

BODY CONTOURING SURGERY **AFTER MASSIVE WEIGHT LOSS**

The purpose of this information sheet is to provide you with additional written information about body contouring surgery procedures that Dr. Lundquist performs on patients after massive (usually more than 100#) weight loss. Many of these patients have had a weight loss surgery. Some have lost the weight through diet and exercise programs. This sheet, alone, cannot answer all your questions, but, in combination with a consultation, should help you gather all the information that you need to make an informed decision about your personal situation. If you still have questions, be sure to write them down and ask Dr. Lundquist or one of his staff.

BACKGROUND

Patients who suffer with obesity are at risk for many medical complications. Through proper nutrition and adequate exercise many patients can achieve a more normal weight, but there are also many who have been unable to lose weight despite all their efforts. For some of these patients gastric bypass and other weight loss surgeries have been developed, and these surgeries are now much more common than several years ago. The first procedures were done over 30 years ago. Recently, advances such as laparoscopy have created a booming industry for this kind of treatment. The vast majority of weight loss patients are now much healthier than they were before. Weight loss surgery is not the topic of this paper. We can make recommendations if you need more information about this.

Unfortunately, the loss of over 100 pounds, which is typical after weight loss surgery, causes its own problems. Skin that has been gradually stretched with the heavy weight gain usually does not shrink back when the weight is lost. Stretch marks in the skin indicate the severity of the damage. The skin may respond somewhat better if the weight is lost more gradually with diet and exercise, but the usual rapid weight loss after the surgery is known to be quite damaging. This loose skin hangs and droops. It can be difficult to keep the folds of skin clean and fresh. The skin can be quite irritated with rashes and superficial infections. Boils and cysts can develop. The loose skin can be pinched and injured. It can be difficult to use arms or legs when the excess is so great. Despite the very beneficial weight loss, patients are often not as happy as they would like to be. This is where plastic surgery can help.

BODY-CONTOURING SURGERY

As a group, massive weight loss patients present a fairly typical picture. Skin at the face, neck, and eyes is loose and drooping. Skin and fatty tissues at the upper arms hang down like bat wings and flop and wave as the arm moves. Clothes can be difficult to fit. In both men and women, but especially women, the breast, chest, and even back areas can be sagging, drooping, and unattractive. The biggest problem is usually at the abdomen. Despite the weight loss there can still be lots of extra fatty tissue in certain areas. The excess skin can droop and hang down severely. The excess skin and fat can even go all the way around the

trunk and cause problems at the low back and buttock region. The skin and fat at the thighs and legs can be particularly concerning, too. All this weight loss (which is good!) and yet a somewhat unhappy end product (which is bad!) What can be done?

The number one option is certainly that nothing needs to be done. Each patient must decide for him or herself if any surgery will be helpful for their personal situation. Simplistically, you need to weigh the risks of a procedure against the expected benefits to decide if you would like to go ahead with any particular procedure. And, Dr. Lundquist along with many plastic surgeons feels it is very good advice to choose only those procedures that will have the highest benefits for you. Patients are bothered to different degrees by different problems. Only the patient really knows what bothers him or her the most. That's what probably should be addressed first. "Prioritize," is a good approach.

We will describe and discuss the various procedures available below, but another important item to discuss is the timing of these procedures. When should you consider body-contouring surgery? Again, the answer may be different for individual patients, but, in general, we certainly only want to do these surgeries when the patient is healthy. These are all elective operations. This most often means that the weight loss is fully completed, that the patient is at or near "goal weight," and that the weight loss has been stable for 6 months or more. We don't want to do surgery, and then see your weight go up or down significantly. That may ruin any good results you have achieved. The expected results of these body-contouring procedures are also very dependant on where you start. You are all familiar with the Body Mass Index (BMI) number. The very best results after body-contouring surgery usually are found in patients with a BMI under 30. Results in patients with BMIs from 30-35 are often more moderate. Results when the BMI is over 35 are often quite disappointing. The results here might be quite good enough for a given patient, but they aren't usually as dramatic as one would like. It is important for the patient to understand this.

Another common question that comes up as patients are considering any of these procedures is how many or how often can these various surgeries be combined into one session. There isn't a simple, single answer to this excellent question. Dr. Lundquist will discuss this with you during your consultation. The advantages of combining surgeries is that anesthesia and recovery times can be combined into just one session instead of multiple sessions. There can be a small cost savings when procedures are combined. Your "problems" can be fixed quicker, rather than having to address them over a longer period of time. These are all good things. The bad news is that it is not always safe or simple to combine certain surgeries into one session. Length of time under anesthesia is longer if you do 2 or 3 things instead of just one. You may have too much post-operative pain or problems when more than one part of your body has been operated on. Some procedures can't be combined since you can't pull one area north, and another area south at the same time. Again, Dr. Lundquist will discuss all of this with you.

Here are brief descriptions of the various procedures that can be considered:

FACELIFT

Traditional facelift surgery has been performed for almost a hundred years to address the problems of loose skin and fat tissues at the face and neck. Actually, the neck area is the one

that patients usually complain about despite the fact that the surgery is called a *face* lift! In most patients the skin of the face and neck droops and sags as aging occurs. In the massive weight loss patient, this natural process can be accelerated. The theory of surgery is to make incisions that are mostly hidden in the hair-bearing areas around the ears, to undermine (lift) the skin over the cheeks and neck, pull it backwards and upwards, remove the now excess skin, and allow everything to heal in its new position. Deep tissues under the skin are also tightened when needed to give a better, perhaps more lasting result. In some cases, liposuction or direct removal of excess fat tissue can also give a better result.

This surgery is most often done on an out-patient basis and takes about 3 hours. Patients are asleep or heavily sedated. Drains might be used. A head wrap dressing is in place for several days. Stitches are removed over the first 2 weeks. Hair, hats, scarves, and sunglasses help to cover some of the expected swelling and bruising that gradually subsides over the first few weeks into months for individual patients. Patients can return to light duty jobs after 2 weeks, typically, but make-up might be needed to hide all the signs of surgery even at that point. Heavy physical activities can resume after 4 to 6 weeks, typically.

Advantages include removal of the loose tissues and a more normal, “fresh” or “rested” appearance. Risks include the scars, asymmetry, bleeding, infection, nerve injury, and others. Dr. Lundquist will certainly discuss this with you further if you are interested.

BLEPHAROPLASTY (EYELID TUCK)

Similar to sagging skin and excess fat at the face and neck, some patients have more concerns about just the eyelid region. Again, this can be most common with natural aging, but it can be accelerated in massive weight loss patients. The techniques to correct this problem are similar to any area where there is loose skin. Incisions are made, the loose skin is released, pulled tight, and the excess cut off. In the eye region this can be done for the upper lids, the lower lids, or both. Scars are generally well hidden in the folds of the upper lid or just below the lashes in the lower lid.

Eyelid surgery is almost always done as an out-patient under sedation anesthesia. There usually aren't any bandages other than skin tapes on the ends of the stitches. Eyes get swollen and black-and-blue. This usually lasts for 7 to 14 days. Sunglasses cover a lot! Stitches are taken out during the first week, make-up can be used after the first week, but physical activities must be limited for at least several weeks to get the best results.

Benefits are straightforward. Things look better. In the upper eyelid, though, there can be improvement in vision when looking upwards. If upward vision is blocked before surgery and can be documented, insurance companies sometimes help to pay for that particular procedure. Risks include the anesthesia, the scars which usually heal very well, asymmetry, bleeding, infection, and loss of vision – a very serious but extremely rare, but reported complication. Dr. Lundquist has never seen this complication.

BRACHIOPLASTY (ARM LIFT)

Many patients are most bothered by sagging skin and fat at the upper arms. They can't or don't wear short sleeved or sleeveless clothing. Unfortunately, no amount of exercise can really give much improvement. Surgery is about the only way to improve this situation. The surgery is straightforward. The excess skin and fat is cut away. The major problem is the required, unavoidable scar. The scar usually runs along the bottom of the upper arm from elbow up to the armpit. In some cases it goes below the elbow and/or beyond the armpit.

This surgery is usually done as an out-patient under general anesthesia. The surgery takes several hours. Arms are wrapped in bandages afterwards and need to be kept elevated as much as possible to reduce the risks from swelling. Drains are sometimes used. Stitches usually dissolve, but this area is notorious for slow healing of the scars.

The benefits are usually obvious. Surgery is often the only way to remove this excess skin and fat tissue. Unfortunately, there are risks. The scar can be quite visible, and it sometimes isn't very good because of the nature of the skin under the arm. Bleeding, infection, and numbness can occur. Often there is asymmetry before surgery, and there might be more or less after surgery.

BREAST, CHEST, UPPER BACK EXCISION (MASTOPEXY)

Problems with excess skin and fat at the breasts, chest, and/or back can be quite variable. The simplest situation is drooping in the breast in a female that can be corrected with a breast lift, or mastopexy. This is fairly straightforward and common with or without massive weight loss. In some patients there still remains a lot of excess weight in the breast and an actual breast reduction can be done. Problems come more commonly at the side of the chest, in the armpits, and extending around to the back. This can occur in men or women. There are no standard operations for this. Usually, you have to cut the excess skin and fat out directly with a scar running right over the problem area. Dr. Lundquist can discuss these individual approaches with you.

This kind of surgery can be done as an out-patient but will almost always require general anesthesia. Depending of the extent of the surgery, drains may be used. Bandages can be large and bulky. Activities must be restricted until scars have healed well enough. This can be 4-6 weeks.

The benefit is to improve the appearance and contours of the breast, chest, and/or back. Sometimes removing the excess tissue allows more unrestricted activity. In general, risks include the scar, bleeding, infection, the anesthesia, and all of the possible problems related to cutting out large areas of tissue. Things can be uneven. There may be numbness that lasts a long time and might even be permanent.

PANNICULECTOMY ("Tummy Tuck")

The abdominal area is, by far, the area that bothers the most patients after massive weight loss. The loose folds of skin and fat are particularly bothersome. Many patients have real

problems with rashes, infections, pain, immobility, etc. with the excess skin and fat of this panniculus. Many patients also have considerable excess that extends all around the body. And much of this abdominal excess spills over to the outside and/or inside of the thighs. Good nutrition with a stable, normal weight is great. You can and should exercise to get your muscles in good shape. But, unfortunately, you can't diet or exercise off this excess skin. The only solution is panniculectomy, or surgical removal. There is some confusion of terminology here. "Tummy tuck" is sometimes used to describe this operation, but abdominal surgery like this after massive weight loss is definitely NOT a tummy tuck, as the word is usually used. Another confusing term is abdominoplasty. There are definite differences between doctors when it comes to what they call the surgery and what is actually done. You need to know the details of what is being described. In general, Dr. Lundquist removes the excess abdominal skin from hip-to-hip, tightens the underlying muscle layer when needed, and replaces the umbilicus ("belly button") during the panniculectomy. Some doctors charge extra for the muscle and umbilical work.

It is also true that there are several "extensions" that can be made above and beyond the normal panniculectomy. In some patients a vertical excision of tissue can be done as well as the hip-to-hip cut, leaving an upside-down "T" shaped scar. This can help to tighten up the waist. In other patients it becomes almost necessary, or at least quite helpful, to continue the hip-to-hip scar all the way around the entire abdomen and back as a "circumferential" or "belt-line" lipectomy. These procedures are in addition to the standard panniculectomy and carry additional costs in most cases.

This surgery has been done as an out-patient procedure in many cases, but many other patients stay in the hospital at least over night. Drains are always required, and the abdomen is wrapped with a removable binder for several weeks. Recovery to normal activity takes at least 4 to 6 weeks in most patients. The results can be spectacular when the skin is really loose before the surgery. In other cases the folds and creases of the excess tissue will at least be lessened.

The benefit is the removal of this excess tissue. As mentioned, the folds and creases will be eliminated. The excess skin and fat won't be hanging and pulling. Underlying loose muscles can be tightened. The risks include the large scar that is left behind, bleeding, infection, numbness, the anesthesia, etc. The bigger the removal, the higher the rate of complications. It can be difficult to make everything even and straight when there is a lot of excess tissue, and revisions are common after this operation.

THIGH LIFT(S)

Patients, most often women, complain a lot about excess skin and fat at the thighs even after the massive weight loss. This can be on the inside of the thigh, the outside, or both. It is a very difficult area to correct. The problem is that gravity and genetics make these tissues hard to reduce without a high risk of complication. Incisions in the groin are notoriously poor healing. The excess skin and fat may be much more than just on the inside or outside of the thigh. The whole thigh might be large.

We usually try to make incisions high on either the inside or outside of the leg, lift and loosen the skin below, pull it, and remove the excess. Again, this is working directly against

gravity, and gravity has a way of winning in the long run. The more the skin is actually loose and sagging, the better we do. If the tissue is thicker, results are much more moderate. The most aggressive way to thin the thigh is to cut down the inside of the leg to the knee, similar to the brachioplasty approach used in the upper arm. This allows more aggressive removal of tissue, but leaves that scar behind.

Thigh lift surgery can be done as an out-patient under general anesthesia. Either the inside is done at one time or the outside. Both inside and outside cannot be done safely at one time in most patients. Drains are sometimes used. Bandages are in place for a week or more. Recovery time is often 4 to 6 weeks.

The benefit is the reduction of size of the thigh, but patients need to be very realistic about what can and what can't be achieved. Again, loose skin can be more easily tightened than thick, heavy skin and fat. Risks are high. The scars can be quite a problem. Bleeding, infection, numbness, anesthesia, and the other usual complications can be even more bothersome. Dr. Lundquist can talk to you about your individual situation.

LIPOSUCTION

Liposuction, or suction lipectomy, is a very good procedure in very specific situations. It is not good for everything. A basic fact is that liposuction removes fat from underneath the skin. It does nothing to tighten that skin directly. The skin must be able to shrink and tighten on its own to give a good result. Therefore, in massive weight loss patients, who almost by definition have too much skin, skin that is damaged (i.e. stretch marks), and skin that has lost its elasticity, you might expect poor results from liposuction alone. And that is the reality.

Most often the loose skin must be removed through the surgeries that have been described above. In some cases liposuction can be used in addition to the removal surgery, but it can also be dangerous to do too much at one time. It is often safer to plan a skin and fat removal at the first surgery, and liposuction later, if needed, as an additional procedure.

Liposuction has the advantage of very small scars, just big enough to insert the cannula or suction tip. Fat is removed by passing the cannula back and forth through the fat. All the fat is NOT removed. That would kill the overlying skin. Instead, tunnels of fat are taken out, and the area collapses as the skin shrinks. This leaves the blood vessels and nerves more intact and lessens complications. It only removes localized areas of fat. It is impossible to remove general accumulations of fat. Liposuction is definitely NOT a method of weight loss. Even in very large procedures the total amount of fat that can be removed safely is less than a few pounds. Talk to Dr. Lundquist about any questions that you have about liposuction.

INSURANCE & PAYMENT QUESTIONS

Insurance is a complicated subject in any setting, but it seems to be particularly confusing in this area of body-contouring surgery. It probably need not be, but that is because the insurance companies seem to be covering less and less of this surgery. No one agrees with this pattern, but it seems to be the fact. The insurers even seem to be cutting back on the gastric bypass or other weight loss surgeries that they cover.

From our perspective, it seems reasonable that insurance companies SHOULD cover the costs for these procedures when they are being done for medical reasons. If they are done ONLY for appearance concerns, then we can agree that they are truly cosmetic surgery and should not be covered. Unfortunately, it gets real confusing.

Most, if not all, insurance companies have “criteria” that they use to determine whether something is “medically necessary.” They will pay for most things that are “medically necessary.” The problem comes when trying to prove that these criteria have been met in each specific case. Many insurance companies are now requiring that non-surgical treatments be tried first before surgery is indicated. This must all be documented. They won’t take your word for it. They won’t take Dr. Lundquist’s word for it.

The usual things that make something “medically necessary” in the area of body-contouring surgery include skin rashes, boils, infections, sores, etc. that don’t respond to medical therapy. Hygiene may be difficult because of the folds of skin and deep creases. The skin might be getting pinched or otherwise injured. Mobility may be severely impaired. Activities of daily living may be very difficult or impossible to perform. These are all mentioned. As stated, these conditions must also be documented, often by the primary care doctor. And any attempts at treatment should also be documented. The problem remains that despite doing all of this, insurance companies still refuse to cover these procedures in many cases.

The patient has 3 options. He or she can continue to try and document the problems and the failed attempts at non-surgical treatment. He or she can appeal and protest as much as possible with any given company. Sometimes the squeaky wheel gets the grease! Or, he or she can pay for the surgery, accepting that it is cosmetic surgery. As a cosmetic procedure, costs are set, but payable in advance. In general, you pay for the facility, for anesthesia, for the surgeon, and for any incidentals like surgical garments, prescriptions, etc. Dr. Lundquist attempts to keep his surgical fees very competitive with other plastic surgeons. He or the office staff will be happy to discuss these costs with you. You can also check out the Cosmetic Payment Policy sheet on this website for additional information.

SUMMARY

We hope this information is helpful to you as you consider body-contouring surgery after massive weight loss. It is a broad topic, and individual patients have very different individual questions and concerns. Dr. Lundquist prefers to address each patient in that same individual manner. Massive weight loss, whether through surgery or diet and exercise, can be of significant value to patients as far as their general health is concerned, and is to be applauded. Once patients have gone through this whole process, however, they often find that they aren’t as satisfied overall as they would like to be. The expected, and really unavoidable, excesses of skin and fat in many areas of the body can be quite troublesome. Surgeries are available to help correct many of these problems, but they must be undertaken only after careful thought and planning.

One of Dr. Lundquist’s major concerns is that patients must have an honest and realistic expectation of what can be achieved. He doesn’t want to promise what can’t be delivered. These surgeries have a high rate of complication above and beyond that which is seen in “normal” populations. Not that patients having massive weight loss are “abnormal,” but, in a

nice way, they are different. Your skin is BAD, sorry to say. It doesn't shrink like it should. If the surgery is done "tight," and aggressively, trying to achieve the maximum result, the complications and other problems are significant. If surgery is perhaps less aggressive, safer, and more conservative, then the results will be less, and you may definitely need or want "touch-ups," revisions, or re-do's at some future time. We all want satisfied patients. Dr. Lundquist feels that one of the best ways to achieve that is to have the patient well informed. Please ask questions if you have them.

There is a lot of information available to patients. Be a little careful in trying to understand and compare it. You must try to compare "apples to apples," as they say, and this can be very difficult to do with body-contouring procedures. Patients are really quite different, one to the next. Surgical techniques are changing rapidly as different things are tried and then found to be lacking in good outcomes. Using the same technique in one patient and then the next can give wildly varying results. It is an area of evolution, for sure.