

# Combo Plastic Surgery

“When is too much

**TOO MUCH ?”**

*by Stuart Linder, M.D.  
Board Certified Plastic Surgeon*

Are you considering having multiple plastic surgery procedures performed at the same time? If you are, several factors need to be taken into consideration including the length of the actual surgery and exposure to anesthesia. The risk of complications and length of recovery time are both increased when combination procedures are performed.

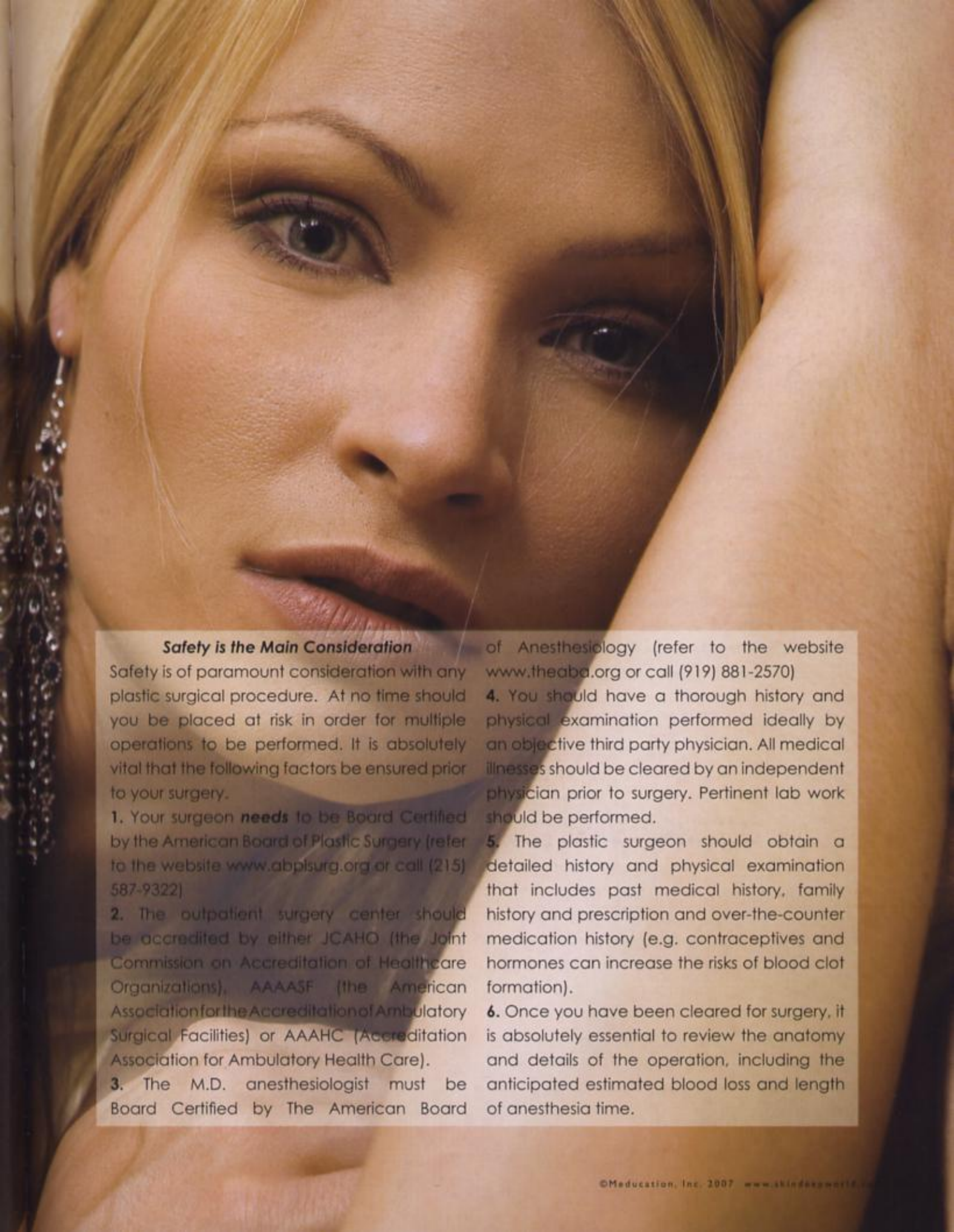
Why do patients get several procedures performed at the same time in the first place? With multiple procedures, there is a single surgical recovery time, a single anesthetic recuperation and a one-time fee for the operating room and anesthesiologist.

Approximately 34% of patients undergoing

plastic surgery procedures have combination or multiple procedures performed simultaneously. Procedures can be combined in several different ways. Breast augmentations can be performed with breast lifts (maintenance of the blood supply is paramount). Breast enhancement can be performed with liposuction (the amount of fat removed needs to be kept to a reasonable amount). Breast augmentations can be performed with tummy tucks (the estimated blood loss and anesthetic exposure are considerations). Facial surgeries can be performed simultaneously with injections and with small body sculpting procedures in otherwise healthy patients.

To view Dr. Stuart Linder's incredible, **revealing** before and after photographs, visit [www.SkinDeepWorld.com](http://www.SkinDeepWorld.com).





### **Safety is the Main Consideration**

Safety is of paramount consideration with any plastic surgical procedure. At no time should you be placed at risk in order for multiple operations to be performed. It is absolutely vital that the following factors be ensured prior to your surgery.

1. Your surgeon **needs** to be Board Certified by the American Board of Plastic Surgery (refer to the website [www.abplsurg.org](http://www.abplsurg.org) or call (215) 587-9322)
2. The outpatient surgery center should be accredited by either JCAHO (the Joint Commission on Accreditation of Healthcare Organizations), AAAASF (the American Association for the Accreditation of Ambulatory Surgical Facilities) or AAAHC (Accreditation Association for Ambulatory Health Care).
3. The M.D. anesthesiologist must be Board Certified by The American Board of Anesthesiology (refer to the website [www.theaba.org](http://www.theaba.org) or call (919) 881-2570)
4. You should have a thorough history and physical examination performed ideally by an objective third party physician. All medical illnesses should be cleared by an independent physician prior to surgery. Pertinent lab work should be performed.
5. The plastic surgeon should obtain a detailed history and physical examination that includes past medical history, family history and prescription and over-the-counter medication history (e.g. contraceptives and hormones can increase the risks of blood clot formation).
6. Once you have been cleared for surgery, it is absolutely essential to review the anatomy and details of the operation, including the anticipated estimated blood loss and length of anesthesia time.



### Risk Factors and Complications

Other risk factors for an increased possibility of complications include:

1. Obesity (being greater than 50 pounds above your ideal body weight).
2. Recent smoking history.
3. Uncontrolled diabetes.
4. Uncontrolled hypothyroidism (low thyroid problems can affect wound healing).
5. History of cancer.
6. Recent infection(s).
7. History of deep venous thrombosis (clotting in the deep veins—usually in the calves) or pulmonary embolus (a clot that is formed elsewhere and goes to the lungs). Pneumatic compressive stockings should be worn by these patients in the operating room and elastic stockings should be worn afterward the operation.
8. Bleeding disorders such as the most common of all bleeding abnormalities (Von Willebrand disease) should be ruled out. If a bleeding disorder is present, a hematologist (blood abnormality expert) should clear the patient for surgery preoperatively.

### Complication rate

Interesting statistics from the American Society of Plastic Surgeons' 1997 survey indicate that the rate of serious complications is less than 0.5%. This survey reviewed 400,000 operations that were performed in accredited outpatient surgery facilities by Board Certified plastic surgeons. The survey revealed that the mortality rate was 1 in 57,000 patients.

With respect to general anesthesia, a controversial subject remains whether or not there is an increased risk with general anesthesia that lasts for longer than five to six hours. Patients who undergo anesthesia for five hours or greater should most certainly be cleared by an internist. EKGs and blood tests should be performed prior to extended anesthesia.





### Large Volume Liposuction

In discussing liposuction, the methods and amount of fat removed for liposuction has always been a controversial subject. Large volume liposuction is defined as greater than or equal to 5000 cc of the total volume of both fat and fluid that are removed. Increased amounts of fat and fluid over this 5000 cc volume can increase the risk of electrolyte imbalances, cardiac (heart) arrhythmias and other medical complications (both intraoperatively and postoperatively). Lidocaine (a local anesthetic) that is commonly injected with fluid into the fat cells in a mixture called tumescent fluid can

lower the seizure threshold. Lidocaine toxicity can result. When tumescent fluid in large volumes is injected, electrolyte disturbances and fluid shifts can result. In order to prevent complications, very strict monitoring by the M.D. anesthesiologist with respect to vital signs, fluid status, blood loss and amount of fat aspirated must be carried out. Some states have mandated that patients should be admitted after large volume liposuction in order to more closely monitor and treat the patient. In the state of California, if 5000 cc or greater of aspirate (fat and fluid) is removed, the patient must be hospitalized.





### Specific Combination Body Sculpting Procedures

Breast augmentations are often performed with breast lifts (in medical terms otherwise known as mastopexies) of various types: those that lift only the nipple areolar complex (crescent and donut lifts) and those that lift breast tissue as well as the nipple areolar complex (vertical, lollipop, stop sign lifts and anchor lifts). The blood supply is absolutely essential when performing a breast lift at the same time as a breast enhancement. ABPS (American Board of Plastic Surgery) Certified Plastic Surgeons have the capability of determining the safety issues associated with these combination procedures. Due to the extensive training that was required of them after medical school. Specific considerations with a patient who requires both a breast augmentation and breast lift include the fact that increased stress or tension can be present when both procedures are performed at the same time. Increased tension can lead to a higher chance of abnormal scar formation (hypertrophic scars that are widened and keloid scars that are raised and widened). Therefore, it may be better in certain circumstances to stage the operations: performing the breast augmentation first and the mastopexy (breast lift) several months later, once the tension is reduced.

Breast augmentations can be performed with liposuction of the abdomen, thighs and other areas. The amount of fat removed should

be reduced when combination procedures are performed in order to reduce total estimated blood loss and duration of time under general anesthesia. Breast augmentations and tummy tucks can be performed at the same time (and often are) in healthy patients. Tummy tucks are most frequently performed with liposuction, especially at the hip areas in order to reduce and narrow the lower abdominal area and give a more streamline appearance.

Facelifts, brow lifts and eyelid surgeries can be performed concurrently with breast augmentations, tummy tucks or liposuction procedures. The main considerations here are the length of the combined surgical procedures (with combined blood loss) and the amount of exposure to anesthesia. There are a variety of injectable wrinkle fillers (e.g. Restylane, Collagen, Radiesse or fat) as well as Botox injections that can certainly be performed with body sculpting procedures. Special care should be taken when performing facial operations (such as face or neck lifts) and laser treatments on tissue or skin that has already been dissected or stretched. There is an increased risk of burning, skin necrosis (death) and blood supply problems that your Board Certified Plastic Surgeon has knowledge of in these specific circumstances.

**STUART A. LINDER, M.D.**  
Board Certified Plastic Surgeon  
American Board of Plastic Surgery



#### REFERENCES:

Joint Commission on Accreditation of Healthcare Organizations <http://www.qualitycheck.org/consumer/searchQCR.aspx>; (630) 792-5000  
American Association for the Accreditation of Ambulatory Surgical Facilities. (888) 545.5222. Email: [info@aaaast.org](mailto:info@aaaast.org)  
Accreditation Association for Ambulatory Health Care (847) 853.6060. Email: [info@aaahc.org](mailto:info@aaahc.org)