

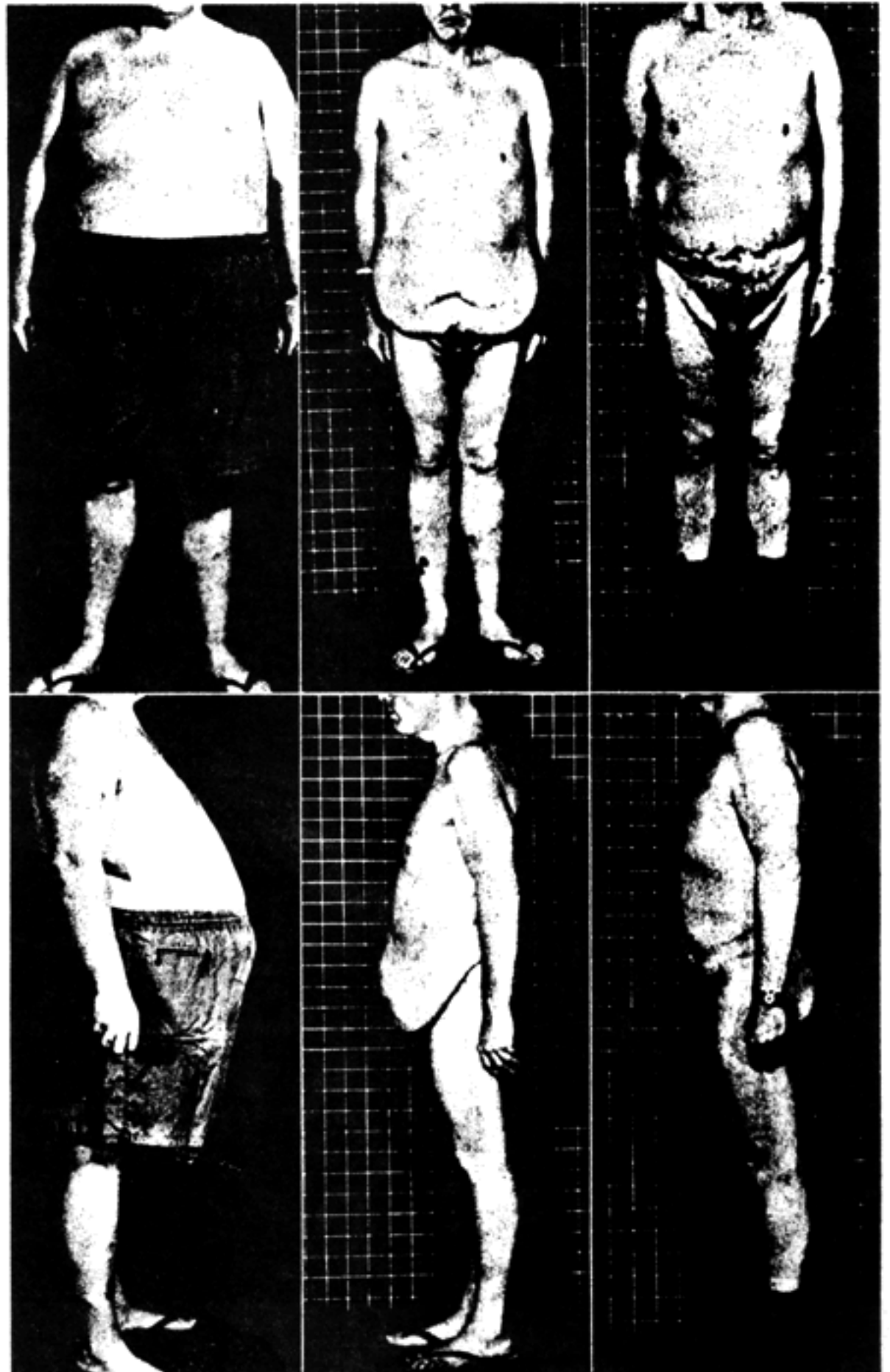
# BEFORE 74 AFTER of the month

Excess abdominal skin in a patient who has lost a great deal of weight often is a serious cosmetic problem. A procedure has been designed to remove the redundant skin along with a small amount of subcutaneous tissue.

First, the skin incision is carefully marked with the patient standing erect. The inferior incision is usually marked just above the pubis, in the skin crease. Then, by placing the fingertips of one hand within the inferior crease and the other hand above the panniculus, the excess tissue is included between both hands of the examiner, with the fingertips only 2 or 3 in. apart. The upper incision is marked just below the upper fingertips.

The incisions are placed so that the skin closure will be under some tension, resulting in a flatter appearing abdomen. Laterally, the marks follow the redundant skin upward, to make a crescent-shaped incision. The lateral borders extend at least to the midaxillary line and, often, to a point about 2 in. lateral to the spine. The normal location for the navel is estimated above the upper incision and marked. During the operation, the navel is transplanted on a pedicle based on the fascia.

A fairly shallow incision is made, averaging 3 to 5 cm to the fascia, with the maximum depth 6 cm. As the incision is carried medially toward the umbilicus, a 3 cm circumferential incision is made around the navel to separate it from the specimen. This circular incision is carried down through the subcutaneous tissue to the fascia, constructing a pedicle of subcutaneous tissue on which the navel may be transplanted.



*Obese man (left) had redundant skin (center) when he lost 100 lb. Results of abdominal panniculectomy (right) were satisfactory.*

**IMAGE TECHNOLOGY**

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