

The Saddle Lift for Tight Thighs

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Abstract. Efforts to tighten the lateral thigh skin and subcutaneous tissue after liposuction may result in conspicuous scars on the hips, groin crease, or medial thighs. We have developed a technique that enables the excision of skin and subcutaneous tissue, measuring about 20 X 10 cm², from the inner thigh and central buttocks crease where the scar can be completely hidden. We present a patient who, after appropriate liposuction, had a nearly perfect silhouette but who continually complained about the looseness of the skin on her lateral and posterior hips. The patient suggested that we remove the skin and subcutaneous tissue from the middle portion. We did so and the results were surprisingly good. We recommend this procedure for those patients in whom no external scar is acceptable and who require tightening of the skin of the upper thighs and buttocks.

Key words: Saddle lift—Thighs—Liposuction

Body sculpturing by the removal of skin and subcutaneous fat from the abdomen, flanks, hips, and buttocks, began as a life-saving procedure for patients with morbid obesity [2]. Through the years techniques have evolved with refinement so that substantial amounts of skin and fat can be removed and the entire body virtually resculptured by these excisions. All removal procedures, however, leave conspicuous scars. The development of groin crease, buttocks crease, and medial thigh incision by Baroudi [1], Pitanguy [5], and others has improved our ability to reshape this region. The advent of liposuction in 1980 made possible the subcutaneous excision of vast amounts of fat and created a further need for thigh and buttock lifting. The excellent

anatomical clinical work of Lockwood [3], and Markman [4] have added a whole new dimension to the thigh lift. All of these methods, however, leave noticeable scars that may spread and migrate in time.

We have devised a simple excision method whereby vast amounts of skin and subcutaneous tissue can be taken from the central portion of the buttocks and medial thigh and the scar hidden within the innermost creases so that no visible evidence of this excision exists.

Materials and Methods

The patient is marked in a standing position where retraction of the skin and subcutaneous tissue medially and posteriorly illustrates the amount to be removed. The incision is then marked from approximately the level of coccyx along the inner surface of the buttocks' fold medially and inferiorly to the labia majora. The section of skin and subcutaneous tissue can be removed at full thickness measuring about 25 X 10 cm². No undermining is necessary, and the entire subcutaneous tissue can be approximated with 3-0 non-absorbable stitches and a running 5-0 polyglycolic acid suture in the skin. The skin incision is then reinforced with Suture Strips. No drains are necessary.

Case Description

This 33-year-old attractive white female had two previous liposuction procedures to precisely contour her medial and lateral thighs (Figs. 1, 2). She was quite pleased with the size and shape but felt the skin was too lax and loose and the buttocks' crease was redundant, that is, the fold was too pronounced. In this case a section of the skin and subcutaneous tissue measuring

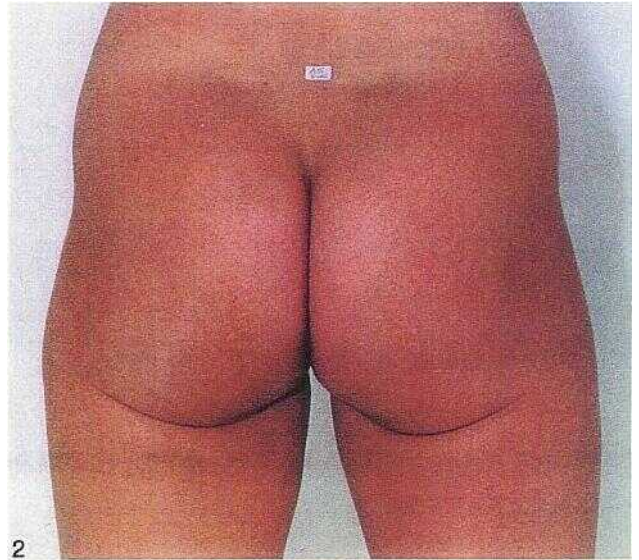


Fig. 1. After one episode of liposuction, our patient's figure has been improved but she was concerned about the looseness and laxness of the buttocks' crease

Fig. 2. After two attempts at liposuction, this 33-year-old white female had a reasonable figure and contour but complained of the looseness of her thighs' skin and the redundancy of the buttocks' crease

Fig. 3. The area of excision extends from approximately the coccyx to the labia majora and the innermost incision remained about 2 cm from the midline. The outer portion of the incision was 6 cm wide and removed a full thickness of skin and subcutaneous tissue that was 5 cm deep. This was essentially a large wedge resection

Fig. 4. The gluteus maximus muscle was exposed but not damaged. The skin and subcutaneous tissue of the buttocks were not undermined but advanced medially and sutured with 3-0 Dacron anchoring the subcutaneous layer to the fascia, 5-0 Vicryl subcuticular stitches and a running 6-0 Vicryl subcuticular closure

Fig. 5. The lateral thighs and buttocks' creases are lifted and made tighter. The scar is well hidden within the central portion of the buttocks

6 X cm² was removed (Figs. 3, 4). Results are seen in Figure 5.

Conclusion

A large amount of skin and subcutaneous tissue can be removed from the medial portion of the buttocks' crease very close to the midline without damaging surrounding structures and the incision can easily be concealed.

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