

Panniculectomy Guidelines

This statement is issued as a clarification and elaboration on the panniculectomy and abdominoplasty guidelines found in the Surgical Guidelines, 2005.

Panniculectomy is defined as resection of the overhanging apron of redundant skin and fat from the lower abdomen. This procedure is generally not medically necessary. The exceptions are those patients in whom the excess skin is causing functional or medical problems.

Appropriate surgical candidates should be in good health, have no medical contraindications for surgery, have a stable weight, and have a BMI no greater than 35.

Medical indications for surgery include uncontrolled intertriginous dermatitis, skin necrosis, or recurrent infections and/or abscesses requiring repeated courses of antibiotics or surgical intervention. Uncomplicated superficial fungal infections which respond to conservative skin care with topical medications are not an indication for panniculectomy. The need for such conservative care is not an indication for panniculectomy.

Functional problems include difficulty with walking or transfers. If a patient has a pannus that extends more than half the distance from the perineum to the patella, they will be automatically considered to have a functional problem, and they will not be required to provide additional documentation of a functional problem. A pannus that covers the genitalia does not represent a functional problem per se.

All consults for panniculectomies should be seen, provided they meet the above criteria. The criteria should be applied consistently throughout the region, and all plastic surgery departments should be providing this service for patients who meet the criteria. Patients who do not meet these criteria but who still wish to see a plastic surgeon should be seen upon request, since any particular patient may be an appropriate candidate for surgery if the treating surgeon feels that the risks outweigh the benefits.

These are guidelines only. As always, the final decision is up to the individual treating surgeon, based on the risks and benefits of each case. If a patient has significant medical or functional indications for surgery, but has a BMI higher than 35, the patient might be an appropriate candidate for surgery if the treating surgeon feels that the risks outweigh the benefits.

Abdominoplasty Guidelines

Abdominoplasty is defined as Panniculectomy is defined as resection of the overhanging apron of redundant skin and fat from the lower abdomen, contouring of upper abdominal skin, and tightening of lax abdominal musculature. This procedure is

generally not medically necessary, and is usually cosmetic. The treatment of diastasis recti, a stretching and separation of the rectus abdominus muscles, is also generally a cosmetic problem only, as it rarely causes a functional problem.

Exception:

Panniculectomy and reconstructive abdominoplasty may be considered for a subset of massive weight loss patients whose back pain is recalcitrant to all reasonable standard treatments, as deemed appropriate by a Permanent surgeon who is familiar with the current literature. As always, the justification for surgery is based on an appropriate risk/benefit analysis.

Prior to performing such a procedure for the treatment of back pain, patients should be seen by the appropriate specialist and referred by them for this procedure. An appropriate specialist would be a physician practicing in a back or spine clinic, or an orthopedic surgeon or neurosurgeon who regularly operates on such patients.

For a more detailed discussion of this issue, please see the Panniculectomy Guidelines Statement of the Reconstructive Surgery Review Advisory Board.