

Plastic Surgery

The Three Types of Abdominoplasties

by J. Timothy Katzen, MD, FACS

Dr. Katzen reviews three types of abdomen reduction/abdominoplasty procedures after weight loss.

J. Timothy Katzen, MD, FACS is a Board-Certified plastic surgeon who has devoted his entire practice to reconstructive plastic surgery after weight loss. He has a multi-disciplinary team to address the many issues concerning weight loss. Please visit www.BodyByKatzen.com or call 1.888.KATZEN.0 for a consultation.

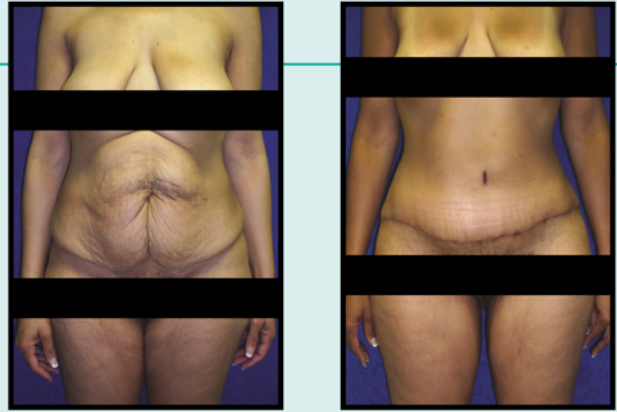


Figure 1: The horizontal abdominoplasty eliminates horizontal skin and fat

Typically, after significant weight loss, there is loss of fat throughout the body. By losing underlying fat, the stretch on the enveloping skin is dramatically reduced resulting in skin shrinking. However, the skin can only recoil so much resulting in excess skin folds. These skin folds can be numerous, and if left unchecked, can harbor bacteria that result in considerable skin infections and malodor. After weight loss, these rolls of excess skin and fat are evident particularly in the abdomen. However, after weight loss, there are three different ways the abdomen can carry these excess skin folds and fat. After weight loss, the abdomen can hold fat and excess skin in an isolated area from hip to hip, and from the top of the pubic region to the belly button. I call this “horizontal excess” because the excess is a football-shaped area parallel to the floor or horizon. Another way the abdomen holds remaining skin and fat is in an isolated football-shaped area in the upper abdomen from the middle of the breasts to the belly button. I call this “vertical excess” because the excess is a football-shaped area perpendicular to the floor or vertical. The third way the abdomen can hold residual skin and fat is a combination of horizontal excess and vertical excess. When these areas are combined, an upside-down or inverted “T” develops. Since there are three different types of abdomens after weight loss, you and your plastic surgeon need to determine which abdomen you have and individualize which abdominoplasty would be best.

Horizontal Abdominoplasty

For patients seeking reduction of an abdomen with horizontal excess, I believe the best treatment is a horizontal abdominoplasty. The horizontal abdominoplasty is the most commonly performed abdominoplasty. Typically, an incision is placed at the top of the pubic hair line and below pre-existing scars, like C-section scars. Tissue dissection is carried to the rib cage to loosen skin and expose the rectus abdominis muscle or six-pack muscle. I tighten the six-pack muscle with permanent suture on everyone.



Figure 2: The vertical abdominoplasty eliminates vertical skin and fat

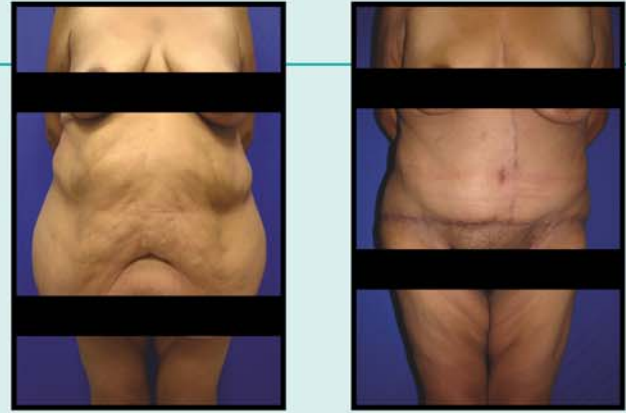


Figure 3: The inverted "T" abdominoplasty eliminates both horizontal and vertical skin and fat

I believe this provides the foundation of a flat abdomen for years. This exposure also allows me to repair any hernias, replace mesh, and even hide lap-band port sites. Then, the excess abdominal skin and fat is pulled down, removed, and the edges are closed in multiple layers with sutures. I always create a belly button. The importance of the belly button is three fold: 1.) the belly button provides a visual clue as to where the abdomen starts and where it stops; 2.) the anchoring of the belly button further flattens the abdomen; 3.) the absence of a belly button gives the abdomen an "operated" look. Typically, the horizontal abdominoplasty eliminates the excess skin and fat from hip to hip, and from the top of the pubic hair line to above the belly button. This form of abdominoplasty can often remove C-section scars, laparoscopic port scars, appendectomy scars, and even stretch marks. The result is a flat abdomen and a horizontal scar that usually can be hidden under the belt line.

With weight gain and subsequent weight loss, the pubic region falls underneath the body. For male and female patients with pubic region drop, I recommend the horizontal abdominoplasty because this form of abdominoplasty elevates the pubic region. For patients with pubic region drop and accumulation of residual pubic fat, I recommend the vertical abdominoplasty.

Vertical Abdominoplasty

The vertical abdominoplasty is suited for patients with skin and fat excess localized in the central abdomen. The incision extends from the bottom of the sternum (between the breasts) to the pubic region. As with the horizontal abdominoplasty, the rectus is tightened and a belly button is created. Unlike the horizontal abdominoplasty, however, the vertical abdominoplasty eliminates skin and fat in a vertical fashion. Unlike the horizontal abdominoplasty, however, the vertical abdominoplasty accentuates the waistline more by pulling the six-pack muscle and skin tightly around the belly button. Because of blood supply, the vertical abdominoplasty is ideal for patients who have a large scar from

their gallbladder removal. In addition, the vertical abdominoplasty is an excellent choice for patients who have previously undergone a horizontal abdominoplasty, and still possess excess skin and fat in the upper abdomen. In addition, if a patient requires removal of excess skin and fat from the pubic region, the vertical abdominoplasty incision can be extended very low into the pubic region. Thus, the vertical abdominoplasty can provide both a pubic reduction and lift. The vertical abdominoplasty results in a flat abdomen, flat pubic region, and defined waistline.

Inverted "T" Abdominoplasty

The inverted "T" abdominoplasty is a combination of the horizontal and the vertical abdominoplasty. The incision is made from hip to hip in a horizontal fashion, and from sternum to pubic region in a vertical fashion. The result is the excision of two large football shaped areas of skin and fat. Like the horizontal and vertical abdominoplasty, the six-pack muscle is tightened, hernias can be fixed, and a belly button is created. Because two areas are being resected, the inverted "T" abdominoplasty usually results in the greatest amount of tissue being removed. Thus, the inverted "T" abdominoplasty results in a flat abdomen with a significant amount of weight reduction.

By carefully examining and analyzing the post-weight loss abdomen, one can determine which abdominoplasty is required. Each of the three abdominoplasties addresses different areas of the abdomen. To obtain optimal results, abdominoplasty incisions need to be individualized. ■