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### **Lower Body Lift** **(Body Contouring by Excision and Liposuction)**

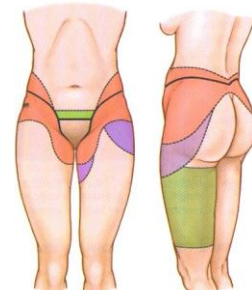
Body contouring of the trunk and lower body is accomplished by either liposuction alone, body lifting of skin by excision of redundant tissue or a combination of both (i.e. excisional body lifting combined with liposuction techniques to achieve an optimally contoured body). The goal of body contouring surgery is not only to thin the abdominal area and lower body, but also to rejuvenate through skin excision. If the quality of skin is good (healthy elasticity and recoil) then thinning of familial fat bulges can be accomplished through liposuction alone. However, and more often than not, patients have a marked laxity of excess of skin. The skin is flaccid and loose, also known as ptotic skin. Stretch marks may also be present. If any of the above problems are present, then liposuction alone will not adequately address the patient's concerns. Liposuction deals with localized fat deposits and does not correct flaccid, loose or excess skin. If any of the above are present, then a body lift will be required to correct the significant laxity of the skin and related soft tissues.

Dr. Lockwood, one of the promoters of true body lifting, points out that liposuction makes the patient look thinner, whereas a body lift tightens the skin and makes an individual look younger. Typically, an individual requiring a complete lower body lift will receive a combination of liposuction and excisional body-lifting techniques to optimize the end result.

There is actually quite a bit of confusion as to what is involved in a lower body lift. Oftentimes, individuals will confuse a belt lipectomy with a lower body lift. In reality, a belt lipectomy is not a body lift and only removes the excess fat and skin around the waist. Analogous to this is a comparison of an abdominoplasty and panniculectomy. A panniculectomy is not a lift. It is only a fat and skin excision procedure of the abdomen. The true abdominoplasty is an abdominal or trunk lift, in which the excess skin and fat is removed, to the extent that the tissues are tightened, elevated, and restored to their youthful form. Similarly, a belt lipectomy is analogous to a panniculectomy in that only fat and loose skin is excised without tightening. There is no lifting with a belt lipectomy. If a true body lift is needed and desired, a belt lipectomy is inadequate and a much more extensive procedure needs to be undertaken, more commonly known as a complete lower body lift or a transverse flank, thigh and buttock lift, occasionally combined with a medial thigh lift in stages.

The typical candidate for lower body lifting and abdominoplasty is an individual whose aesthetic contour deformities are not only secondary to localized fat deposits of the abdomen, hips, thighs, buttocks and so forth, but also who has significant skin laxity, excess skin, ptosis (sagginess) of the buttocks and abdominal wall laxity. These individuals require, in addition to liposuction, excisional body lifting to optimize their result.

Lower body lifting addresses the abdomen, the lateral thigh, the buttock, transverse flank and medial thigh region. Basically, this is the entire lower body. If such an individual has excess skin or skin laxity in these areas, in addition to localized fat deposits, it is typically secondary to massive weight loss either by diet, lifestyle changes or a gastric bypass surgery, all of which have lead to marked weight loss. Unfortunately, after such weight loss, this skin does not shrink or go away, and leaves the patient with an excessive amount of loose skin that is impossible to manage. As such, excisional

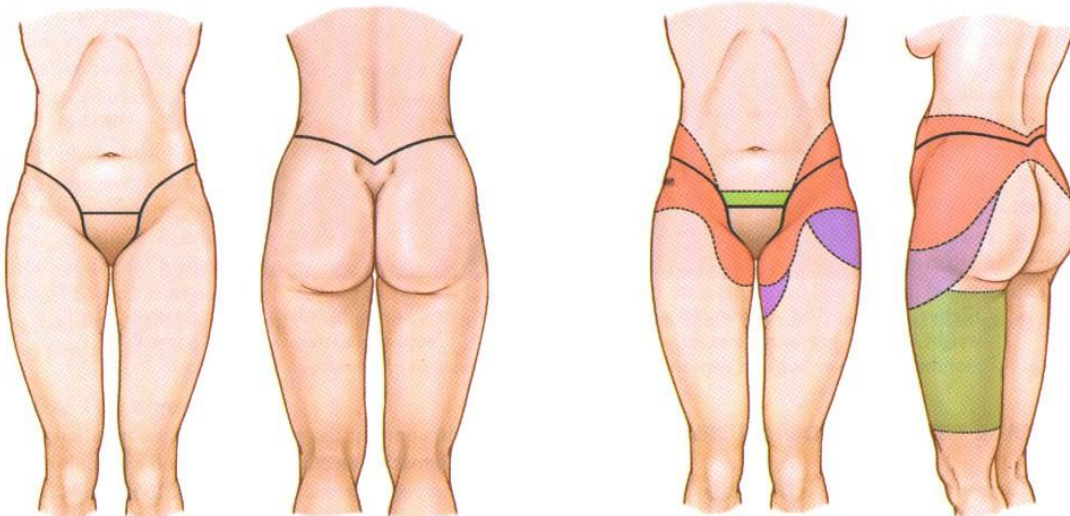


body lifting techniques have been developed. Patients who are candidates for lower body lifting will undergo either one or all of the following operations in stages.

Abdominoplasty will address most of the anterior trunk and to some degree the anterior and medial thighs. Lifts of the lateral thigh, transverse flank and buttock lift all of the lower body and lateral posterior trunk area. They help tighten a droopy buttock. Finally, there is the true medial thigh lift or inner thigh lift, which addresses the inner aspect of the thigh.

Classic body lifting techniques do not adequately address skin laxity of the lower body or buttock ptosis. In fact, some of these procedures have been going on for quite some time. Pitanguy originally designed the thigh and buttock lift back in 1964. Since then, many modifications and improvements have been developed. Most recently, Ted Lockwood developed the concept of lower body lifting with the transverse flank, thigh, buttock lift, high lateral tension abdominoplasty and medial thigh lift. His focus is the concept of aesthetic restoration surgery, in which the entire lower body is restored to its youthful state as best possible.

As mentioned, there are many facets to a Lockwood lower body lift, and occasionally they can all be done simultaneously in very select individuals. More often than not, however, it requires a staged approach to optimize the ultimate aesthetic result. In most patients, a tummy tuck will be performed first as a stage one procedure. Once this has healed (4-6 months), the patient will be taken back to surgery for stage two, in which a transverse flank, thigh and buttock lift will be performed. About 9-12 months after the stage two procedure, a third stage excisional medial thigh lift can then be undertaken to complete the procedure. On the other hand, in select individuals, the approach can be broken down into two stages, in which the stage one procedure will combine a tummy tuck with a transverse flank, thigh and buttock lift. Nine to twelve months after this, the individual is taken back for stage two, in which an excisional medial thigh lift is undertaken. Finally, in a very small number of select individuals, the entire procedure can be done simultaneously, that is a tummy tuck will be combined with a transverse flank, thigh and buttock lift and an excisional medial thigh lift. Again, the appropriate approach to each patient is determined at the time of consultation and is based upon the patient's physical health, medical condition, needs, presentation and understanding of the procedure.



At the time of consultation, a thorough evaluation will be undertaken in which the patient's goals, motivations and expectations are thoroughly examined. This, in addition to the patient's medical condition, will also be evaluated. The patient's past medical history will be evaluated including his/her allergies to medications, past surgical history, medical history, ongoing medical problems as well as any allergies to medications. Also, we will evaluate the patient's dieting history as well as how the patient arrived at the present condition, and whether or not their weight has been stable.

Body lifting surgery is a major operation and lifestyle change. It is important that the patient not only be at a stable weight at the time of surgery, but be developing a lifestyle which will lend itself to not only a safe outcome in surgery, but a consistent and healthy pattern of dieting and physical exercise that will maintain the result. This will involve both short-term and long-term goal planning. Occasionally, it will require further loss of weight. The patient can enroll in the pre-surgical weight loss clinic at Dr. Crofts' office as an option. The important concept is that this is a life-changing event and surgery alone is not to be the end result. Rather, it is a combination of surgery, healthy dieting practices and consistent physical activity throughout the rest of that individual's life that will be undertaken to obtain and maintain an optimal aesthetic outcome for life that is individually acceptable.

Lower body lifting is a combination of procedures that can yield stunning results. However, it is emphasized that it is a major procedure. In fact, some stages can last as long as six to nine hours in the operating room, depending upon the extent of skin laxity, fat and so forth. The procedure requires a careful preoperative workup and a very specific post-operative follow-up. The patient, at the time of surgery, will be taken into a room preoperatively and be marked for the lower body lifting procedure. This may take up to 40 minutes to complete. It is the preoperative markings that are so essential to obtaining a symmetrical and beautiful aesthetic outcome, although it is impossible to get perfect symmetry. Once the surgery has begun, the patient will be placed from side to side as each portion of the procedure is completed. Patients will be placed in a supine position with the hips flexed and knees maintained at about shoulder width.

Typically, the patient is kept at bed rest for 1-2 days, and oftentimes will be kept in the surgery's housing facility for one, two or more days depending upon their condition. It is oftentimes necessary that nurse be with them for the first two to five days postoperatively. At some point, the patient will be placed in compression garments. The drains that were placed will be retained at anywhere from 10-21 days or longer depending upon the amount of drainage output that occurs. Ambulation or postoperative walking is begun at about one day after surgery. It is done three to four times a day.

Initially, clear liquids will be given for a diet. Once these are well tolerated, the patient will be advanced to a regular diet. Protein consumption will be emphasized along with lots of fluids. Two to three weeks postoperatively, the patient can occasionally get back to sedentary-type work activities. However, not until two months postoperatively, will the patient be permitted to resume normal activities. At that point, the patient will be permitted to gradually increase activity so that at about three months postoperatively, he/she is back to full, vigorous activity and exercise.

The potential complications and risks associated with these procedures are scarring, asymmetry, contour irregularities, infection, bleeding, hematoma, seroma, flap necrosis (death of part of the flap), pulmonary embolus (blood clots of the veins that travel to the lungs), areas of anesthesia or loss of sensation, vascular compromise, lymphatic injury with swelling of the legs, wound infection and breakdown (also known as wound dehiscence). Major complications such as blood clots with pulmonary compromise, wound infection or major necrotizing infections and death are rare. It should be noted that if complications do occur, then they will be treated accordingly. They may even require re-operation and/or admission to a hospital. This may not be covered by insurance. Blood products may be required during and after surgery.

Available body lifting procedures are designed to address a number of significant skin laxity and fat bulging problems. The operations are major operations and require careful preoperative planning and execution. Still, they can deliver very gratifying results barring any complication. Fortunately, the risk of complication is low and if each area is carefully adhered to, the potential for an optimal aesthetic outcome is excellent.

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