

Is the Combination of an Abdominoplasty with a Cesarean Section Safe a New Concept of Beauty Labor

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Received: January 08, 2020, **Accepted:** January 15, 2020, **Published:** January 20, 2020

Keywords: Abdominoplasty, Cesarean Section, Beauty Labor, Surgical, Myomectomies

Introduction

Traditionally, a combination of a cesarean section with other surgical procedures (myomectomies, abdominoplasty, etc.) has not been accepted in the obstetrical community. The main reason for such an opinion has been the fear of complications of combined procedures, including but not limited to infection, hematomas, and poor wound healing. None of these concerns have been supported by well-designed research studies. The advantages of combining a cesarean section with other surgical procedures, including abdominoplasty, are obvious; the elimination of another anesthesia, increased patient satisfaction, and no need for a second surgery.

Material and methods

We share our experience with 52 patients who underwent a combination of a cesarean section with other procedures (panniculectomy, abdominoplasty, hernia repair, myomectomies, ovarian biopsies, etc.). The following postsurgical outcomes were included in the analysis: postsurgical fever, presence of seromas, hematomas, and wound dehiscence. Postsurgical fever was defined 24 hours or $\geq 38.7^{\circ}\text{C}$ (101.6°F) for the first 24 hours or $>38^{\circ}\text{C}$ (100.4°F) on any 2 of the first 10 days postpartum. All patients were followed for 8 weeks af-

ter the procedures. Statistical analysis was performed using SPSS Version 20.0.

Results

Patients in the study and control groups were divided into two subgroups according to BMI and analyzed separately ($\text{BMI} > 30\text{kg}/\text{m}^2$ and $\text{BMI} < 30\text{kg}/\text{m}^2$). In the group with $\text{BMI} > 30\text{kg}/\text{m}^2$. All patients received antibiotics (a single dose of a first-generation cephalosporin) administered 15-60 minutes prior to skin incision. If the patient had a penicillin allergy, clindamycin or erythromycin was used. The frequency of postpartum fever was 20% in the study group vs. 22% in the control group. Seromas were present in 9% vs. 8% respectively; hematomas, 7.6% vs. 5.5%, respectively; and wound dehiscence took place in 5.4% vs. 8% respectively. Similar to the group with high BMI, patients with low BMI who underwent a combined procedure had similar rates of complications: 6.2% vs. 4% for postpartum fever, 1.2% vs. 0.8% for seromas, 8.2% vs. 4% ($P < 0.01$) for hematomas, and 2.4% vs. 0.3% ($P < 0.05$) for wound dehiscence.

Discussion

The old myth that a cesarean section in combination

with other procedures is not safe has never been tested in a prospective study. In 2017, we presented our data on the surgical outcomes of the combination of panniculectomy and cesarean section at the American Surgical Society Meeting [1]. Over the past decade, panniculectomy and tummy tuck procedures have gained increased acceptance both as an independent procedure and as part of other abdominal operations [2-3]. While the perioperative complications of panniculectomy may have been well described, there is a paucity of data in women who underwent the cosmetic procedure at the time of a cesarean section. We reported our experience with panniculectomy and tummy tucks ("beauty" labor) in a non-randomized prospective study [4]. We concluded that the performance of panniculectomy and tummy tuck as a part of a cesarean section does not appear to increase surgical complications in patients with a high BMI. According to the American Society of Plastic Surgeons, over 324,000 liposuction cases and 135,000 abdominoplasties were performed in 2005, making these 2 of the 5 most commonly performed procedures in the United States. A similar trend can be seen in many other countries, especially in Europe, Asia, and South America [5]. Fennimore, et al. Conducted a retrospective cohort study of 30 morbidly obese patients who underwent panniculectomy at the time of cesarean section [6]. Of the 30 women, 3% developed operative site infection that required readmission. In the control group, 24% developed an operative site infection and 10% were readmitted. There was no difference in the length of hospital stay, intraoperative blood loss, operative time, and infant delivery time between the 2 groups.

Chiswich, et al. reported 2 cases of fat necrosis of the abdominal pannus left in place in the course of a cesarean section [7]. They felt that fat necrosis was a result of traumatic ischemia, possibly secondary to pressure applied to the pannus by retractors during surgery. These authors suggested that in some cases, the removal of the pannus must be done not only for cosmetic reasons but also to prevent fat necrosis [8].

In conclusion, our preliminary results demonstrated a lack of additional complications in combining procedures including plastic surgeries.

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