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Use of multiplane internal glandulopexy for ptosis correction in revisionary surgery following augmentation mammoplasty in subglandular pocket

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**Background:** Augmentation mammoplasty is a commonly performed procedure with a high satisfaction rate. Multiplane Pocket is described for simultaneous internal mastopexy and augmentation using infra-mammary crease incision for selected primary and secondary mammoplasties. The use of the technique is presented with a larger experience for correction of ptosis in patient presenting for revision surgery following subglandular augmentation mammoplasty.

Materials and Methods: A retrospective analysis of data prospectively collected using the Excel spreadsheet was performed. A total of 215 patients had their revision augmentation mammoplasties between January 2008 and October 2013. Of these 215 cases, 25 patients had multiplane augmentation with internal-pexy or lift. Relevant data of 25 patients who had their revision surgery done in multiplane were further analyzed. The group included 25 patients with an average age 36.6 years (range 25-24) with mean implant duration 6.4 years (range 1.5-13). 23 of the patients were non-smokers and n one patient smoking status was not mentioned.

**Results:** 18 patients presented with grade I capsular contracture, 3 patients with grade II ptosis and 4 patients had a combination of grade I and II capsular contracture. Pseudoptosis was present in 6; class B ptosis in 6; A/B ptosis in 3; water-down deformity in 5 and rippling in 5 patients. Average size implant from initial surgery was 334.4 cc (range 250-340) and the mean implant size selected for revision surgery was 416cc (range 260-525). Of 25 patients, 21 patients had a bilateral procedure whereas this technique was used unilaterally in 4 patients for the correction of asymmetry. All patients had a single intravenous dose of antibiotics predominantly and followed by an oral course for 5 days. There was no infection noted in the series.

**Conclusion:** All patients had acceptable results and no corrective surgery has been performed in the data of the patients analysed.

## **Biography**

Umar has started his career as a Consultant Aesthetic Plastic Surgeon in 1999. His work load is entirely composed of aesthetic procedures involving Face Lifts, Rhinoplasties, Breast Augmentations, Breast Reductions, Breast uplift, Blepharoplasties, Brow lift, abdominoplasties, Liposuction etc.He has written over 50 articles in peer reviewed journals and have given over 150 presentations in international conferences and congresses. He is a - Member of Editorial Board of Peer Reviewed Journals.

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