

29 Three-Dimensional Superficial Liposculpture for Aged and Relaxed Skin

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Introduction

Webster's dictionary defines sculpture as "the art of creating forms in three dimensions." Superficial liposculpture [1-13] has evolved from a philosophy of sculpting. The concept of liposculpture differs from traditional liposuction, which focused only on removing localized adiposities.

Three-dimensional liposculpture involves total body reshaping with the creation of a harmonious, optimized body shape. Conventional liposuction teachings emphasized three points:

1. The use of concentric circles in marking the areas to be treated.
2. A focus on the volume of fat removed.
3. The aspiration of fat in the deep plane only.

Three-dimensional superficial liposculpture departs from conventional teaching in the following ways:

1. The surgical design involves a geometrical, artistic analysis and marking of the body segments to be modified.
2. A de-emphasis on volume assessment as a determinant for the end point of surgery, emphasizing the importance of profiles. During rhinoplasty, a favorable nasal profile is not determined by how much cartilage and bone by weight or volume is removed, but by appearance only.
3. Fat should be removed in all layers as necessary, not just in the deep plane alone. Deep fat removal allows volume reduction but imposes limits on contouring. Superficial fat removal allows a very fine body contouring and induces improved skin contraction, which enhances the ultimate result.

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Surgical Concepts

Conventional liposuction is based on deep removal of localized fat pads. In 1981 the author modified this

technique by shifting the level of aspiration to the superficial areolar layer of fat, to better reshape a body profile, allowing this method to be used also in older patients with very relaxed skin. The technique was an obvious and logical solution to the limitation presented with traditional liposuction (deep fat removal).

The simple deep removal of fat gives us only a reduction of the volume of an anatomical section but not its reshaping, which should be performed taking particular care of the superficial layer of fat. In addition, we can "fix in place" our job with the aid of the skin, that once made lighter, can shrink on new surfaces we have carved. Therefore, the skin becomes the surgeon's best friend and not a liposculptor's enemy, as in a conventional liposuction, where, emptying in depth, we used to leave a thick and heavy adipose cutaneous flap sagging because of gravity and postoperative edema.

The thinner the skin, the more it draws back. The more flaccid the skin, the more it must be thinned to stimulate the skin retraction properties to the maximum, and profit from its ability to readapt, driven by proper elastic compressive bandages and garments. The thin adipose skin flap will therefore act as a support and dynamic container for the properly molded content (the fat). For the first time in liposuction, the skin is an active structural and dynamic element, and not only a passive element of the operation. Through contraction, the skin becomes firmer, the orange-skin appearance ("cellulite") is improved, and the skin becomes smoother because, working in the superficial compartment of fat, most of the fibrous attachments can be released from the subcutaneous fat to the dermis. This also allows the skin to move freely and relocate.

The subdermal fat is reached only if there is a need to maximally tighten the cutaneous adipose flap in very flaccid skin patients. Superficial liposculpture must always respect the subdermal vascular plexus, and leave 3-4 mm of subdermal fat intact to avoid irregularities.