

Cosmetic Surgery After Weight Loss Surgery: Dealing With What's Left

Webcast

January 27, 2009

Victor Lewis, M.D.

Please remember the opinions expressed on Patient Power are not necessarily the views of Northwestern Memorial Hospital, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.

How Plastic Surgery Can Help

Andrew Schorr:

Hello and welcome to Patient Power. I'm Andrew Schorr, and this is sponsored by Northwestern Memorial Hospital and featured in the ihealth area of nmh.org, and we're delighted you could be with us. Just a couple of weeks ago we were visiting with Dr. Alex Nagle from Northwestern and discussing bariatric surgery and the surgeries that can help people who are very, very overweight and trying to give them their health and their lives back, but there's a part two to that, and that is really when is it appropriate to have plastic surgery after you have one of those bariatric surgeries to deal with the skin and fatty tissue areas after so much weight has been lost. So visiting with us today is Dr. Victor Lewis. He's a plastic surgeon at Northwestern Memorial Hospital and also a professor of clinical surgery at Northwestern University's Feinberg School of Medicine.

Dr. Lewis, thank you for being with us. Help us understand whether you have the surgery or even if you lose weight in some other way how plastic surgery can help.

Dr. Lewis:

Plastic surgery can help restore some normalcy to the patient's body contours. Frequently when they have had the enormous amounts of weight gain and then weight loss tissue has lost its elasticity, and it tends to hang in most inconvenient, sometimes uncamouflageable ways about the patient's upper, lower extremities and trunk.

Andrew Schorr:

Okay. Someone may have lot with the surgery or in other ways maybe lost 100, 200 pounds or more. What is the interval typically between when somebody has the weight loss and then maybe would start a discussion with a plastic surgeon?

Dr. Lewis:

The first time we see the patient is usually about the time they are going to have their surgery so that we can discuss the changes that their body will have. Then many times we won't see them again until they have achieved a stable weight for a period of at least three to six months after their bariatric surgery and when their personal physician and their psychiatrist have judged them to be stable.

The Process and Procedure

Andrew Schorr:

So when someone has this surgery then, let's begin to understand the range of it. So let's say somebody lost 200 pounds, and so their health has got to be assessed, I guess it was for the original surgery that they could withstand now. Is it simply one second plastic surgery, or might they need more than one?

Dr. Lewis:

I do no patients with a single operation. We are talking of people who will want to have changes made in their lower torso, their lower extremities, their chest, frequently both for men and women the breast, the upper extremities and sometimes the face. I like to do it in at least two stages.

Andrew Schorr:

When somebody has these procedures, help us understand what they are. I've heard of different terms, lifts and lifts to different parts of the body and contouring. So let's understand your lexicon, if you will, and what it means.

Dr. Lewis:

I use the term "lift" to indicate the large amounts of tissue which have to be restored to a relatively normal anatomic condition and contouring to mean the more subtle changes that we make in order to give the tissues the best appearance.

Andrew Schorr:

So how is that done, and where do you do it in the body? So you talk about, if somebody has lost 200 pounds or more is it from head to toe or over several surgeries, as you said, or might it just be in one area?

Dr. Lewis:

The commonest place we start is with the abdomen and the back, lifting both and contouring both of those areas. This usually is called a belt procedure or circumferential trunk procedure. I start with the patient on their stomach, lift the buttocks, lift the back, remove the rolls of fat. The patient is then turned abdomen up, and we complete the operative procedure with removing the fat tissue on the front part of their abdomen, being careful to note whether there are any hernias or underlying problems that require repair but always in association with tightening the muscles of the lower part of the trunk.

Andrew Schorr:

Now, how would you compare this with the gastric bypass type surgeries that they have, as far as the length of these procedures or the recovery?

Dr. Lewis:

The gastric bypass procedure creates an incision in the abdomen. These patients are always at risk of developing a hernia or a failure to heal in any surgical site. As they lose weight, they create a relatively more favorable surgical environment, but at the same time my incisions are a lot longer than the gastric bypass surgeon's incisions, and we would say that it's expectable that they will have either fluid collections called seromas or that they will have some at least minor breakdowns of the incision line during the healing period.

Andrew Schorr:

Okay. So I imagine they come see you post-operatively a few times. There's monitoring that goes on.

Dr. Lewis:

We have two reasons to see these people initially. One of them is to check for drains, for soft tissue infection, for any complications so that we can troubleshoot in postoperative period. And then in the long term we monitor them for healing, further relaxation, and planning the timing for secondary procedures.

Andrew Schorr:

Now, when I've interviewed bariatric surgeons such as Dr. Nagle we talk about the health risks for people who are morbidly obese and all the things that go with it that could shorten their life. So we understand that as a health intervention. How do you view what you do as far as something beyond cosmetic?

Dr. Lewis:

I view this as the restoration of normal function after they've had the restoration of normal physiology by the general surgeon. We take huge aprons of fat, things that can't be disguised and we remove them. In doing so we help the patient normalize their ability to exercise, their ability to move, their ability to wear clothes. We help restore them to normal society.

Andrew Schorr:

The insurance companies don't often agree, though. Is it variable to have insurance companies cover this?

Dr. Lewis:

On the whole, insurance companies will pay to have a documented hernia in one of the incision lines repaired. The rest of the surgery has to be paid for by the patient themselves. It's a problem to persuade an insurance company that a patient with an apron of skin and fat hanging to their mid thighs from their abdomen is somebody who still needs to have support for reconstruction, that that's not just a cosmetic problem.

The Benefits to the Patient

Andrew Schorr:

Well, let's talk about that. What are the difficulties for someone who has that huge amount of hanging skin or fat?

Dr. Lewis:

At one end of the procedure we have patients who have for example excess rolls of skin hanging off of their arms. In an older patient or a patient who is going to need surgery on their joints, their ability to use crutches, their ability to move around could be increased a lot by just removing the three or four pounds of extra skin literally that they have hanging from their arms. I find that the patients begin to move more freely, begin to exercise more and begin to be able to embrace the kind of physical activity they hoped for after we've done the procedures we do.

Andrew Schorr:

So it's really the second part of giving somebody their life back.

Dr. Lewis:

I believe so. I don't think a patient has been restored yet when they can't wear clothes normally, when they potentially smell because of rolls of skin that have moisture underneath them, and the patient can't wear normal clothes.

Andrew Schorr:

I would agree with you. Now, why is it that the skin and the tissue can be resilient for somebody who is just losing a little bit of weight, somebody who is 20 pounds overweight, what's the problem with the body having that resilience when it's 100 pounds or more?

Dr. Lewis:

The elastic fibers in the skin have been stretched past their endurance, and they've snapped, creating the long stretch marks with which we're all familiar after pregnancy. This type of process is made much worse by massive amounts of weight over long periods of time. But certainly just like the patterns of obesity and weight loss are different among different patients, occasionally you encounter somebody, usually a younger person, whose skin is remarkably elastic and you only need to do a moderate amount of what we call the contouring.

Andrew Schorr:

So somebody has lost a substantial amount of weight through gastric bypass, one of the different procedures, but yet they have a lot of extra skin and fatty tissue that has not come off. When you go through these procedures how much more weight maybe could somebody expect to lose?

Dr. Lewis:

I stress the procedures we do are not weight loss procedures. They are procedures to restore function. And frequently I'm asked after the procedure by the patient, how many pounds did you remove, and in fact I usually weigh them, I usually have an answer for them in that way. But you can remove as much as 30 pounds of skin from the abdomen in one operative procedure, and going circumferentially around the trunk the total amount may be 40 pounds. That's a big operative procedure.

Andrew Schorr:

Now, what about the recovery time? You mentioned about some of the things that can go along with the long incisions that you have to make. How long does it take for somebody to feel back to the way they wanted to be?

Dr. Lewis:

I'm going to change that from where they want to be to where they hope to be, sometimes where they expect to be and then they found out where they actually get to from the operative procedure and how much further they have to go on their own to achieve our hopes for their body contouring. Individuals who expect to be able to return to a body habitus which resembles that of their graduation from high school will be disappointed and will not achieve what they hope for. Patients however sometimes find that they are remarkably energized by the kinds of procedures we do. Not only does it take the weight off of their bones and joints it enables their muscles to function more effectively, and it makes the patients much more normal individuals.

Andrew Schorr:

It would seem to me that if somebody loses 100, 200 pounds that this is kind of a part two that would naturally follow most all the time. Are there some people who really don't need this? Or how do you figure whether you are in fact a candidate for this?

Dr. Lewis:

The first thing is that you must not come to a reconstructive surgeon expecting that insurance will cover the procedure. That's the reality and that's a sad reality of the procedure. One of the reasons I like to see the patients at the beginning is so that they can begin budgeting their reconstructive surgery done at an appropriate time after the operation.

Then the patient has to have normal blood pressure, normal heart function because these are relatively big operations. Certainly the shorter procedures run in the three-and-a-half to four-hour range if we're doing significant contouring. Then they have to have normal physiology with hopefully their diabetes and other metabolic disorders corrected. I expect the patients to come to me with a medical record

from their personal doctor indicating that their physical status would permit us going forward, and I would expect that they have had psychological or psychiatric evaluation indicating that they are prepared to have reconstructive surgery.

Andrew Schorr:

Does it matter if a patient is still smoking?

Dr. Lewis:

Well, yes because I wouldn't do an operation for a patient who is still smoking. There's too much risk. And if they are unable to stop smoking for an operation of this size when the risk of complications of wound healing may be increased seven-fold, then I don't think that they are ready to undertake a procedure.

Recovery

Andrew Schorr:

Now, what are their responsibilities? Obviously they have responsibilities to keep the weight off, but as far as the recovery from this total body lift perhaps and contouring and keeping in touch with your office, watching out for signs of infection, what are their responsibilities?

Dr. Lewis:

I expect them to be a partner with me and my assistants in taking care of the problems that they have. If they have a difficulty they've got to call you us up, and we need to be able to intervene very promptly. We expect to hear from these patients much more often than we do our usual surgical patients, and they have to understand that their part of the bargain is keeping me closely informed about their healing course.

Andrew Schorr:

Now, we've talked about the various lifts. Often when I think of lift in somebody who hasn't been morbidly obese, just any of us, we think, well, sooner or later maybe a face lift. Is a face lift or a neck lift typically part of it as well?

Dr. Lewis:

The patients lose weight in their neck and they lose weight in their face at the same time, and many of them don't like the droopy, haggard look, but I frequently make that the last stage. Once we get their lower and upper extremities and their torso contoured and have them functioning better we approach the face. I find that that's the patient's choice usually also. If you ask people to give you their sequence and importance for the operative procedures usually they will list the abdomen and the front of the torso first, and usually they'll come to the face and neck lift as one of the later things.

Andrew Schorr:

Now, I wanted to talk for just a second about people who may lose weight successfully through some other kind of program, where they still maybe lost a lot of weight. I know it's hard through sort of medical management or even some of the programs we see on TV, but some people achieve that, and they wind up in the same place, where they have extra skin and flesh that they want to get rid of. Is that any different situation at all?

Dr. Lewis:

The actual loss of weight usually encompasses a higher activity level in the patients who do it on their own, and I like that. It is possible. I always recall and frequently refer to a young patient from our art institute who managed to lose about 120 pounds on her own and who we were asked by the physicians for the school of the art institute to help because she had no insurance support and how well she did and how much it changed her career and her life to be able to have these things done. But she did it on her own. She made up her mind, and she really enlisted her friends and had a very successful program of doing it.

Listener Questions**Andrew Schorr:**

I wanted to pose some questions to you that were sent in by some of our listeners in advance of this program. This one came in from Karen in Branson, Missouri, and you talked about this a little earlier but we could bring it up again. So Karen said, "I had surgery eight months ago. How long should one generally wait before plastic surgery?" She's concerned because the excess skin is causing back pain.

Dr. Lewis:

Normally on the average it would be a year, but I think at any point where she wants to find out what's possible for her in her personal circumstance she can begin the consultive process.

Branson must be an interesting place to lose weight.

Andrew Schorr:

Right. And Casey from Minneapolis wrote in, and again we touched on this a little bit, but she would like to learn more. "Is plastic surgery always necessary, or is there a chance that my skin will tighten up adequately on its own?"

Dr. Lewis:

There is a chance that you can get close to where you want to be with no surgery, and you can certainly wait and lengthen the interval the less heavy skin you have hanging off and see how close you can get.

Andrew Schorr:

Here's a question from Jeff in Chicago, and he wonders, "Is there such a thing as a male chest lift, or is there also a laser treatment that might help tighten the skin around the perimeter of the chest and under the arms?"

Dr. Lewis:

There is a male chest lift, and it's well described, and pictures of the technique and the resultant scars can be shown when you see a plastic surgeon. The scars are quite acceptable compared to the drooping skin that the patients have before the operative procedure.

The laser skin tightening procedures, I don't employ them. They're not generally supported as being effective, but there certainly are places where they're available, and you can look, have consultations and see what you think can be accomplished.

Andrew Schorr:

Now, this touches on one of the things I wondered about. Does what you do vary by gender, or is the recovery or the way the skin or tissue responds, are there any gender differences or even racial or ethnic differences?

Dr. Lewis:

Yes. Male pattern obesity and female pattern obesity are different anyway, the male patients having more intraabdominal fat, the more protuberant abdomen but actually less hanging skin perhaps than many of the women patients. The pattern of obesity about the pelvis and the thighs tends to be heavier in women than it is in men.

Racially, I haven't compared them but I would say that some patients who have more weight, particularly women, will tend to have more weight around the pelvis and between the pelvis and the knees in the non Caucasian patients than some of the Caucasian patients I see, but that's only a generality.

Andrew Schorr:

Okay. Now, what about age? Is there any age concerns you have, or is it all just about somebody's overall health?

Dr. Lewis:

Overall health, physiologic age, ability to tolerate a relatively long operative procedure, making sure that the benefit that the patient can achieve is worth the operative intervention.

Andrew Schorr:

Now, what about exercise afterwards? So now they have this tightened up skin and flesh, and let's say they get past risks of infection and the scars have healed and all that. What about things that they need to do in terms of exercise to stay taut, if you will?

Dr. Lewis:

Well, exercise doesn't tighten skin. On the other hand, patients who exercise and who approach their own health in a more general way will do better than patients who rely on the operative procedure alone and sloth thereafter to maintain their body habitus.

Andrew Schorr:

Dr. Lewis, we talked a little about people who shouldn't have the surgery or who aren't ready for it. Let's just talk about complications of these surgeries. You talked about they're long surgeries, and you also acknowledged that there are long scars. So what are concerns that people should be advised about?

Dr. Lewis:

Those operative procedures are very frequently associated with a requirement for drainage of fluid pockets underneath the skin called seromas. They're very frequently associated with wound openings and then perhaps draining of some of that fluid. They can be associated with blood collections underneath the skin. The incidence of infection after these procedures is more frequent than it is after other elective procedures even with the judicious use of appropriate antibiotics before the operative procedure. The patient has to be able to work closely with the physician and the physician's staff to troubleshoot these problems, recognize them early, and more expect them than not.

Andrew Schorr:

Now, talk to me a little bit about this, maybe in your own practice. If somebody is having plastic surgery after a huge amount of weight loss, how important is it to see a plastic surgeon who has this as a basic part of their practice?

Dr. Lewis:

It is important. The plastic surgery community, however, has been brought up to speed both at the American Society of Plastic Surgeons meetings and at the American Society for Esthetic Plastic Surgery meetings in terms of the current techniques, the sequencing of techniques, their value to the patient and other things. So that if a patient wishes to begin consideration with a surgeon who does not appear to have had as long an experience with these operations as another, they can get valuable information from many different sources in the plastic surgery community.

Andrew Schorr:

But in your own case with your practice it sounds like you do this often.

Dr. Lewis:

We do this regularly. It's a lot of work, and it's helpful to have trained staff. It's helpful to have an operating room that's used to dealing with patients like this. It's helpful to have nurses in the hospital who are experienced in taking care of these individuals. But for lesser cases, for more limited procedures, certainly arm lifts, breast lifts, abdominoplasty, thigh lifts, liposuction are all parts of the armamentarium of the presently trained plastic surgeon.

Andrew Schorr:

But when you start talking about a total body lift then it gets to be someone who may be more specialized such as yourself.

Dr. Lewis:

It's a good idea to have somebody who is equipped to handle the surgery and the postoperative course.

Andrew Schorr:

Well, just to sum up then, I know you're a strong believer and you've convinced me that for someone who is trying to get their life back and may have lost and worked hard over a long period of time with the help of initial surgery or maybe another program, 100, 200 pounds or more that this is a next step that can help complete their transition back to a fuller life.

Dr. Lewis:

I agree.

Andrew Schorr:

Yeah. Well, it's quite remarkable. Dr. Victor Lewis, thank you for all you do. If people want to contact you, what's the best way?

Dr. Lewis:

The phone number for my practice is 312-335-9155.

Andrew Schorr:

Okay. 312-335-9155.

Dr. Lewis:

The practice manager's name is Shannon.

Andrew Schorr:

Okay. Talk to Shannon and then can have a consultation with Dr. Lewis. And that can start early, right? So you don't have to be a year out.

Dr. Lewis:

I'm very happy to see people a year before they're thinking about it.

Andrew Schorr:

Wow. Okay. And then plan for it. Don't smoke. Manage your chronic conditions and hopefully with this surgery can put you back to a full life. Dr. Victor Lewis, from Northwestern Memorial, an eminent plastic surgeon in Chicago, thank you so much for being with us to help us understand about reconstruction after someone has lost all that weight.

Dr. Lewis:

Thank you for the opportunity to talk about it.

Andrew Schorr:

Thank you, sir.

This is what we do on Patient Power every two weeks with Northwestern. And if you haven't heard it please listen to the replay of our program with Dr. Alex Nagle, bariatric surgeon, to understand the surgical options to help people lose the weight they have not been able to lose other ways and where their health is at risk because of it. And then of course this program, please recommend it to others.

In mid February, February 10th, we'll be doing another program with Northwestern, coronary artery stents and understanding that versus bypass surgery, and we will have Dr. Charles Davidson. And all of our programs of course are in the ihealth.nmh.org website. Thank you for joining us. I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

Please remember the opinions expressed on Patient Power are not necessarily the views of Northwestern Memorial Hospital, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.