Elbow Plasty

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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.

**Elbow plasty**

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

**Complications**

- Hematoma
- Dog ears
- Scar widening

**Conclusion**

- A new simple technique for rejuvenation of the elbows.