K I M B A L L   M .   C R O F T S ,   M D

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<u>Brachioplasty</u>
(Contouring Arm Reduction Surgery)

Brachioplasty, also known as arm reduction surgery, was first described back in 1954 by Fernandez out of South America. Since that time, it has undergone multiple changes and advancements to its present-day procedure. Still, it remains an unpopular procedure because of the significant scars and deformities that can occur related to the surgery. However, some of the recent advances in arm reduction surgery, have lead to a more lasting procedure with a less aesthetic deformity. This involves a anchoring of the superficial fascial system into the axillary fascia with permanent sutures. Basically it lifts the arm tissues back into the natural position from which they came, holds them better.

A typical patient presents with a loose hammock effect of the brachial skin. This can be either mild, moderate, or severe in presentation. If it is mild-to-moderate, oftentimes liposuction alone can address the problem. Although, if the skin is of poor quality, within a year or two after liposuction the patient may advance to a more ptotic or lax skin condition where resection will be required to correct the persistent deformity. On the other hand, if it is a moderate-to-severe ptosis (skin laxity) of the brachium, then resection will be required.

Once the patient presents for arm contouring surgery and it is determined that a brachioplasty or arm reduction lift is needed, the patient will be thoroughly evaluated as to his or her past medical history, present history or condition, overall general health status, expectations, long-term and short-range goals as well as the potential complications and risks. Some of these potential complications and risks are infection, bleeding, delayed wound healing, wound dehiscence, wound infection, hematoma, seroma, asymmetry, central tightening, recurrence of the problem, scar hypertrophy, widened scars, misplaced scars, persistent pain, areas of anesthesia, nerve damage, vascular damage and lymphatic damage to name a few. If a complication occurs, then it will need to be addressed accordingly. Some of these complications may leave permanent changes.

Perhaps most frustrating to patients is the significant scar that is left on the under part of the arm. This is always visible when the arm is elevated, unless a long-sleeve shirt or a sleeve below the elbow is worn. This is one of the problems with the operation. However, the large hammock-effect deformity can be much more significant and bothersome than the resultant scar from surgery. In any case, this is something that each individual will have to evaluate to determine what is appropriate for them: scar vs.

The operation is done by marking the arms with the arms extended directly out from the side and the elbow flexed at 90 degrees skyward. At this point, the various lines of resection are drawn, as well as the anticipated incision line. The patient is then placed in a supine position and anesthetized under a general anesthetic at which point liposuction is done in addition and prior to the resection. Once liposuction is completed, then the resection is done according to the lines that are drawn. The superficial fascial system of the arm tissue is then suspended with permanent stitches into the axillary fascia. The excess skin and fat is excised and closed. Post-operatively the patient is placed in a compression garment. A drain is placed occasionally. The compression garment is worn for up to three to four months postoperatively.

Overall, patients are really quite pleased by the outcome of modern-day brachioplasty. However, it does leave the individual with long scars on the under portion of the arm that will always be visible. Still, this is oftentimes much more acceptable to the individual than the large amount of fat and skin that may be present in the preoperative state.

Occasionally revision surgery needs to be undertaken postoperatively either to smooth out the contour or revise the scar. In general, though, this is not the case, and the patients do well postoperatively.