



Obesity and Abdominoplasty: Risks, Benefits and Quality of Life

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Editorial

Bariatric surgery is developing significantly with the worldwide epidemic of obesity. Surgery seems to be the only therapy that occurs in long-term, consistent weight loss and co-morbidity decrease [1], but also involves unsightly dry and lax hair. Increasing numbers of patients are opting for body contouring surgery after bariatric procedures. While these interventions are correlated with an improvement in the quality of life and high patient safety, these possible gains are adversely affected by the fairly high complication rates.

The global increase of obesity reported by several current epidemiological studies shows a simultaneous rise in disorders sometimes referred to as 'metabolic syndrome' (insulin resistance, hypertension, and dyslipidemia) [2]. However fat cells play a role in controlling the inflammatory process as well as a known endocrine function. This last factor is related to several proteins adipose release, generally known as "adipokines". Plasma levels of Tumor Necrosis Factor-Alpha (TNF α) and Interleukin-6 (IL6) have been seen to increase in human obesity, resulting in hyper stimulation of the inborn immune system with a subsequent chronic inflammatory state; from the other hand, adiponectin is present at lower levels in obese patients, being one of the complex processes associated in the beginning of insulin resistance [3].

Abdominoplasty, also identified as a 'tummy tuck' procedure, is a form of plastic surgery used to tighten the abdomen and is described as an operation that removes excess skin and fat in the abdominal area; in addition, if one has recti diastases, it will be reconstructed [4]. This surgical procedure is typically searched after by women with loose tissues after pregnancy and childbirth, or individuals with severe weight loss seizures. Abdominoplasty is commonly done on men or women who are in relatively good condition but unhappy with a large fat deposit or loose abdominal skin that does not react to diet or exercise. The surgery is especially important for women who have extended their abdominal muscles and skin further than the point of returning to normalcy due to multiple pregnancies. The procedure can also help older people with loss of skin elasticity, usually with mild obesity. Patients who feel able to risk losing a significant amount of weight should temporarily suspend the surgery until the optimum weight is reached; anything else, it will reappear. Furthermore, for women who intend to have pregnancies in the immediate future, it is strongly recommended that they don't always perform the surgery when they intend to have no other children because rectal sheath diastases throughout surgery may break sometime during pregnancy. While abdominal dermolipectomy is a popular procedure, given the high associated risk, most plastic surgeons avoid doing it on morbidly obese patients. In addition to reducing their weight, such patients are often referred to bariatric surgeons or a nutritionist.

Abdominoplasty brings many serious and life-threatening risks. It is advised to equate the advantages with the possible risks and consequences when taking the decision to perform such a treatment. All patients must therefore be notified of all the risks to which they are exposed. However, in rare cases, serious complications involve blood clots, thrombosis, heart and pulmonary complications or infection [5,6].

Following abdominoplasty, infection and blood clots are a real potential threat, but rarely occurs. Antibiotics and drainage are typically treated for infection. It is suggested that patients continue moving outside after surgery as quickly as possible to reduce their chance of developing blood clots. Pulmonary embolism, stroke or heart attack are very rare health problems that can result from lack of mobility after surgery after any type of surgery, resulting in blood clots that can travel to the heart, lung, or brain. Therefore, pulmonary embolism is a significant risk after the operation of "tummy tuck" and if it happens, it usually occurs within three weeks of the surgery, but more frequently within the first 72 h after the intervention [7].

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If complications develop, the recovery process is generally delayed. In rare circumstances, to repair a probable risk factor, another surgery is required. Skin necrosis is one of the complications that can sometimes require a special procedure because a skin graft has to substitute the dead skin. Amid exceptionally rare necrosis, smokers are at elevated risk of skin necrosis [8]. Stopping the use of nicotine and smoking a few weeks before and a few weeks after surgery cleans the body and increases the possibility of an un-incidental recovery.

The collection of fluid under the skin after the drains have been removed is one of the most common problems after an abdominoplasty. Using a needle, a surgeon can suck the fluid. Within a month the runoff ceases and does not affect the final results. The abdominoplasty scars are long, large in appearance, and permanent. The scar size depends on the amount of skin damage, the methods used for surgery, the abilities of the surgeon, and the ability of the body to heal. Even though this scar will not become invisible, it is typically found under the line of the swimming costume to cover it with fabric. It usually lasts nine months to a year to straighten the bruises and lighten in color.

After an abdominoplasty, not only will patients get a stricter and skinnier stomach, they will also get many other noteworthy advantages:

- Weight loss - Recent studies has also shown that patients with a abdominoplasty will be more inclined to keep off from the weight.
- Better posture - The muscles of stomach play an enormous function in posture. It uses sutures to tighten the muscles of the stomach during an abdominoplasty procedure. This not only gives you a smoother stomach, it also helps with posture.
- No stretch marks - Another important advantage for an abdominoplasty is that it can often erase stretch marks because they are often part of the skin that is replaced.
- Incontinence - Occasionally women with vaginal deliveries can experience something labeled Stress Urinary Incontinence (SUI). Women suffering from SUI occasionally drain their bladder while sneezing, vomiting or even exercising.

As shown in a study published in Plastic and Reconstructive Surgery [...], the official medical journal of the American Society of Plastic Surgeons (ASPS), abdominoplasty has a high clinical outcomes and improved the quality of life in overweight/obese patients notwithstanding a significant risk of complications. Clear quality of life can be achieved by providing body contouring even in the face of obesity, with the warning that there is a high risk of small postoperative complications. For patients with overweight or obesity, abdominoplasty and other body contouring treatments

have traditionally been opposed; indicating doubts that elevated BMI can increase the risk of tissue regeneration problems and other complications [9].

Abdominoplasty in patients with overweight and obesity poses a challenge to the treating surgeon in the decision-making process. Patients are strongly recommended to lose weight before undertaking body contouring surgery due to their elevated risk of side effects. Also with weight loss, the extra skin and fat would not dissipate entirely and could still pose as an obstacle to natural function and activity. Although recognizing the potential health risks, patients with overweight and obesity are proposed abdominoplasty in an attempt to reduce the uneasiness and health consequences of excessive skin and fat and provide the power to start a weight loss cycle [10].

In conclusion, furthermore, even with this high complication rate, patient outcomes is largely high, attempting to make body contouring treatments in this percentage of patients an acceptable choice in patients adequately chosen.

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