



Abdominoplasty and apronectomy guidelines

The Queen Elizabeth Hospital
Department of Plastic and Reconstructive
Surgery



Government
of South Australia

SA Health

Abdominoplasty and apronectomy guidelines

Abdominoplasty is defined as the correction of anterior abdominal wall skin redundancy with undermining of flaps to allow repositioning of the umbilicus and plication of the rectus abdominus muscles where indicated.

Apronectomy is defined as amputation of an anterior abdominal skin fold with no undermining of the skin flaps and may include amputation of the umbilicus but no repositioning.

Abdominoplasty procedures can improve quality of life and function in some patients who meet a specific level of severity (1 – 3).

Body contouring surgery can be offered in patients seeking abdominoplasty or apronectomy if they display an acceptable evidence of exceptionality as well as being deemed to receive a clinical benefit from such surgery.

Patients who could fulfil these outcomes need to comply with the following criteria.

- > Patients BMI is less or equal to 28Kg/m². Patients who have undergone massive weight loss following either bariatric surgery or secondary to diet and exercise alone will not have a BMI of 28 applied to their situation. They will be assessed as per the body contouring post massive weight loss criteria guidelines.
- > Patients must be over the age of 18 years.
- > Patient's weight has remained stable (+/- 5Kg) for a period of 12 months.
- > Patients must be non-smokers.
- > The abdominal apron (overhang) descends beneath the symphysis pubis and partially obscures the genitalia and bilateral groin creases.
- > There is documented evidence of this skin fold causing in intertrigo, cellulitis, folliculitis, panniculitis, skin ulceration, subcutaneous abscesses, fungal infections or skin necrosis. These conditions must have been refractory from appropriate medical therapy for a period of at least six months.
- > The patient demonstrates functional restrictions in their ability to walk and ambulate due to the size of the panniculus. In this setting the BMI of 28Kg/m² may not be applied, and such patients will be offered an apronectomy only. Patients in this category will be assessed on a case by case basis and apronectomy will be offered at the discretion of the treating surgeon.
- > The patient has significant scars on the abdomen which may have associated hernia or pain, which are physically distressing and/or cause significant contour defects which present difficulties with hygiene and infection risk.
- > Patients have problems associated with poorly fitting colostomy bags which may be improved with abdominal recontouring such as abdominoplasty.
- > Abdominoplasty / apronectomy is indicated as part of a hernia repair or other abdominal wall surgical procedure.

References

1. Bolton MA, Pruzinsky T, Cash TF, Persing JA. Measuring outcomes in plastic surgery : body image and quality of life in abdominoplasty patients. *Plast Reconstr Surg* 2003; 112: 619-625.

2. Klassen AF, Cano SJ, Scott A et al. Satisfaction and quality-of-life issues in body contouring surgery patients: a qualitative study. *Obes Surg* 2012; 22: 1,527-1,534.
3. Cano SJ, Browne JP, Lamping DL. Patient-based measures of outcome in plastic surgery : current approaches and future direction. *Br J Plast Surg* 2004: 57: 1-11.

For more information

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