

ON TRACK WITH BARIX

Support to Keep You On Track With a Healthful Lifestyle

Reconstructive Surgery

Determine if Reconstructive Surgery is Right for You!

For many, the natural next step to restoring health and well-being after weight loss surgery is the removal of excess skin. This step can ease movement and improve appearance, the fit of clothing, comfort and self-confidence. The amount of excess skin depends on the amount of weight lost, where excess weight was carried, and the natural elasticity of the skin.

Not everyone needs or desires reconstructive surgery. A good candidate for reconstructive surgery:

- Has achieved a healthy and stable weight and is not expecting further weight loss. Typically, this is 18 months or longer after weight loss surgery.
- Follows a healthy diet with adequate protein and the recommended vitamin and mineral supplements—regularly monitoring nutritional status through lab work.
- Is in overall good health.
- Does not smoke and limits exposure to second hand smoke. Smoking slows the healing process and increases the risk of serious complications.
- Is fully committed to having surgery—reconstructive procedures take time to heal. Rest, recupera-

tion and proper nutrition are vital after surgery.

- Has realistic expectations; surgery will markedly improve the shape of the body, but leaves scars and doesn't completely restore the body to what it was pre-weight gain.

Your first step is to set up a consultation and let your plastic and reconstructive surgeon know what you want to achieve. Your surgeon will then suggest the procedure or procedures that best fit your goals and give you a realistic idea of what you can expect as an outcome. Sometimes more than one procedure can be performed at the same time.

Paralyze **RESISTANCE**
with **PERSISTENCE.**

WOODY HAYES

Abdominal Area

Excess skin can affect almost any part of the body, but the most common body area that people are concerned with is the abdomen. An overhanging apron or pannus can cause skin irritation and rashes, impede exercise, put strain on the lower back and prevent



clothing from fitting properly. There are different surgical options to remedy excess skin in this area.

- **Panniculectomy.** The overhanging skin of the lower abdomen that typically occurs after major weight loss and/or pregnancy is called the pannus. A panniculectomy is a procedure that removes the excess skin from below the belly button. This procedure is done through a horizontal incision at the pubic area. Skin and fat are carefully removed and the incision is closed. Liposuction may be done at the same time.
- **Abdominoplasty.** An abdominoplasty removes loose, excess skin and fat and tightens slack fascia, below the belly button. The surgeon will use a hip-to-hip oval or elliptical shaped incision to remove most of the skin and fat between the belly button and pubic hair. The tissue under the skin is tightened and the belly button is repositioned.

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- **Lower Body Lift.** This procedure reshapes the abdomen, waist, hips, thighs and buttocks by removing excess skin and fat. It is done through an incision made around the circumference of the body.

Arm Area

Brachioplasty. Excess skin and fat on the back of arms is often troublesome, especially for women. An arm



lift, or brachioplasty, removes excess drooping skin and fat and tightens the shape of the upper arm. An incision on the inside or back of the arm is used and excess fat removed with liposuction.

Breast Area

There are several procedures available for the breast depending upon the desired results.

Mastopexy. This procedure will lift the breasts and provide firmness by removing extra skin and tightening nearby tissue. The nipple and surrounding areola may require relocation. There are 3 main types of procedures used for a mastopexy.

- The crescent lift is most often used to remedy minimal sagging. A crescent-shaped slice of skin above the areola is removed.
- The donut lift is most often used for moderate sagging and smaller breasts. A circular incision is made around the areola, followed by extracting skin from the donut-shaped area. This procedure is

A little more **PERSISTENCE**, a little more **EFFORT**, and what seemed **hopeless failure** may turn to **glorious success**.

ELBERT HUBBARD

known for complementing breast augmentations and is useful in decreasing the size of the areola.

- A full mastopexy is recommended for excessive sagging and is commonly paired with breast reductions. This lift removes a significant amount of skin and involves three incisions that resemble an anchor-like shape. One incision goes around the areola; another is a vertical line from the nipple down the length of the breast, with a third incision along the bottom breast crease.

Breast Reduction. This procedure will reduce the size of the breasts and is often used with a mastopexy to lift breasts for a more youthful appearance. In general, two approaches are used for a breast reduction:

- **Traditional reduction.** One incision is made around the areola, another is made vertically down the middle of the breast and a third incision is positioned horizontally beneath the breast and along the curve of the crease. Once the tissue, fat and skin are removed, the nipple and areola are raised.



- **Vertical reduction or “short scar” breast reduction.** This newer technique is recommended for moderately large breasts and involves incisions that circle the areola and extend down vertically, but do not horizontally cross under the breast.

Breast augmentation. When increasing or restoring breast size is desired, a breast augmentation may be considered. In breast augmentation using implants, your surgeon makes an incision, lifts the breast tissue, creates a pocket in the chest/breast area and places an implant in the pocket. There are several options to increase breast size:

- Saline-filled breast implants are filled with sterile salt water. They may be prefilled at a predetermined size or filled at the time of surgery to allow for minor modifications in implant size.
- Structured saline-filled breast implants are filled with sterile salt water, but contain a structure inside so they behave as if filled with soft, elastic silicone gel. This structure enables them to hold their shape better than traditional saline implants. Approved by the FDA and Health Canada in 2014, these implants have been available since 2015.
- Silicone gel-filled breast implants are filled with soft, elastic gel and are available in a variety of shapes. All silicone gel breast implants are pre-filled and may require a longer incision for implant placement.
- Cohesive gel silicone gel-filled breast implants, also known as “gummy bear” or “form stable” implants, are filled with a cohesive gel, made of crosslinked molecules of silicone, which makes them a bit thicker and firmer than traditional silicone gel implants. This enables them to hold their shape better. Approved by the FDA for use in the United States in 2012, these implants have been available in much of the world since 1992.

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- Autologous fat transfer removes fat through liposuction from an area of your body in which there are abundant fat cells, such as your thighs, abdomen and hips. After a process of preparation and refinement, the fat cells are injected into your breast. This is a less common method than breast implant augmentation and is still undergoing clinical studies and research for safety and effectiveness.

Gynecomastia (male breast reduction). This surgery is the solution for achieving a flatter, more masculine chest. Breast size is reduced, excess skin removed and areola size and position may be altered.

Liposuction. Liposuction can improve the contour of your buttocks, hips, chest, thighs, neck, upper arms and knees. It is frequently used in conjunction with other plastic surgery procedures following dramatic weight loss.

Thighplasty (thigh lift). This surgical procedure removes extra skin and fat to give you tightened, toned and better-proportioned thighs. Thigh lifts can also be performed in combination with liposuction of the thigh and lower body lift.

- An inner (medial) thigh lift, which is the most popular, involves incisions in the groin fold. It is best for people with a moderate amount of skin and fat in this area. In this procedure, your surgeon lifts up the thigh skin and tissue to tighten this area.
- A vertical thighplasty, involving a vertical incision starting at the groin crease and extending to the inner knee, is appropriate if you have more significant fat and loose skin. This scar is visible when the inner thighs are exposed. During a vertical thigh lift, your surgeon removes a wedge of skin from the inner thigh.

- An outer thigh lift requires an incision extending from the groin around the hip. A newer procedure called the spiral thighplasty targets the front, back, inner and outer thigh. The incision is below the buttock fold and continues over the groin crease at the junction of the thigh and pubic area.

Preparation for Reconstructive Surgery

Take steps *ahead of time* to insure that your nutritional status is optimal and your body is in the best shape possible for your upcoming surgery. You'll be rewarded with a faster healing time, less risk of infection, and potentially more pleasing results.

- Your weight should be close to your personal goal and stable. If you lose a significant amount of weight after reconstructive surgery, the results will not be as firm.
- Exercise regularly: not only will you have a nice robust metabolism, but the ability of your body to transport oxygen and nutrients to cells (for faster healing) will be enhanced.
- Stay away from firsthand or secondhand smoke. It impairs healing and your body's ability to fight infection.
- Be sure blood sugar levels are maintained within normal limits;



its; work with your family doctor if needed to properly treat.

- Put the spotlight on nutrition. You'll want to be sure to eat right, take supplements as recommended, and monitor lab work. The most common deficiencies seen in those considering reconstructive surgery are protein, iron, and vitamin B-12. It takes a while for your body to replenish stores—so keep on top of this. You'll want to bump up your protein intake 1 month before surgery and continue with this level of protein intake until 1 month post-op. You can ask your Barix Nutritionist for a new goal or use this formula: your weight in pounds x 0.68 = grams of protein per day
- Drink plenty of water and fluids throughout the healing process to help facilitate proper circulation and detoxification.



With **PATIENCE** and **PERSISTENCE**, even the smallest act of discipleship or the tiniest ember of **belief** can become a blazing **bonfire of consecrated life**. In fact, that's how most bonfires begin—
as a simple spark.
DIETER F. UCHTDORF

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Reconstructive SURGERY

To receive a free **Reconstructive Surgery Guide**, call **800-282-0066** or send us an email at rc@barixclinics.com with your name and contact information. Our reconstructive surgery program is currently performed at our centers in Michigan, and Pennsylvania. **Call us today for more information!**

Share Your SUCCESS

Tell us about how your life has changed as a result of your weight loss surgery. Your story may be printed in this publication or on one of our websites and can serve as an inspiration to others.

Submit your story online
www.barixclinicsstore.com/share_your_story.html

We'd love to hear from you!

QUESTIONS ABOUT FINANCING YOUR SURGERY?

Call a Barix Patient
Service Representative
800-282-0066

Recipes

Quesadilla

- 2 teaspoons canola oil
- 1 cup red onion, chopped
- 1 cup frozen corn kernels, thawed
- 1 cup fresh zucchini, chopped
- 1 teaspoon ground cumin
- 1/4 teaspoon black pepper
- 2 1/2 cups rotisserie chicken, shredded
- 1/2 cup fresh salsa
- 3 tablespoons fresh cilantro, chopped
- 4 (8-inch) Mission Carb Control flour tortillas
- 3/4 cup Monterey Jack cheese, shredded

Sauté onion, corn and zucchini in oil until cooked through. Add cumin, black pepper and chicken to pan, stir and continue to cook until chicken is heated through. Stir in salsa and 2 tablespoons cilantro. Cook 2 minutes or until liquid evaporates, stirring frequently.

Place 1 tortilla at a time in a non-stick pan on medium high heat. Top evenly with 3/4 cup of chicken mixture and sprinkle with 3 tablespoons of cheese. Cook until bottom is lightly brown and crispy and cheese is melted. Remove from heat and garnish with 3/4 teaspoon of chopped cilantro. Repeat with remaining tortillas. Makes 4 servings.

NUTRITION INFORMATION PER SERVING: 377 calories, 31 grams protein, 18 grams fat, 34 grams, and 862 mg sodium.



Layered Mexican Salad

- 2 1/2 cups plum tomatoes, seeded and chopped
- 1/2 cup fresh cilantro, chopped
- 1/2 cup onions, chopped
- 1/8 teaspoon cayenne pepper
- 1/4 cup lime juice
- 1 cup unsalted canned black beans, drained and rinsed
- 1/2 teaspoon ground cumin
- 2 cups romaine lettuce, chopped
- 1 1/2 cups rotisserie chicken breast, shredded
- 1 cup frozen corn kernels, thawed
- 1/4 cup prepared guacamole
- 2 ounces tortilla chips, lightly crushed
- 1/4 cup sour cream

In a bowl, combine tomatoes, onion, cilantro, cayenne, and 3 tablespoons lime juice in a bowl.

In a separate bowl, mix together beans, cumin, and remaining lime juice. Spoon 1/4 cup of the tomato mixture into 4 large glasses or pint jars. Layer with romaine, chicken, corn, guacamole, tortilla chips, black bean mixture, and remaining tomato mixture. Garnish with 1 tablespoon sour cream and serve. Makes 4 servings.

NUTRITION INFORMATION PER SERVING: 305 calories, 18 grams protein, 11 grams fat, 38 grams carbohydrate, 478 mg sodium.

Get Rewarded!

*This month, you could earn a **SPECIAL GIFT** for your "It Worked For Me" tips or recipes! Just submit as many recipes and "It Worked For Me" tips as you like. The most original and creative will be awarded a special gift from our online store. Include your name and contact info with your entry — make sure your recipes follow Barix nutritional guidelines. **Tips must be submitted by November 30 2017.** Please send comments, ideas, recipes and "It Worked For Me" tips to Deb Hart, RD, LD at dhart@foresthealth.com.*