Turkish Society of Aesthetic Plastic Surgery Congress &





19-22 June 2009

Hilton Convention Center Istanbul, Turkey

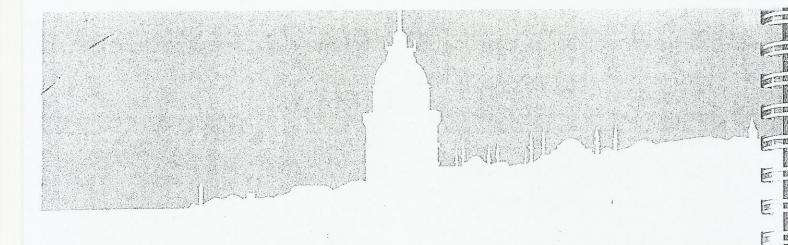






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08

TUMESCENT INFILTRATION OF ANESTHETICS MAY HAVE A DEVASTATIVE EFFECT ON THE BLOOD PERFUSION OF FULL ABDOMINOPLASTY FLAP

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Abdominoplasty has some complications such as seroma, hematoma, fat necrosis, wound dehiscense, skin necrosis or either small or large flap lost mentioned in the literature as a minor complication, but resulting in severe morbidity in aesthetically. Presented and discussed here, after the experience of 16 full abdominoplasty with tumescent infiltration under conscious sedation, is a severe complication, flap necrosis, which may be considered to be related with flap ischemia in zone 1 due to adrenaline.

With the preoperative assesment of the compensatory blood flow to avoid ischemia of the flap is impossible but, surgical protection of the flap blood supply using different surgical approaches such as limited lateral dissection of the flap over the rectus facia, leaving some of the musculocutaneous perforators, short transverse incision, avoiding the administration of tumescent solution with adrenaline into the zone 1 or using the tumescent without adrenaline for the zone 1 should be provided for safer flap viability when tumescent anesthesia is preferred for abdominoplasty.

09

VERTICAL MAMMAPLASTY MARKING USING THE KEY HOLE PATTERN

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Many modifications or the vertical mammaplasty procedure used to shorten the learning curve have been described. The authors advocate marking the breasts for the vertical mammaplasty operation according to the key hole pattern. They have used inverted T techniques on the upper breast and Lejour's vertical mammaplasty on the lower breast. A total of 14 patients who had breast hypertrophy and ptosis underwent operations with this marking modification. The amount of removed breast ranged from 285 to 875 g per breast. Hematoma, skin necrosis, skin dehiscence, loss of hipple_aroola sensitivity, and distortion were not observed in these cases. We believe that using the key hole pattern, which provides for simple marking and resection of tissues, will be helpful for learning and performing vertical mammaplasty.