

BARIATRICS TODAY

2005 ISSUE 3

WEIGHT LOSS SURGERY PRACTICE MANAGEMENT

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Timing is Everything

Why Patients Should Seek Plastic Surgery Early



How Bariatric Surgeons Can Help Patients Address Excess Skin

by John LaMonaco, MD, FACS

Common Concerns

As is well known in the bariatric surgery community, there has been an increased number of patients undergoing bariatric surgery, due in large part to the proven health benefits of the procedure, the increased expertise of surgeons, and the decision by third party payors to cover the procedure. A similar but more modest increase in plastic surgery procedures following massive weight loss has also been observed. Arm lifts, which are limited almost entirely to the weight loss population, saw a 61 percent increase from 2003 to 2004, according to the American Society of Plastic Surgeons. Unlike the primary procedure, though, plastic surgery is infrequently covered by insurance, does not have as profound an effect on health, and has not undergone a steady evolution of technical advances as have the weight loss procedures that precipitate the reconstructive procedures.

Plastic surgery procedures in weight loss patients are longer and more technically challenging. They also have a significantly increased risk of seromas, poor skin healing and recurrence of skin laxity. The results are best described as "improvement, not perfection." In spite of these factors, support groups addressing plastic surgery are well attended, the subject is common in the online communities and the number of patients requesting plastic surgery after weight loss is rising. Part of this increase may be attributed to the growing acceptance of plastic surgery due to media attention, but the excess skin undeniably causes many individuals a great deal of distress. Patients are often willing to endure the downtime, risk and expense of plastic surgery in exchange for a more normal appearance.

A Problem of Excess

While important co-morbidities like hypertension, diabetes and sleep apnea steadily improve or vanish during weight loss, new quality of life issues may arise due to excess skin. Excess skin poses the obvious health problems of dermatitis, maceration and unpleasant odors. Proper fitting of clothing may also be difficult, making patients feel self-conscious. An overhanging abdominal panniculus, redundant thigh folds and marked breast ptosis frequently limit physical activities. During the summer months, patients may be reluctant to wear sleeveless attire or shorts. There may also be an aggravation of lower back problems due to the weight of the excess skin. Finally, the excess skin may serve as an unpleasant reminder of the patient's former, overweight self. For these reasons, regardless of the definitions used by third party payors, post-bariatric plastic surgery is often a reconstructive procedure. Patients clearly seek to appear normal, not beautiful.

At most institutions, patients who must undergo a mastectomy or other procedure that will produce a functional or cosmetic loss are given reconstructive options while their primary procedure is being planned. This enables the patient to understand the potential deformities that could result from the procedure and to ask questions about the reconstructive options. Mastectomy patients, for example, may opt for immediate or delayed reconstruction, or no reconstruction at all. After reviewing the relative risks and benefits of the various approaches, they may choose between a single procedure versus a staged reconstruction. I believe a similar approach should be used for bariatric patients. Addressing the problem

of excess skin early enhances patients' understanding of their condition and may increase their satisfaction with their overall weight loss experience.

How Bariatric Surgeons Can Help

The bariatric surgeon is in an important position to understand the likelihood of excess skin development based on the patient's initial BMI, anticipated weight loss, type of procedure and age. Patients at high risk for excessive skin folds and those who voice concern about excess skin may be good candidates for early referral to a plastic surgeon.

After surgery, the bariatric surgeon can also play an important role in helping patients with excess skin who desire plastic surgery. Just as co-morbidities are often tracked and documented postoperatively, so should rashes and infections from excess skin. This increases the chance of insurance coverage and makes it easier and more convenient for the patient to collect documentation, since many companies require months of documented skin problems before considering excision of the skin "medically necessary." Medical issues such as anemia, protein deficiency and other metabolic conditions that would result in poor healing after plastic surgery can also be addressed and treated well in advance of plastic surgery, reducing delays in surgery scheduling.

Early consultation with a plastic surgeon, even before reaching goal weight, provides the patient with several additional practical benefits for the patient that have little to do with the medical details of the process. Patients require

time to plan for the lengthy recovery period of up to one month following reconstructive surgery, including arranging for post-operative care, assistance with household duties and time off from work. They may also need time to make arrangements for any out-of-pocket costs.

The Satisfied Patient

The improved health and quality of life following weight loss surgery is well recognized. Some patients, however, may have problems with excess skin that negatively affect their body image even after their weight loss is complete. Early identification and referral of patients who are at risk for large amounts of excess skin may add to patient satisfaction with the weight loss experience. Informing patients about treatment options for excess skin is a part of the disclosure process; more importantly, it provides a patient with empowerment and improved control over his or her body and evolving body image. ■



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