A Useful Device for Easy Blunt Dissection of Abdominoplasty Flaps

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Abdominoplasty flap dissection is one of the longest and most tiring parts of this operation. In our experience, the dissection of the subcostal areas and midlines of postbariatric patients is more difficult and requires a greater level of assistance for the retraction of the abdominoplasty flap. Therefore, we used a breast pocket dissector that is catalogued under the name MacCollum and Dingman (MCD; Black & Black Surgical, Inc., Tucker, GA, USA) as an alternative to other underminers to reduce the need for assistance and time required for dissection while preserving the abdominal perforators for selective ablation (Figure 1). In the literature, we found only one article about a transaxillary breast pocket dissector, which was published in 1976.1

The 41 cm long device (Figure 2) has a curved axis beyond the handle and a wide end that enables faster nondestructive dissection of the pocket (Supplemental Video S1). This device seemed useful, particularly in the dissection of the midline area, the structure of which was more rigid than that of the lateral areas (Figure 3). This device was used in 54 abdominoplasty patients without any complications. After the release of the umbilicus, the authors discontinuously dissected the abdominoplasty flap. For postbariatric patients with severe pannus who require extensive interventions, the authors typically resect the distal portion of the abdominoplasty flap to enhance the stability of the flap.

Prior to performing dissections with the aforementioned device, the authors employed finger dissection of the flap, which was also useful, but this device reduced the operation time to a greater extent than finger dissection. Finger dissection is also difficult to perform at the midline, but this device allows for the application of greater force, and therefore dissection at the midline.

Discontinuous dissection utilizing a useful instrument was introduced by Lockwood.2 The device is used in high-lateral-tension abdominoplasties to perform more selective dissections to protect the abdominal perforators. As an alternative to this device, MCD dissectors are used to scrape abdominal walls with minimal residual fatty tissue over the muscle fascia to prevent seroma formation secondary to fat necrosis while preserving the perforators. Another method for undermining the abdominal wall is the use of liposuction; this method was introduced as “lipoabdominoplasty” by Saldanha et al. and preserves the abdominal wall vasculature, particularly around the laterals, which increases the safety of the operation.3

Figure 1. The breast pocket dissector that provides more reliable abdominal wall vasculature via the preservation of the perforator vessels.

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In our opinion, the use of blunt and large-ended dissectors, such as MacCollum and Dingman’s device, allows for faster undermining of the abdominal wall, particularly at the midline, which reduces the operation time, blood loss, and the amount of required electro-cauterization.

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