Obesity Surgery (2019) 29:1647–1648
https://doi.org/10.1007/s11695-019-03743-5

LETTER TO EDITOR/LED REPLY

Reply to "The Assessment of a Predictive Risk and a Decrease Postoperative Complication Following Body Contouring Surgery after Massive Weight Loss"

Simone Corrêa Rosa[1,2] · Jefferson Lessa Soares de Macedo[2] · Lucas Ribeiro Canedo[3] · Luiz Augusto Casulari[1]

Published online: 31 January 2019

First of all, abdominoplasty performed in patients who had previously undergone gastroplasty is increasingly common, resulting in improved body contour and self-esteem. Complications of abdominoplasty in patients after gastroplasty are much more common than complications with the same procedure performed in patients with no history of obesity [1].

To date, it seems necessary and essential to report the results of surgical techniques in terms of predictive factors for complications and also to present a functional assessment including the benefits that abdominoplasty brings to the quality of life of patients following massive weight loss [2].

In the field of body-contouring surgery, the abdomen is the location with which postbariatric patients are most dissatisfied. It also seems necessary to improve knowledge about predictive factors for complications in patients undergoing abdominoplasty to achieve better patient management following massive weight loss [1, 2].

Regarding the abdominoplasty, our series included 107 consecutive patients with massive weight loss after RYGB who underwent abdominoplasty alone or in combination with other body-contouring procedures [3]. Other body-contouring procedures performed in conjunction with abdominoplasty included mastoplasty (9 cases), brachioplasty (4 cases), and thighplasty (3 cases). In our study, 88.5% of the patients underwent only one surgical procedure per stage and only 11.5% had associated operations in the same surgical procedure [3]. We usually do not recommend associated surgical procedures, except in selected cases, and then only after careful analysis of clinical, nutritional, emotional, and social conditions.

Another studies suggest alternative techniques of abdominoplasty that allow reduction of complications in postbariatric patients, such as "vest over pants" and Lipo-Bodylift [4, 5]. With regard to the Lipo-Bodylift, it is a circumferential body-contouring technique, particularly adapted to patients who present vertical abdominal sequelae in the lower trunk following bariatric surgery [5]. The principal advantage of this technique is a high vascular safety, especially important in smoker patients. We really appreciate it, but the size of scar is a crucial aspect in Brazilian women, including normal weight and postbariatric patients.

Also, we agree with the authors that it is highly likely that more complex causes could increase postoperative complication risks. However, effects of the variables race, preoperative HbA1c, BMI, months of follow-up, duration of diabetes, and age on diabetes remission were also assessed, with no significant effects being found in any of them. In addition, after multiple logistic regressions were performed, the most important comorbidities failed to predict an increased risk of complications. One possible reason for this was the decreased necessity of drugs to control the residual disease after bariatric surgery. Following bariatric surgery, the prevalence of residual diseases was low and easily controlled with the use of drugs at a low dosage. Therefore, these comorbidities were easily controlled and did not increase the risk of development of postoperative complications in these patients after plastic surgery.

Finally, prior to undergoing any procedures in plastic surgery, thorough preoperative planning and appropriate treatment selection are fundamental to a successful outcome. A

✉ Jefferson Lessa Soares de Macedo
jlsmacedo@yahoo.com.br

[1] Post-Graduation Course in Health Sciences, University of Brasília, Brasília, DF, Brazil

[2] Department of Plastic and Reconstructive Surgery, Asa Norte Regional Hospital, SQS 213 Bloco H Apto 303, Asa Sul, Brasília, DF 70292-080, Brazil

[3] Superior School of Health Sciences/FEPECS, Brasília, DF, Brazil

systematic approach is ideal in addressing each area of the patient's body and quantifying the level of deformity in each particular region. In addition, concurrent procedures can be justified in well-selected patients with well-controlled comorbidities. However, studies with larger sample size are crucial to determine the predictive factors on the development of postoperative complications in postbariatric patients undergoing plastic surgery procedures.

I end by recalling that all authors referred to in our paper, including the letter's authors, have inspired our work and should receive due merit and respect that we hope to have demonstrated with our reply.

Acknowledgements We would like to thank the authors for their interest in our paper and their valuable comments and discussion.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

References

1. Michaels VJM, Coon D, Rubin JP. Complications in postbariatric body contouring: strategies for assessment and prevention. Plast Reconstr Surg. 2011;127:1352–7.
2. Beek ESJ, Geenen R, Heer FAG, et al. Quality of life long-term after body contouring surgery following bariatric surgery: sustained improvement after 7 years. Plast Reconstr Surg. 2012;130:1133–9.
3. Rosa SC, de Macedo JLS, Canedo LR, et al. What is the impact of comorbidities on the risk for postoperative body-contouring surgery complications in postbariatric patients? Obes Surg. 2018; https://doi.org/10.1007/s11695-018-3554-8.
4. Bracaglia R, D'Ettorre M, Gentileschi S, et al. "Vest over pants" abdominoplasty in post-bariatric patients. Aesthet Plast Surg. 2012;36:23–7.
5. Bertheuil N, Chaput B, De Runz A, et al. The Lipo-Body Lift: a new circumferential body-contouring technique useful after bariatric surgery. Plast Reconstr Surg. 2017;139:38e–49e.