Plastic Surgery after Weight Loss Surgery
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One of the most popular statements we hear from patients considering weight loss surgery is, “What can I do about the sagging skin I will have when I lose the weight?” My response, and I will add probably not a super-sensitive response, is usually “Not many people die from sagging skin, but many people die from obesity. Let’s take care of the obesity problem first.” So now that you have increased your chances at a longer life, is plastic surgery for you?

A very small percentage of post weight-loss surgery patients actually have plastic surgery. Many patients decide that they are feeling so much better and look so much better than they did before their weight-loss surgery, they decide to leave their new body just as it is. There are others who would like to have plastic surgery, but insurance most often does not pay. Below are some things you need to address or think about prior to considering plastic surgery.

1. You should be weight stable and at or near your goal weight. Many insurance companies will want proof that your weight has been stable for months before they will even consider reviewing your case. Remember, you can go through many weight plateaus. That does not necessarily mean you are done losing weight. Weight stability may not be reached for two or more years with adjustable band patients. Gastric bypass and sleeve patients should wait at least 18 months before considering plastic surgery.

2. There has to be a medical reason for plastic surgery if insurance is going to cover it. Some of the reasons insurance MAY cover it:
   a. Skin breakdown under skin folds. Take plenty of pictures and have documentation from a physician noting all the treatments that were attempted but failed.
   b. Your pannus or apron hangs below the top of your pubic bone. Pictures and documentation will be necessary.
   c. Large breasts that cause back pain or often cause bra straps to dig into your shoulders may qualify for a breast reduction.
   d. Difficulty walking because of extra amounts of skin in the thighs. If this extra skin is causing your back or hips to be thrown off, you will need proper physician/orthopedic documentation to be considered for thigh work.

3. A thorough nutritional assessment should be done to determine if you can tolerate the demands/healing necessary after a major surgical procedure. If you are having nausea or vomiting, you need to be evaluated by your bariatric surgeon. Studies show that impaired nutrition may lead to postoperative complications and impaired healing (Michaels, 2011). Compliance with vitamin, mineral and protein intake should be evaluated. You need to be at your best nutritionally before having plastic surgery.
4. Although you should not be smoking now because of the risk to your new pouch/sleeve, let me take this time to reinforce the dangers of smoking in relationship to surgery. Smoking is a well-documented cause of complications after any surgery.

5. Expectations should be realistic. Many patients have severe deformities in different parts of their bodies after being obese for a long period of time. There may be limitations to the contouring of that area. Although you may not think so, you may mourn your “old” body. Your body may look very different than what you are used to. Real scars will replace areas of excess skin. Be prepared for the possibility of a mixed bag of emotions.

6. You will probably need more help in the postoperative phase with plastic surgery than you did with your bariatric surgery. You may need help with wound management as well as getting around.

If you are considering plastic surgery, Dr. Michael Morrissey is a St. Luke’s Plastic Surgeon who has performed many surgeries on post-weight loss surgery patients. You can call for an evaluation at 610-838-7638.
