

REAL LIVES, REAL PEOPLE, REAL SOLUTIONS

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THE ROSE PROCEDURE

New incisionless surgery offers a second chance

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THE EXTENDED INNER THIGH LIFT

Insights from Dr.
Bernard Shuster

PREVENTING WEIGHT REGAIN AFTER WLS

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The Extended Inner **THIGH LIFT**

The inner thighs are cosmetically an area of much dissatisfaction for many weight loss surgery patients. The skin in this area is often thinner than other places and has less elasticity. Subsequently, as people lose weight, it frequently becomes lax, sags more and shows more wrinkles. While for many people this may be mild, for others it can be their main area of cosmetic concern. It is not unusual for people who have achieved their target weight to explain that the appearance of their thighs keeps them from wearing shorts or swim suits.



These pictures are of a 50 year old woman who lost 140 pounds following a laparoscopic RNY. The picture on the left shows lax skin with wrinkling along the front and inner thigh extending to the knees. The picture on the right show her results following a Lower Body Lift and 10 months after an extended inner thigh lift.

Many procedures have been described over the years for improving the contour of the thighs. However, in the past, these procedures have not gained much traction with either surgeons or patients. This has changed over the past few years. As more people have had success with weight loss from bariatric surgery, more experience has been gained in the area of post-bariatric plastic surgery, and more effective procedures have been developed. In fact, thigh lifts have been one of the most rapidly growing procedures in plastic surgery. The American Society for Aesthetic Plastic Surgery reports that in 2007, 18,431 thigh lifts were performed compared to 2,895 ten years previously.

When present, the loose skin of the inner thighs covers a variable distance from the top of the leg and may extend down to the knee. In planning the surgery, it is important for both surgeon and patient to work together. Specifically, the patient's areas of concern need to be conveyed and their goals discussed. It is with these in mind that a surgeon can make recommendations and discuss the available options. When it comes to removing extra skin, the trade off is a scar. The length and location of the scars are important points that need to be covered in this conversation. It is only through such a thorough dialogue that a patient can learn what can be achieved and what to expect. Viewing before and after images can also be helpful during an initial consultation.

In the past, efforts were made to limit the inner thigh incision to the crease along the top of the thigh and under the buttocks. While this

approach was attractive in that it tried to keep the scar well concealed, it was of limited benefit. It had no effect on the front or middle of the thigh and only improved mild cases. Often the scar would migrate down onto the leg away from the crease. The method that has evolved addresses the problem of too much skin directly where the issue occurs and provides a much more thorough result for the weight loss patient.

The extended inner thigh lift tightens more than just skin. It also tightens and reinforces the deeper soft tissue called fascia. Just relying on skin may lead to a recurrence of the laxity and widening of the scar. A multilayered approach creates a stronger more durable correction. This leads to rejuvenation in the appearance of the thighs. The result is a circumferential, three dimensional improvement of the area. Removing just skin, or limiting the incision to the crease, cannot create this quality of result.

When performing an extended inner thigh lift, an irregularly shaped ellipse of tissue is removed from the crease at the top of the thigh, along its inner aspect, to just below the area of redundancy, usually the knee. As mentioned, the procedure does more than just remove extra skin. It also tightens the underlying soft tissue so the results are more durable and smoother. This surgery is performed in the hospital and the operation is usually three hours in duration. Patients will start walking the evening after surgery. They will typically spend one night in the hospital, going home the next morning.

Thigh lift surgery can be performed as a single procedure or in combination with other procedures. The advantage of doing the surgery by itself is that a patient will just have one area to focus on healing. While the advantage of combining surgeries is fewer trips to the operating room and fewer recovery periods, this needs to be approached with prudence. Operating on adjacent areas, such as the abdomen, can pull skin in opposing directions. Operating on distant areas such as the breast or arms at the same time can be cumbersome as well. A person will end up being sore in both their arms and legs at the same time. The latter is possible and often done, but one needs to consider this carefully and be sure to have good support for the recovery period.

As with any surgery, the key to a smooth recovery is planning well. Two drains are placed; one in either leg and the dressing consists of a compressive garment, usually a pair of Jobst support hose. While patients are encouraged to ambulate early after surgery, it is important to rest.

Depending upon their occupation, most people will take one week off of work. Exercise and more exceptional activities can be resumed three weeks after surgery.

Thigh lift surgery permanently reduces the loose skin so many people find objectionable after weight loss. The surgery does, of course, result in a scar along the inner aspect of the thigh and every effort is made to keep this as fine as possible. Our current methods offer many improvements and are helping more patients than ever before.



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