

UDPS

**UPDATE
IN PLASTIC
SURGERY**

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What's new in breast reduction



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Summary

What's new in breast reduction

The goals of reduction mammoplasty include good and stable projection, long lasting results and scar limitation.

During the years plastic surgeons have focused their attention on reducing scars. Articles and evidence-based medicine show that many other parameters prove as equally important as scars.

KEY WORDS: Macromasty, breast reduction.

Introduction

Breast reduction is a common plastic surgery procedure and is one of the most common types of surgery performed on the female breast. It can be unilateral for symmetry or bilateral for many reasons.

Macromasty always has repercussions on the quality of life. Not only are psychological and social wellbeing affected but very often physical aspects are involved, such as neck, back and shoulder pain.

For these reasons reduction mammoplasty greatly improves quality of life. However, a good result is obtained only when you consider the breast as a whole organ as well as a part of the body.

For planning breast reduction, breast volume and shape, skin texture, elasticity and colour need to be considered.

Nipple-areola complex (NAC) shape and size are relevant, as well as the relation-

ship between breast and chest wall, ptosis degree, age, body weight and the expectations of the patient. All these parameters need to be considered when deciding on the surgical technique.

All surgeons have their own particular method, although this is not always suitable for all patients.

Therefore, plastic surgeons need to be able to implement the right technique for the right situation.

Over the years many different methods have been proposed to improve aesthetic and functional results. Successful breast reduction results should include shape related to chest wall, breast symmetry, scars, NAC location and NAC sensibility, breastfeeding capability and patient satisfaction.

Surgical options

Surgeons have many surgical options where the keys elements are pedicle and skin excision.

Certain medical research papers on breast reduction state that they are independent but related; on the contrary parenchymal reduction is strictly related to the pedicle. Today we still use pedicles described many years ago, including vertical or horizontal bipedicles, lateral or medial, central, superior and inferior pedicles.

Some are less frequent while others are back in vogue with recent or contemporary authors. They all work and every approach has its advantages and disadvantages.

Over the years authors have started to pay more attention to skin markings with a variety of patterns in order to achieve fewer, shorter and more hidden scars. Wise pattern producing an inverted T scar is probably the most common pattern used.

Small reductions can be performed using a periareolar technique, while moderate reductions can be achieved using many techniques, and differently shaped scars. In this case, a periareolar scar is always present and associated with an inverted T, L or J, vertical, or no vertical scar.

In very large reductions with a high degree of nipple ptosis, a free nipple graft technique is recommended.

The history of scar reduction began in Europe in 1970 when French plastic surgeon, *Claude Lassus*, published his vertical breast reduction technique¹.

This involves en bloc inferocentral resection (skin, fat and gland), with a transposition of the nipple areola complex onto a superiorly based flap.

There is no undermining of the lateral and medial pillars and no undermining of the skin; the resulting vertical scar extends the submammary fold onto the abdomen skin.

Many other surgeons began to pay more attention to reducing scars especially on vertical closures using different patterns and different pedicles (*Lejour*², *Hammmond*³, *Hall-Finlay*⁴, *Scott-Spear*⁵).

A recent survey⁶ of patient preferences in breast reduction scars indicates that the horizontal technique (no vertical scar)⁷ is preferred.

This contrasts with surgeons who often prefer a vertical scar. No vertical scar is more common in the USA than in Europe and it requires breasts with a large footprint and a considerable degree of areola-nipple complex ptosis.

In the light of the findings, plastic surgeons should consider this technique among their procedures for breast reduction. Short scars are often more a worry for the plastic surgeon than for the patient. What is more, vertical scars are subject to more revision surgery.

Many other parameters are essential for successful breast reduction.

Size, shape and projection combined with preserved breastfeeding and sensitivity of nipple areola complex are clearly also desirable.

All patients undergoing reduction mammoplasty will find their physical and emotional symptoms improved as well as their physical appearance.

In conclusion, although there is nothing new concerning technique it is important to bear in mind the fact that there is no mammoplasty for all seasons; the plastic surgeon needs to be familiar with a number of techniques so as to be able to choose the right one for each patient.

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Figure 1a.
Macromastia: pre-op.



Figure 1b.
Post-op free nipple graft technique.



Figure 2a.
Mammary hypertrophy with severe ptosis: pre-op.



Figure 2b.
Post-op supero-medial pedicle and vertical scar technique.

The medical/surgical minilifting: association of volumizing hyaluronic acid and neck counturing for the rejuvenation of the medium/inferior third of the face



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Summary

The medical/surgical minilifting: association of volumizing hyaluronic acid and neck counturing for the rejuvenation of the medium/inferior third of the face

The aesthetic correction of volume loss of the face and rejuvenation of the neck are the most frequent request for a plastic surgeon and for a aesthetic doctor.

The new combination between Juvéderm® Voluma™ with lidocaine for the replacement of volume loss of the face and Nutational Infrasonic Liposuction by Euromi Belgium (NIL) to improve the ptosis of the neck appear to be a strategic, innovative tool. The aim of this article is to demonstrate how to improve this two regions, based on the experience of two Italian Practitioner.

KEY WORDS: Dermal filler, Juvéderm Voluma, Vycross Technology, Nutational Infrasonic Liposuction.

Introduction

As we age time causes a progressive reduction of volume of the cheek, and also a ptosis of the neck that loses its aspect of beary.

One of the most frequent requests for a plastic surgeon and for an aesthetic doctor is the aesthetic correction of volume

loss of the face and rejuvenation of the neck, because the patients want to regain their self esteem.

Until now, we have not had very strong weapons to contrast this problem, but now, with the combination of Vycross technology of Juvéderm® Voluma™ with lidocaine and Nutational Infrasonic Liposuction (NIL) by Euromi Belgium we have a new strategic alternative that can be used alone, or in a combination, to obtain an even stronger result.

Dermal filler

Juvéderm® Voluma™ with lidocaine is a dermal filler of cross-linked hyaluronic acid. It is an injectable gel intended to restore the volume of the face, because it has a "lifting" effect and for this reason it is suitable for patients that have a constitutional thin face or that have lost weight in the mid or lower face (Figure 3).

For its characteristics of viscosity it must be injected in the deep dermis or in the upper periosteum with the 27G needle contained in the box or alternatively with the 25 cannula (Figure 1), which is particularly useful for pale and vascularized skin because it causes less pain and discomfort and less bruising.

The most important characteristic of this dermal filler is the technology, called Vycross technology patented by Allergan.

In this gel, short chains of hyaluronic acid

are more numerous than long chains and this has been created a dermal filler that is more resistant to degradation operated by enzymes. In this way we can obtain a gel with high cohesivity, long lasting effect (more than 12 months), but at the same time very comfortable to use for its plasticity (Figure 2).

It also contains 0.3% of lidocaine that reduces the discomfort in the treatment.

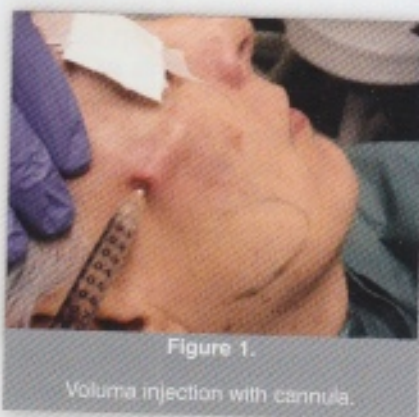


Figure 1.

Voluma injection with cannula.

Nutational Infrasonic Liposuction

Nutational Infrasonic Liposuction (NIL) by Euromi Belgium, (Figure 4) is the newest technique for the surgical remodelling of the body. Compared to the Ultrasound Assisted Liposuction (UAS) and the External Assisted Liposuction

(EAS) it acts with a nutational effect, which means that we can have at the same time both a better fat emulsification and later a suction.

The machine works with a special hand-piece which has three different movement: vibration, 6 mm translation and 30° lifting rotation. In this way the target are only the adipocyte cell, while the other structures are saved, and we can also achieve a "pump" effect with more suction of the fat, but less depression of the skin.

So we can obtain:

- No harm to non-adipose structures: stop signal in case of contact with such structures;
- Micropump effect: higher fat removal with no increase in skin depression;
- Frequency is the same of analgesic TENS (10 Hz) = INFRASONIC: higher comfort in local anaesthesia with lower dosage of anaesthetic and in the post op;
- No discharge of thermic energy (no burns risk as Ultrasound Lipo!);
- Higher emulsion of fat (NUTATION) with simultaneous suction.

Surgical technique

The surgical technique is very easy and fast, and acts in few steps:

- Local infiltration;
- Waiting time: 10-15 min;
- Nutational liposuction;
- Dressing.

But the most important aspect of this technique is the dramatical skin retraction that we can obtain after only a few days and lasts for years. The three movements created by the compressed air into the handpiece creates the nutational effect which increase the production of fibrous tissue with a lifting effect in all the sub-mandibular area. For the patients there are a lot of advantages with no disadvantages despite the other liposuction, infact we have less intraoperative pain (if local anaesthesia is used) as well as post-operative pain, less ecchymosis, less

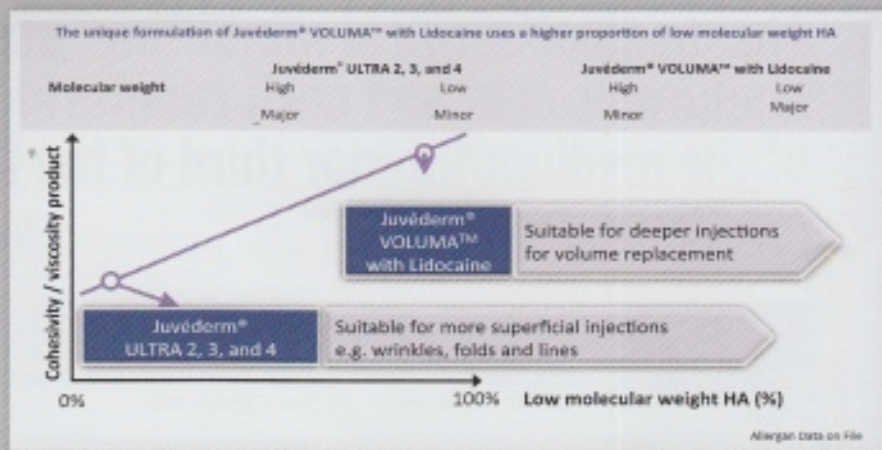


Figure 2. Juvéderm® ULTRA 2, 3 and 4 vs Juvéderm® VOLUMA™ with Lidocaine.



Figure 3. Medical lifting with Voluma™ 2 mL.

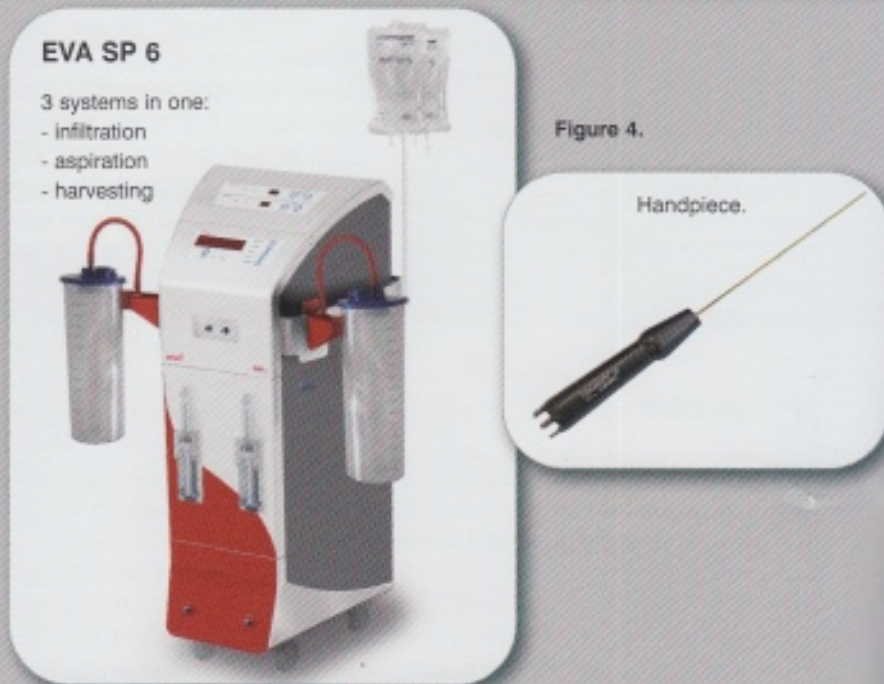


Figure 4.

