

Raising the abdominal Flap in Body-contouring Surgery - Scalpel or Diathermy?

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Postbariatric patients undergoing abdominoplasties were retrospectively analyzed to assess the relationship between postoperative local complications and the use of diathermocoagulation versus scalpel for raising the abdominal flap. Patients undergoing body-contouring abdominoplasties were included. Excluded were those with ongoing infections, which had received a complete course of antibiotics in the previous 6 months, required steroid therapy, with arteriosclerosis, diabetes mellitus and those who had previously undergone apronectomy.

One hundred and thirty-seven patients were divided into 2 groups (diathermocoagulation = 90 vs. scalpel = 47). Seven seromas (5.1%), 7 hematomas (5.1%), and 28 wound infections (20.4%) were recorded. A higher occurrence of postoperative hematomas were noted after use of a scalpel to raise the abdominal flap (12.8% vs. 1.1%, Fisher exact test, $P < 0.05$), with a relative risk of 11.6. An association between postoperative hematoma formation and the development of wound infections with delayed healing was detected ($n = 10$, 7.3%). Forty-three per cent of patients with a hematoma also experienced a wound infection with delayed healing, compared with 5.4% of patients that did not develop a hematoma (Fisher exact test; $P < 0.01$). When a scalpel was used to raise the flap, 50% of patients with a hematoma developed a wound infection with delayed healing, versus 7.3% of those that did not develop hematomas (Fisher exact test; $P < 0.05$).

In postbariatric patients undergoing abdominoplasties, the use of diathermocoagulation to raise the flap reduces the occurrence of postoperative hematomas and wound infections with delayed healing when compared to the scalpel.