



BODY CONTOURING AFTER MASSIVE WEIGHT LOSS AND THE “MUMMY MAKEOVER”

Gradual weight gain is an insidious process, which over time leads to a massive increase in weight and girth and clothes size.

When this is the result of a pregnancy, the change occurs over a relatively short period of time in a young woman, and hence a reversal is often seen. Massive weight gain, unrelated to pregnancy, in an older individual, does not have a reversal point, such as the delivery of a baby in a pregnancy. The weight gain goes on for a lot longer till something makes the individual take stock of the situation, and then attempt to reverse it. By now it is a major and diffuse problem, affecting all parts of the body, the face and neck, the trunk and especially the abdomen and both upper and lower limbs, with fat accumulation accompanied by significant drooping of tissues. A careful assessment and treatment plan is now required.

PRIORITISATION AND A PLAN OF MANAGEMENT

The correction usually starts with the abdomen and the trunk.

A radical abdominoplasty (“tummy tuck”) is necessary to improve the front of the abdomen, sometimes in combination with a circumferential belt lipectomy, which takes care of the flanks and waist / upper gluteal areas.

A Mons Pubis (the hair-bearing upper part of the vulva)

reduction with liposuction and lipectomy is done at the same time.

In addition, liposuction is done to reduce fat accumulation in the upper anterior abdominal wall, the flanks and in the trochanteric (upper side of thigh / “saddlebags”) areas.

If liposuction is not required, a radical abdominoplasty can be combined with breast augmentation, using implants for correction of breast ptosis (droop) , as well as a brachioplasty (correction of droopy lower arms or “bat wings”) or a medial thigh lift.

If the breast tissue droop and stretch is excessive, breast-reduction surgery would be required as a first stage, and to be followed up by breast augmentation as a secondary procedure.

Sometimes, due to the number of areas needing correction, surgery may have to be staggered, with two sessions about 3 months apart, with each operation limited to 6 to 8 hours and with postoperative care in a hospital setting.

Postoperative management and care is critical, as also the use of postoperative compression garments and the restriction of activities.

These major procedures need a patient to be in good general health and the acceptance that there will always be the need for some revision surgery.

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BEFORE



AFTER



Actual patient before and after radical abdominoplasty

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