Body Contouring Surgery Guide to Management

Laurence Kirwan MD Grand Rounds, Norwalk Hospital September 20, 2023



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Aesthetic Units and Zones of Adherence, Relevance to Planning Incisions in Body Contouring Surgery

Laurence Kirwan, MD, FRCS

Background: Aesthetic units (AUs) and zones of adherence (ZAs) have been previ-



REFERENCES

Kirwan L. Anchor Thighplasty. Aesthetic Surgery Journal, 24/1 pp. 61-64, January/February 2004 Kirwan L. Breast Auto-Augmentation, Canadian Journal Plastic Surgery, 15(2) 73-76, 2007



massive weight loss (MWL)

- Self-induced: diet (80%) and exercise (20%)
- Semaglutide type drugs: Ozempic, Wegovy, Saxenda (liraglutide)
- Bariatric Surgery:
 - gastric band
 - sleeve gastrectomy
 - roux-en-Y gastric bypass





Indications for Body Contouring Surgery (BCS)

✓ Massive Weight Loss (MWL) ✓ Pregnancy ✓ Breast feeding ✓ Ageing



What to do after weight loss

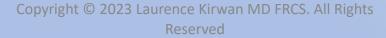




clothing choices and relationship to scar placement

















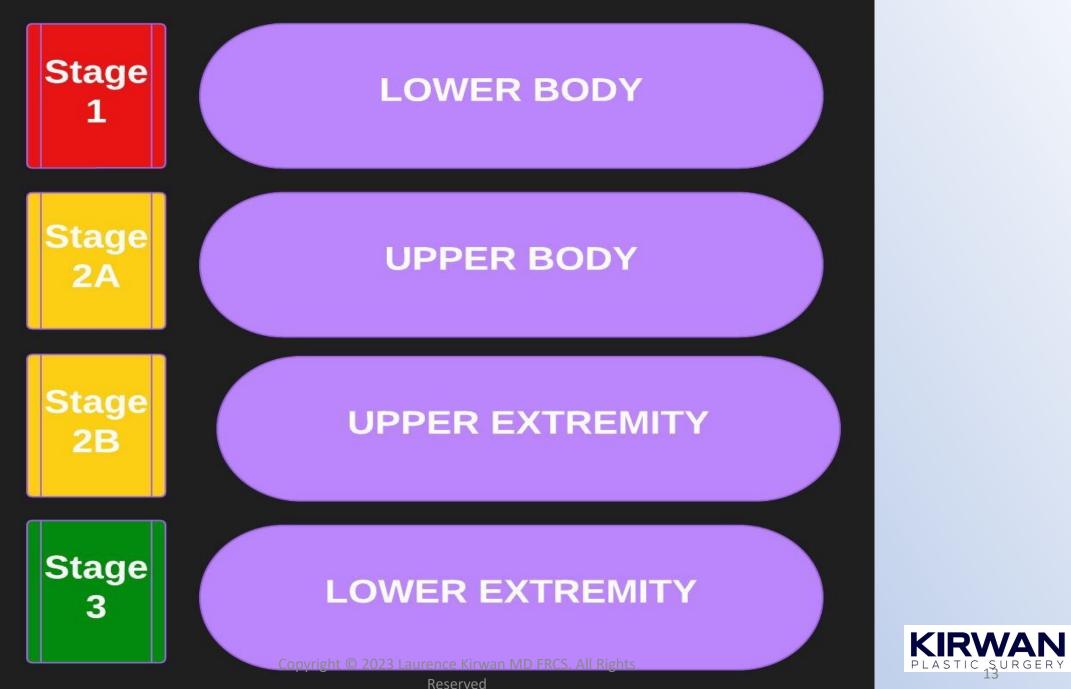




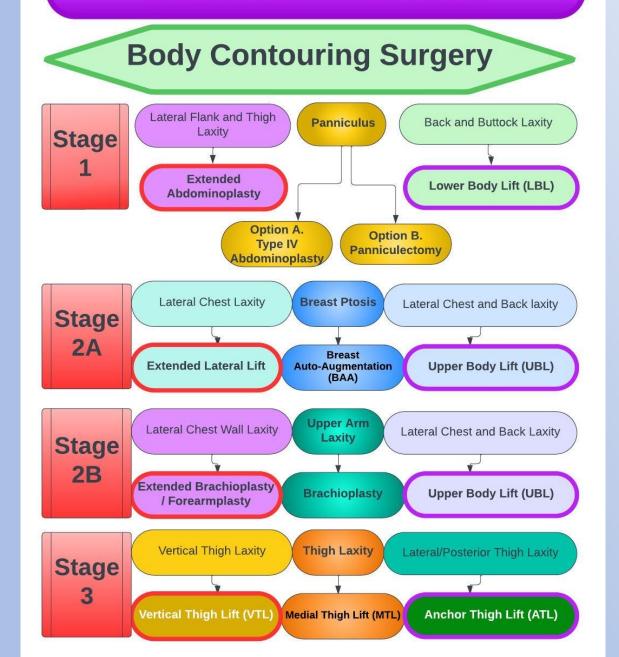






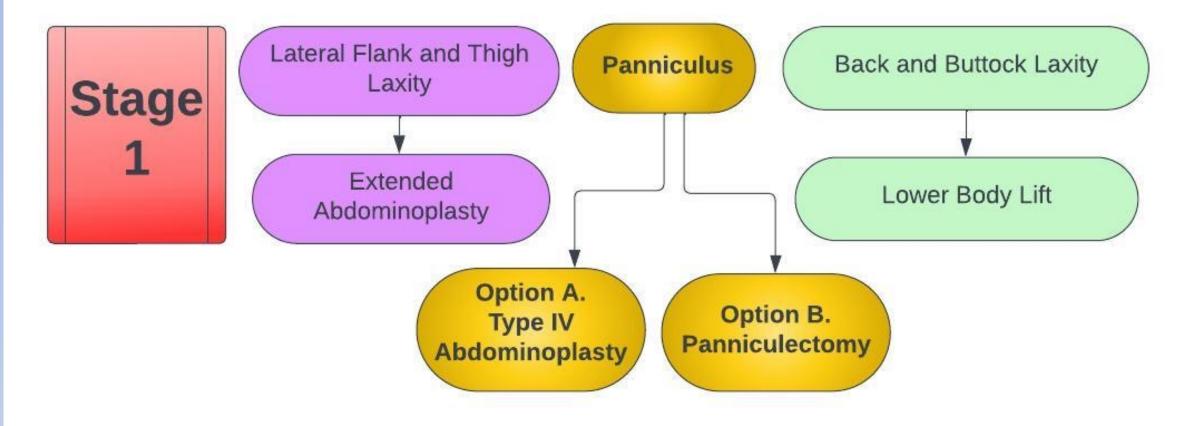


Massive Weight Loss (MWL)





Stage 1





Stage 1, Option B: Panniculectomy







Stage 1, Option B: Panniculectomy





Stage 1, Option B: Panniculectomy. 42 year-old, African American. Female, 5'4." 7 months postoperative. 3000 gm excision. 900 cc Liposuction upper abdomen, 2 lb weight loss (218 lbs).







Stage 1, Option B: Panniculectomy



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Stage 1, Matarasso Type IV Abdominoplasty with Upper Abdominal and Posterior Liposuction





58 yo 8 months after abdominoplasty; SAL of upper abdomen and bilateral hips, flanks, and back, 5 mo after flanks, sides of breasts and fat injections to buttocks, bodytite to flanks. 20 lb weight loss.



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58 year-old f., 5'0" 150 lbs initially. BMI 29.3 to 25.5 after surgery. 8 months after abdominoplasty; Liposuction of upper abdomen and bilateral hips, flanks, and back, 5 months after flanks, sides of breasts and fat injections to buttocks, Bodytite to flanks. 20 lb weight loss. Initial surgery: 1250 ml aspirate / 1541 gm excision lower abdomen



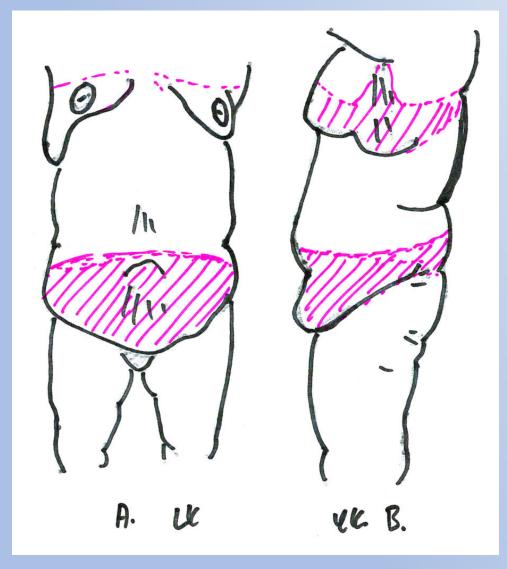








Stage 1





Stage 1 & 2 A & 2B





Stage 1. 56-year-old female before and after bcs: lower body lift, abdominoplasty, breast lift and brachioplasty





Stage 1





27

Stage 1



34-YEAR-OLD FEMALE BEFORE AND AFTER BCS: EXTENDED, ABDOMINOPLASTY, BREAST LIFT AND UPPER BODY LIFT





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34-YEAR-OLD FEMALE BEFORE AND AFTER BCS: EXTENDED, ABDOMINOPLASTY, BREAST LIFT AND UPPER BODY LIFT





Stage 1 Lower Body Lift without Abdominoplasty





Stage 1 Lower Body Lift with Abdominoplasty





Stage 1 Lower Body Lift with Abdominoplasty

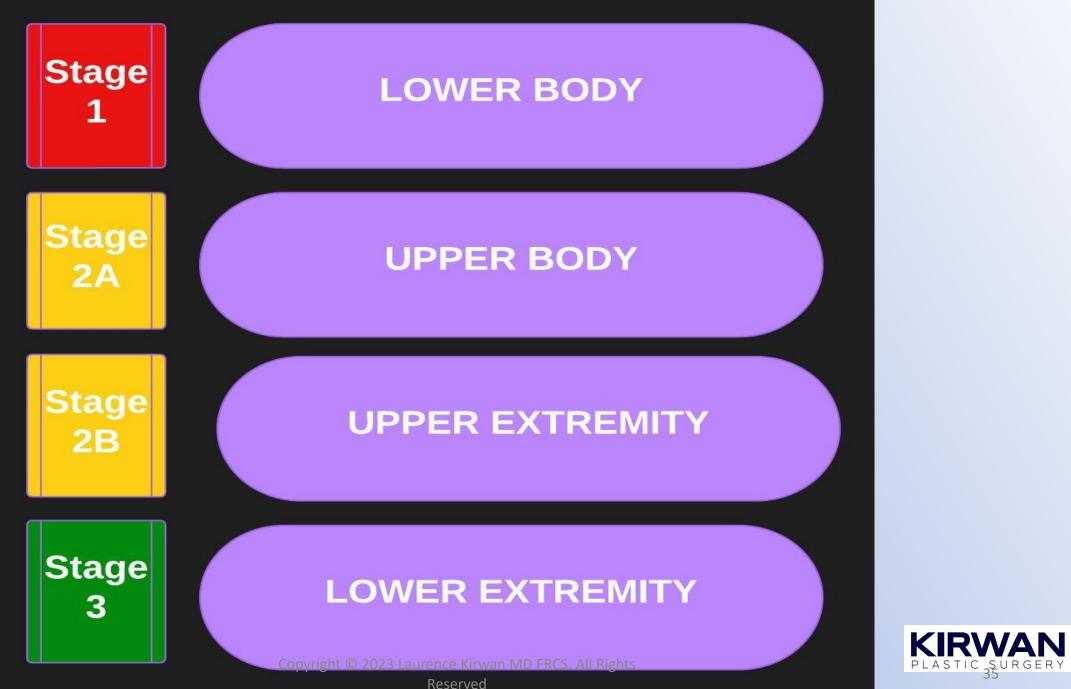




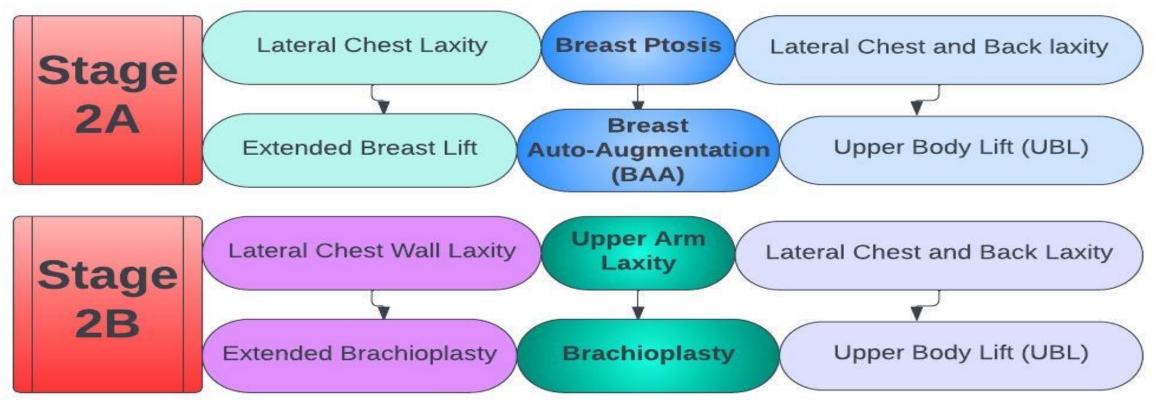
Stage 1 Lower Body Lift with Abdominoplasty







Female Stage 2

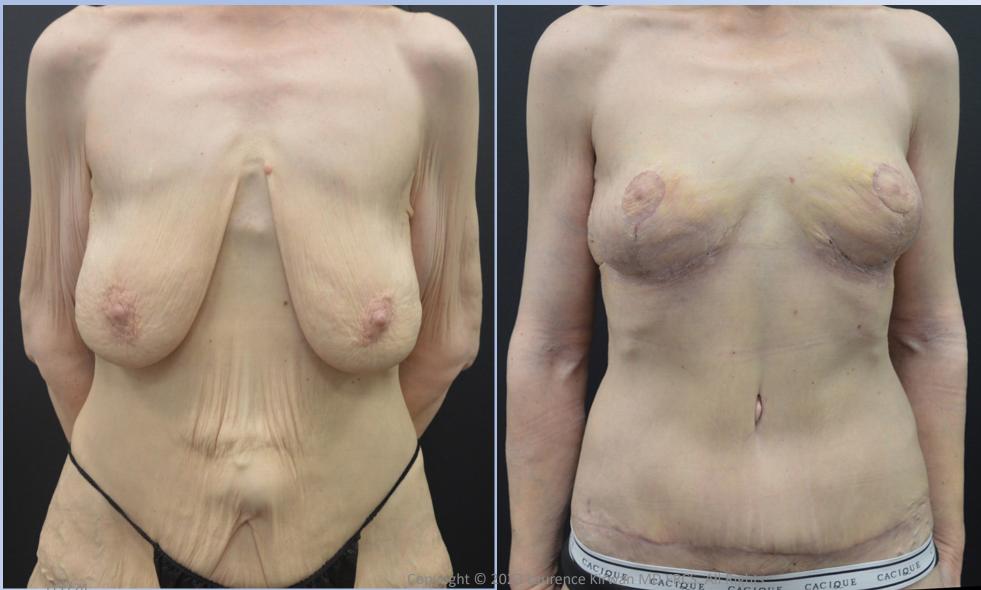


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Stage 1, 2A & 2B 56-yo Female Before And After BCS: LBL, Abdominoplasty, BAA, Brachioplasty.



KIRWAN PLASTIC SURGERY

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Stage 1, 2A & 2B 56-yo Female Before And After BCS: LBL, Abdominoplasty, BAA, Brachioplasty.





Stage 1, 2A

34-year-old Female Extended Abdominoplasty, Breast Lift, Upper Body Lift





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Female Stage 2A, Flank Lift only





Female Stage 2A, Flank Lift only









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56-YEAR-OLD FEMALE BEFORE AND AFTER BCS: LOWER BODY LIFT, ABDOMINOPLASTY, BREAST LIFT AND BRACHIOPLASTY



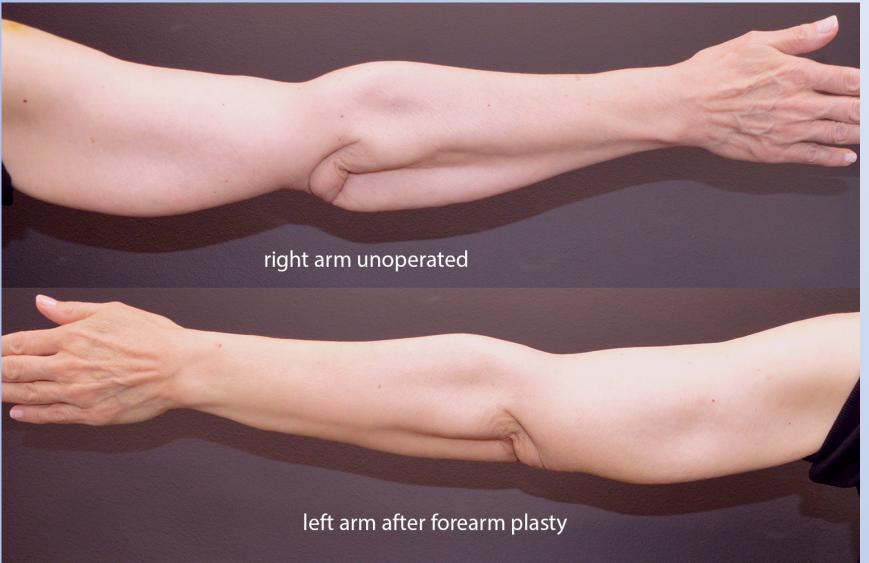


56-year-old female forearm-plasty



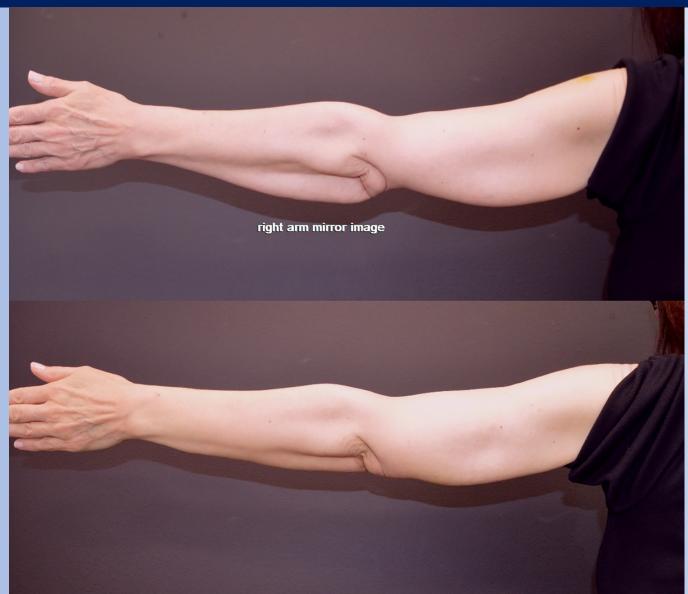


56-year-old female forearm-plasty





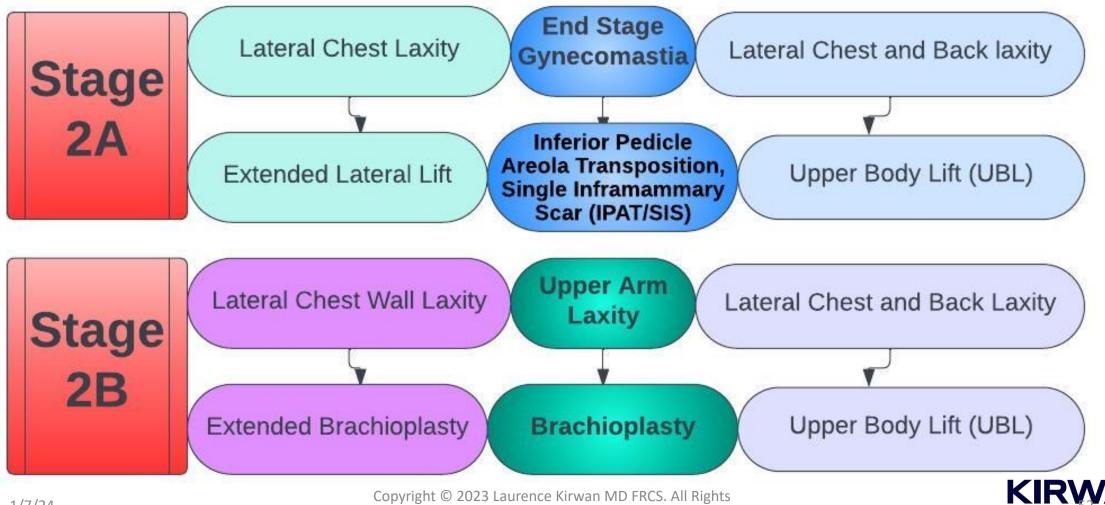
56-year-old female forearm-plasty







Male Stage 2A / 2B



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Management of 'End Stage Gynecomastia' after massive weight OSS. **Inferior Pedicle Areola** Transposition, Single Inframammary Scar (IPAT/SIS).



Stage 2A, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS).





54

Stage 2A, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS).





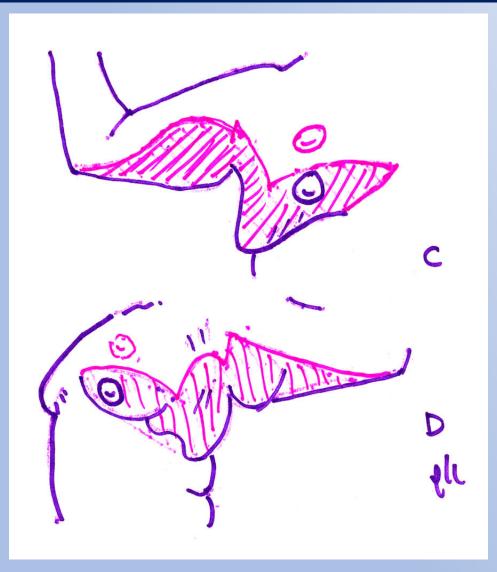
Stage 2A, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS).





56

Stage 2A & 2B, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS) & Extended Brachioplasty



57

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Stage 2A & 2B, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS) & Extended Brachioplasty





Stage 2A & 2B, Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS) & Extended Brachioplasty



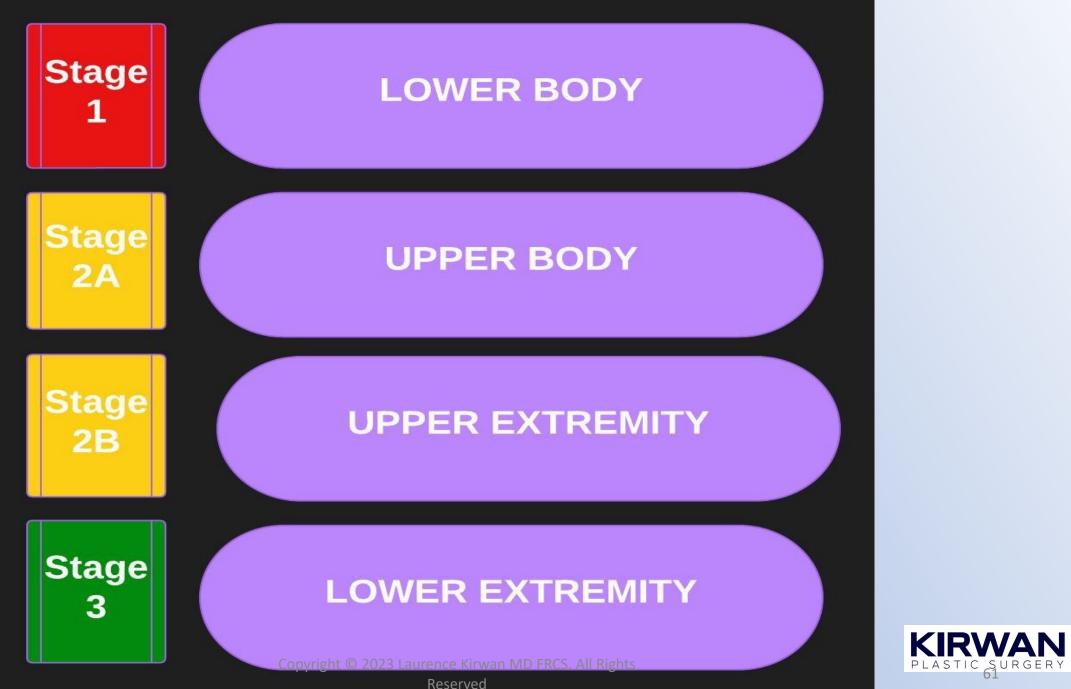




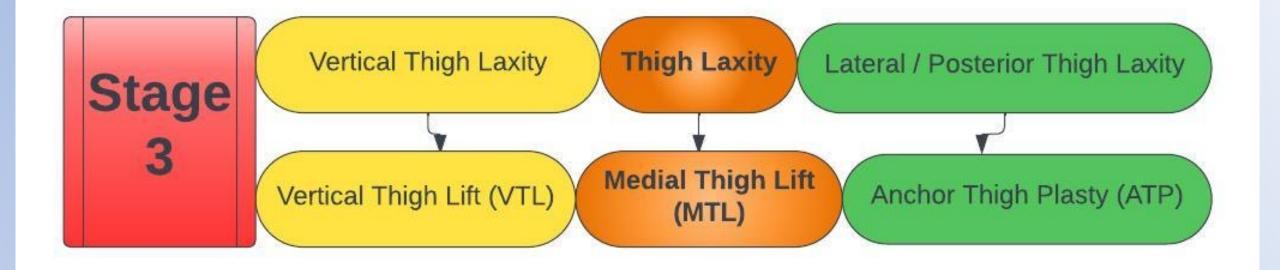
Stage 2A & 2B , Inferior Pedicle Areola Transposition, Single Inframammary Scar (IPAT/SIS) & Extended Brachioplasty







Stage 3





Stage 3

Kirwan L. Anchor Thighplasty. <u>Aesthetic Surgery Journal</u>, 24/1 pp. 61-64, January/February 2004

Anchor Thighplasty

In the anchor thighplasty technique, the medial thigh lift is extended posteriorly into the infragluteal crease. The advantage is that the posterior thigh is lifted and ptosis of the caudal buttock can be corrected. Patients with buttock ptosis and medial thigh skin laxity without lateral thigh redundancy are ideal candidates. (Aesthetic Surg J 2004;24:61-64)

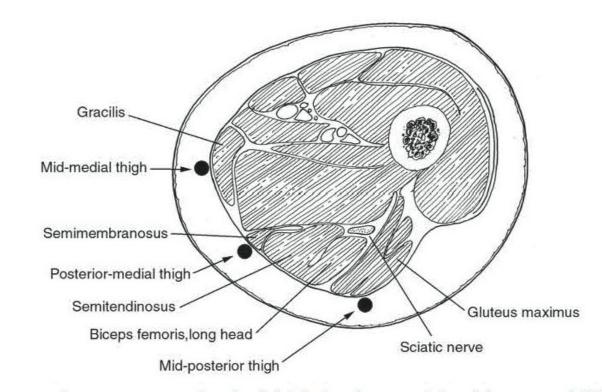
he aesthetic buttock has a symmetrical curvilinear fold that ends at the junction of the lateral thigh hooks: Two represent the buttock creases and the third extends between the inner thighs. In this technique, the medial thigh lift is extended posteriorly into the infragluteal crease; the advantage is that the posterior thigh is lifted and ptosis of the caudal buttock can be corrected. The procedure can be per-

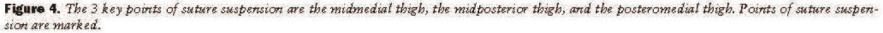


Laurence Kirwan, MD, Norwalk, CT, is a board-certified plastic surgeon and an ASAPS member.



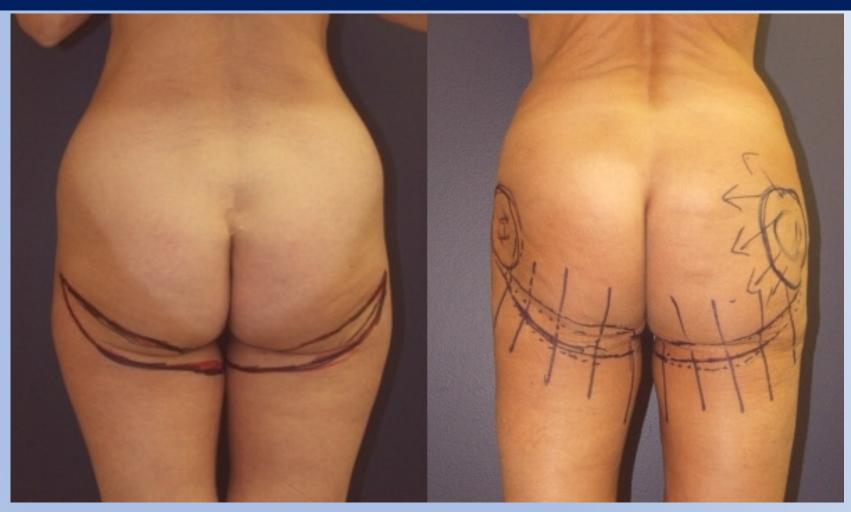
Stage 3: Anchor Thigh Lift







Stage 3: Anchor Thigh Lift



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Stage 3: Anchor Thigh Lift





Stage 3: medial thigh lift extension of anchor thigh lift



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Vertical Thigh Lift and Anchor Buttock lift









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