

Elbow Plasty

Adrien Aiache*

Plastic surgeon in Beverly Hills, Indications and technique, California, USA

***Corresponding author:** Adrien Aiache, Plastic surgeon in Beverly Hills, Indications and technique, California, USA. Tel: +1902121654; Email: aaiachemd@gmail.com

Citation: Aiache A (2017) Elbow Plasty. Plast Surg Mod Tech 2: 128. DOI: 10.29011/2577-1701.100028

Elbow plasty diagnosis background



- Elbow wrinkling in the extended forearm: excessive and inelastic skin.
- Patient unable or unwilling to wear short sleeves or no sleeves.
- “OldAge” stigma.

Elbow Markings Methods



- Pinch the skin with the forearm extended at 180 degrees.
- Flex the arm slowly while the skin escapes the pinching fingers.
- Mark the proximal and distal point of cooptation of the skin on 90 degrees flexion of the elbow.

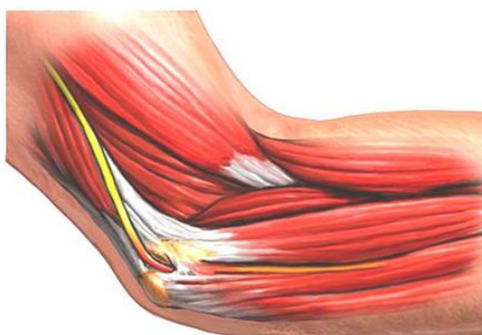


- The position of the ellipse of excision varies according to the location of the excess of skin.
- Elliptical curved or straight excision depending on the excess-location (straight if the excess is over the bony prominence of the radius, taper the edges to avoid a dog ear).

Technique

- Local infiltration with xylocaine 1% c epinephrine 1/100000.
- Skin ellipse excision.
- Skin undermining superiorly and inferiorly depending on the skin excess and laxity.
- Closure in two layers.
- Subcuticular closure.





- Avoid the ulnar nerve
- Closure in two layers
- Avoid dog ears



Results

Before



After



Post op care

- Limit full arm flexion for a week to ten days.
- Reduce the extent of flexion for 3 weeks.
- Long term taping of the wound to prevent breakdown or scar widening.



Complications

- Hematoma
- Dog ears
- Scar widening



Elbow plasty

- Limited elbow flexion for three weeks, compressive circular bandages sub cuticular closure.



Conclusion

- A new simple technique for rejuvenation of the elbows.

