



GUIDELINES FOR BODY CONTOURING SURGERY

FOLLOWING MASSIVE WEIGHT
LOSS SECONDARY TO BARIATRIC
SURGERY OR DIET AND EXERCISE

CALHN
Departments of Plastic &
Reconstructive Surgery

Guidelines for Body Contouring following massive weight loss secondary to bariatric surgery or diet and exercise alone

Body contouring surgery is reconstructive surgery following massive weight loss. For the purposes of this document, massive weight loss will be defined as a patient having lost 50% of their weight in excess of their ideal body mass index (BMI).

Abdominoplasty is defined as the correction of anterior abdominal wall skin redundancy with undermining of flaps to allow repositioning of the umbilicus and plication of the rectus abdominus muscles where indicated.

Apronectomy is defined as amputation of an anterior abdominal skin fold with no undermining of the skin flaps and may include amputation of the umbilicus but no repositioning.

The increasing prevalence of obesity in South Australia has led to an increased number of patients who have achieved massive weight loss either due to bariatric surgery or following diet and exercise alone. Massive weight loss results in body contouring deformities and functional problems for patients. These include overhanging skin envelopes, contour irregularities and hygiene problems. These issues can lead to a range of quality of life concerns. These include decreased activity, body image dissatisfaction and depression, psychosocial problems, lost work days and reduced productivity (1 -15).

Obesity surgery in South Australian public hospitals is performed using a multidisciplinary team approach. This provides a suitable framework for the smooth transition of these patients from preoperative assessment to completion of surgery. Plastic surgery is an integral part of a bariatric surgical service and the criteria for patients undergoing body contouring surgery following massive weight loss within this team must be clearly defined. Importantly the provision of body contouring services in South Australia should be closely linked with ongoing research into the benefits of these interventions in order to justify the provision of these services to the community.

Massive weight loss patients will be eligible for body contouring surgery if they meet the following criteria.

- > A starting BMI of above 40Kg per m² , or above 35Kg per m² and with comorbidities and patient's current BMI reflects at least 50% loss of their excess weight (i.e. patient has achieved massive weight loss criteria). Massive weight loss is defined as the patient having lost 50% of their weight in excess of their ideal BMI. For example, if a patient's ideal weight is 55Kg, but their actual body weight is 155Kg, this represents 100Kg of excess weight. Such a patient would become eligible for body contouring surgery when they have lost 50% of this excess weight (50Kg) or when they achieve a weight of 105Kg or less. This definition will be applied on a case by case basis and patients who achieve this criteria may still be asked to lose further weight if indicated and may still be ineligible for surgery if there are any other significant health contraindications.
- > All patients must be over the age of 18.
- > Patient's weight must have been stable (+/- 5Kg) for 12 months and if they are post bariatric surgery it has been 18 months since their final bariatric surgery procedure.
- > The patient's skin redundancy must present a significant functional disturbance (both physical and psychological). These functional disturbances include;
 - o Significant mobility problems from skin redundancies that are likely to be significantly improved by body recontouring surgery,

- Documented evidence of suprapubic skin fold intertrigo, cellulitis, folliculitis panniculitis, skin ulceration, subcutaneous abscesses, fungal infections and skin necrosis. These conditions must have been refractory from appropriate medical therapy for a period of at least six months.

> Will consider enrolling in body recontouring research protocols.

An exception to the general criteria will be available for the small number of patients who may not achieve the criteria above but who may have a significant physical and psychological disturbance. This could include patients with a starting BMI of above 40Kg per m² or above 35Kg per m² with comorbidities and whilst not having achieved a 50% weight loss in excess of their ideal BMI, have a significant functional problem due to a low hanging apron. These patients may be eligible for apronectomy (amputation of apron, with no undermining and no repositioning of the umbilicus) only after appropriate clinical assessment. These patients still need to demonstrate weight stability of a 12 month period.

Exclusion criteria.

No body contouring procedures other than abdominoplasty, apronectomy and breast reduction or mastopexy will be performed. Thigh and arm reduction surgeries are rarely offered as these skin redundancies infrequently cause significant health problems.

Patients will be excluded from body contouring surgery if:

- > They are a current smoker
- > Have an active psychiatric or psychological condition that would benefit from diagnosis and treatment prior to referral for body contouring surgery that would contraindicate any surgery. This includes patients who have had episodes of self-harm within the last two years, previous diagnosis of body dysmorphic disorder,
- > Patients with a disproportionate view of the problem following consultation with a plastic surgeon and patients who currently have an ongoing alcohol or drug misuse problem. (16)

Longitudinal Follow-up and Benefit Analysis

All patients will be invited to participate in quality of life studies, both preoperatively and for a defined post-operative period. These studies would include questionnaires such as the

- > All patients will be invited to participate in quality of life studies, both preoperatively and for a defined post-operative period. These studies would include questionnaires such as the Breast Q questionnaire, the quality metric SF/36 or the British Association of Plastic and Reconstructions Post Bariatric Outcome tool (PBOT).

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