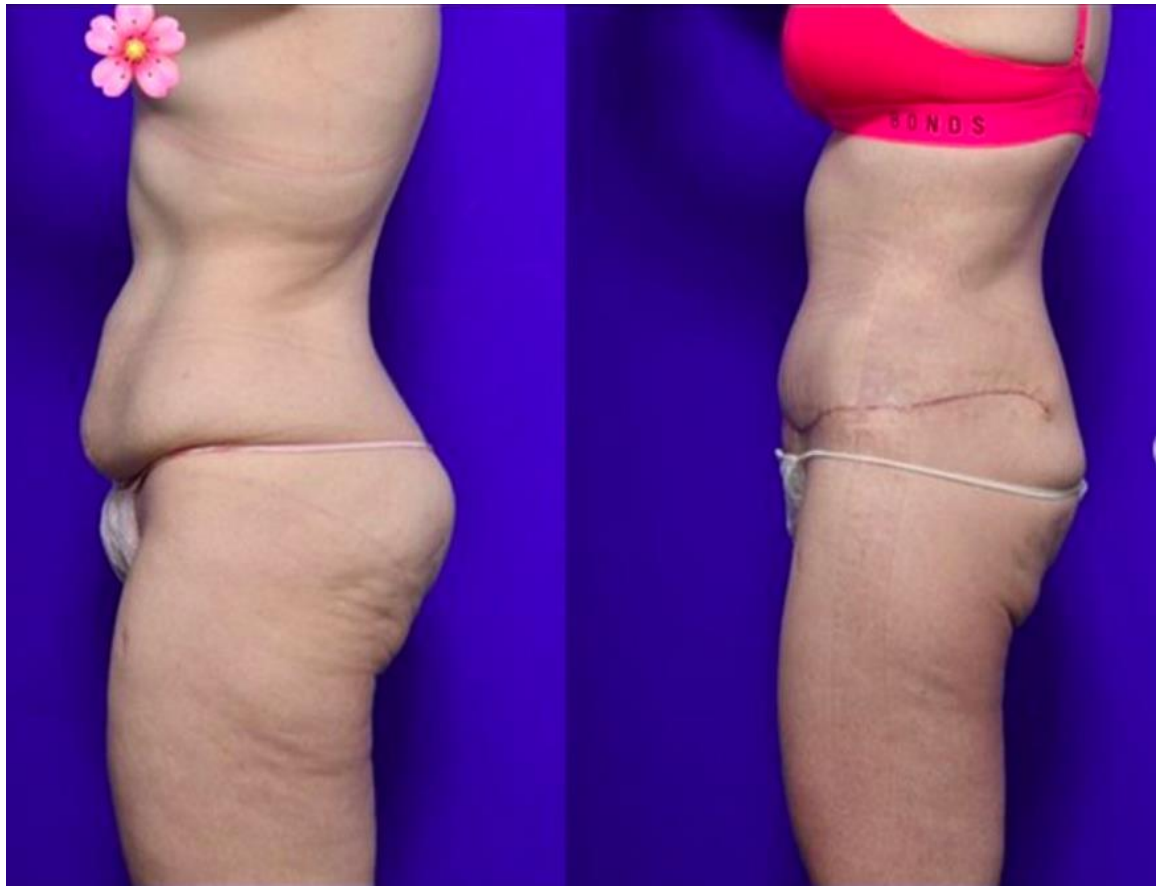
- This initial contact with the plastic surgeon , they get assessment, giving prediction of results setting realistic expectations of the journey, scar burden and over all outcome will lead to a better patient satisfaction in the long term.



Summary

- Most patients had issues related to excess skin following bariatric surgery.
- incorporating plastic surgery into the multidisciplinary weight loss program will result in improvement to the patient experience and overall outcome
- This early plastics consult sets the standard and expectation, and provides a layer of support and confidence in the weight loss process

- Prior to plastic surgery
"If I knew I would look like this , I would never have had the bariatric Surgery"



Thank you

Key philosophy messages

- 1- Under Promise and Over deliver
- 2- Do good work putting the patient first (Friends and Family Test)
- 3-support the holistic approach to improve quality of life