Reshaping of the Postpartum patient

Alexandre MARTIN[1, 2], Sonia GAUCHER[1, 2], Intissar BEN ACHOUR[1], Marc SLAMA[1]
David DOCUMET[1], David MALADRY[1], Patrick LEVY[1], Philippe SELLAM[1],
Henri-Jean PHILIPPE[1, 2]

[1]Service de Chirurgie Générale, Plastique et Ambulatoire, AP-HP, Hôpital Cochin, Paris (75)
[2]Faculté de Médecine, Université Paris Descartes (75)
E-mail: alexandre.martin@aphp.fr

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Authors: A. MARTIN, S. GAUCHER, I. BEN ACHOUR, M. SLAMA, D. DOCUMET, D. MALADRY, P. LEVY, P. SELLAM, H-J. PHILIPPE.

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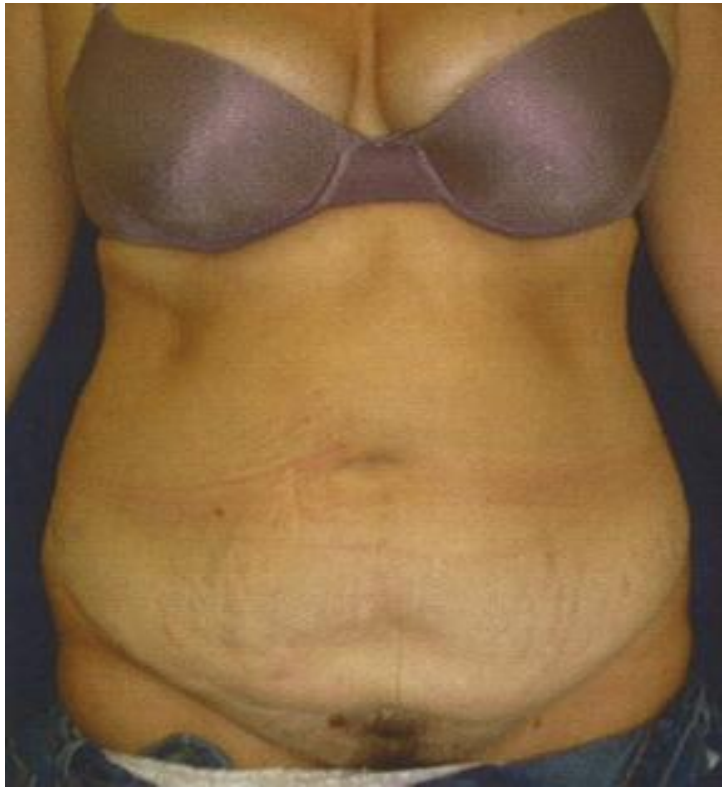
Postpartum Changes: abdominal diameter

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

  (Age, Multiparous +++)

➔Abdominal diameter enlargment



[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 enlargment
- (+ decrease in roundness and symmetry)if breastfeeding [3][5]
- Enlargment 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

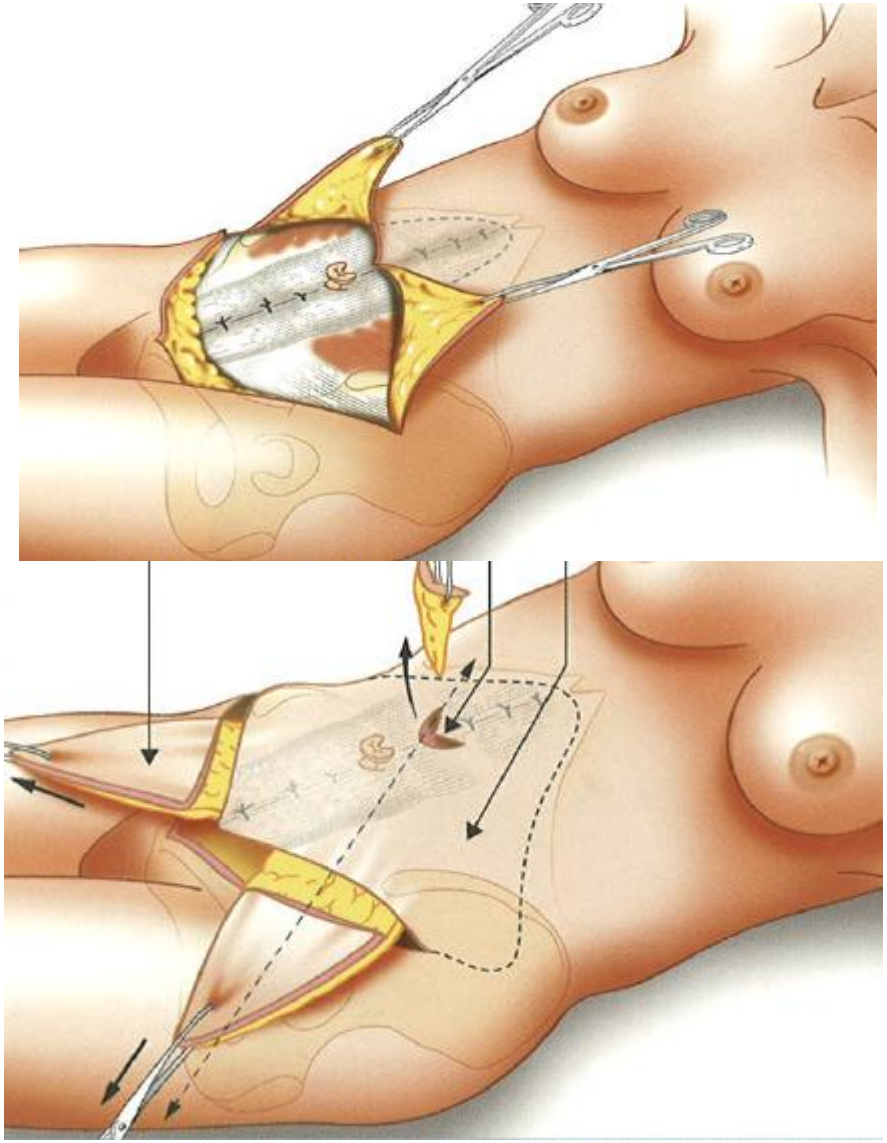
- **FAT:** Liposuccion
- **SKIN:** excess resection (Abdomen + flanks): dermolipectomy
- C-section Scar resection
- Umbilical transposition

(+/- 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:

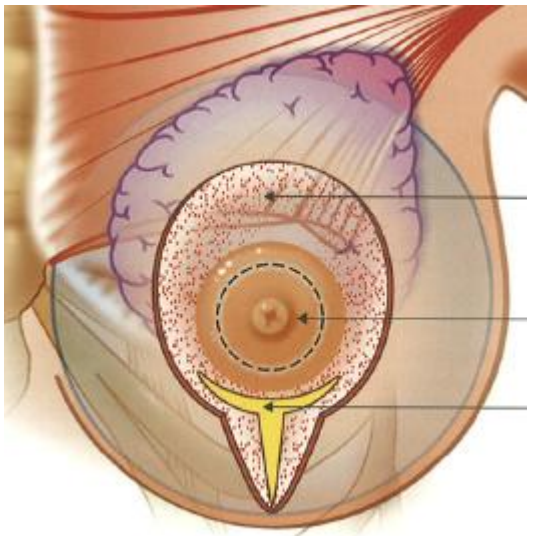
lipofilling, implant

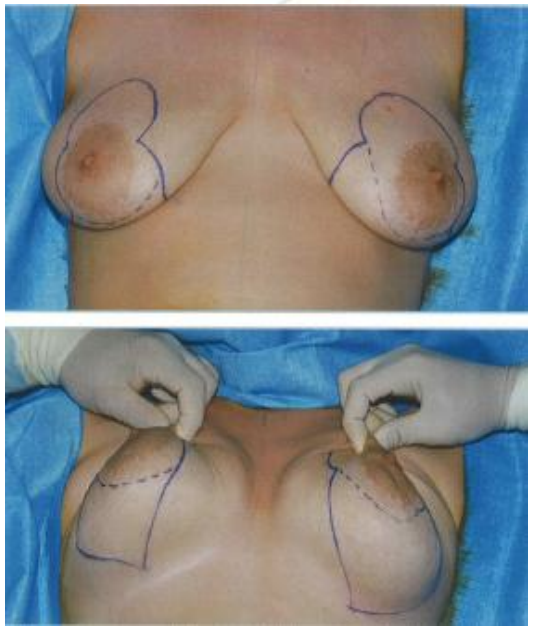
- Ptosis => Mastopexy

- Augmentation/mastopexy

- Breast reduction

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

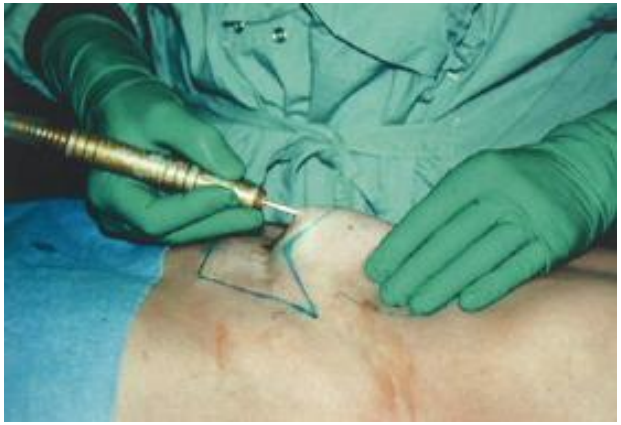




[8] Velasco MG, Arizti P, Toca RG. Surgical correction of the “small” postpartum ptotic breast. Aesthet Surg J. 2004;24:199–205.

Other Sites

- Pubic mons: liposuccion and dermolipectomy
- Flanks: Widened abdominoplasty incision (liposuccion and dermolipectomy)
- Axillar folds: liposuccion 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, thought case-by-case

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Thank you for your attention

Dr Alexandre MARTIN
CCA Chirurgie Plastique Reconstructrice Esthétique et Main
SCGPA Pr Henri-Jean PHILIPPE – Hôpital Cochin
E-mail: alexandre.martin@aphp.fr

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