TULUA
Abdominoplasty

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Nothing to disclose
Objective of the study

Describe a modified lipoabdominoplasty technique:

- Modifications
- Results
- Complications
## Materials and methods: 100 patients 2005-2017

### CONVENTIONAL ABDOMINOPLASTY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>TULUA MODIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical plication</td>
<td>Transverse (plication)</td>
</tr>
<tr>
<td>Tunnel or wide dissection</td>
<td>Undermining halted at umbilicus (No detachment)</td>
</tr>
<tr>
<td>Without liposuction or limited (danger zones)</td>
<td>Liposuction (without restrictions)</td>
</tr>
<tr>
<td>Umbilicoplasty by stump exteriorization</td>
<td>Umbilicoplasty with a skin graft</td>
</tr>
<tr>
<td>Abdominoplasty Random scar location</td>
<td>Abdominoplasty low scar localization</td>
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Transverse plicature

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- 30 by 12 cm umbilicus to pubis
- Polipropilene 0
- 2 layers
- Flexed surgical table

- Wider than vertical
- Diminish dead space
- Less tension wound closure
No undermining

- No flap detachment
- Dissection stops at umbilicus level

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- Mesh dissection (cannula)
- Preserves perforators
Flap liposuction (without restrictions)

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- Tumescent
- Superficial and deep planes
- Suction of the flap
- No restrictions

- Flap thinning
- Flap molding
- Flap sliding down
- Improves contour


**Neo-umbilicoplasty**

- Transverse (plicature)
- Undermining halted at umbilicus (No detachment)
- Liposuction (without restrictions)
- Umbilicoplasty with a skin graft
- Abdominoplasty 
  - low scar localization

- Stalk amputation
- Ring closure
- Neo-umbilicus
- Inverted U
- Skin graft

- Good position
- Proportionality
- Aesthetic result
**Low scar placement**

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- 5-6 cm from vulvar commissure
- Proportionality
- Aesthetic result
- Less tension
- Better scar
# Clinical outcome scoring of 100 TULUA abdominoplasty patients

<table>
<thead>
<tr>
<th>Score indices</th>
<th>0 Excellent</th>
<th>1 Good</th>
<th>2 Fair</th>
<th>3 Revision required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epigastric bulging (wall)</td>
<td>93</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epigastric redundancy (skin)</td>
<td>90</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hypogastrium/ Veneris (H/V) Ratio</td>
<td>48</td>
<td>-</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>Umbilical shape</td>
<td>98</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Transverse scar position</td>
<td>52</td>
<td>40</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Aesthetic appearance global</td>
<td>61</td>
<td>37</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Excellent (0 points), 48 cases; Good (1-5 points), 50 cases; Fair (6-9 points), 2 cases; Poor (10 or more points), 0 cases.
Results: Primary case

TULUA in as a combined procedure
Results: secondary case

TULUA in a patient with previous abdominoplasty, skin and umbilical necrosis.

*Note extent of the new resection, no supraumbilical detachment and low scar placement.*
Results: Hernia repair

Results: Male abdominoplasty

COMPLICATIONS

- No flap necrosis
- No fatal cases
- No deep vein thrombosis
- No Pulmonary embolism
- 14 umbilical skin graft loss
  (evolution to good umbilicus)
- 8 seromas (syringe drained)
Conclusions: TULUA
FULL liposuction with vascular safety

- Can be indicated in ALMOST every abdominoplasty.
- Widens indications to more difficult cases.
- Advantages
  - flap vascularity
  - scar positioning
  - umbilicus placement.
  - less seromas
  - aesthetic results

TULUA in a patient with umbilical hernia
A name to the procedure

- Transverse plication (Hypogastrium)
- Umbilicoplasty (Skin graft)
- Liposuction, Full (Epigastrium, flanks...)
- Undermining (No up to the umbilicus)
- Abdominoplasty

Tuluá - Colombia