



Take these special precautions with weight loss patients

A plastic surgery practice in Fredericksburg, VA, is seeing a steady increase in weight loss patients, and the group's three physicians say these patients can be a positive addition to any practice if you know how to manage their special concerns.

L. Thomas Albert, MD, Howard Heppe, MD, and Harold Bautista, MD, with Plastic Surgery Services of Fredericksburg, have helped a growing number of massive weight loss patients in recent years. **Lesi Beamon Mackey**, the group's practice administrator, says their experiences reflect national trends.

Bariatric and weight loss patients are currently about 10% of the practice's patients, but that number is on the rise. The group experienced the biggest jump in these patients between 2003-2004, Mackey says, but based on the first two months in 2006 the practice is expecting this to be another significant growth year for weight loss patients.

Not all of the weight loss patients had bariatric surgery; 15 patients have sought surgery after weight loss on their own.

The most frequent procedures performed on these patients by far are abdominoplasties, followed by breast augmentations and mastopexies. Other procedures performed include liposuction, arm lifts, thigh lifts, facelifts, and body lifts. The practice also performed a small number of breast reductions, browlifts, blepharoplasties, platysmaplasties, submental lipectomies, and gynecomastia procedures for this population. The majority of patients were female.

More resection than typical tummy tucks

Heppe says surgeons should know these patients require much more extensive resection than other patients seeking a tummy tuck for excessive abdominal skin. The procedure may

require vertical incisions, sometimes known as a fleur-de-lis, or incisions on the flanks to combine with the arm resections.

"What is required to get a good result can be much more than you're used to performing," he says. "It takes a good preoperative analysis. Otherwise you go in thinking you'll just do a little more than a tummy tuck and your patient ends up dissatisfied with the results."

Patients also can have a fold of skin overhanging on the upper abdomen as well as the lower abdomen, another situation not commonly seen on other panniculectomy patients, Heppe cautions. The vertical incisions can address that upper flap, he says.

Bautista also cautions that you should screen for electrolyte abnormalities and nutritional deficiencies, especially if the patient lost the weight through a Roux-en-Y procedure. Do complete labs on weight loss patients because these abnormalities may not be obvious, yet they can interfere with recovery.

Pay close attention to education, mental state

Also, Bautista urges surgeons to assess the patient's mental state carefully. Most understand they have multiple and difficult procedures ahead of them, and they are prepared for the results.

"You want to watch out for the patient who may never be happy with the results because they are, in their mind, still a 300-pound person no matter what the scale says," he explains. "That can be a difficult patient to satisfy."

Albert underscores the need for adequately educating the patient about the fact that the surgery is not a quick fix. Plastic surgery for these patient is usually done in stages and involves multiple procedures, so it won't be like when the patient's sister went for a face lift and

looked wonderful after the healing period.

"They also need to understand that the scars are longer and that their skin quality is different from some other people. The elasticity may return and require further procedures," he says. "If they can understand and accept these facts, the procedure can be a success."

Patients see good results from surgery

When these patients' special concerns are addressed, the results can be dramatic and the patients are often very satisfied with the end result. The doctors cite the experience of **Cherri Notarnicola**, of Orange, VA, as typical of their weight loss patients. She lost 150 pounds following gastric bypass surgery in February 2003, and despite an active lifestyle that includes horse-back riding competition, Notarnicola could not firm up the excess skin that remained around her abdomen, lower body and face. Heppe performed a lower body lift in November 2003 that removed six pounds of excess skin. That procedure was followed by a facelift in November 2005.

"It made the difference," Notarnicola says.

"Before, I could say I lost the weight, but now I can say, 'Wow, I look great.'"

Another patient, **Delia Arnold**, of Stafford, VA, lost 145 pounds after gastric bypass surgery in 2001. After the weight loss, however, exercise remained difficult due to leftover skin. She had trouble lifting her arms even to comb her hair, she says. Albert performed arm lifts on Arnold in July 2004 and July 2005. Now she can ride bikes with her kids, take long walks and jump on the trampoline outside her home.

Mark Eldert, of Spotsylvania, VA, lost 156 pounds through dieting and exercise a decade ago, later gaining back half of the weight. He became too thin at his lowest weight, Eldert says, in a fruitless quest to exercise away excess skin around his midsection. In October 2005, Bautista removed 10 pounds of skin from Eldert's abdomen, liposuctioned his flanks and reduced excess chest tissue.

"It has really helped my self-esteem," says Eldert, who continues to exercise regularly and felt confident enough to take off his shirt pool side on a recent cruise.

Editor's Note: Contact Plastic Surgery Services of Fredericksburg at (540) 371-7730. ●