Atraumatic Handling of Umbilicus in Abdominoplasty

M Sinha

Citation


Abstract

A technique is described where the circumscribed umbilicus can be freely grasped with a tissue holding forceps, yet ensuring a non traumatized and neatly incised margins to ensure healing with minimum inflammation.

Dear Sir

Circumscribing umbilicus during abdominoplasty can sometimes be tricky. If umbilicus is not handled delicately, forceps can easily traumatize it. A technique is described where the circumscribed umbilicus can be freely grasped with a tissue holding forceps, yet ensuring a non traumatized and neatly incised margins to ensure healing with minimum inflammation.

The umbilicus is stretched inside out with a pair of skin hooks and two concentric circular incisions are made. The inner incision only ‘scores’ the skin while the umbilicus is circumscribed on its stalk with the outer incision (Fig. 1). For further dissection the umbilicus is handled in the region between the two incisions (Fig. 1). This ring of tissue is excised just before final reciting of the neo-umbilicus (Fig. 2). This leaves a non-traumatized and cleanly incised stalk (Fig. 3). It also helps to reduce the length of the stalk effectively while preserving the neatly excised margins ensuring proper healing with less inflammation and possibly less scarring or constricture formation.

Figure 1

Figure 1: The umbilicus id circumscribed on the outer incision and the rim tissue is used to grasp it while defatting it.

Figure 2

Figure 2: The rim of tissue is excised before reciting.
Figure 3: At reciting, the umbilicus has neat and clean cut margins for good healing.

Yours sincerely

Manish Sinha.

CORRESPONDENCE TO

Mr. Manish Sinha Department of Plastic Surgery Selly Oak Hospital Raddlebarn road Birmingham B29 6JD UK Phone: 0044 121 6271627 Fax: 0044 121 6278214 E-mail: drmanish@hotmail.com

References
Author Information

Manish Sinha, MB BS, MS, MRCSEd
Department of Plastic Surgery, Selly Oak Hospital