

Surgical Technique

Technique I & M in Lipoabdominoplasty: My Secret

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Abstract

The "I" & "M" technique arises as a complement to the lipoabdominoplasty techniques with an epigastric detachment flap, which focuses on presenting a greater definition of the costal arches, the midline abdominal, as well as other aesthetic subunits of the abdomen, which offers a safe way to create reliefs that highlight the beauty of the abdomen when practicing a safe and easily reproducible lipoabdominoplasty.

Keywords: Lipoabdominoplasty; Muscles; Scarpa fascia; Flap

Introduction

Lipoabdominoplasty is one of the most practiced cosmetic surgery techniques today for the surgical management of the beautification of the body contour at the abdominal level, the evolution of abdominoplasty since its inception where the only abdominal lipectomy approach was proposed and the constant evolution through different planning and approaches, as well as contributions from important authors that involve the care of abdominal lipodystrophy, diastasis and flaccidity of the wall abdominal pain through the different types of plications described today by all well known. The combination of liposculpture and the advent of its new and different techniques have made surgeons nowadays strive each day to offer better results with the knowledge and evolution through the history of lipoabdominoplasty [1-5].

Objective

Optimize the aesthetic result of lipoabdominoplasty by approaching the middle abdominal plication and managing Scarpa's fascia at the level of the upper abdomen with the I & M technique.

Discussion

Lipoabdominoplasty is today a safe technique that has allowed the evolution of abdominoplasty, opening the door to different complementary techniques. The I & M technique is based on 3 main technical details 1) enhancement of the epigastric fossa by managing the median plication as described in the technique, 2) accentuating greater definition of the costal arches that continue with the semilunar lines, which is achieved safely by approaching Scarpa's fascia as described in the technique, thus respecting the irrigation of

the upper abdomen, avoiding compromising the vascularity of the flap abdominal and, 3) selective liposculpture that focuses on the approach to the aesthetic subunits of the abdomen while respecting the vascularity of the abdominal flap. In this way, the aim is to make a sketched figure coincide with the letter "M" that matches the approach to Scarpa's fascia with the concavity defect created at the level of the epigastric fossa, which is achieved with the median plication as described above. Which gives the shape of the letter "I", optimizing the aesthetic results in lipoabdominoplasty [6-10].

Method

Marking in the patient begins with standing, defining the suprapubic wound located 6 cm from the interlabial line, 7 cm from each side of the midline, and from there a break point on the existing abdominoinguinal fold and continues with the marking of the aesthetic substructures of the female abdomen (Figure 1).

Surgery with liposuction with a tumescent technique is started to define the midlines in the epigastric region, the semilunar lines, the flanks and the iliac fossae, after which an abdominal incision is made according to planning marking with dissection up to the abdominal wall to the supra-aponeurotic plane as described in the conventional techniques, and it continues with dermo cutaneous detachment up to the anterior part of the first costal arch (Figure 2), a double system of middle abdominal plication is performed starting at 3 cm distal of the xiphoid appendix, prior and rigorous hemostasis (Figure 3), abdominal flaps are presented, and two oblique lines are demarcated on the skin at the level of the abdomen at the corresponding site of

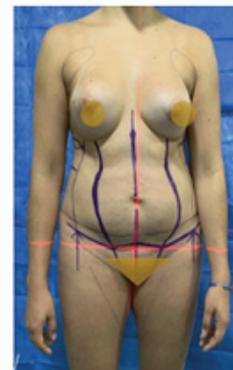


Figure 1: Marking of the aesthetic substructures of the female abdomen.

Citation: Sánchez De Santiago I, Montiel Gutiérrez M. R, Muñoz González J. A, Cabrera Martínez G. I. Technique I & M in Lipoabdominoplasty: My Secret. Ann Clin Cases. 2021; 2(2): 1029.

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Publisher Name: Medtext Publications LLC

Manuscript compiled: Feb 08th, 2021

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Figure 2: Dermo cutaneous detachment up to the anterior part of the first costal arch.



Figure 3: Middle abdominal placcation.

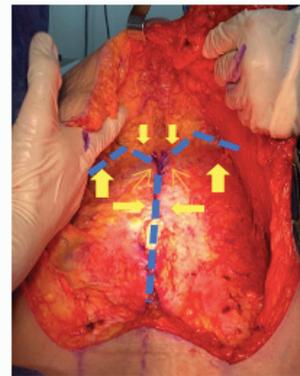


Figure 6: An "I" is formed.



Figure 7: Immediate post-operative appearance.

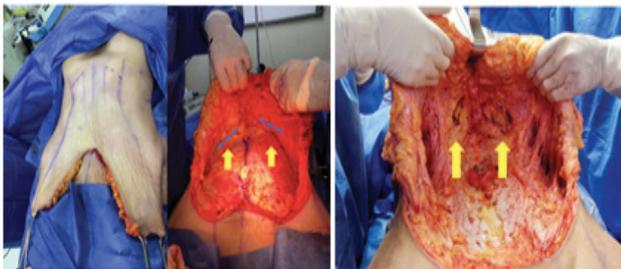


Figure 4: Details of markings on Scarpa's fascia.



Figure 8: Immediate post-operative appearance.



Figure 5: An "M" is formed.



Figure 9: Before, 24 hours and 30 days after respectively.

Results



Figure 10: Immediate post-operative appearance.

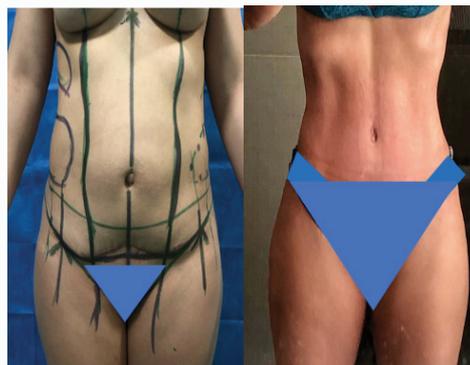


Figure 14: Before and 6-month postoperative.



Figure 11: Before, and 6-month postoperative.



Figure 15: Before, 3- and 8-months post-operative respectively.



Figure 12: Before, 6 months postoperative and close up of the post-inflammatory hyperpigmentation in the definition of the "I" & "M" technique.



Figure 16: Result 12 months post-operative.



Figure 13: Before, and 24 hours postoperative.

the future costal arches, running cephalocaudal from 3 cm from the midline of 5 cm in length, it is then where an incision is made in the Scarpa fascia which coincides with the skin demarcation, with which the new costal arches are highlighted and defined (Figures 4), in this way, an "M" (Figures 5) is formed that passes through the costal arches and descends through the epigastric fossa when it joins the middle abdominal plication, thus, forming an "I" (Figure 6) with which it is possible to highlight and define the new costal arches as well as the midline, then the flaps are coping, drains and respective closures are installed in two planes, prior neoumbilicoplasty, a curative and therapeutic bandage is placed and "I & M Technique lipoabdominoplasty" is concluded (Figure 7).

Conclusion

The I & M technique offers an adaptable complement to most

epigastric detachment flap abdominoplasty. The need today to obtain and highlight the naturalness of the anatomy of the body contour especially the abdomen and its beauty through surgical management with lipoabdominoplasty forces to seek greater definition of its contour, this technique offers a greater definition in a safe and easily reproducible way of the lines that pass through the costal arches which continue with the semilunar lines, the embellishment of the midline that begins in the epigastric fossa, thus creating reliefs in the abdomen in the same surgical time, resulting in an adequate harmony, proportion and balance in the abdomen.

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