

Plastic Surgery and Obesity- What's the Connection?

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Abstract

Plastic Surgeons have continued to see an influx of patients who have lost a tremendous amount of weight, either through their own efforts or various surgical procedures. These patients are increasingly being seen for face and body contouring to attempt to regain some of their pre-weight gain appearance. This trend follows the increase in obesity surgery, especially since it is now frequently covered by insurance plans. However, most plans do not cover the costs of the plastic surgery, which can involve virtually the entire body. Excessive weight loss results in a different set of problems from diabetes, heart disease and hypertension. These disappear as does the weight and what is left is another problem, the loose, hanging skin. So, the plastic surgeon is usually the last clinician in this weight loss journey for the patient.

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There continues to be more attention directed to the care and treatment of the obese patient. One of these reasons is the increasing incidence of obesity worldwide. The prevalence of obesity was 39.8% and affected about 93.3 million of US adults in 2015 - 2016 according to National Center for Health Statistics. According to the World Health Organization (WHO), worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese. 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.

Most of the world's population live in countries where overweight and obesity kills more people than underweight. 41 million children under the age of 5 were overweight or obese in 2016. Over 340 million children and adolescents aged 5 - 19 were overweight or obese in 2016. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer that are some of the leading causes of preventable, premature death.

These statistics have resulted in a tremendous focus and increase in treatment of obesity through various means, non-surgical, but primarily surgical, through bariatric surgery. Prior to 2011, the numbers of gastric restrictive operations were so few as to not even be officially recorded. Even today, the actual number performed is just a guess based on the number of operations by surgeons, mainly general surgeons, that are members of the American Society of Metabolic & Bariatric Surgeons. They report a 45% increase over a six year period ending in 2017. The statistics worldwide have also shown an increase with about 350,000 gastric bypass surgeries performed to date.

They have increased not only because more people find themselves suitable candidates, but also because the procedures themselves have become less invasive and safer, and thus more appealing alternatives. This has become possible as a result of newer and simpler techniques, helped in large part by specialized equipment and instrumentation. Also, metabolic preparation of these patients and nutritional guidance post-bariatric surgery.

In the not so distant past, the mortality rate from these operations was approaching 10%. Other complications such as infection, prolonged recovery or annoyances like persistent diarrhea further scared potential patients even though the health benefits were clearly well-known. Dieting was still the mainstay of weight reduction but this proved futile in most cases. Only now have clinical studies shown that just a very small percentage of patients are able to achieve their objectives, i.e. permanent loss of their unwanted weight through dieting. This has further increased the numbers of these bariatric procedures which have evolved from gastric banding to some form of gastric bypass. There is no question that bariatric surgery is the most effective and long-lasting treatment for obesity.

How is plastic surgery and obesity connected? Most of the patients that have lost massive amounts of weight through gastric restrictive procedures, are ill-prepared for the physical and cosmetic changes that occur to their bodies as a result of their significant weight loss. They have morphed from immeasurable sizes to acceptable ones but with hanging skin everywhere. Even though they are healthier with absence of diabetes, cardiovascular disease, high blood pressure, and metabolically in excellent condition, psychologically they are still suffering and even sometimes regret their weight loss procedure! Fortunately, through body and facial contouring, or bariatric plastic surgery, much can and is done to help these patients regain their self-esteem and a positive body image.

Lori began gaining weight as a teenager eventually ballooning to 270 pounds when she underwent her gastric bypass procedure. She subsequently lost 170pounds over a two-year period. "Even though I felt better," says Lori, "I was horrified to see myself in the mirror." Her abdominal skin apron was removed via an abdominoplasty, and a brachioplasty and mastopexy were added. Now, Lori feels much better about herself. "I am finally ready to begin dating again and even look forward to marriage and having a family," Lori said.

These body-contouring patients are becoming an increased focus of plastic surgeons' practices and led me to establish the American Society of Bariatric Plastic Surgeons (ASBPS) as well as the International Society of Bariatric Plastic Surgeons (ISBPS). They are challenging cases because they involve extensive surgery and skin resection from every part of the body. These procedures have also evolved. Long and bad scars may still result but operations can be safely combined and performed even on an outpatient basis with decreased morbidity.

I treated my first such patient more than twenty years ago, over a period of two years and innumerable operations and hospitalizations. His skin was tailored to his new frame! This is in sharp contrast to Lori who had her make-over performed as an outpatient in one operation with a relatively uncomplicated recovery.

The number of bariatric plastic surgeries has increase exponentially. Between 2000 and 2018, the number of lower body lifts, where the tissue and loose skin is removed in a circumferential way around the torso, has increased by 4295% and the number of brachioplasties or arm reduction surgeries has increased by 5030% in the same period, according to statistics compiled by the American Society of Plastic Surgeons (ASPS).

Regrettably, even though most insurance companies will cover the gastric restrictive procedures especially since 2013 when the American Medical Association classified obesity as a disease, few reimburse for these giant nips and tucks because they view them as purely cosmetic. Hopefully, with further understanding of the actual functional improvement of dermatological problems, difficulty with ambulation that these patients experience, more of these post-gastric bypass radical body-contouring procedures will be covered.

Plastic surgeons, especially those focusing on these special need patients and their surgeries will continue to strive to help them rehabilitate themselves fully and complete their long journey. I hope the increasing obesity trend is reversed but if it continues, bariatric plastic surgeons are ready, willing and able to lend their helping hand.

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