

## Our Clinical Approaches to Different Types of Secondary Abdominal Contour Deformities after Body Contouring Surgeries

*Hasan Alim, MD; Sadri O. Sozer, MD*

**Disclosure/Financial Support:** None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.

**INTRODUCTION:** Since the first description of an abdominoplasty was published more than a century ago, many surgical techniques in abdominoplasty have been developed. Abdominal contour surgery has also gained popularity with that development. Today, abdominoplasty is one of the most common aesthetic surgical procedures in the world. And the growing number of surgical operations performed in improper hands has brought in increasing complication rates and dissatisfied patients. In our practice we encountered many different types of deformities from skin irregularities to skin necrosis and from scar visibility to high-riding scar. Our surgical approach to each problem was in a different way. Our problem solving types extended minor scar revisions to redoing the abdominoplasty or to reconstruction of the abdominal area with using tissue expanders. In this study, we'd like to share with you our experiences and approaches to different variety of seconder abdominal deformities after liposuction and body contouring surgeries.

**PATIENTS AND METHODS:** Between 2007 and 2015, 800 body contouring procedures were performed in our clinic and 96 of them were secondary abdominal contour deformities. The types of deformities that require secondary surgery have been identified in 7 main groups as in table.

Types of Deformities
Excessive liposuction
High riding scar
Insufficient removal of excess skin and fat
Deformity of umbilicus
Scar visibility
Overall dissatisfaction with the look
Skin necrosis

**RESULTS:** In our series, 96 patients underwent secondary abdominal contour correction surgeries between 2007 and 2015. The encountered deformities have been classified in 7 main sections. According the deformities in each group, different surgical techniques have been planed and performed. Surgical scale has varied from a simple scar revision up to the reconstructive procedures with the tissue expanders (Figs. 1 through 6). Any skin necrosis according the low blood circulation have been observed after the procedures. The incidence of seroma formation was determined higher than the primary cases.

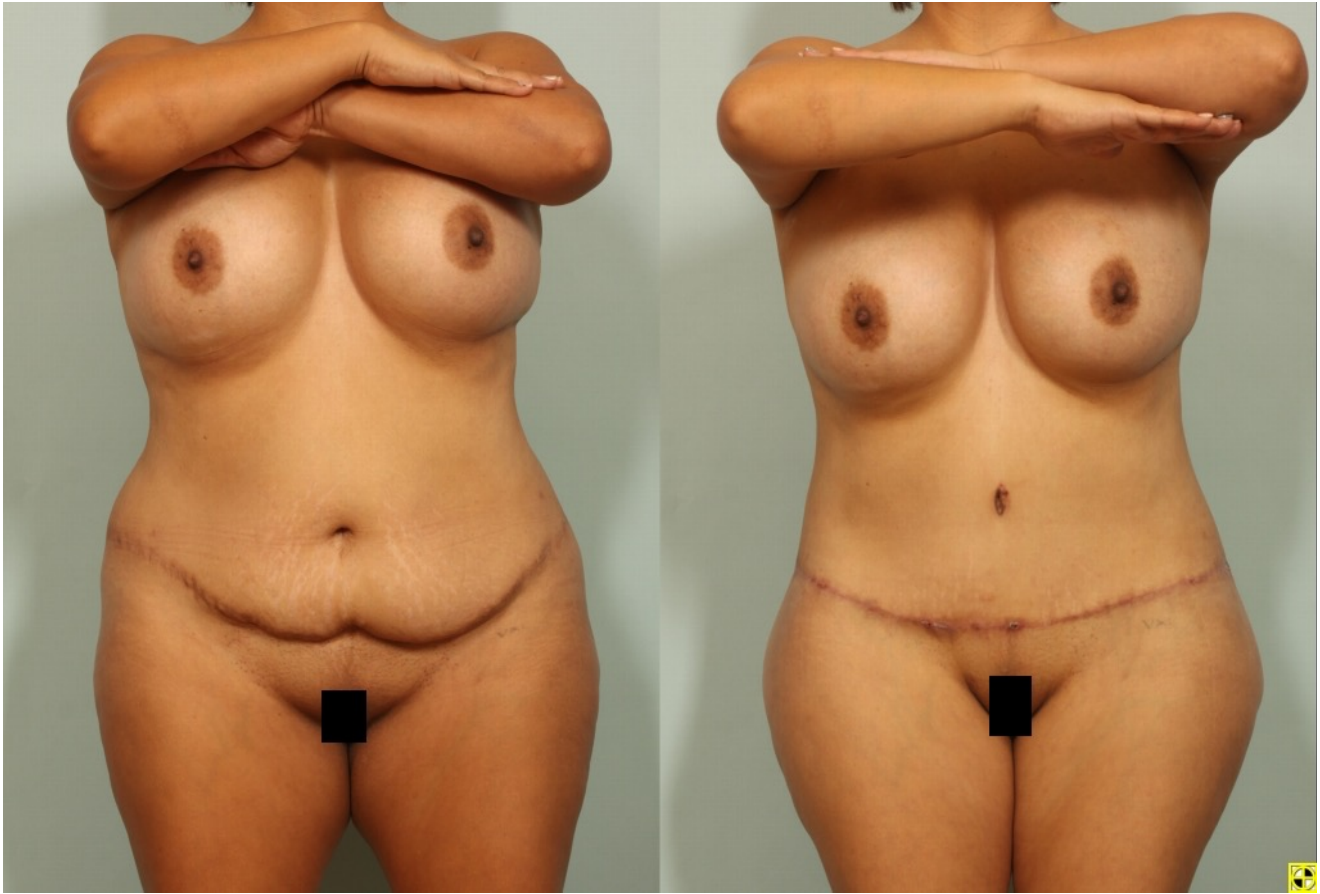
**CONCLUSION:** Secondary abdominal body contouring deformities can present themselves in varies ways. It is important to have great deal experience with secondary abdominoplasty to repair these deformities. But significant amount of improvement can be achieved if right surgical planing is done and different approach as use for every different type of deformity.



**Fig. 1.** The patient with skin irregularities after excessive liposuction (left). Usually, there is a significant thickening of Scarpa's fascia. The fascia needs to be divided in multiple places to stretch the abdominal tissue. Performing abdominoplasty is a realistic option to repair this kind of deformities. Same patient's abdominal view after abdominoplasty (right).



**Fig. 2.** The patient with high riding scar deformity after abdominoplasty (left) and same patient's front view after the correction with secondary abdominoplasty (right).



**Fig. 3.** A view of insufficient removal of excess skin and fat after the primer abdominoplasty (left) and same patient's view after secondary abdominoplasty (right). In such patients, we usually perform circumferential lipoplasty including the detached abdominal flap and regular supraumbilical tunnel elevation in triangular fashion.

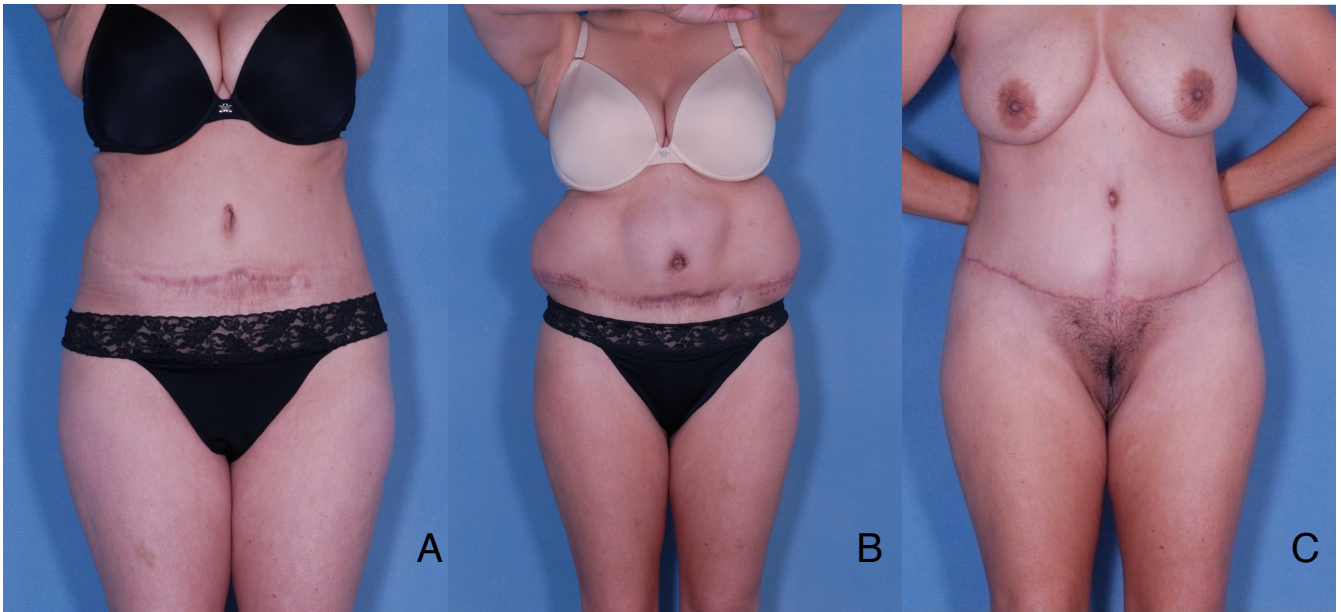




**Fig. 4.** A view of patient's umbilical deformity after the abdominoplasty (left) and same patient's view after the correction of umbilical deformity with skin graft technique (right).



**Fig. 5.** An unsatisfied patient's oblique view after the abdominoplasty (left). If there is no harmony between aesthetic units of the abdomen after the abdominoplasty, the results are always disappointing for the patients. Fuller hips and thinner waist are desired by the women. Based on this idea, we try to take care of all the problems, which concern all the aesthetic units of abdomen, to get better results. Same patient's view after secondary abdominoplasty combined with circumferential liposuction and buttock augmentation with autologous flank tissue (right).



**Fig. 6.** (A) The view of abdominal scar after the skin necrosis following abdominoplasty. Some patients have extensive scarring and minimal amount of skin to work with. Obviously, we have only one shot to repair this defect. (B) Reconstruction of the abdominal area with using tissue expanders on the same patient. (C) And her last view after the reconstruction.