OPEN

PRS GLOBAL OPEN VIDEO Cosmetic

# Mastopexy and Abdominal Skin Excision with Liposuction

Cyril S. Gary, MD, MHS*; Erica Chafin, BA†; Catherine Hannan, MD‡; Lauren Patrick, MD†

## INTRODUCTION

Body contouring procedures are performed to treat excess skin following weight loss and have been associated with increased quality of life and improved body image.[1] Mastopexy is indicated to treat breast ptosis and remains one of the most commonly performed plastic surgery operations in the United States.[2] A number of skin excision patterns including the circumareolar, vertical, L-shaped, short-scar periareolar, and Wise-pattern have been described, with technique selection dependent on the degree of breast ptosis and amount and location of skin excess.[3] Similar to a reduction mammoplasty, the nipple-areolar complex may be based on either a superomedial, medial, superior, inferior, lateral, or central pedicle.[3] To treat abdominal skin excess, interventions ranging from a conservative excision of skin and fat to a traditional or fleur-de-lis abdominoplasty with fascial plication and umbilical transposition may be utilized depending on the degree and location of excess skin and fat as well as the presence of rectus diastasis.[4] Finally, liposuction may be utilized with excisional treatment of abdominal skin excess to add improved contouring.[5] Here, we present the case of a young woman who desired treatment of breast ptosis and excess abdominal skin and fat following weight loss.

## CASE REPORT

A 19-year-old woman presented following approximately 50 pounds of weight loss with diet and exercise. She had been weight stable for over 1 year. She was noted to have bilateral grade II breast ptosis and a moderate amount of excess infraumbilical skin and fat with no hernias or rectus diastasis. She was deemed to be an excellent candidate for bilateral wise-pattern mastopexy with a superomedial pedicle and an excision of excess infraumbilical skin and fat, with additional liposuction of her axilla, abdomen, and flanks. Consent for the use of video and photograph images was obtained from the patient.

### Markings

The patient was marked in a standing position (**Video**). (**See Video [online]**, which demonstrates operative technique for bilateral mastopexy, abdominal skin and fat resection, and liposuction.) The sternal notch to nipple distance was 22 cm. The inferior border of the areola to inframammary fold (IMF) distance was 6 cm, and the width of the pedicle at its base was 8 cm.

### Surgical Technique

The details of the operation are shown in the **Video**. Tumescent solution (1 L in total) was infiltrated before completion of the mastopexy, followed by liposuction, and finally, by abdominal skin and fat resection.

## DISCUSSION

A Wise-pattern skin excision was chosen for the mastopexy, given the significant amount of vertical excess skin as well as ptosis. A more conservative skin resection pattern (eg, vertical) may have obviated the need for an IMF scar. A limited abdominal skin excision rather than an abdominoplasty with umbilical transposition was chosen to minimize dissection and potential complications (ie, umbilical necrosis, seroma from extensive undermining, etc). An abdominoplasty with umbilical transposition may have allowed for improved final umbilical positioning.

## CONCLUSIONS

The patient was noted to be healing well at her 3 week postoperative visit and was very satisfied with her aesthetic outcome. Mastopexy may be safely performed in combination with abdominal skin resection and liposuction for such patients, avoiding a traditional abdominoplasty in young populations.

*Lauren Patrick, MD*
Department of Plastic Surgery
Georgetown University School of Medicine
Veterans Affairs Hospital
Washington DC
E-mail: laurenmariehill@gmail.com

*From the *MedStar Georgetown University Hospital, Department of Plastic Surgery, Washington, D.C.; †West End Plastic Surgery, Washington, D.C.; and ‡Veterans Affairs Medical Center, Department of Plastic Surgery, Washington, D.C.*

*Received for publication February 6, 2022; accepted April 1, 2022.*

*Copyright © 2022 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.*

*Plast Reconstr Surg Glob Open 2022;10:e4343; doi: 10.1097/GOX.0000000000004343; Published online 20 May 2022.*

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

Related Digital Media are available in the full-text version of the article on www.PRSGlobalOpen.com.

## REFERENCES


1. Song AY, Rubin JP, Thomas V, et al. Body image and quality of life in post massive weight loss body contouring patients. *Obesity (Silver Spring)*. 2006;14:1626–1636.
2. American Society of Plastic Surgeons. Plastic surgery statistics report. Available at https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf. 2020. Accessed January 6, 2022.
3. Wong C, Vucovich M, Rohrich R. Mastopexy and reduction mammoplasty pedicles and skin resection patterns. *Plast Reconstr Surg Glob Open*. 2014;2:e202.
4. Matarasso A, Matarasso DM, Matarasso EJ. Abdominoplasty: classic principles and technique. *Clin Plast Surg*. 2014;41:655–672.
5. Brauman D, Capocci J. Liposuction abdominoplasty: an advanced body contouring technique. *Plast Reconstr Surg*. 2009;124:1685–1695.