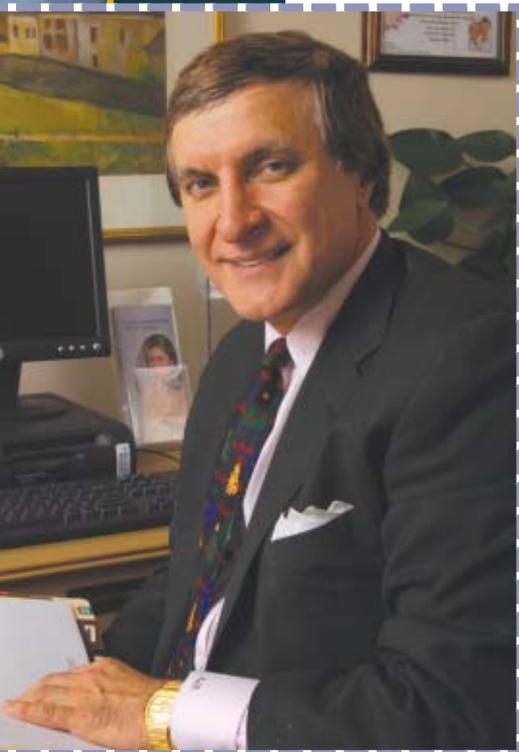


"We are seeing more and more patients who have gone to great lengths to make themselves healthier through losing excessive weight, often through bariatric procedures," said Dr. Jeffrey Kenkel, vice chairman



Dr. Rod Rohrich

"UT Southwestern has been the innovation epicenter in plastic surgery for more than a decade with advances in plastic surgery techniques."

--Dr. Rod Rohrich

of plastic surgery and holder of the Rod J. Rohrich, M.D., Distinguished Professorship in Wound Healing and Plastic Surgery.

"But the main problem is that while they've lost sometimes between 100 to 200 pounds, they look in the mirror, and they still see someone who looks heavy and overweight. They're frustrated with that image," he said.

UT Southwestern takes the lead

Plastic surgeons at UT Southwestern have developed several major body-contouring procedures designed to help patients attain optimal weights and body shapes after massive weight loss.

"Traditional body-contouring procedures that have been done and taught in the past don't really

work in this patient group," Dr. Kenkel said. "We've had to learn different ways to approach these problems in these patients and develop new methodologies and techniques."

Dr. Kenkel is one of fewer than a dozen plastic surgeons in the country who are at the forefront of this body-contouring revolution. Body-lift surgeries have gone from comprising about one-third of his practice a few years ago to almost 70 percent today.

And like Ms. Sartain, who lives in Atlanta and located Dr. Kenkel through a consultant who specializes in plastic surgery, many patients are coming from outside the area to take advantage of his expertise.

"UT Southwestern has been the innovation epicenter in plastic surgery for more than a decade with advances in plastic surgery techniques, such as ultrasound liposuction, rhinoplasty, burn reconstruction and breast reconstructive procedures," said Dr. Rod Rohrich, chairman of plastic surgery.

"With these new body-lift surgeries becoming more in demand, we are continuing to take a cutting-edge approach to management of this new subspecialty of bariatric surgery in a multidisciplinary manner with our colleagues in UT Southwestern's Clinical Center for the Surgical Management of Obesity," said Dr. Rohrich, holder of the Crystal Charity Ball Distinguished Chair in Plastic Surgery and the Betty and Warren Woodward Chair in Plastic and Reconstructive Surgery.

While president of the American Society of Plastic Surgeons in 2004, Dr. Rohrich created a task force on post-bariatric procedures, of which Dr. Kenkel is chairman. The task force was designed not only to educate plastic surgeons about the procedures, but also to teach the public about safety issues, selecting the right doctor and what to expect after massive body surgery.

As a result of that task force, UT Southwestern hosted the first educational seminar dedicated to management of massive weight-loss patients last April, attracting about 250 physicians from across the country.

Number of surgeries growing

The number of body-contouring procedures performed in the United States is still relatively small but is expected to increase rapidly. Last year, about 56,000 such surgeries were done.

At UT Southwestern, the number of body-lift surgeries doubled from 2003 to 2004. As more people continue to choose bariatric surgery for weight loss, the number will continue to rise, Dr. Kenkel said.

In addition, television shows such as "Extreme Makeover" have focused public attention on plastic surgery.

"The reality shows have been somewhat misleading in making people think that an individual can go through such a major ordeal and bounce back so quickly," Dr. Kenkel said. "What television doesn't show is all the therapy and things that are done behind the scenes to get patients to full recovery."

Body-lift surgery involves major invasive procedures and should be viewed accordingly, he said. Patients should be healthy going into surgery, have maintained the same weight for a minimum of three months, understand that the process typically requires two to four separate operations, and be aware that, as with any major surgery, there are potential risks and complications.

"You have to educate patients," Dr. Kenkel said. "They need to realize what the potential problems could be and that the scars from the surgeries will be very visible. They also need to realize that the entire process – from the first bariatric surgery to the last plastic surgery – can take up to four to five years."

Body-contouring procedures

Body-contouring surgery after massive weight loss focuses on several key areas where skin and tissues often lack elasticity and cannot conform to a patient's reduced body size.

Each patient at UT Southwestern is evaluated on an individual basis and offered recommendations based on specific needs and goals. Typical plastic surgery procedures can include:

- Facelift to reduce sagging of the mid-face, jowls and neck;
- Breast lift to correct sagging, flattened breasts;
- Tummy tuck to correct the apron of excess skin hanging over the abdomen;
- Lower body lifts to correct sagging of the abdomen, buttocks, groin and outer thighs;
- Medial thigh lift to correct sagging of the inner, outer and mid-thighs; and
- Brachioplasty to correct sagging of the upper arms.

Because the surgeries are major, Dr. Kenkel emphasized that they should be performed only by a board-certified plastic surgeon and in an accredited facility.

Beforehand, doctors discuss the different stages of surgery – including how many procedures it will take to meet their objectives – with their patients. Patients also have photographs made and view computer-enhanced images of likely results, as well as undergo thorough health screenings and blood analyses.

"There is a direct correlation with the size of the patient and his or her outcome and risk factors," Dr. Kenkel said. "Patients who are above 35 BMI (body mass index) are at a higher risk for developing complications.

"Candidates for these procedures also must be aware that they're trading scars for contour shape. An arm scar typically goes down to the elbow, and a leg scar down to the knee. And while scars will get better over time, it takes about two to three years for them to fully mature."

Is it worth it?

Marcia Conner thinks so. A nurse practitioner in the UT Southwestern Center for Breast Care, she understood the ramifications of major surgery probably better than most.

"It's not as easy as they make it look on TV, but it really wasn't that bad either," she said. "I think much of it is mental. You have to be mentally ready and have the right attitude. I was determined I was going to do well."

Ms. Conner underwent gastric bypass surgery in January 2003, then lower body and breast lifts last April and a thigh lift in May. Dr. David Provost, director of the Clinical Center for the Surgical Management of Obesity, performed the bypass surgery, and Dr. Kenkel did the body-contouring procedures.

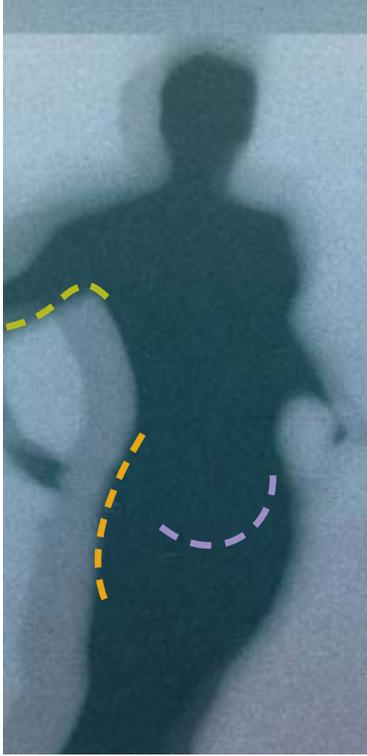
She has lost 120 pounds and dropped eight clothing sizes.



Marcia Conner with Dr. Jeffrey Kenkel

"I was carrying around a whole extra person. I now am much healthier and have a lot more self-confidence and a whole new wardrobe. I like to say of my experience: Dr. Provost *saved* my life, and Dr. Kenkel *improved* my life."

--Marcia Conner



"After going through all this, I've come to the conclusion that plastic surgery is an art as well as a science."

--Sonya Sartain

"It was no secret I was fat," Ms. Conner said. "I was carrying around a whole extra person. I now am much healthier and have a lot more self-confidence *and* a whole new wardrobe.

"I like to say of my experience: Dr. Provost *saved* my life, and Dr. Kenkel *improved* my life."

Ms. Sartain, back in Atlanta, cautions that the surgeries may make a dramatic difference, but they are not a cure-all. Even though 13 additional pounds of skin were removed from her abdomen area, five pounds from her thighs and still more from her buttocks, she still has to work at maintaining her new weight and shape, including running every day, eating healthier and consuming fewer calories.

"Some people think the surgery is the easy way out and that once you've had the surgery, it's all done," she said. "They don't realize that you have to continue to do a lot of work. I'm going to have to get up and exercise almost every day for the rest of my life."

Changing behaviors

Ms. Sartain also has had to adjust her mind-set.

"It's not just your body you have to work at," she said. "There's a lot more to it. Most people who are morbidly obese do not eat just because they're hungry. They're eating for other reasons.

"The behaviors that got me over 300 pounds are still in me," Ms. Sartain said. "What I have to learn to do is understand those behaviors and thought processes, and then change them."

While it's been a grueling emotional, physical and financial ordeal and has consumed four years of her life, Ms. Sartain said she made the right decisions.

"I would not change having the surgery. And I would not change using Dr. Kenkel. I think finding the right doctor is everything," she said.

"I talked to numerous doctors, one of whom was going to do the lower body work, my arms, my breasts and my legs all in one surgery in his outpatient clinic, and then let me go home the next day," she said. "Dr. Kenkel, on the other hand, was very conservative in his approach and didn't promise me the world. I felt very comfortable with him.

"After going through all this, I've come to the conclusion that plastic surgery is an art as well as a science." ❧

A MEASURE OF SUCCESS

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"That's because you're dealing with high-risk people," Dr. Livingston said. Some surgeons may have lower mortality rates because they don't accept high-risk patients, he noted.

Ongoing studies have found that certain categories of patients have a higher risk for complications, such as people who smoke or individuals who are extremely large.

The most common complication is pneumonia, he said.

On the other hand, it is unusual to see heart attacks resulting from the surgeries, despite obesity's propensity to aggravate coronary problems, Dr. Livingston said.

He has also found, surprisingly, that if you take away factors such as diabetes and hypertension, there's very little mortality from the obesity itself.

It's not a finding that's been readily received by colleagues.

"The public has been inundated with the message that if you're fat you're going to die. But if someone is 70 years old, and they've been fat for 50 years, their fatness is not going to kill them," Dr. Livingston said.

So it may turn out that the reason for doing the surgery may not be the obesity itself, but to cut risks for factors like diabetes and hypertension, or because the patient has trouble getting around or difficulty sleeping.

About 90 percent of patients with diabetes will have the condition cured after weight surgery, and about 75 percent of patients with hypertension will return to normal blood pressure, he said.

UT Southwestern research may also influence standards of care, specifically in determining when such surgeries are not likely to prove beneficial.

Bariatric surgery is not routinely covered by Medicare, but the government is re-examining its coverage of the procedure. That's important because other insurers watch for changes in Medicare coverage.

"Usually all the private insurers follow in lockstep after Medicare coverage becomes standard," said Dr. Livingston, whose research is being considered by Medicare officials as part of their review.

"So everyone's looking toward Medicare right now to make a statement about bariatric surgery," he said. "The stakes for it are really high." ❧

