Technical Section [TECHNICAL NOTES AND TIPS

Umbilical tailoring in abdominoplasty: a simple and consistent way of shortening a post-bariatric umbilicus

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BACKGROUND

One of the key aesthetic aspects of abdominoplasty is the appearance of the new umbilicus. In post-bariatric patients, the umbilicus appears hooded and heavy superiorly. In a cohort of these patients, a long stalk is identified intraoperatively. The technique is a simple, easily reproducible method of removing the surplus tissue in these patients and converts it to a more vertical orientation, as seen in slimmer individuals.

TECHNIQUE

- > Mark the 12 o'clock and 6 o'clock positions with a suture for orientation (Fig 1).
- > Deliver the umbilicus through the neo-umbilical site, measure and mark the height required.
- > Apply two skin hooks on either side of umbilical stalk, pull taught vertically.
- > Incise the umbilical stalk horizontally at 3 o'clock and 9 o'clock (Fig 2).

Figure 1 Tacking stitches at 12 o'clock and 6 o'clock, umbilical stalk measuring 9.5 cm

- > Circumferentially excise the excess to the desired height. Make allowance for the surrounding cushion of skin that will envelope the mamelon (central depression).
- > Fix the tailored umbilicus to the deep abdominal fascia and skin with a half-buried mattress suture with nylon 5/0 at 3, 6, 9 and 12 o'clock. Pass the suture through the epidermal edge of the umbilicus, into abdominal fascia, through dermis

Figure 2 Incisions made at 3 o'clock and 9 o'clock to the desired height with, excess circumferentially removed

Figure 3 Neo-umbilical stalk measuring 4.5 cm

Figure 4 The umbilical stalk fixed to the abdominal fascia and neighbouring abdominal skin at the neo-umbilical site with remaining skin closed, both with half-buried mattress sutures

of the abdominal skin and back through the umbilicus skin edge and tie the knot (Fig 3).

- > Perform the remaining umbilical wound closure using the half-buried horizontal mattress stitch with nylon 5/0 (Fig 4).
- > Remove all nylon sutures at 10 days.

DISCUSSION

The main aesthetic components of a tailored umbilicus include the position, depth, shape and location of the scar.¹ The described technique is a simple method that reduces depth, centralises the umbilicus and adjusts the shape to create a youthful and more vertically oriented umbilicus without compromise to the blood supply, supporting immaculate wound healing.

Reference

1. Lee M, Mustoe T. Simplified technique for creating a youthful umbilicus in abdominoplasty. *Plast Reconstr Surg* 2002; **109**(6): 2,136–2,140.

Judging anterior cervical plate length

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BACKGROUND

Anterior cervical discectomy and fusion or corpectomy of the cervical spine is a commonly performed procedure for pathology of the cervical spine. In trauma situations and following corpectomy, an anterior bridging plate is often employed to add stability to the construct. Judging the length of the required plate can often be a challenge due to the depth of the approach and access. We present a reliable technique for judging the correct length of plate and its positioning.

Figure 1

Figure 2

Figure 3