Commentary on: Arm Dynamic Definition by Liposculpture and Fat Grafting

Aesthetic Surgery Journal
32(8) 988

DOI: 10.1177/1090820X12461499
www.aestheticsurgeryjournal.com
SAGE

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The process of liposuction has progressed over the years into the art of "liposculpture." In "Arm Dynamic Definition by Liposculpture and Fat Grafting," the authors reflect on artistic sculpting of the body. Removal of fat as a 2-dimensional process has been the standard technique for decades. In aesthetic surgery, we push the envelope with the hope of continued improvement. Reports of 3-dimensional or high-definition liposuction have offered options for creating shape and form within the anatomic areas addressed. The ultimate challenge, however, has been to create a natural, functional mobility as well, hereby known as 4-dimensional (4D) treatment.

Unattractive arms have plagued both men and women. Posterior fat reduction—along with the more challenging anterior extension—has traditionally been the solution. Hoyos et al address this situation by providing an alternative that combines dynamic definition and fat grafting. As noted, extreme caution should be used in patients with skin excess or poor elasticity. Brachioplasty is always an option in the arm, although it is a last resort for many patients.

Arm dynamic definition with fat grafting has shown dramatic results but requires good patient selection. The authors have adequately demonstrated the success of this procedure in a large number of patients, documented with numerous photographs both in print and online. Photography must have been more difficult for these cases due to the necessity of exact positioning and reproducible angulation of the arms in multiple views, all with exact lighting. Since the intricate contouring is best seen through shadowing, direct twin 45-degree front lights may not have been the best lighting for this situation. Differential power ratios of the front lights in a 2:1 or even 3:1 ratio may be a more informational alternative for future studies.

The results seen in this article can be replicated with the following considerations. First, there is a long learning curve. Proper training is invaluable. A thorough knowledge of the arm muscular anatomy and dynamic motion in the upper arm is the foundation of planning the procedure. Second, there are technical and artistic considerations. Technically, one should be familiar with ultrasonic liposuction, fat grafting techniques, and advanced liposuction. Removal of differential levels of fat while creating negative space and positive space requires more subtlety than bulk removal of fat. Artistic visualization of the dynamic form and function of the healed end product will help the surgeon to complete the task. Third, in addition to dealing with fat, this process utilizes skin contraction to complete the result. Familiarity with the effects of heat on the skin while working directly in the subdermal plane and heating of the septae allows for both a vertical and horizontal skin contraction.

Although few long-term complications were noted, Part B in Appendix 8 (available online) shows some incomplete skin retraction, which reinforces the need for optimal patient selection. Blood supply, thinning of the tissue, excess heat in the skin (blistering), and excess heat in the fat (fat necrosis) must all be considered and approached with caution to avoid these complications. Long-term follow-up in this instance showed minimal complications and good results. As with all procedures, the unrelated progress of skin aging in any facial or body contouring procedures may need further attention in the future.

The arm contour improvement seen in this article was achieved by a surgeon with vast experience in this area. These results can be replicated by surgeons who are advanced in liposculpture and willing to put in the time, effort, and postoperative resources needed to achieve similar results.

Disclosures

The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

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