TIPS AND TECHNIQUES

Deciding the Position of Neoumbilicus in Abdominoplasty: A Novel Idea

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Introduction: *Determining the position of the neoumbilicus in cases of abdominoplasty has always been tricky.*

Objective: *To present a simple method of determining the position of the neoumbilicus in cases of abdominoplasty.*

Methods: *Presentation of a technique used in 50 cases of abdominoplasty.*

Results: *This method has been found to be foolproof in more than 50 patients.*

Conclusion: *The main advantage of this method is that patients get a neoumbilicus that is in its original position every single time.*

Determining the position of the neoumbilicus in cases of abdominoplasty has always been a tricky step. Most surgeons place it at the level of anterior superior iliac spine in the midline.[1] Some authors believe the umbilical stump can be palpated through the stretched abdominal skin flap, where an opening can be made and the neoumbilicus can be positioned. Difficulty is encountered when the abdominal flap is thick or when the umbilical stalk is long and/or lax. The preoperative position of the umbilicus also needs to be taken into account (Figure 1). Numerous studies have been conducted about the normal position of the umbilicus with contrasting findings. One report found that the umbilicus was off midline in nearly 100% of persons.[2] *Here we present a simple technique to determine the* position of the umbilicus in abdominoplasties.

Technique

With the patient under anesthesia and in a supine position, a line is drawn in the midline from xiphisternum to the pubic symphysis, and the position of the umbilicus is noted with respect to the midline. A suture is taken at the xiphisternum in the midline, and the thread is dropped down to the umbilicus (Figure 2A). A hemostat is attached to the thread at the mid-umbilical position; this serves as a marker for the repositioned umbilical site. If present, the umbilical shift off midline is measured. We have noted that the skin at the region of the xiphisternum does not move when the abdominal skin flap is stretched down; hence, the upper end of suture remains fixed. After excising the excess skin, the abdominal skin is stretched and tacked to the lower skin margin. The thread with hemostat is brought to the midline, and the point is

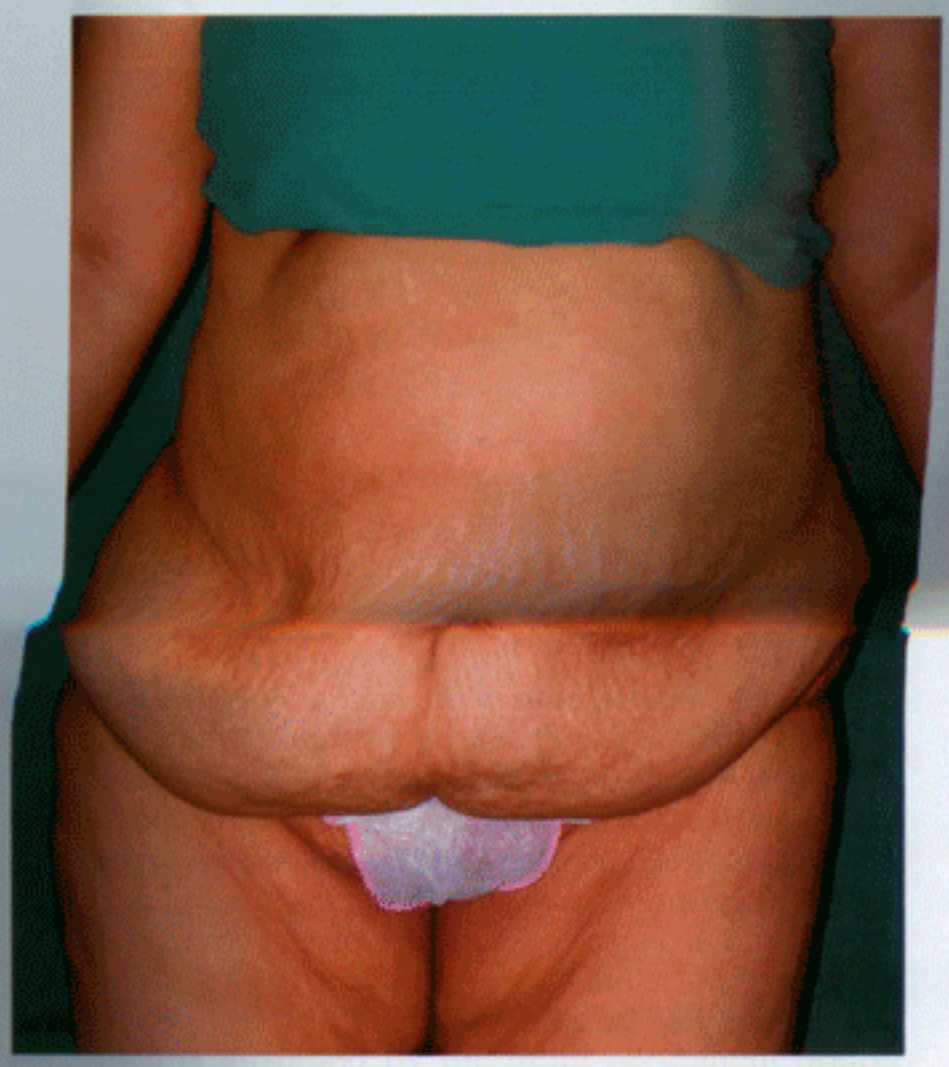

Figure 1. *The umbilicus before abdominoplasty.*

Received for publication March 29, 2006.

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