

# Combined liposuction/tummy tuck offers best of both procedures

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A combined technique of liposuction and tummy tuck—designed to reduce surgical trauma—provides excellent patient outcomes with a low complication rate, reports a study in *Plastic and Reconstructive Surgery-Global Open*, the official open-access medical journal of the American Society of Plastic Surgeons (ASPS).

ASPS Member Surgeon Dr. Eric Swanson, a plastic surgeon in private practice in Leawood, Kan., presents an in-depth report on his experience with a combined technique of liposuction and [abdominoplasty](#) in a large series of [patients](#) over five years. He writes, "Liposuction and abdominoplasty, individually and in combination, may be performed safely with appropriate measures to reduce complications by minimizing tissue trauma."

Detailed Analysis of Combined 'Lipoabdominoplasty' In the combined "lipoabdominoplasty" procedure, patients initially underwent ultrasonic liposuction to remove excess fat from the abdomen and flanks (love handles). Liposuction was followed by abdominoplasty—or "tummy tuck"—to eliminate excess abdominal tissue and loose skin. Outcomes after lipoabdominoplasty in 150 patients were compared to liposuction alone in 384 patients and abdominoplasty alone in 17 patients.

Notably, no liposuction patients developed seromas—collections of fluid under the skin—which is attributed to limited ultrasound to reduce tissue trauma. There was a low (five percent) rate of seromas after abdominoplasty. Dr. Swanson writes that seromas have led some plastic

surgeons to leave behind some abdominal fat and connective tissue during abdominoplasty in an effort to reduce this risk. He believes that preserving this excess tissue is unnecessary and compromises the cosmetic result.

**Less-Traumatic Technique Limits Complications** The study demonstrates that by using shorter periods of ultrasound and eliminating the traditional use of electrodissection during surgery, the risk of seromas may be minimized while at the same time achieving excellent [cosmetic outcomes](#). By first injecting the tissues with fluid containing epinephrine, blood loss is reduced, making cautery dissection unnecessary.

Dr. Swanson also describes a modified form of general anesthesia – total intravenous anesthesia without muscle paralysis – to reduce the risk of blood clots in the legs. Only one patient in his series developed this complication and was successfully treated. He writes that by adopting safe preventive measures, surgeons may reduce the risk of this serious complication without the need for blood-thinning medication. Patients also recover more quickly after surgery, averaging only 51 minutes in the recovery room, and experience less nausea.

Taking advantage of the PRS GO's open-access format, the article includes videos in which Dr. Swanson demonstrates his lipoabdominoplasty technique. He illustrates a technique of deep tissue anchoring to keep the tummy tuck scar low and hidden within the bikini line.

Liposuction and abdominoplasty are common cosmetic plastic surgery procedures that are often performed together. However, few well-designed studies have investigated the outcomes of the combined procedures. This new study includes systematically collected data in a large series of consecutive patients undergoing a consistent technique

performed by a single surgeon.

In a previous study, [published in \*Plastic and Reconstructive Surgery\* last year](#), Dr. Swanson reported high patient satisfaction rates and improved self-esteem in patients undergoing [liposuction](#) and/or abdominoplasty—especially the combined technique. The new results show that, with attention to some basic measures to reduce risk, excellent cosmetic results are achieved with a low [complication rate](#). "Lipoabdominoplasty may be performed safely, so that patients may benefit from both modalities," Dr. Swanson concludes.

Provided by Wolters Kluwer Health

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