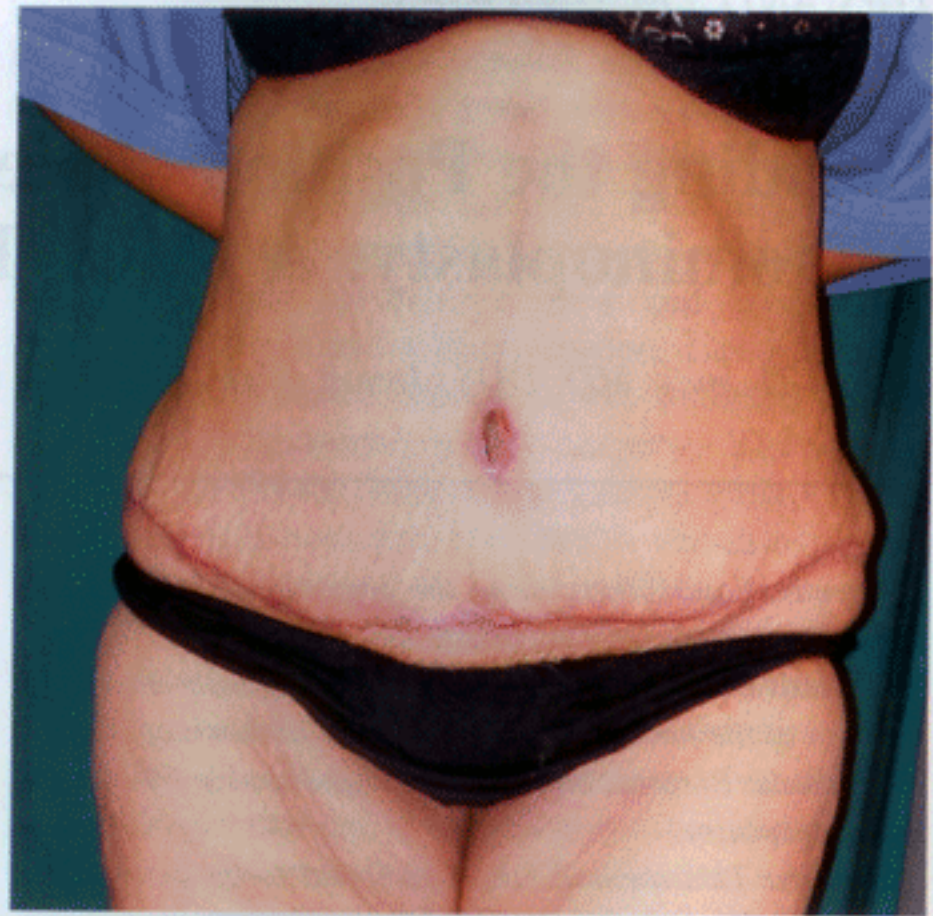


**Figure 2.** Marking the level of the umbilicus. A suture is taken at the xiphisternum in the midline. (A) The thread is dropped from the fixed point on the xiphisternum to the umbilicus. A hemostat is placed at the mid-umbilical position where it serves as a marker. (B) The thread with the hemostat is brought to the midline after the excess skin is excised then stretched and tacked to the lower skin margin and the point is marked. (C) An ellipse of skin is removed with this point at its center, and the neoumbilicus is seen through the cored hole, brought out, and sutured.



**Figure 3.** The umbilicus after abdominoplasty.

marked (Figure 2B). An ellipse of skin is removed with this point as its center, and the umbilicus, which is seen through the cored hole, is brought out and sutured (Figure 2C).

### Results

This method has been found to be foolproof in more than 50 procedures that we have done so far.

### Conclusion

The main advantage of this method is that the patient gets a neoumbilicus that is in its original position every single time (Figure 3). As the marking is done in supine position, any ptosis of the umbilicus is corrected in this position.

### References

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