

Brachioplasty

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Case Presentation

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Patient Profile

- 59F for body contouring surgery
- HPI: laparoscopic sleeve gastrectomy in April 2014 → massive weight loss (↓ 111lbs)
- PMHx/SURG: morbid obesity, hysterectomy, H/T, arthritis, BCC, hypercholesterolemia, anxiety
- Meds: losartan, hydrochlorothiazide, clonazepam, citalopram and simvastatin (continue meds)
- Allergies: NKDA
- Family Hx: breast Ca, depression, H/T
- Social Hx: good family support, never smoked

Assessment

- Ht: 5'3", Wt: 169 lbs, BMI: 29.9
- Upper extremities
 - Moderate-sized bat wing deformity
 - Neurovascularly intact
 - Full ROM
 - Poor ~ fair skin tone
- Stable weight loss for past nine months

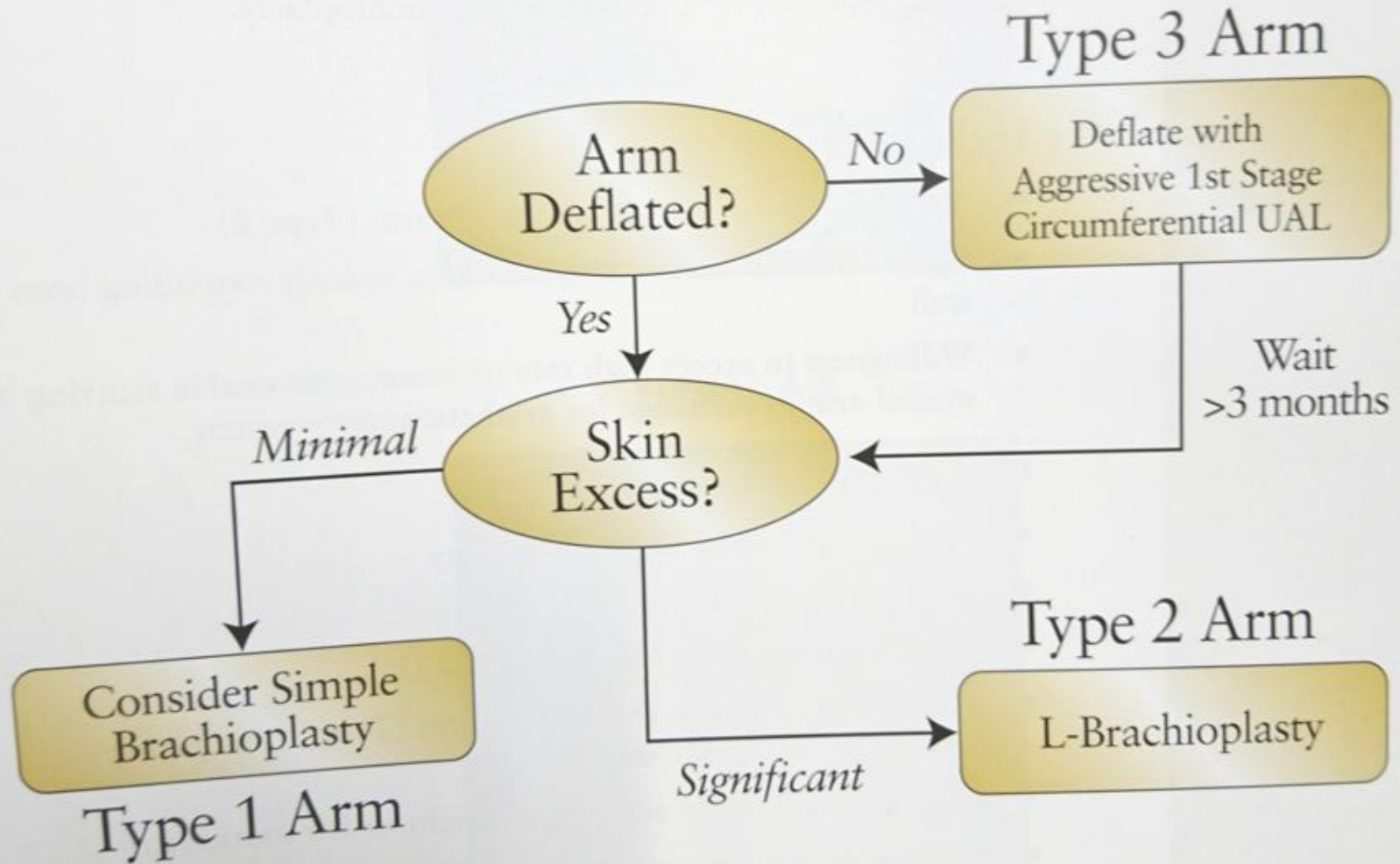
Pre-operative

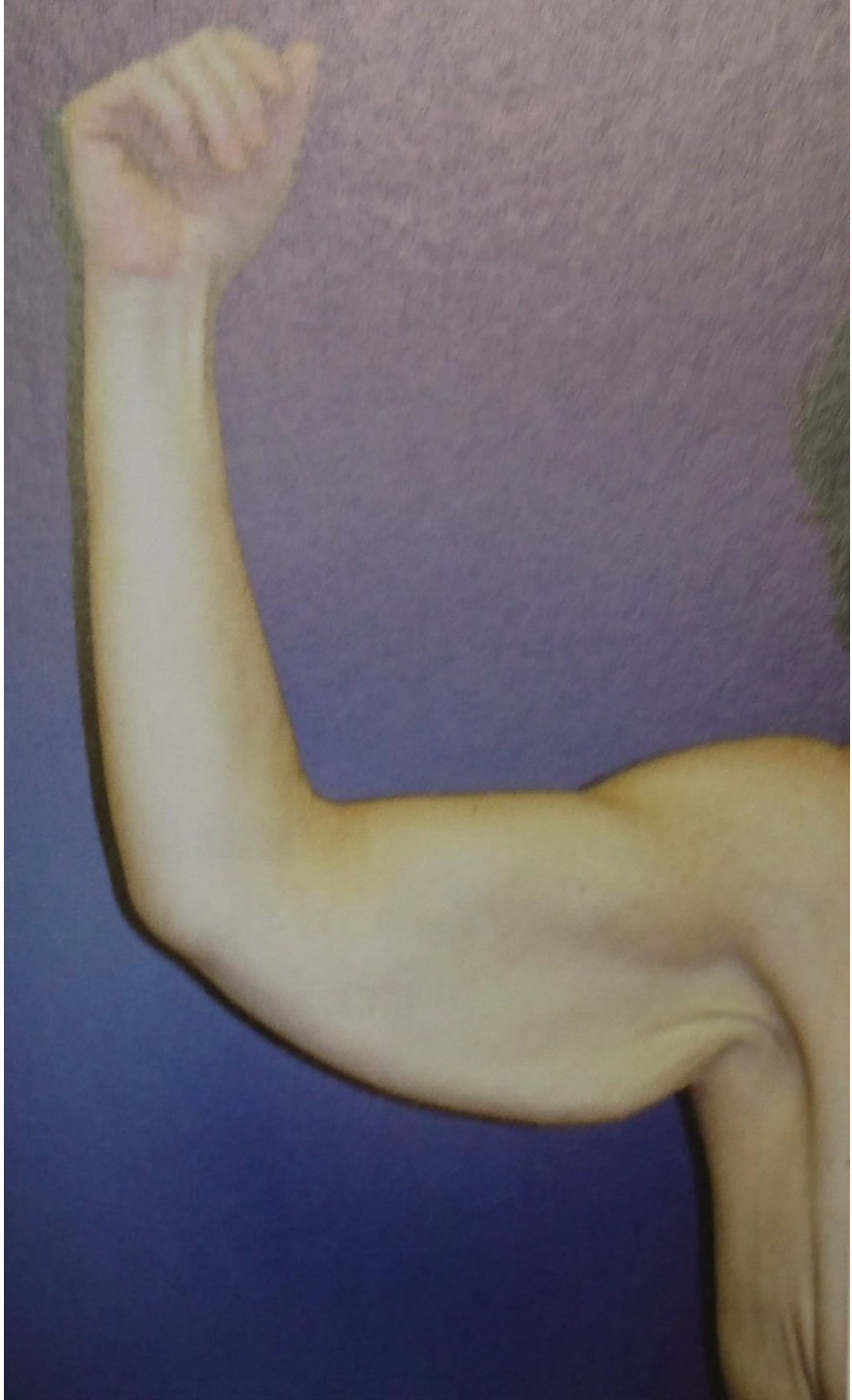


Pre-operative



Brachioplasty Algorithm



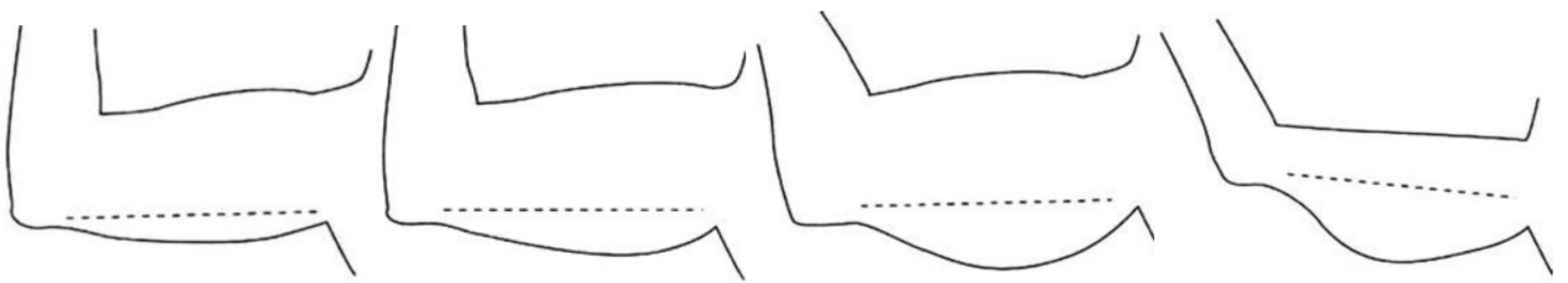


Brachial ptosis

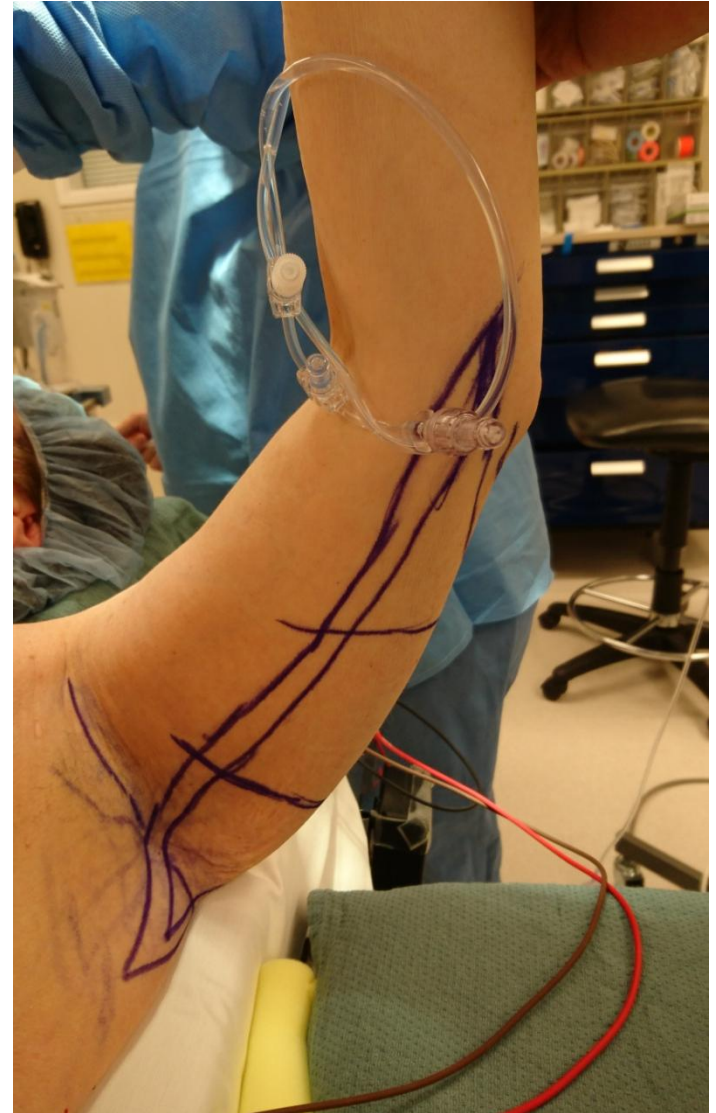
Table 1. Classification of Brachial Ptosis: Strategy for Treatment

Classification	Treatment
Stage 1: minimal adipose tissue deposit (<300 ml lipoaspirate) with no ptosis	Circumferential liposuction
Stage 2a: moderate adipose tissue deposit with grade 1 ptosis* (<5 cm)	Staged circumferential liposuction
Stage 2b: severe adipose tissue deposit with grade 2 ptosis* (5–10 cm)	Liposuction of the lower posterior and medial arm assisted short longitudinal scar brachioplasty
Stage 3: severe adipose tissue deposit (>500 ml lipoaspirate) with grade 3 ptosis* (>10 cm)	Liposuction of the lower posterior and medial arm assisted short longitudinal scar brachioplasty
Stage 4: minimal or no adipose tissue deposit with grade 3 ptosis	Traditional brachioplasty as described by the author

*The grade of ptosis is determined by measuring the distance from the brachial sulcus to the lowermost border of the pendulous skin.

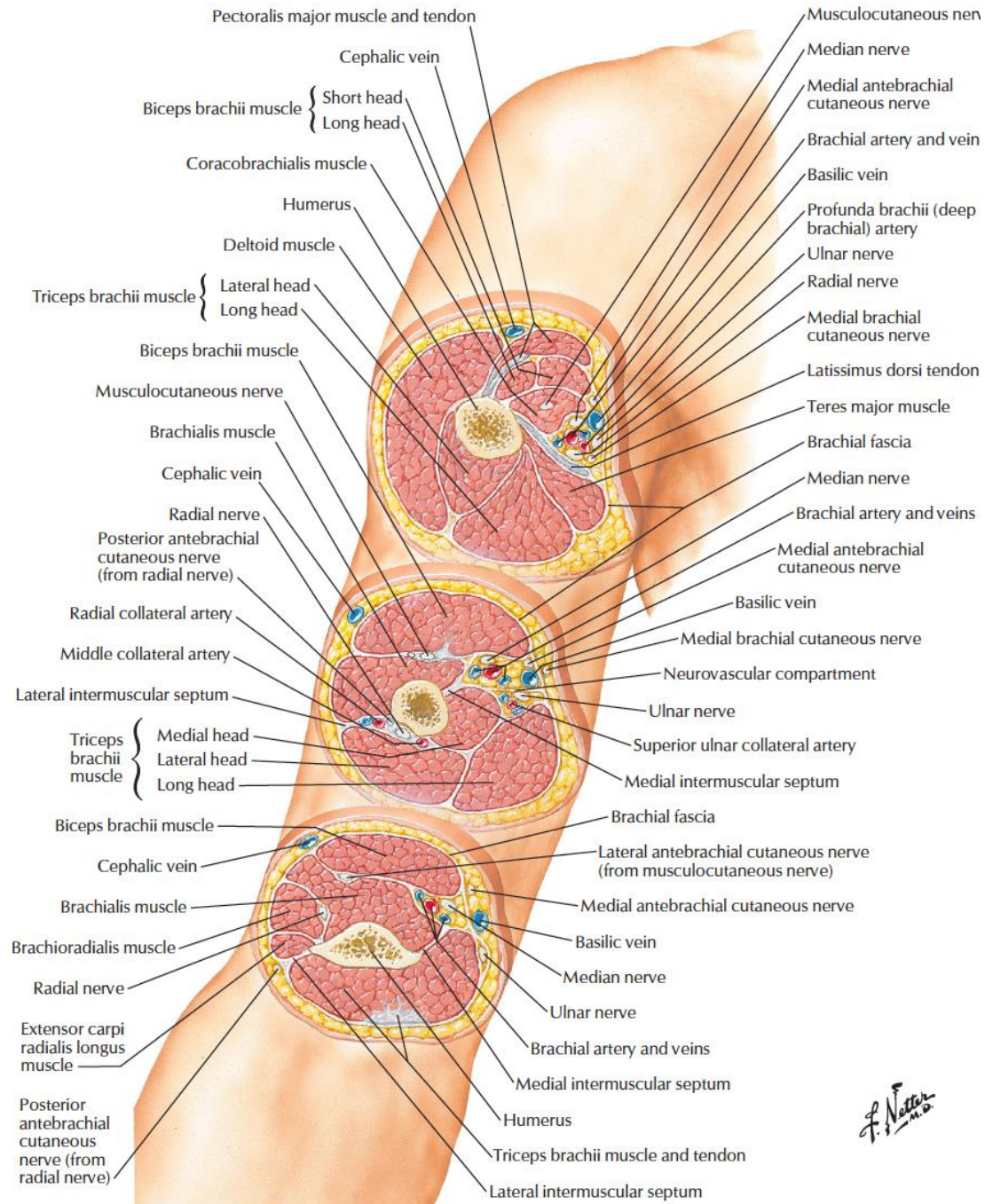


Operating room



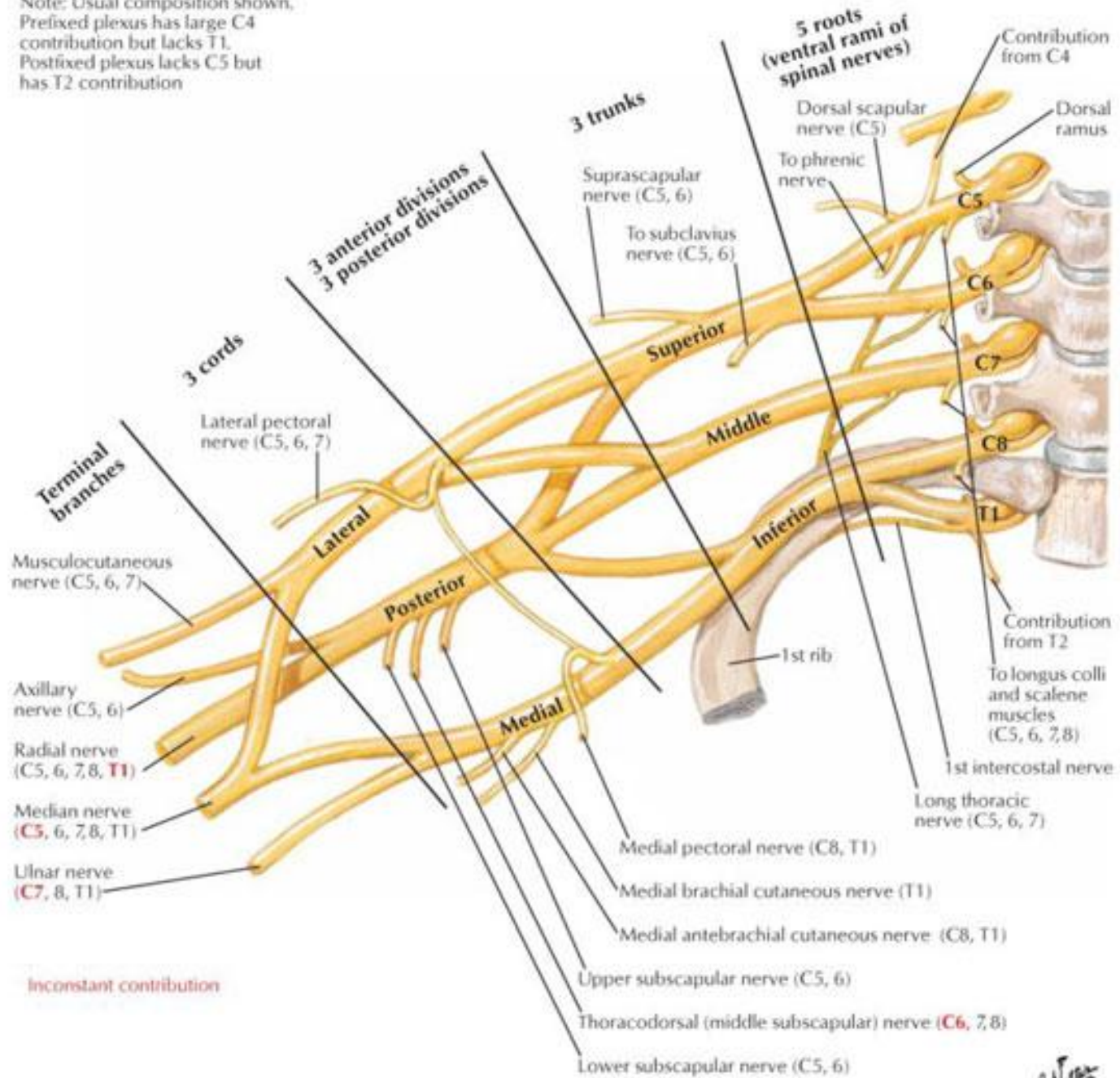
Procedure

- Bilateral brachioplasty
 - Double ellipse marking
 - Progressive fashion: distal to proximal
 - Z-plasty at the axillary crease
 - 19-French Blake in each arm
 - Resected tissue R: 180 g, L: 184 g



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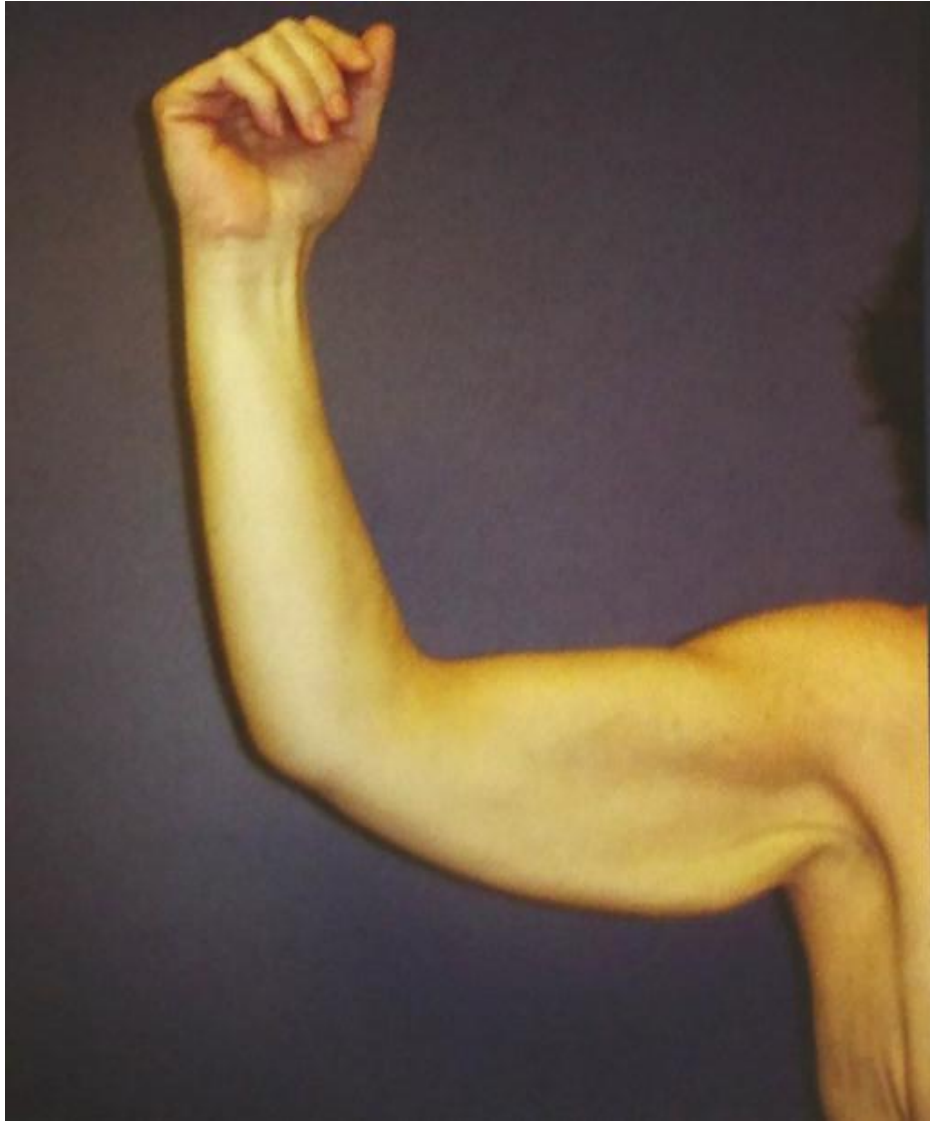
Note: Usual composition shown.
 Prefixed plexus has large C4 contribution but lacks T1.
 Postfixed plexus lacks C5 but has T2 contribution



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Post-Op

- Patient recovered well in PACU and was discharged that day with two drains and analgesics
- s/p OP Day 6 follow-up in clinic:
 - Wound: healing well and remain clean, dry and intact
 - Drain removal
 - Excellent symmetry and contour of both upper extremities
 - Advise upper extremity elevation



Complications

- Poor wound healing
- Neurovascular injury
 - Skin sensation changes: numbness
 - Hematoma, seroma
- Lymphedema
- Poor cosmetic effect
 - Asymmetry
 - Contour deformity
 - Additional surgery

Conclusion

- The increase in numbers of patients with massive weight loss increases need for body contouring surgery
- Common complications:
 - Injury to cutaneous nerves
 - Aesthetic dissatisfaction
- The best method of brachioplasty has yet to be determined

Acknowledgements

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Thank you very much

References

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