

## Endoscopic Abdominoplasty: A Short Update 3 Years after Its First Description

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We are writing to discuss the advancements and clarify the terminology introduced in our article “Endoscopic Lipoabdominoplasty,”<sup>1</sup> published in *PRSGlobal Open* in 2021. This technique has encouraged innovation among plastic and general surgeons across Latin America and beyond and marked a pivotal shift in our approach to abdominal contouring.

In 2015, Argentinean general surgeons described a minimally invasive way to treat diastasis repair,<sup>2</sup> which has since spurred the technique’s development and led to its name changing to preaponeurotic endoscopic repair (REPA)<sup>3</sup> and subcutaneous onlay laparoscopic approach (SCOLA),<sup>4</sup> with minimal technical differences. These articles inspired us to address an unresolved problem with the technique by adding a plastic surgeon’s perspective and considering the abdomen’s aesthetic. We thought of describing an endoscopic lipoabdominoplasty to understand these unresolved issues better and advance the knowledge of plastic surgeons who can use the laparoscope. Three years postpublication, the extent of endoscopic lipoabdominoplasty is as follows: 360 abdominal liposuction + correction of rectus diastasis + energy device use for fibro septal and sky quality has expanded, with the use of different liposuction devices and fibroseptal contraction devices.

That is why we want to write this letter:

1. REPA and SCOLA only address rectus diastasis or ventral hernia and use a supraaponeurotic mesh to repair the abdomen. Endoscopic lipoabdominoplasty addresses both fat and skin, with an overall better aesthetic result, at the same time repairing the abdomen without the need for the use of meshes, which in our opinion and experience, does not follow the abdominal wall in its function and aesthetics, working as a fibrosis layer.
2. Endoscopic lipoabdominoplasty is the global way of talking about the aesthetic repair of the abdominal wall, a technique that has brought laparoscopic

surgery in abdominoplasty back to plastic abdominal surgery. Following this, when a method is named and published, its author has no more ownership of its name; the world has it. With this, every surgeon makes small changes in the technique, with name changes in courses, local papers, and congresses. Currently, there is one name that is widely known:

MILA<sup>5</sup> is “lipoabdominoplastia mínimamente invasiva” (minimally invasive lipoabdominoplasty). The name MILA has become well known, particularly in Brazil where courses are taught with that name, and we feel honored to be associated with this. That is why we accept different names as a development of endoscopic lipoabdominoplasty, being the first and mother technique, and the rest as divergence of the method, and we encourage surgeons from around the world to write to me if they have used any other way to do it and what their results are.

With this, we encourage caution that it is necessary to have a critical analysis of the technologies that are used. For example, J-plasma devices used in surgery to contract the fibroseptal network, have no use in this kind of surgery, when via lipoaspiration and dissection, the very same place where it works, is cut. Although this last statement is not scientific proof, it is a logical way of thinking when you use and read about these devices in body contouring. This is important, when offering a solution to a patient so as not to misuse the technique, adding a bad reputation.

We urge our colleagues worldwide to embrace this new era of endoscopic abdominoplasty, mastering these techniques to achieve aesthetically pleasing, long-lasting results with the utmost safety and precision. Let us continue to innovate and enrich our field, focusing on expanding knowledge.

Thank you for considering our perspective on this critical matter. We look forward to furthering our collective understanding and practice in plastic surgery.

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Received for publication May 25, 2024; accepted August 27, 2024.

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*Plast Reconstr Surg Glob Open* 2024; 12:e6241; doi: [10.1097/GOX.0000000000006241](https://doi.org/10.1097/GOX.0000000000006241); Published online 11 October 2024.

Disclosure statements are at the end of this article, following the correspondence information.

**DISCLOSURE**

*The authors have no financial interest to declare in relation to the content of this article.*

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