

P08 ABDOMINOPLASTY BREAST AUGMENTATION

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A patient presented with an abdominal vertical railroad track scar revision of the scar, Abdominoplasty and Breast Augmentation. The Abdominoplasty flap was elevated safely above the rib cage to access the subpectoral space for Breast Augmentation. Endoscopic techniques were utilized for visualization and control of bleeding. The success of this first case led to other situations with compelling aesthetic body contour problems which were rectified by Abdominoplasty and Breast Augmentation without any breast incisions.

METHODS: Fifteen of 214 Breast Augmentations were performed without incisions on the breast. All patients had postpartum involution of breasts, nine with pseudoptosis and six with hypomastia. All fifteen had excess abdominal skin, diastasis rectus, ten had severe striae and two unsightly scars of the abdomen.

The low Abdominoplasty incision subpectoral breast dissection can be effected with blunt sounds and endoscopic visualization. Oval and round saline implants are used depending on the patients needs.

RESULTS: Profile measurements were improved 2.6 inches which may underscore the improved visual appearance in all cases. There were no hematomas, seromas, infections or thrombophlebitis. Abdominoplasty scars were visible in two of the patients with three months follow up.

CONCLUSION: This combined technique is an alternative for selected body contour patients. Net gain of 2.6 inches in breast diameter, net loss of 2/3 inches in waist and average of one inch loss in hip diameter.