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- Adheres to a strict code of ethics.
- Fulfills continuing medical education requirements, including standards and innovations in patient safety.

LSPRAS Member Surgeons are your partners in cosmetic and reconstructive plastic surgery.

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الجمعية اللبنانية لجراحة التجميل والترميم هي الممثل الوحيد للاختصاص في لبنان. مهمة الجمعية هو المحافظة على مستوى الأعضاء العلمي والمهني والأخلاقي. جميع أعضاء الجمعية هم مجازون من قبل وزارة الصحة العامة ونقابة الأطباء في لبنان لزاوله كافة الأعمال الطبية والجراحية المتعلقة بجراحة التجميل والترميم.

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BODY CONTOURING SURGERY AFTER OBESITY SURGERY AND MASSIVE WEIGHT LOSS

The importance of an unsatisfactory body image in causing psychological distress in obese patients cannot be overstressed. This psychological distress encompasses lack of self-esteem, depression, and tendency to avoid social and sexual relationships. Body contouring following a significant weight loss can re-establish a good psychosocial functioning because of the perception of improved body image.

Obesity at a Glance

Obesity means having excess body fat. For adults 35 and older, having a Body Mass Index (BMI) greater than 30 is considered obese. Obesity is not just a cosmetic consideration. It is a chronic medical disease that can lead to diabetes, high blood pressure, heart disease, gallstones, and other chronic illnesses.

Obesity is difficult to treat and has a high relapse rate. Greater than 95% of those who lose weight regain the weight within five years. Even though medications and diets can help, the treatment of obesity cannot be a short-term «fix» but has to be a life-long commitment to proper diet habits, increased physical activity, and regular exercise. The goal of treatment should be to achieve and maintain a «healthier weight», not necessarily an ideal weight.

Even a modest weight loss of 5% to 10% of initial weight and the long-term maintenance of that weight loss can bring significant health benefits by lowering blood pressure and lowering the risks of diabetes and heart disease. Chances of long-term successful weight loss are enhanced if the doctor works with a team of professionals including dietitians, psychologists, and exercise professionals.

Maintaining your ideal body weight is a balancing act between food consumption and calories needed by the body for energy. You are what you eat. The kinds and amounts of food you eat affect your ability to maintain your ideal weight and to lose weight.

Obesity Surgery BARIATRIC SURGERY

Gastric Band
The laparoscopic adjustable gastric band (LAGB) is a highly effective and increasingly popular surgical treatment for weight problems.

The Gastric Balloon
It is a balloon that is inserted into the stomach and inflated, thus reducing stomach capacity and the amount of food a person can comfortably eat.

Gastric Bypass
Gastric bypass weight loss surgery combines both restriction and malabsorption to induce and sustain long-term weight loss. Gastric bypass is a more involved operation than gastric banding and involves dividing both the stomach and the bowel.

Biliopancreatic Diversion/Duodenal Switch
Biliopancreatic Diversion (BPD) and Duodenal Switch (DS) – often just referred to as BPD/DS – is the most effective surgical intervention available for the treatment of obesity. It is also the most technically demanding

and should only be performed by highly experienced surgeons. The decision to have a surgical procedure is obviously important and you need to consider the available options very carefully before you make any commitment to go ahead. Every person's history is unique so it is not possible to be precise regarding which procedure is most suited to your needs until all factors have been considered as well as a careful physical assessment.

Bariatric surgery is one of the fastest growing subspecialties in medicine. However, a patient often loses so much weight that the damaged, stretched-out skin becomes loose and hangs off the body. This redundant skin poses many problems for the patient, including continued poor self-esteem, inability to fit into clothes, interference with daily activities, and hygiene issues. Without surgical intervention, this skin will never «shrink into» the new body after obesity surgery.



THE FINAL ACT IN RESTORING BODY IMAGE AFTER SUBSTANTIAL WEIGHT LOSS IS AESTHETIC RECONSTRUCTIVE SURGERY.

Body Contouring is the name given to a range of surgical procedures which are designed to remove those unwanted areas of fat and unsightly folds of skin. The removal of these will improve the appearance of your body so that it appears as a 'regular' shape.

Excess fat and skin can be found on the stomach, thighs, buttocks, neck, face, upper arms, back etc. The breasts, abdomen, thighs, and buttocks are often the areas of greatest concern to patients following massive weight loss. The typical appearance of the patient who has lost a massive amount of weight derives from a combination of factors, including a gender-dependent body morphology and a change in body mass index (BMI), which leads to skin and soft tissue excess and poor skin tone.

The body contour stigmata of massive weight loss for men and women are the consequence of the skin and soft tissues failing to retract completely following weight loss. The excess skin and soft tissues descend inferomedially from the characteristic areas of fat deposition. The fat deposits of the axilla and flank produce rolls

along the upper and midback and flank. The hip fat deposit produces a roll just below the top of the iliac crest in men and often onto the proximal lateral thigh in women. The collapse of redundant tissues from the lower abdomen, mons pubis, and buttocks as well as the redundant tissues from the fat deposits of the medial thigh itself contribute directly to the excess tissues along the medial thighs. The descent of redundant tissues from the fat deposits circumferentially along the thighs in women creates the potential for skin folds throughout the thighs, resulting in both a **vertical and horizontal** tissue excess. Along with issues of skin and soft tissue excess, the patient who has undergone bariatric surgery tends to have deficiencies in skin tone. Obese individuals usually have been overweight since childhood and nearly always since adolescence. The average age for bariatric procedures is 37

years. In the years before gastric reduction procedures, obese individuals have typically gained and lost weight numerous times in attempts to lose weight through dieting or behavioral modification. The prolonged period of skin under tension and the frequent history of «yo-yo» dieting lead to poor skin elasticity following massive weight loss.

The ideal body contouring procedure for the patient who has lost a massive amount of weight should effectively address all or as much of the characteristic stigmata in a safe, efficient, and consistent manner. The goal of all of these procedures is to reverse or derotate the inferomedial collapse of the skin and soft tissues of the body.

Body Contouring Procedures:

- Abdominoplasty/Apronectomy (Tummy Tuck)
- Circumferential Bodylift (Abdominoplasty + Backlift)
- Mastopexy/Breastlift with or without implants
- Breast augmentation
- Gynecomastia/male breast reduction
- Thigh lift
- Arm lift
- Face lift
- Blepharoplasty (upper and lower eyelid)
- Liposuction

The most common postbariatric body contouring surgery is a tummy tuck or abdominoplasty. The majority of patients undergo what's called a circumferential abdominoplasty. This technique involves removing excess skin from around the entire waistline, hips, thighs and buttocks. The second most common procedure is Breast Lift or Breast Reduction surgery



Patient selection

Proper patient selection is critical for maximizing the likelihood of a good outcome and minimizing complications following a body lift. Patients should be at a stable weight for several months and ideally at their lowest weight following gastric bypass surgery, this may range from 1 to 2 years, depending on prebariatric weight. For example, following gastric bypass, a 200-kg man will take longer to stabilize in weight than will an 100

kg woman. Weight loss following gastric bypass surgery and other restrictive and malabsorptive procedures, such as biliopancreatic bypass, tends to be rapid during the first 8 to 12 postoperative months. Weight loss following purely restrictive bariatric procedures, such as vertical-banded gastroplasty and gastric banding, tends to be less and slower, with weight loss achieved over periods of as long as 3 years. The disadvantage of performing body contouring procedures on patients with ongoing weight loss is the potential for early recurrence of tissue laxity. We avoid performing body lifts on individuals with a BMI of greater than 35 kg/m². Traction from the waistline in this population often has only a minimal effect on skin excess and cellulite along the lower buttocks and distal thighs. This heavier group of patients who have undergone bariatric surgeries typically has a large pannus present along the lower abdomen extending to the hips and tapering over the buttocks. Difficulty with activities, severe intertriginous dermatitis, and back discomfort usually are their biggest complaints.

followed by Brachioplasty and Thigh Lift. The least common plastic surgery procedure performed as a result of massive weight loss is a facelift. Circumferential procedures allow for the appropriate amount of tissue to be excised from the areas being addressed. Attempts to manage the patient who has undergone bariatric surgery with abdominoplasty (tummy tuck) and liposuction alone are likely to result in an unsatisfactory outcome. Likewise, extending an abdominoplasty to be circumferential without thigh and buttock elevation and lift usually produces less than optimal results. Many plastic surgeons have been reluctant to apply skin-tightening procedures to deformities of the thigh and buttock region because of poor scars, un-reliable scar location, high complication rates, and the magnitude and difficulty of these procedures. Plastic surgeons are tackling postbariatric body contouring with renewed enthusiasm and interest. They are approaching the abdomen, thighs, and buttocks as a unit, realizing that each of these areas of the body had to be treated effectively to produce the best overall outcome.

SEQUENCE AND COMBINATIONS OF PROCEDURES

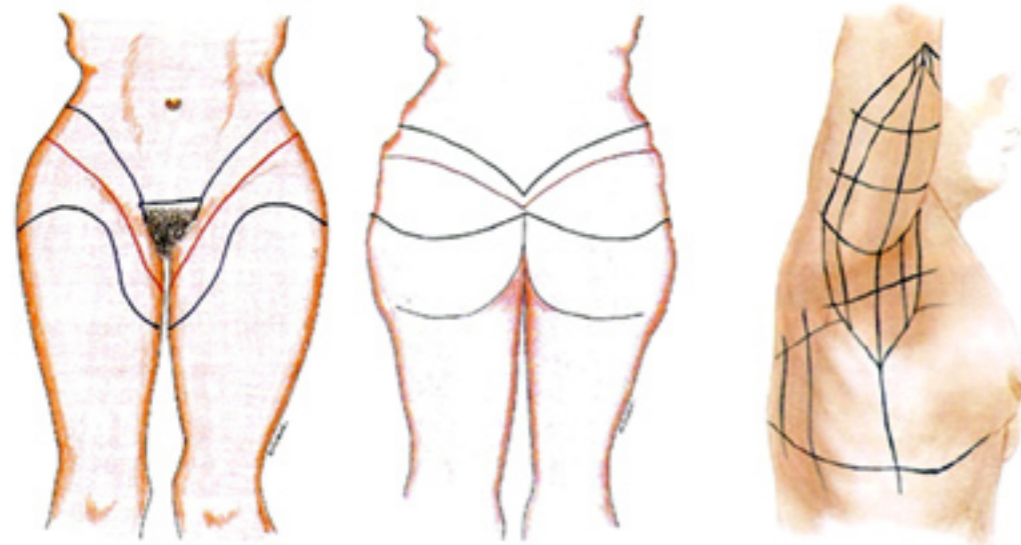
Individuals who have lost massive amounts of weight often are candidates for, and are eager to have, multiple procedures.

Initially, younger patients tend to present with more concerns about their torso and breasts, whereas older patients often have issue with their face and arms. The medial thighs and flanks can be of primary concern for both groups. Our preference regarding the torso is to perform a body lift first, as a single procedure.

The body lift may eliminate the need for a formal medial thigh lift in many patients, particularly those younger than 35 years of age and who have had a BMI change of less than 20 to 25 kg/m² before the body lift. The body lift often can

have a significant effect on the upper body (i.e., breasts, flanks, and back). In men, it may eliminate the need for upper body-contouring surgery or reduce the magnitude of the procedure required.

In women, although the body lift can impact the back and flanks positively, it also can cause significant downward migration of the inframammary fold. Following a body lift, we commonly perform other body-contouring procedures, including combination brachioplasty and mammoplasty, thighplasty alone, or thighplasty with brachio-plasty, and sometimes an upper body tightening may be performed; in certain individuals we perform a combination of these procedures.



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