



Figure 2. Photographs at 2 months after surgery, (A) front. (B) 2 months after surgery, side. (C) 2 months after surgery, back.

Discussion

After massive weight loss, redundant abdominal and breast tissue can result in psychological problems related to an unusual body habitus. Patients complain of difficulties with such issues as daily activities, choice of clothing, and social acceptance. Body contouring has proved to be an important part of the rehabilitation of the morbidly obese patient.¹

Staging of body-contouring procedures for massive weight loss patients helps ensure optimal outcomes as well as enhance patient outcome.² Following are important considerations in staging procedures²:

1. Body mass index
2. Solo versus team approach
3. Preoperative evaluation of body habitus, morphology of skin redundancy, and quality of skin fat envelope

Staging should be dictated both by the physician's and the patient's comfort level and the patient's ability to tolerate longer surgery.²

More procedures can be performed in fewer stages in patients with smaller body mass index.² Single-stage contouring should be undertaken only in the following circumstances: body mass index <28, young patient fit enough to withstand long operative time, and only when patient wants a single-stage correction.

Among the surgical methods used, liposuction and abdominoplasty are straightforward.

For contouring of the chest in men after massive weight loss, there are 4 options. Options 2 through 4

are for patients with more skin redundancy and ptosis.

1. In cases with mild ptosis, liposuction and excision of vertical ellipse of skin along midaxillary line offers adequate correction.³
2. An inverted T mastopexy, which will place the scar along the inframammary crease and vertically below the NAC.³
3. Skin excision by boomerang pattern, which will reposition the NAC and remove excess skin along the lateral chest and back. The scars are placed in the anterior chest avoiding the inframammary crease. In men, obliteration of the inframammary crease is considered desirable.⁴
4. When there is a higher degree of ptosis, direct excision of the excess tissues with free grafting of the NAC may be considered. In such cases, a pedicled transfer of the NAC is more prone for complications as the pedicle length increases.³

Simultaneous chest and abdominal body contouring does not affect the vascularity of skin flaps. Although blood loss is more than with a single surgery, it is not significant. A single stage obviates the need for anesthesia on 2 separate occasions and the slight increase in operative time does not affect the recovery time.

Conclusion

Body contouring in men after massive weight loss can be carried out in a single stage in well-selected cases. Men are probably better suited for single-stage