



Preserving Tattoos During Cosmetic Surgical Procedures, Our Approach in Modifying Coded Techniques to Unique Body Art

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Introduction

Abdominoplasty is a commonly performed plastic surgery procedure (769.067 performed in 2016 according to the ISAPS statistics) and in industrialized countries prevalence of tattoos [1] is as high as 20 %. The abdominal region is a common area for tattoos and scars and we as plastic surgeon need to adapt our operation to these 2 variables. Adapting well established surgical techniques when patients with tattoos and body art present to Our attention is a necessity for patients that might be psychologically attached to their icons and our ability to preserve them will reduce necessity of costly touchups by body art professionals and time loss by patients rescheduling multi sessions for said touchups.

Keywords: Abdominoplasty; Body Art; Body Work; Liposuction; Plastic Surgery; Tattoo

Case Report

A 52-year-old male post bariatric patient presented after gastric bypass surgery with a weight loss of 140 pounds with a positive history for panic attacks and hypertension. We elaborated a surgical plan to treat the abdominal region with lipoabdominoplasty. (Figures 1(A,B,C,D))



Fig. 1A: preoperative photo
Fig. 1B: intraoperative
harvested fasciocutaneous
flap
Fig. 1C: 1 month follow up
Fig 1 D: immediate
postoperative photo

Figures 1(A-D): A) Preoperative photo. B) Intraoperative harvested fasciocutaneous flap. C) 1 Month followup. D) Immediate postoperative photo.

Obvious tattoos were located on the torso of the patient and during the surgical planning of the abdominoplasty, options arose about resecting part of the tattoo in the lower right hypocondrial region. We agreed with the patient about considering the possibility of preserving the caudal part of the tattoo resembling the steak thus modifying the standard abdominoplasty technique.

Similarly, another 34-year-old female (Figures 2(A,B,C,D)) presented for body contouring after pregnancy presenting 2 heart shaped tattoos in the lower left abdominal quadrant.



Figures 2(A-D): A) Preoperative photo, B) 3-4 view and detail of the tattoo, C) 1 Month Followup, D) Immediate postoperative photo.

Discussion

A PubMed research performed using the following key words: tattoo, plastic surgery, body art and body work showed surprisingly no articles that described modifying a surgical technique in relation to the presence of a tattoo in a certain anatomical area. On the contrary most literature concerned: tattoo removal by means of laser, areolar reconstruction with a medical tattoo and complications of tattoos such as hypertrophic scars and keloid following tattoo or cancer induced by the pigment applied to decorate the body art [2,3,5].

Our abdominoplasty technique is normally standardized as follows according to Saldanha's technique [5]: infiltration of 500-1000 cc of tumescent solution (500 cc of normal saline, 0.5 ml of epinephrine and 3 10 ml vials of 2% lidocaine), liposuction with a 4 mm Mercedes cannula in the flank area and in the medial abdominal region. Dissection was carried out from the cranial incision caudally to the pubic symphysis and to the projection of the superior anterior iliac spines. 1.0 nylon tailor tacking sutures were used to plan the skin resection in order to preserve the tattoos located on a fasciocutaneous flap in the left lateral inguinal regions. Surgical incisions were subsequently closed in layers repairing the Scarpa fascia, subcutaneous plane and skin closure was achieved with 3.0 braided resorbable sutures.

Conclusions

Patients were both discharged on POD day 2 and no

complications occurred. Both patients were surprised and pleased that we managed to spare the tattoo, and this avoided secondary touch ups by body artists or mutilation of the preexisting body art. Several referrals from said patients followed as after consulting other plastic surgeons they did not receive necessary attention and options to preserve their tattoos.

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Conflicts of interest

None declared Ethical approval: Not required

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