81 Medial Thighplasty

Rod J. Rohrich, Erez Dayan, and Joshua M. Cohen

Abstract
Liposuction-assisted medial thighplasty is a safe, efficient, and reproducible procedure that should follow a four-step algorithm: (1) L-shaped anterior markings, (2) superwet infiltration, (3) circumferential combined superficial ultrasound-assisted/suction-assisted liposuction, and (4) predesigned and patterned skin excision and layered closure. It simplifies the markings and resection, and the procedure preserves the lymphatics and nerves, minimizes blood loss, and maintains the saphenous vein system to prevent skin loss and wound breakdown. It produces reliable and predictable results, with optimal outcomes. This technique offers another refinement in the evolution of medial thigh contouring.

Keywords: Medial thigh lift, thighplasty, body contouring

Key Points

- Traditional medial thigh lift has been associated with postoperative problems such as inferior wound migration, scar widening, lateral traction deformities of the vulva, and early recurrence of ptosis. Possible surgical damage to the lymphatic vessels increases the risk of seroma and recovery can be painful due to the sensitivity of the area.
- A modified approach to the medial thigh lift presented in this chapter avoids many of the complications associated with traditional thigh lift while allowing for predictable aesthetic outcomes.

81.1 Preoperative Steps

- The patient is marked to create an inverted L-shaped incision, which leads to a predesigned and patterned skin excision. The patient is marked first in the standing position with the legs slightly apart. The final desired location of the incision is along the medial thigh from the lower aspect of the knee to the crease.
- Using a skin pinch method, the medial thigh skin is assessed for redundancy and mobility by transposing in both the anterior and posterior directions to meet the previously drawn line. This demonstrates the amount of skin to be removed. This maneuver leads to an ellipse pattern skin excision that tapers at the medial knee. The width of the ellipse is based on the skin pinch and typically ranges between 10 and 15 cm (▶ Fig. 81.1).
- The anterior, proximal incision is drawn such that a gentle curve is achieved in an inverted L-shaped anterior marking. The superior and inferior end of the incision ends up conical.

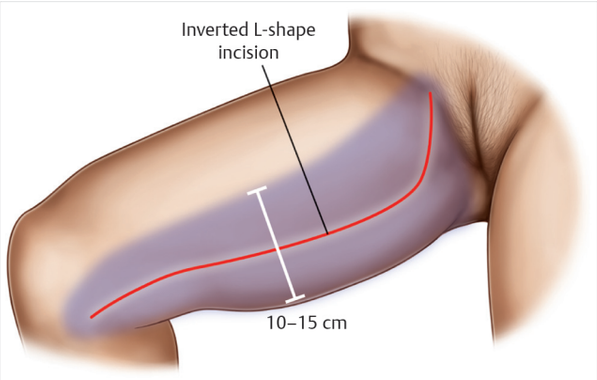

Fig. 81.1 Preoperative markings for excision (*blue*) and final scar location (*red*).

81.2 Operative Steps (▶ Fig. 81.2)

- Liposuction access points are distal to the groin crease within the region to be resected, midthigh, and just proximal to the medial knee.
- The thigh is infiltrated using a superwet technique circumferentially. The preferred solution is 1 L of lactated Ringer's solution, 30 cc of 1% lidocaine, and one ampule of 1:1000 epinephrine.
- Circumferential combined suction-assisted and/or ultrasound-assisted liposuction using 3.5 to 4.0 mm cannulas is performed circumferentially except in the area to be excised. The saphenous vein system is avoided by maintaining a superficial plane of liposuction in the area to be excised. This is key to avoid skin breakdown and infection. The undermined tissue is

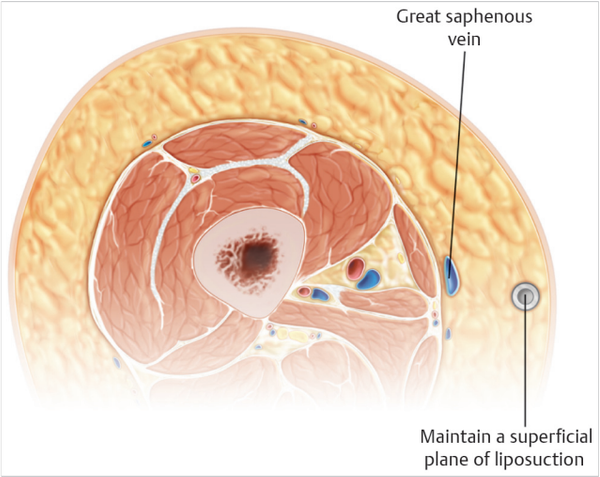

Fig. 81.2 Anatomy of the medial thigh. The saphenous vein system is avoided by maintaining a superficial plane of liposuction in the area to be excised, which is key to avoid skin breakdown and infection.

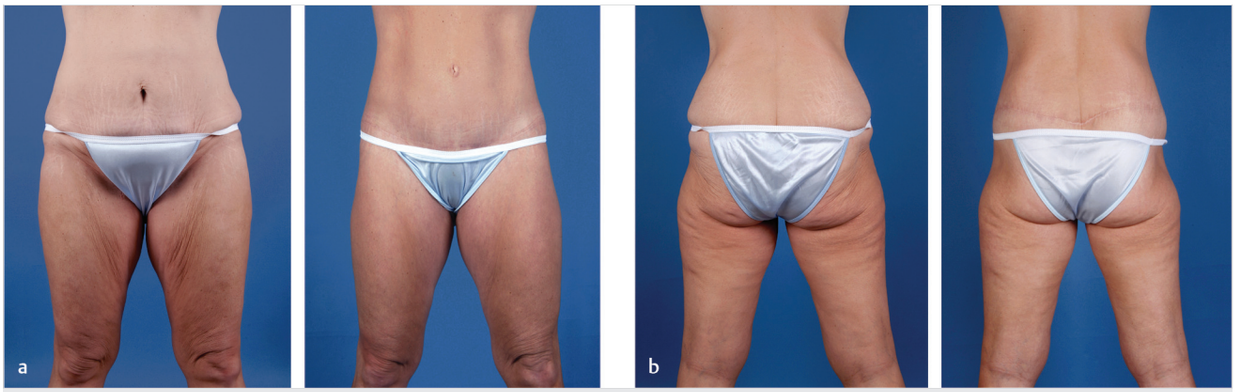

Fig. 81.3 (a, b) This 38-year-old female desired body contouring procedures after losing 100 lbs status post gastric bypass. The photo on the right is a medial thigh lift staged 6 months after a circumferential body lift.

re-checked via a pinch test to verify excisional marks and avoid over-resection of skin.
- The predesigned and patterned skin excision is performed followed by a layered closure with postoperative compression.
- Hemostasis is checked and a 19 French Blake drain is placed, exiting at the inferior-most aspect of the incision. Wound margins are then tailor-tacked with staples and any excess tissue is trimmed. The staples from the distal- and proximal-most ends of the incision are removed incrementally, and a two-layer closure is performed. Staples are maintained in the middle of the incision, at the area of most tension. These are removed once the patient returns to the office.

81.3 Postoperative Care

- The surgical staples are removed on postoperative 5 day.
- The usual post-op course involves some edema and ecchymosis. This typically resolves in 3 to 4 weeks and is aided by the use of a compression garment. There is no need for an elaborate dressing as the incision areas are sealed with Dermabond.
- Most patients return to work after 2 weeks.

81.4 Case Example

This 38-year-old female desired body contouring procedures after losing 100 lbs status post gastric bypass. The photo on the right is a medial thigh lift staged 6 months after a circumferential body lift (▶ Fig. 81.3a, b).

81.5 Conclusion

Historic complications of medial thigh lift surgery can be avoided by limiting injury to the saphenous vein system and surrounding lymphatics of the medial thigh. This is accomplished by superficial liposuction and removal of excess tissue while preserving these structures.

See **Video 81.1**.

Further Readings

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