

AUSTRALIAN
ADVANCED

ISSN 1836-733X

03•10

Aesthetics

THE QUARTERLY MAGAZINE FOR ANTI-AGEING AND APPEARANCE MEDICINE



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Getting your body back... POST-PREGNANCY MAKEOVERS

By Dr Michael Miroshnik, Plastic Surgeon

Although having a child is one of the most fulfilling experiences in a woman's life, it comes at a certain 'physical price' that just about every mother is familiar with. The gravid uterus, hormonal fluctuations, weight changes as well as the breastfeeding process all have a physical aftermath on the body that makes most women wonder what can be done to reclaim what they once had.

Post-pregnancy physical changes to the body seem to affect some women more harshly than others and certain body parts are particularly susceptible to change following the stresses endured during the gravid state. The abdominal area and breasts, as they are directly involved in the process, usually experience the most obvious changes. Other secondary areas however, such as the arms, buttocks, thighs, labia minora and lower legs are often also adversely affected due to the weight and hormone fluctuations that occur. Moreover, changes within the skin itself are frequently found by most mothers. Features such as cellulite, stretch marks (striae) and skin thinning may occur; again being reflective of the major physical and hormonal changes that a woman has undergone during her pregnancy period.

While the desire to undergo a full body restoration is probably something that most mothers think about at some point, it is still only a relatively small percentage of women who use a methodical approach to prioritise and address each of their concerns in turn. Desires sometimes seem unobtainable or simply too difficult for many women and they dismiss such thoughts. However, by setting clear surgical goals, maintaining a concurrent healthy lifestyle and implementing a well thought out plan – results that may seem distant can become a reality relatively quickly. Some individual desires such as weight loss alone can effectively be addressed with a good diet and exercise, whereas others such as reshaping and recontouring will never be achieved without the aid of effective plastic surgery.

It is important to note that there are multiple factors to consider when planning to undertake significant makeover surgery. I ask my patients to rank their individual concerns in an order which is important to them so

that a tailored approach can be adopted, where the areas of most concern are addressed first and lesser areas considered later.

Correcting multiple discerning issues in one large surgical procedure has become known as the modern-day 'yummy mummy makeover'. With the increase in safety of both surgical and anaesthetic techniques, longer procedures are tolerated quite well by most healthy women and allow several areas to be corrected at once so that recovery is simultaneous. Indeed, the most common combination of procedures combined under the one anaesthetic is surgery of the breast and abdomen (tummy).

The procedures are best performed on women who have finished having their family, have had a stable weight for at least six months, are non-smokers and have been involved in some sort of exercise program. I always try to get women to be within 5kg of their ideal body weight prior to surgery. It is also worth noting that these makeover procedures are not just for recent mums, they are equally successfully performed in many who have waited several years before treating themselves.

In this article, we will discuss each of the anatomical areas that tend to bother women post-pregnancy and discuss what can be done about them surgically. I will also use some patient examples to highlight some of the results that can be achieved with the more common procedures.

ABDOMEN

The abdomen is often the most significantly affected area after childbirth, with the breasts a close second.

As the uterus expands throughout the pregnancy term, the midline abdominal muscles (rectus abdominis) are stretched outwards becoming separated in a condition known as Diastasis Recti (see diagram over page).

At the same time, the umbilicus (belly button) is also stretched and changes its shape from a more vertical slit like appearance to one that is larger and horizontal. Sometimes a small hernia may also develop during this process making the umbilicus bulge outwards.

The skin of the abdomen is similarly expanded and develops stretch marks (striae) particularly in its lower portion where most of the forces

are applied. At this stage, or even some time after, new hormonally influenced fat deposits may also appear which tend to be quite stubborn to traditional weight loss methods.

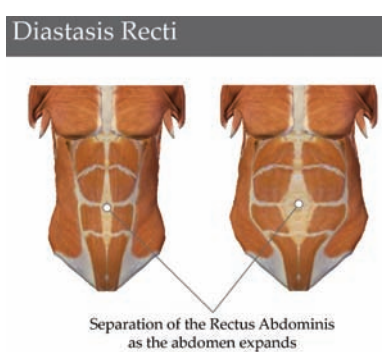
These changes are extremely familiar to most mothers and the degrees to which each individual is affected is influenced by many genetic and environmental factors such as age, skin type, pre-pregnancy weight, diet, smoking and level of fitness. Many of them are unfortunately permanent and cannot be spontaneously reversed no matter how hard one tries with measures such as exercise. They need to be treated by surgery. The operation which addresses all these concerns is known as an abdominoplasty (or tummy tuck).

There are various different types of tummy tuck including the mini, full, endoscopic, extended, high lateral tension, central and circumferential (or belt lipectomy). In addition, liposuction is an excellent adjunct and often used in association with most tummy tuck procedures. The exact choice of operation should be decided after careful assessment and consideration of all the patient's goals.

The usual 'full' tummy tuck procedure usually involves restoring a taut and toned abdomen by removing excess skin (along with striae), fat and at the same time tightening the abdominal musculature. The rectus diastasis is repaired all the way from the rib level downwards and the umbilicus is reshaped to become more vertical and youthful as well as repositioned to a better location. Any incidental hernias are repaired concurrently.

BREASTS

The breast-feeding process and milk reflex causes measurable loss of volume, shape changes as well as droopiness that again cannot be readily restored by the body without surgery. Women may notice stubborn stretch marks as the upper pole volume of their



ARMS

Undesirable changes of the arms range from a simple excess of fat, to that of excessive skin, stretch marks as well as fat. This may lead to what some would refer to as a "chicken wing" appearance to their arms which produces an overall flabby and undesirably wobbly look. These can be addressed via a procedure known as a brachioplasty (arm lift) depending on what the main concerns of the patient are.

THIGHS/BUTTOCKS

Stretch marks, stubborn deposits of fat and excessive skin/droopiness herald the changes in these regions. Depending on what precisely is the concern, a combination of liposuction, thigh lifts (outer or inner), buttock lifts or augmentations can be used to reverse the changes that have occurred.

In some who have been particularly affected or who have had concurrent significant weight loss, a lower body lift is sometimes the solution to address all of the above problems in one go!

LABIA

The labia minora or inner lips of the vulva are often the most affected parts of the external genitalia post pregnancy. Changes include elongation, pigmentation, asymmetry and the appearance of skin tags. These can be addressed with an effective procedure known as a labiaplasty which is a relatively short procedure when compared to some of the others that we have talked about and hence easily added on as an accessory procedure to one of the above.

CASE EXAMPLES

CASE 1: Total post-pregnancy makeover

31-year-old woman with two children has always had large breasts and loose skin. Pregnancy has taken its toll further by making the breasts sag significantly and made the abdomen more floppy. With regards to her breasts, you can see very significant droop as the nipples are starting to approach the region of her umbilicus. Her abdomen has the characteristic bulge on profile which has been caused by Diastasis Recti. There is also a loss of waist definition, as well as excessive fat and stretch marks.

A breast reduction, breast lift and nipple/areolar reshaping procedure was combined with an extended tummy tuck.

“I ask my patients to rank in order all the things they dislike or want to improve about their breasts and tailor an operation that best meets their needs.”

breasts is diminished. In addition, the nipple/areolar area may become adversely enlarged, pigmented and asymmetrical. These deformational changes together can completely change the way a woman perceives her femininity after having children.

To reverse these changes and restore the breasts to their former perk a number of procedures may be utilised. Again, I ask my patients to rank in order all the things they dislike or want to improve about their breasts and tailor an operation that best meets their needs. Options include a breast lift, augmentation, reduction, nipple/areolar reshaping or a combination of several of these procedures. It is a good opportunity for a woman to decide whether she wants to be larger, smaller or remain about the same size as these can be factored into the final choice of procedure.



Case 1

“...the hips and waistline have been rejuvenated and abdominal muscles significantly tightened to give a flat, washboard appearance.”

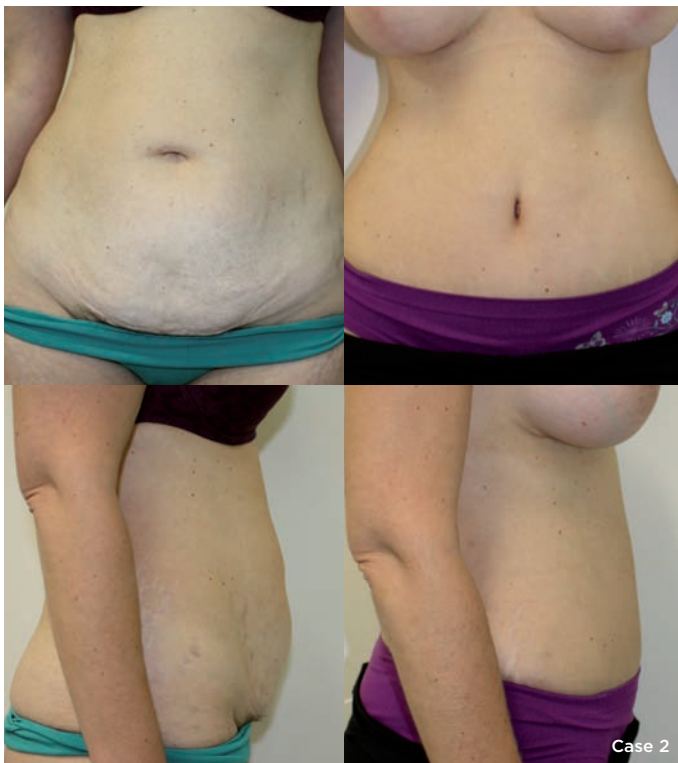
Apart from creating much perkier and youthful breasts, the hips and waistline have been rejuvenated and abdominal muscles significantly tightened to give a flat, washboard appearance.

These results are still early and paper tape is seen along the incisions to minimise scarring. It is used routinely for all surgery of this type in my clinic for a period of at least three months post-op.

CASE 2: The post-pregnancy tummy tuck

This 39-year-old woman has had three children and required a tummy-tuck procedure to restore the look of her abdominal region.

All excess skin, fat and stretch marks have been removed. In addition, her abdominal musculature has been tightened and her belly-button reshaped. Note the restoration of a more vertical slit-like umbilicus which is more representative of the youthful pre-gravid abdominal state. Note also the creation of an attractive waist as part of the procedure of the tightening procedure.



Case 2

CASES 3 and 4: The post-pregnancy breast lift

These two mothers demonstrate what can be done surgically for post-breastfeeding loss of volume, shape and the development of breast droop.

In the upper photos, as the droopiness was more minimal and the nipple/areolar complex was acceptable as is, the breast shape has been restored by a standard breast augmentation procedure alone with a high projecting anatomical (teardrop) implant. The upper poles of the breasts have been filled to give a much more pleasing silhouette in profile and the nipple elevated approximately 2cm.

In the lower photos, the loss of volume, shape and droopiness is more severe. In addition, the nipple/areolar has been stretched and become too large and unattractive. In this case, the condition was improved with a combined breast lift/augmentation procedure (augmentation mastopexy).



Case 3



Case 4

CASE 5: The post-pregnancy arm lift

This 33-year-old mother has had a brachioplasty (arm lift) procedure performed to remove the excess skin, stretch marks and stubborn deposits of fat that have appeared post weight loss associated with pregnancy.

Notice the more slender, youthful and tighter appearance to her arms. ♡

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Case 5