PREGNANCY AFTER ABDOMINOPLASTY

Sir,

I read with great interest the letter to the editor by Dr. Huseyn Borman (Pregnancy in the early period after abdominoplasty, Plast. Reconstr. Surg. 109: 396, 2002).

I have a similar case that actually was selected for presentation at my oral examination for board certification. In April of 1998, I operated on a 24-year-old woman (gravida 3, para 3) who was unhappy with the appearance of her abdomen and breast. The patient’s abdomen had an overhanging pannus, significant musculopnenetric laxity, moderate stria, and excess abdominal skin. The surgical plan included rhinoplasty, full type 4 abdominoplasty, and suction-assisted liposuction of her flanks. In a preoperative consultation, the patient expressed her desire to not have more children. At her 9-month follow-up in January of 1999, she informed me that she had gained 8 pounds and was about 3 months pregnant. The patient stated that she wanted to carry the pregnancy to term. In July of 1999, she had a normal spontaneous abdominal delivery with no complications.

As for any patient interested in abdominoplasty, the discussion during consultation of future pregnancy after surgery and its sequelae is always reviewed. Weight fluctuations and future pregnancy may compromise the best long-term result; therefore, these issues, among others, are emphasized. Although issues raised by Dr. Borman include the potential risk of an increase in intraabdominal pressure leading to a compartment syndrome or even fascial tears, my feeling is that these are probably extremely rare but certainly worthy of mention during discussion. One must only look at the breast reconstruction literature, specifically the Hartrampf group experience, to realize that perhaps many of these concerns are excessive. They published a series of six patients who underwent transverse rectus abdominis muscle reconstruction and between them had seven successful pregnancies that delivered at term. Four patients had both rectus muscles used, five patients had direct closure of the anterior rectus sheath, and one had reinforcement by Prolene mesh. Pregnancy in one patient occurred as early as 13 months postreconstruction. Certainly, these patients, if not analogous to those having a full abdominoplasty, may even have had a “tighter” repair of the fascia after having to close the defect left by the flap elevation. Interestingly, all patients were deemed to have “acceptable abdominal contour” on postpartum follow-up. Furthermore, I would consider transverse rectus abdominis muscle flap breast reconstruction patients having a successful pregnancy the “litmus test” for pregnancy after abdominoplasty. The Hartrampf group suggests that patients considering pregnancy should probably wait at least 1 year after surgery, although they cite no specific studies supporting this opinion.

My concern for patients pursuing abdominoplasty, as for any other procedure, is to try to select the appropriate candidate with realistic expectations and choose the correct operation for that person to provide the best lasting result. In my opinion, a patient wanting future pregnancy, who has the appropriate body habitus for a full abdominoplasty, is not a candidate for this operation until after completing her child bearing. However, patients do change their mind about having more children for many different reasons. A patient wanting an abdominoplasty and desiring future pregnancies is similar to the patient who is marked obese and who requests abdominoplasty. Both patients can have the procedures safely, but the long-term (and sometimes short-term) results are not ideal, and I would defer performing an abdominoplasty for either one. A patient desiring future pregnancy may be better off with downsizing to suction-assisted liposuction alone or avoiding surgery completely until after completing her pregnancies.

Pregnancy after abdominoplasty is certainly not recommended, but except for recurrent abdominal contour deformities, it is probably safe for the pregnant patient to proceed to term.6,7 Obviously, fetal and maternal safety is paramount; however, pursuing the pregnancy to term with careful monitoring by both the obstetrician and plastic surgeon should allay most fears. Unfortunately, the safest time to become pregnant after abdominoplasty if it should occur is not known.

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REFERENCES

REPLY

Sir,

I appreciate the opportunity to comment on the letter by Dr. Wallach that discussed pregnancy after abdominoplasty. I was pleased to see that my colleague agreed with me on most of the issues I raised. The primary questionable item was that of bearing a child immediately after an abdominoplasty procedure.1 My patient had become pregnant 2 months after abdominoplasty. In the case that Dr. Wallach described, the patient conceived approximately 6 months after the procedure. This may be more of a time with regard to wound healing and scar maturation.

To ensure the healthiest outcome, it may be preferable to delay pregnancy by a year or more, as documented in the