

Plastic and Reconstructive Surgery in Post-Bariatric Patients

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ABSTRACT

Plastic and reconstructive surgery in post-bariatric patients aims to correct the extensive skin redundancy and soft tissue laxity that follow massive weight loss after bariatric surgery. These procedures—most commonly abdominoplasty, panniculectomy, brachioplasty, thighplasty, and mastopexy—address both functional limitations and psychosocial distress associated with excess skin. Optimal candidates are those who have achieved stable weight, maintain adequate nutritional status, and are free of major comorbidities. While complication rates are higher than in standard aesthetic surgery, most are minor and do not affect long-term satisfaction. Evidence demonstrates that post-bariatric body contouring significantly improves quality of life, mobility, hygiene, and psychological well-being, and may support long-term weight maintenance. Despite these benefits, limited accessibility and financial barriers restrict widespread implementation. Integrating reconstructive surgery as a standard component of multidisciplinary obesity management enhances both functional outcomes and overall patient rehabilitation.

KEYWORDS: post-bariatric surgery, body contouring, abdominoplasty, panniculectomy, brachioplasty, thighplasty, mastopexy, quality of life, reconstructive surgery, massive weight loss

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INTRODUCTION

lastic and reconstructive surgery in post-bariatric patients refers to a set of surgical procedures—most commonly body contouring operations—performed to address the significant excess skin and residual adipose tissue that result from massive weight loss following bariatric surgery. Up to 96% of post-bariatric patients experience redundant skin, which can cause physical discomfort, hygiene issues, rashes, mobility limitations, and substantial psychosocial distress, including negative body image and impaired quality of life.[1-4]

The most frequently performed procedures include abdominoplasty (removal of excess abdominal skin and fat), lower body lift, brachioplasty (arm lift), thigh lift, and breast reconstruction or mastopexy. Abdominoplasty is the most common, accounting for the majority of post-bariatric body contouring surgeries.[1][5] These procedures aim not only to improve aesthetic appearance but also to restore physical function and facilitate daily activities, with evidence showing significant improvements in health-related quality of life, body image, and psychosocial well-being after surgery.[2-4]

Patient selection is critical; optimal candidates have achieved stable weight (typically with BMI $\leq$ 35), have adequate nutritional status to support wound healing, and are free from major medical or psychiatric contraindications.[6-7] Nutritional deficiencies, particularly iron deficiency anemia, are common after bariatric surgery and must be corrected preoperatively to minimize surgical complications.[7] Complication rates for these procedures are higher than for standard cosmetic surgery, but most complications are minor and do not significantly impact overall patient satisfaction or quality of life.[1][3][7]

Despite the high prevalence of excess skin and the strong desire for reconstructive surgery among post-bariatric patients, access remains limited. Only a minority of patients ultimately undergo these procedures, with cost and lack of insurance coverage being the most significant barriers.[2][4-5] There is substantial variability in rates of surgery across institutions and regions, reflecting differences in referral patterns, patient education, and healthcare policy.[4-5]

In summary, plastic and reconstructive surgery in post-bariatric patients is a vital component of multidisciplinary

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obesity care, addressing both functional and psychosocial sequelae of massive weight loss. These procedures are supported by robust evidence for improving quality of life and should be considered an integral part of the post-bariatric treatment pathway.[2-4]

Surgical procedures

The most beneficial plastic surgery procedures for patients following bariatric surgery are those that address the functional and psychosocial sequelae of massive weight loss, primarily excess skin and soft tissue redundancy. The medical literature consistently identifies abdominoplasty (including variants such as circumferential abdominoplasty and fleur-de-lis abdominoplasty) as the most commonly performed and beneficial procedure, given its impact on abdominal contour, skin hygiene, and quality of life.[1-4] Panniculectomy, which specifically targets the removal of the pannus, is also frequently utilized, particularly in cases of significant skin overhang and associated intertriginous complications.[4]

Procedures targeting other regions are also important: brachioplasty (arm lift) and thighplasty (thigh lift) are indicated for patients with redundant skin of the upper limbs and thighs, respectively, and are associated with improvements in mobility and hygiene.[3][5] Mastopexy and breast reconstruction are commonly performed in female patients to address ptosis and volume loss, with mastopexy being indicated in nearly all post-bariatric female patients.[2-3]

The literature further supports that body contouring procedures confer additional benefits beyond physical appearance, including improvements in psychological well-being, reductions in anxiety and depressive symptoms, and enhanced long-term weight control.[5-7] However, while abdominoplasty and other body contouring procedures improve certain aspects of psychosocial functioning, they may not further enhance body image perception or self-esteem beyond the improvements achieved with bariatric surgery alone.[6]

In summary, the most beneficial plastic surgery procedures for post-bariatric patients are abdominoplasty (including circumferential and fleur-de-lis techniques), panniculectomy, brachioplasty, thighplasty, and mastopexy/breast reconstruction, with procedure selection tailored to the patient's pattern of skin redundancy and functional impairment. These interventions are associated with improved quality of life, psychological well-being, and, in some cases, better long-term weight maintenance.[1-7]

CONCLUSION

Plastic and reconstructive surgery following bariatric procedures plays a fundamental role in the comprehensive management of patients who have undergone massive weight loss. Beyond aesthetic restoration, these surgeries address the physical, functional, and psychosocial consequences of redundant skin, contributing significantly to improved mobility, hygiene, and self-perception. Abdominoplasty—

particularly its circumferential and fleur-de-lis variants—remains the cornerstone of post-bariatric body contouring, often complemented by panniculectomy, brachioplasty, thighplasty, and mastopexy to achieve complete restoration of body harmony. Careful patient selection, optimization of nutritional and metabolic status, and realistic expectations are essential to minimize complications and ensure satisfactory outcomes. Despite the proven benefits on quality of life and psychological well-being, access to these reconstructive procedures remains limited due to economic and systemic barriers. Integrating post-bariatric plastic surgery into multidisciplinary obesity care pathways is therefore crucial to achieving long-term functional recovery, sustained weight management, and holistic patient rehabilitation.

REFERENCES

- I. Sadeghi P, Duarte-Bateman D, Ma W, et al. Post-Bariatric Plastic Surgery: Abdominoplasty, the State of the Art in Body Contouring. *Journal of Clinical Medicine*. 2022;11(15):4315. doi:10.3390/jcm11154315
- II. Mechanick JI, Youdim A, Jones DB, et al. Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient—2013 Update: Cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Obesity (Silver Spring)*. 2013;21(Suppl 1):S1-S27. doi:10.1002/oby.20461
- III. Lazzati A, Katsahian S, Maladry D, Gerard E, Gaucher S. Plastic Surgery in Bariatric Patients: A Nationwide Study of 17,000 Patients on the National Administrative Database. *Surgery for Obesity and Related Diseases*. 2018;14(5):646-651. doi:10.1016/j.soard.2018.01.010
- IV. Altieri MS, Yang J, Park J, et al. Utilization of Body Contouring Procedures Following Weight Loss Surgery: A Study of 37,806 Patients. *Obesity Surgery*. 2017;27(11):2981-2987. doi:10.1007/s11695-017-2732-4
- V. Sockalingam S, Hawa R, Micula-Gondek W, Lundblad W, Fertig A. Resource Document on Bariatric Surgery and Psychiatric Care. American Psychiatric Association. 2016. Practice Guideline
- VI. Drygalski K, Płonowska E, Hady ZR, Głuszyńska P, Hady HR. Post-Bariatric Surgery Abdominoplasty Ameliorates Psychological Well-Being in Formerly Obese Patients: A Cross-Sectional Recall Study. *Journal of Clinical Medicine*. 2025;14(12):4025. doi:10.3390/jcm14124025
- VII. Balagué N, Combescure C, Huber O, Pittet-Cuénod B, Modarressi A. Plastic Surgery Improves Long-Term Weight Control After Bariatric Surgery. *Plastic*

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and Reconstructive Surgery. 2013;132(4):826-833.
doi:10.1097/PRS.0b013e31829fe531