Body contouring procedures can help produce an immeasurable impact on a patient’s self-perception.

By Doug Brunk  
San Diego Bureau

The proliferation of bariatric surgery procedures performed each year in the United States has led to a burgeoning demand for body contouring.

Prior to 2000, it was rare for patients who experienced massive weight loss to seek help from plastic surgeons; in fact, this patient population was almost nonexistent, according to Dr. Al Aly, a board-certified plastic surgeon who practices in Iowa City.

Today, the demand for procedures such as abdominoplasties, upper arm lifts, and thigh lifts has never been higher.

According to the American Society of Plastic Surgeons, between 1992 and 2008 the number of abdominoplasties performed grew by 593%, from 16,810 to 116,512; the number of thigh lifts grew by 731%, from 1,023 to 8,504; and the number of upper arm lifts grew an astounding 2,982%, from 434 to 13,374. Meanwhile, the number of lower body lifts—a procedure that essentially did not exist in 1992—stood at 8,647 in 2008.

Dr. J. Peter Rubin, a board-certified plastic surgeon who directs the multidisciplinary Life After Weight Loss clinical program at the University of Pittsburgh, estimates that 90% of his clinical practice involves body contouring after massive weight loss.

“These are fairly complex and techni- nically challenging procedures that are closely linked to the aesthetic surgery field,” said Dr. Rubin, coauthor of “Aesthetic Surgery After Massive Weight Loss” (Elsevier Medical Publishing, 2006).

Dr. Aly evaluates potential body-contouring candidates a minimum of 18 months after they have undergone bariatric surgery.

“Toward the end of the year, we’re going to have a patient who’s been through bariatric surgery and who’s reached a bwpm (body weight plus maintenance) goal. They come in and we talk about how we can help them.”

But the procedures that are performed after massive weight loss are much more complex, he adds. “We talk about the potential of these cells to aid in the healing process in a variety of disease states and, specifically, how we can use these cells to regenerate new tissue for reconstructive surgery.” Clinical trials are expected to launch in the next 3-5 years.

In the meantime, Dr. Rubin and other experts interviewed for this article expect body contouring to continue maturing as a subspecialty. “We close today considerably faster than we did back in 1998 and 1999, cutting our time by half,” Dr. Aly observed. “Some of that is efficiency, but some of that is also technology. These surgeries will be better from the standpoint of safety, because we will be able to get more efficient in the OR.”

“These procedures produce an immeasurable impact on patient self-perception,” Dr. Aly stated, recalling that a patient with massive weight loss once told him, “(Bariatric surgery) gave me back my life. It’s part of a life transformation. Plastic surgery allows me to enjoy it.”

Body contouring, Dr. Aly said, “is part of a life transformation, and we as surgeons are part of that.”

### Data Watch

**Top Five Cosmetic Surgical Procedures Down in 2008**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2008</th>
<th>2007</th>
</tr>
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<tbody>
<tr>
<td>Breast augmentation</td>
<td>150,000</td>
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<tr>
<td>Rhinoplasty</td>
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<td>Liposuction</td>
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<tr>
<td>Blepharoplasty</td>
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<tr>
<td>Abdominoplasty</td>
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<td>110,000</td>
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Note: Projections based on data from national database and survey of 21,000 board-certified dermatologists, ENs, and plastic surgeons. Source: American Society of Plastic Surgeons