

# You've Lost the Weight! What's Next?

By: Jeffrey S. Poulter, M.D.

Patients who have lost significant weight either through surgical (i.e. Gastric bypass) or non-surgical (i.e. exercise and nutrition) means are left with extensive amounts of extra skin that no longer moves with them but dangles from their trunk and extremities. The discomfort of this skin rolled onto itself or pinched between layers of extra skin can be significant. Their dreams of the sleek figure and single digit sizes are put on hold until they find a way to have the excess skin removed. Enter the body contouring plastic surgeon to offer solutions.

Body contouring after massive weight loss is becoming a sub specialty within plastic surgery. Not only does it require extended periods in the operating room to provide for patient safety as well as good outcomes, patients must be offered several options to treat their areas of concern.

Dr. Ted Lockwood, the father of body contouring, was the first to describe and use the superficial fascial system beneath the skin to bring the deep tissue together with permanent sutures. These stout stitches under significant tension, allow the physician to get the incredible improvements in body contour. Dr. Lockwood was adamant that with the proper suturing techniques, you could remove the excess skin and fat from almost anywhere.

The cornerstone of body contouring for the massive weight loss (MWL) patient is the abdominoplasty. Removing the excess skin and repairing the muscle weakness is done leaving not only the tummy in great shape, but also improving the flank, upper thigh and mons. With appropriate techniques, the belly button can hide its circular incision allowing the patient to wear the lowest of swimwear with out the telltale round scar of a tummy tuck.

Almost any area of the body can be contoured – including face, neck, arms, breast, tummy, back, hip, buttocks, thighs and calves. But the skin of the MWL patient has very poor tone and may give a little,

losing a small amount of the original correction obtained at the time of surgery. Marking is done



the day before surgery, eliminating the rush and additional nervousness just before the procedure.

Patient safety is key in preventing complications. Extensive time is spent positioning and padding the patient as well as keeping the patient warm before, during and after surgery. Special stockings and compressions boots are worn to minimize the risk of blood clots.

Pain, the fifth vital sign, can be managed well with multimodal therapy including pain pumps with local anesthesia, injections at the time of surgery and complimentary medications that affect different pain centers. Limiting pain reduces the healing time and results in better outcomes for the patient.

Look for a board certified plastic surgeon who has the insight and compassion to deal with the multiple components of wound healing that MWL patients require. Plastic surgeons are dedicated to their field and consider it very rewarding to assist the successful MWL patient to a more normal contour, a more confident self and a healthier future.

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