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5028 Post-Body Contouring Complications and Pre-Operative Risk Reduction: A Review of the Plastic and Bariatric Surgery Literature and a Novel Pre-Operative Risk Stratification System

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Goals/Purpose: As the number of obese patients achieving massive weight loss(MWL) increases, comprehensive management of obesity includes both weight loss and plastic surgery. MWL patients require surgical revision of excess skin that has become a disease process itself. MWL patients have a high rate of post-operative complications after body contouring surgery(BCS).

Methods/Technique: We conducted a comprehensive review of plastic and bariatric surgery literature. A PubMed search for "obesity", "BMI" and "timing of BCS", "wound complications", and "postoperative complications" yielded 26 papers. "Nutritional deficiencies" and "diet induced weight loss", "roux-en-y gastric bypass surgery", "laparoscopic band surgery" and "biliopancreatic diversion" yielded 20 studies. "DVT prophylaxis" and "plastic surgery" yielded 5 papers. Post-operative complications and identification of the risk factors for these complications was collected and analyzed.

Results/Complications: Several risk factors were consistently identified for post-operative wound complications. BMI either pre- or post-weight loss, weight of specimen resected, ASA class, total change in BMI and co-morbidities were all found to correlate with increased risk of post-operative complications. These qualities include BMI max and current or resolved co-morbidities such as asthma, COPD, diabetes, obstructive sleep apnea, hypothyroidism and osteoarthritis. After recognizing the unchangeable history, we can then focus on patient characteristics that are changeable. To that end we have created the following set of recommendations, along with a worksheet that can be applied to clinical practice in order to evaluate the MWL.

Conclusion: Our goal is to reduce post-operative complications by providing plastic surgeons with an easy to use, comprehensive set of pre-operative criteria that can be used to optimize a patient for BCS. We created a risk stratification system which will aid not only in discussion and decision-making between patient and surgeon, but will also provide the opportunity to affect change by reducing pre-operative risk factors and allowing the patient to contribute to his/her own improved results.

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