

Tummy Tuck Tech

“No matter how much I diet and exercise, my belly won’t change”

is a statement we hear frequently from patients. And, there is a reason for it. Pregnancy, weight changes, and time have an effect on all the component parts of the abdomen. Many of these changes are not correctable with diet and exercise. The abdominal wall has three components: 1) the muscles 2) the fat layer, and 3) the skin. Weight loss will decrease the fat component but will have little to no effect on the muscle or skin components.

During pregnancy, the abdominal wall stretches out to accommodate the growing uterus. The two Rectus Abdominis muscles which run straight down the center of the abdomen have to bow outward. “Rectus” means “straight” in Latin. Likewise, the skin stretches out. After pregnancy, the muscle and skin do not necessarily return back to their original shape. Commonly, the rectus muscles retain some curve allowing the central abdomen to bulge and have a rounded appearance. Although exercise can strengthen the muscles it does not put them back into a straight position. Likewise, the skin does not always completely shrink back down to its original size, leaving some redundancy. Significant weight changes can have the same effects on the skin and muscle in both men and women.

Plastic surgery treatments to restore abdominal shape are directed toward any, or all, of the affected components. If the problem is simply excess fat, liposuction remains a simple and effective solution. If the problem is a small amount of excess skin with a little extra fat, a mini-abdominoplasty may be the ticket. For patients with muscle bowing and some extra skin, a modified abdominoplasty is often the ideal choice. The most common circumstance is that there are problems with the muscle, skin, and fat layers and thus a standard abdom-

inoplasty is the procedure of choice. The take home message here is that the guidance of an experienced Plastic Surgeon is essential to selecting the right operation to achieve a successful outcome.



The standard abdominoplasty (a.k.a. Tummy Tuck) has remained one of the most effective and satisfying operations in Plastic Surgery. However, it does come with some tradeoffs. A scar positioned low on the abdomen, like a C-section scar, is necessary. Preferably, the scar should be hidden by swimwear or undergarments. Another tradeoff of the operation has historically been discomfort and recovery time following it.

A goal in my practice has been to find ways to retain the same effective results of the abdominoplasty operation while minimizing pain and downtime. Traditionally, surgical drains were used with tummy tuck. A father-son Plastic Surgeon team in Texas developed an innovative technique called progressive tension suturing to eliminate the need for drains. We have been employing this method for about four years with success. For

pain control, two recent advances are used. First, a long-acting numbing medication called Exparel® provides significant pain relief for roughly 72 hours after the procedure. Second, an electronic device called Sof-Pulse® decreases inflammation and thus pain. These three changes are combined in our iTuck® operation. With this method, most of our patients are back to nearly normal activities within a week or so of surgery. Although there are some activity restrictions, most patients resume exercise at two weeks. For tummy tuck, incremental technology improvements from different sources may be combined to take a great operation and make it better.

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Dr. David Kirn is a Board Certified Plastic Surgeon who is devoted to advanced techniques in Cosmetic Surgery of the Face, Breast, and Body. In private practice since 1998, he is located in a state of the art facility which includes a full service skin care center. The practice is focused on personalized patient care and attention to detail. Where possible, Dr. Kirn utilizes minimally invasive procedures. The goal is to deliver quality clinical results while minimizing patient recovery time. Examples of this include a no-drain tummy tuck, armpit incision breast augmentation with gel or saline implants, fat grafting, and a short scar facelift (the MACS lift). In addition, Dr. Kirn and nurse-injector Carey Sanders, RN offer a full spectrum of non-surgical treatments such as Dysport®, Botox®, Restylane®, Juvederm®, Radiesse®, and laser.