

# PREFACE

**B**ody contouring of the massive-weight-loss patient represents an exciting new surgical frontier in plastic surgery. This transformative surgery has a profound impact on the lives of the patients it touches. The appeal to plastic surgery sensibilities is only natural. These procedures represent the ultimate opportunity for body sculpting in these formerly obese patients, resurrecting normal body contours where previously only excess skin and tissue existed. The potential for impressive results is significant, as is the risk of major complications. What has become increasingly obvious in dealing with this patient population is that these individuals are not the same as most plastic surgery patients or even most body contour patients. They present with unique challenges and are often burdened with medical, psychological, and physiologic problems that add complexity to any surgical intervention.

Thus body contouring in massive-weight-loss patients is intrinsically different from traditional body contouring in normal-weight patients, necessitating a paradigm shift in our approach to these individuals. Although many of the basic surgical principles of plastic surgery and of body contouring apply, the procedures themselves are not similarly interchangeable. Significant accommodations must be made if these operations are to be performed safely, effectively, and aesthetically. Patient education is also crucial to ensure that patients understand the major nature of these procedures and potential sequelae.

My approach to massive-weight-loss patients has evolved over a number of years. In collaboration with Al Cram, my partner in practice, we have developed a series of operations uniquely suited to these patients. This did not come easily or quickly. Initially, our emphasis was on performing body contouring operations on these patients in a safe and effective manner. Once an appropriate comfort level had been attained with these procedures, attention was shifted to evaluating the results objectively and, as Ralph Millard recommended, without an interfering ego. It quickly became apparent to us that it was essential to have realistic, well-defined goals for each procedure as well as a clear idea of what the normal non-massive-weight-loss body contour should be—the “ideal normal.” The next step was accurately diagnosing the cause of these deformities in massive-weight-loss patients; for example, how the zones of adherence affect the final contour and weight loss.

Equipped with this knowledge and an accurate diagnosis of the deformities, we adjusted and enhanced the techniques of belt lipectomy as well as other procedures on the lower trunk, upper arms, thorax, and thighs to meet the special needs of this patient population.

Patient input has been a driving force in the refinement of these techniques. Post-operatively patients would point out problems, such as mons pubis contour, that may have gone unnoticed without their prodding. The mons pubis is almost always ptotic in these patients, and if not addressed specifically, it will remain so after surgery. Traditional abdominoplasty techniques for normal-weight patients are not designed to reduce or eliminate this ptosis, because it usually does not exist. Thus, guided by our patients, these procedures have been adapted and adjusted to fully address the problems that patients had pointed out.

Ordinarily the literature is replete with information about almost any plastic surgery procedure one seeks to research. This was not the case with procedures for massive-weight-loss patients. Furthermore, because of the relative newness of this patient population to the plastic surgery practice, there were few plastic surgeons who had long-term experience with such patients. In the trial and error process of developing and revising these procedures, there was a paucity of literature or surgical expertise to draw from. Although voluminous information was available on body contouring, the intrinsic difference between contouring in normal-weight patients and massive-weight-loss patients was largely ignored. However, an understanding of this difference is key to developing successful surgical strategies for these individuals. Massive-weight-loss patients require a unique approach, including patient selection issues that must be factored into the planning process.

Although I have been fortunate to publish papers, teach courses, participate in national forums, and have colleagues observe first hand the techniques that my partner and I have developed, I realize that the amount of information conveyed in these venues is limited. A comprehensive source is needed. Thus this book has evolved out of a recognized need for more information on the topic. My goal is to provide plastic surgeons with a framework for approaching the massive-weight-loss patient and to draw from the expertise of other surgeons who are actively involved in this area. The book is designed to help the plastic surgeon understand the intrinsic differences between massive-weight-loss and normal-weight patients and to develop strategies for effectively and safely addressing their different needs. I have been assisted in this task by a group of experts who are also actively involved in this field. I am particularly gratified to have a chapter by the late Ted Lockwood, whose contributions to body contouring surgery have had a major impact on our specialty. All of these contributors have added depth and insight to this project.

The primary focus of the book is on the massive-weight-loss patient and the procedures that are uniquely appropriate for these patients. The book is divided into two parts. The first provides a background on obesity, its prevalence, ramifications, and possible treatments. It includes a chapter on bariatric surgery to help the plastic surgeon understand the various weight-loss operations and how they affect patient presentation. Because this patient population can be somewhat daunting to evaluate, I have also included a chapter dedicated to patient presentation to provide a framework for developing a logical approach to these patients. Plastic surgeons performing this surgery need to be aware of the variable presentations of the massive-weight-loss patients, to understand why this variability exists, and to be knowledgeable about the best options for treating these deformities. The second part of the book focuses on the different contouring operations that are specific to the massive-weight-loss patient. It includes detailed descriptions of these procedures with attention to the surgical nuances that facilitate a successful and safe outcome. This section of the book familiarizes the reader with what can be accomplished in the varying regions of the body. Two DVDs are also included with the book to enhance the learning experience; they include operative video on two of the major procedures discussed: upper body lift and belt lipectomy.

This book is written for plastic surgeons at all levels of experience, from young residents to experienced body contour surgeons. It is an outgrowth of my enthusiasm for this specialty area and the potential it holds for dramatically altering the lives of our patients. My goal is to add to the body of knowledge that is developing and to provide a vehicle for future growth and creativity.

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