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Global Perspectives: Italy

Seroma Prevention After Abdominoplasty

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Introduction

Abdominoplasty is one of the most performed procedures in plastic surgery. Seroma formation, after abdominoplasty, is a common, unpleasant complication both for the patient and the surgeon.

The most important factors in seroma prevention include: correct selection of

the patient, not excessive dissection of the flap at the level of the Scarpa's fascia, preservation of the vascular and lymphatic floor, positioning of adequate caliber drains and especially obliteration of the space below the flap by multiple sutures.

Materials and Methods

Our team performs approximately 100 abdominoplasties every year. A seroma can easily form when there is lack of adhesion between the tailored flap and the underlying surface, and this is easier when one or both of the opposing planes are natural sliding planes. In the traditional abdominoplasty, the tailored flap rests above muscle fascia, so a natural sliding plane and, additionally, many lymph vessels are inevitably dissected. All these factors determine the development of seroma as a frequent complication. Scientific studies have shown that positioning

Baroudi's stitches, sutures which reduce dead space between the flap and the muscle fascia, significantly reduce the seroma's formation causing premature adhesion, allowing early patient mobilization and more uniform distribution of the scar tension post abdominoplasty. We routinely place between 20 to 30 Baroudi's stitches between the tailored flap and the underlying muscle fascia.

Results

Using this technique does not result in seroma formation, the most frequent complication in abdominoplasty. Seroma formation may occur when the breakaway surface was wider such as in cases of circumferential abdominoplasty. The percentage of this complication is still at around 1-2%. The placement of these sutures also allows correct positioning of the flap in the periumbilical and epigastric region and of the suprapubic scar.

Conclusions

It is possible to drastically reduce the formation of seroma as well as most of the complications after abdominoplasty by the apposition of Baroudi's stitches, but also through careful patient selection, meticulous dissection flap, correct removal of the tissue excess and correct information in the postoperative period.



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