Expanded Role and Usefulness of the Mini-Abdominoplasty

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Introduction

Over the past decade, many technical improvements have been reported that have improved our ability to correct cosmetic deformities of the abdomen. The lipoabdominoplasty, first described by Saldana, has greatly impacted such results, particularly in patients with supra-umbilical lipodystrophy and diastasis of the rectus sheath. Nonetheless, all of these traditional abdominoplasties require a periumbilical incision. These advances have caused many surgeons to question the validity of less invasive operations frequently referred to as a "mini-abdominoplasty." In our experience, a specific population of patients with limited excesses infra-umbilical skin, regardless of the extent of diastasis, will benefit from a more limited approach and less inherent abdominal scarring. We present an algorithmic approach for patients with this deformity.

Material and Methods

A retrospective review was performed of all patients who underwent excisional abdominal wall contouring procedures by a single surgeon (JDF) over the last 11 years. Patients were assessed for degree of skin excess, fascial diastasis, truncal lipodystrophy, abdominal wall hernia and desire to avoid periumbilical scaring. A mini-abdominoplasty was offered to patients with limited infra-umbilical skin excess, regardless of fascial diastasis. In patients with excess soft tissue limited to the infra-umbilical abdomen, a traditional mini-abdominoplasty was performed. Patients with supra-umbilical diastasis were treated with limited skin excision, umbilical release and fascial plication. Patients with a high riding umbilicus and a small degree of upper abdominal skin excess received umbilical repositioning. Liposuction was performed in areas of associated lipodystrophy.

Results

During this period, 264 patients were treated with all forms of abdominoplasty. Sixty-three patients (24%) underwent a mini-abdominoplasty, while the remaining patients had an abdominoplasty that utilized a periumbilical incision. In the mini-abdominoplasty group, 36 procedures (57%) were infraumbilical alone and 27 (43%) were extended procedures. The majority of patients had concomitant liposuction with the mini-abdominoplasty. There was no incidence of hematoma, skin loss and or umbilical necrosis. Aesthetic results were uniformly good; however one patient had persistent supra-umbilical diastasis and disproportion. One patient required reoperation for a recurrent seroma.

Conclusion

While the majority of patients seeking improvement in their abdominal contour remain candidates for traditional abdominoplasty procedures, these limited procedures can provide excellent results in these specific patient populations.

Legends

1) Pre-operative patient with excess lower abdominal skin and diastasis.
2) Post-operative photo after mini-abdominoplasty.