

POST-BARIATRIC SURGERY

Massive Weight Loss Patients

Will my insurance company pay for my surgery?

Massive weight loss patients often consult for treatment of multiple body areas. Some insurance companies will pay for surgery when there are significant rashes that cannot be treated successfully with conservative management or if the overhanging abdominal pannus affects personal hygiene. Proper documentation of these medical conditions is essential. Notes from your primary care doctor, dermatologist, or treating physician are helpful, and are submitted to your insurance company along with our office notes for pre-approval. You should check with your insurance company to find out their policy.

How much weight will I lose from the surgery?

It is difficult to determine exactly how much weight each given patient will lose after surgery. In general, the abdominal, back, and flank procedures remove significant amounts of tissue and produce the greatest weight loss. In general, patients lose between 10 pounds to as much as 30 pounds. Other body contour procedures that are not as extensive such as arm lifts or breast lifts will result in less weight loss.

Will you perform a total body lift during one operative day?

In general, total body lifts (i.e. performing breast work, arm work, thigh work, abdominal, hip, and buttock work) in the same surgical setting are not recommended. For instance, a circumferential abdominoplasty that treats the abdomen, hips, and buttock region often takes 4-6 hours. It also can result in significant blood loss. Performing additional procedures during one surgical setting will take too many hours, and will probably cause significant blood loss that would most likely require blood transfusions and require an extended hospitalization. That is not to say that I will not combine some procedures to be performed in the same setting. However, it is safer to stage these procedures over several months to allow for adequate recuperation. My goal is to perform an operation that will provide the patient with a satisfying result and a safe outcome.

Can I see photos? Can I talk to some of your patients that have had these procedures?

I think it is very important for patients to see representative photos of the procedures that they are interested in. Just as important, talking to patients that have already had the surgery is very helpful. The information obtained is invaluable to educate and inform the new patient.

CIRCUMFERENTIAL ABDOMINOPLASTY

Is an abdominoplasty (tummy tuck) enough?

Some massive weight loss patients can achieve a good contour from an abdominoplasty (tummy tuck) alone. This is more common in a younger patient with good skin elasticity and also in a patient that did not have to lose a lot of weight to begin. On the other hand, most patients will have laxity of the abdominal tissues that will extend to their flanks as well as their buttocks. A circumferential abdominoplasty improves the contour of all these regions.

After my weight loss I have noticed that I get rashes in my groin and flanks from the overhanging tissues. I have tried creams, powders, and other conservative measures but they do not get better. Will surgery that removes this overhanging tissue help?

This is a common complaint of many massive weight loss patients. Even though they lose a lot of weight, the tissues tend to sag more. As a result, the overhanging tissue tends to chafe more and rashes can develop. Removing the overhanging chafing tissues can significantly improve this problem.

I have an abdominal hernia will this affect the result of my circumferential abdominoplasty?

Hernias are common in massive weight loss patients who have undergone gastric bypass or lap banding procedures. Often, the hernia repair can be treated at the same time as an abdominoplasty or circumferential abdominoplasty. Repairing the hernia is important so that contour deformities can be improved, and complications of hernias can be avoided such as bowel obstruction (blockage). The exposure obtained while performing an abdominoplasty or circumferential abdominoplasty makes it easier for the bariatric surgeon to repair the hernia. But, fixing the hernia takes priority and sometimes the hernia repair limits the ability to tighten the abdominal musculature as well as one would like.

BREAST SURGERY

I don't like the way my breasts look now. What can you do for me?

After massive weight loss, the breasts change shape and breast surgery requests in these patients vary. Some patients maintain very large breasts and may benefit from a breast reduction. Others may notice that their breasts sag and do not want a reduction in volume. These patients can benefit from a breast lift (mastopexy). If the patient wants more volume, then they can have breast augmentation (implants) performed as well. Still, there are some patients that request breast augmentation and do not need a lift.

See also section on breast surgery in the general breast category.

GYNECOMASTIA

I am an adult male with large breasts will I need a lot of incisions to correct this problem?

The surgery is individualized for each patient. Some patients do very well with liposuction alone. Some patients require an additional excision of tissue underneath the nipple. The tissue may be more fibrous and as a result is not adequately removed by liposuction. This can be accomplished with a small incision along the border of the areola and chest skin and usually heals very well. Still there are other patients who have significant skin redundancy and need a reduction with some skin removal.

LOWER BODY LIFT

What is a lower body lift?

When a patient has excess skin and subcutaneous tissue of the thighs and buttocks, a lower body lift is performed to remove this excess tissue and improve the contour of the lateral thighs and buttocks. Although the patient may get some improvement of the lateral thighs as an added benefit from a circumferential abdominoplasty, the lateral thighs will be markedly improved with the lower body lift.

BRACHIOPLASTY (ARM LIFT)

Where will the incision be made for the arm lift?

The location of the incision for brachioplasty (arm lift) is most commonly placed along the inner aspect of the arm, extending from the axilla (arm pit) to the elbow, so that when short sleeves are worn and the arms are by your side the incisions won't be visible. Some surgeons place the incision along the posterior aspect of the arm, however the incision will be noticeable from behind.

BREAST LIFT

Why do my breasts sag?

As a patient grows older, the breasts begin to sag. They will sag more with large weight fluctuations. Similarly hormonal changes during pregnancy cause the breast to become engorged. After childbirth is complete, the breasts deflate. Like a balloon that is blown up to capacity, when the air slowly leaks out of the balloon and the skin of the balloon becomes weaker. This happens similarly with the breasts.

If I have a breast lift operation will I have a lot of scars?

It really depends upon what the breasts look like and what you want out of the surgery. If the patient wants more volume and the breasts do not sag too much, then a breast implant through a small incision may be all that is required to make the breasts look better. On the other hand, if the patient wants a lift and no increase in volume, then a limited incision breast lift technique can be employed. This includes vertical breast lift operations which limit the incisions to a lollipop appearance (a circle around the border of the areola and a vertical line from the lower border of the areola to the inframammary fold). Sometimes the incision can be limited to the area just around the areola.

What if I decide to have more children? Can I still have this surgery?

I usually instruct patients to delay having a breast lift until they have completed their child bearing. The breast will go through the same changes as they did with other pregnancies. The breasts may or may not stay "lifted," so it is probably best to wait.