



Figure 1. (A) Preoperative photograph, front. (B) Preoperative photograph, left oblique. (C) Preoperative photograph, back. (D) Marking the patient's front before surgery. (E) Marking the patient's left oblique. (F) Marking the patient's back.

at 23°C. A warming blanket was also used, and infiltration fluid was prewarmed.

Initially, with the patient in a prone position, liposuction of the back was done. The patient was then placed in a supine position, and liposuction of chest and abdomen was carried out.

The excess skin on the chest was excised in the Boomerang flap pattern as marked before. The nipple-areola complex (NAC) was shifted up to the 4th intercostal space and sutured to the prepectoral fascia. Flap edges were brought together, and superficial fascial approximation was done with permanent sutures (2.0 Prolene sutures). Skin closure was done up to the midaxillary line (subcutaneous closure with 3.0 Monocryl and subcuticular closure with 5.0 Monocryl sutures).

Abdominoplasty with relocation of umbilicus was also performed. In a lateral position on either side, the

excess skin on the back and lateral chest was excised and marked up to the inferior angle of scapula. Drains were kept after the closure (14-g negative suction drains). The penile shaft was more noticeable after the procedure.

The total operative time was 6 hours. A pressure garment was applied while the patient was on the operating table.

Drains were removed on third postoperative day. Postoperative hemoglobin and serum albumin levels were in normal range. Patient was mobilized from the first postoperative day and discharged from the hospital on the fifth postoperative day. Ultrasound therapy was used for 2 weeks after surgery to reduce swelling.

The follow-up period was uneventful, and there were no breakdown or healing problems. Patient was extremely gratified with the result and was better psychologically. Follow-up at 6 months showed satisfactory results. (Figure 2A through C).