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# Reshaping of the Postpartum patient

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# Reshaping of the post-partum patient

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# Postpartum Changes: abdominal diameter

- Abdomen:
  - Skin: quantity (expansion) and quality (striae)
  - Fat: growth in many sites and intraabdominally[1]
  - Muscles: relaxation and separation [2](Age, Multiparous +++)



➔ Abdominal diameter enlargement

[1] Enzi G, Gasparo M, Biondetti PR, Fiore D, Semisa M, Zurlo F. Subcutaneous and visceral fat distribution according to sex, age, and overweight, evaluated by computed tomography. *Am J Clin Nutr.* 1986;44:739–746.

[2] Al-Qattan MM. Abdominoplasty in multiparous women with severe musculoaponeurotic laxity. *Br J Plast Surg.* 1997;50:450–455.

# Postpartum Changes (2)

- Umbilicus:
  - Convexity (Ombilical Hernia)
  - Stretching « stamp look »
- Fat and/or skin excess:
  - Mons Pubis, flanks, back rolls, hips, flanks, legs, arms... [3]



[3] Matarasso, A., & Smith, D. M. (2015). Strategies for Aesthetic Reshaping of the Postpartum Patient. *Plastic and Reconstructive Surgery*, 136(2), 245–257.

# Postpartum Changes (3): Breasts[4]

- Ptosis
- Loss of volume (upper pole) – rarely hypertrophy
- Areolar enlargement
- (+ decrease in roundness and symmetry)if breastfeeding [3][5]
- Enlargement of anterior or posterior axillary fold



[4] Spear SL, Clemens MW, Schaffner AD. Advances in mastopexy. In: Serletti JM, Taub P, Wu L, Slutsky D, eds. *Current Reconstructive Surgery*. New York: McGraw-Hill Medical; 2012:525–540.

[5] Rand R. personal communication. 2014.

# Goals of treatment: [3]

- **For the patient:**

- Restoring her prepartum appearance:
  - Lost Waistline: firmer and flatter abdomen
  - Round and non-ptotic breasts
  - Hide or diminish ungraceful sites
- With the smallest scars possible
- Fast recovery, smallest cost

- **For the surgeon:**

- Identifying what can't be treated: intraabdominal fat, uterine position, pelvic bone, spine...
- Recontouring Abdomen, Breasts, Other sites (legs, arms)...
- Combining different sites or procedures at one time if possible:
- **SAFELY !**

# Goals of treatment

- **For the Patient**

- What is found ungraceful?
- What is expected?

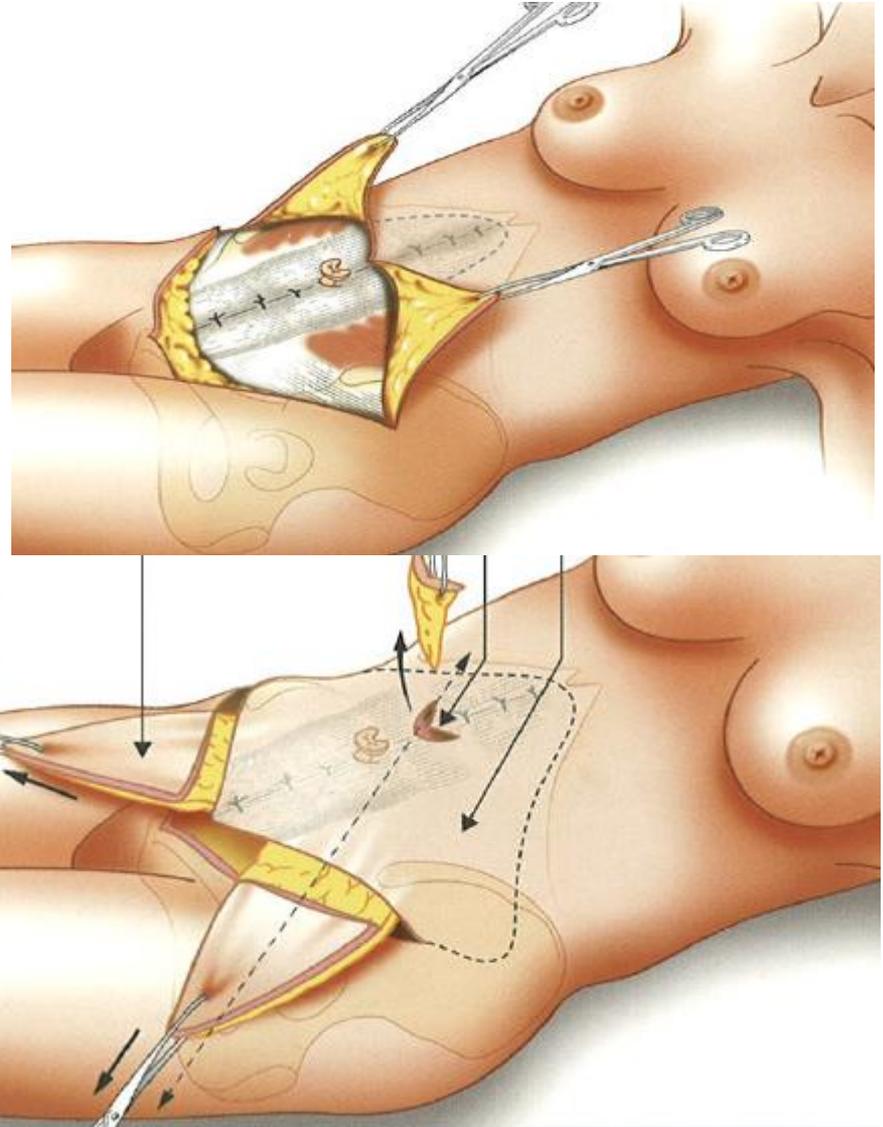
- **For the surgeon**

- What strategy?
- How does it take place?

**→ Good communication and perfect understanding  
Is required pre-operatively to avoid disappointment**

# Abdominoplasty

- **FAT:** Liposuccion
- **SKIN:** excess resection (Abdomen + flanks): dermolipectomy
- C-section Scar resection
- Umbilical transposition (+/- Hernia repair)
- **MUSCLE:**  
Rectus fascia plication



(Chavoin, *Chirurgie plastique et esthétique, techniques de base*)

# Abdomen:

- Pregnancy after abdominoplasty = reexpansion of the abdominal wall [6]
- But NO danger for mother or fetus [6] [7]
- Abdominoplasty performed at least 6 months after delivery [3]
- Ideally if there are no more pregnancies planned after

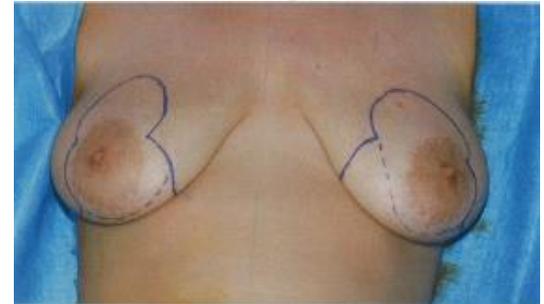
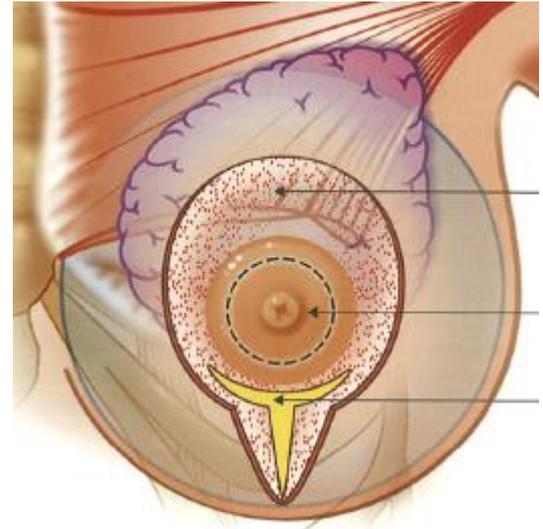
[6] Nahas FX. Pregnancy after abdominoplasty. *Aesthetic Plast Surg.* 2002;26:284–286.

[7] Borman H. Pregnancy in the early period after abdominoplasty. *Plast Reconstr Surg.* 2002;109:396–397.

# Breasts

- Augmentation:  
lipofilling, implant
- Ptosis => Mastopexy
- Augmentation/mastopexy
- Breast reduction

(Chavoin, Chirurgie plastique et esthétique, techniques de base)



[8] Velasco MG, Arizti P, Toca RG. Surgical correction of the “small” postpartum ptotic breast. *Aesthet Surg J.* 2004;24:199–205.

# Other Sites

- Pubic mons: liposuction and dermolipectomy
- Flanks: Widened abdominoplasty incision (liposuction and dermolipectomy)
- Axillar folds: liposuction and dermolipectomy



# Multisite approach

- Assessment of surgeon / patient / staff / anesthesiologist [8]
- Patient's ability to bear a multisite surgery [9]
- Optimization strategies: [10]
  - Reducing operative time
  - coordinated, experienced team
- Increase in risk after 3 h [11]
- **No more than 4h** and function of AGE, BMI, Procedure, weight loss[3]

[8] Pitanguy I, Ceravolo MP. Our experience with combined procedures in aesthetic plastic surgery. *Plast Reconstr Surg.* 1983;71:56–65.

[9] Trussler AP, Tabbal GN. Patient safety in plastic surgery. *Plast Reconstr Surg.* 2012;130:470e–478e.

[10] Basu B, Choudry U, Culberston G, Gutowski K, Reisman N. Steps to improve intraoperative communication. *Plast Surg News* 2014;April/May:24–2

[11] Chasan PE, Marin VP. Papers regarding operative times and complications can be misleading. *Aesthet Surg J.* 2015;35:NP7–NP8.

# Reshaping of the post-partum patient - Take Home Message:

- At least 6 months after delivery
- Cooperation between plastic surgeon and OBGYN
- Clear communication between patient and surgeon:
  - What are the patients goals ? Are they possible ? How ?
- Ideally abdominoplasty when no more pregnancy is planned, but if it occurs after, there is no danger.
- A combined procedure should be fully approved by all team and patient
- No longer operation time than 4h, though case-by-case

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Thank you for your attention

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