Changing directions……..
Augmentation Mammaplasty
By Reversed Abdominoplasty

AMBRA

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Conventional Abdominoplasty

is the Gold Standard for abdominal rejuvenation
Reverse Abdominoplasty

• Rebello and Franco - 1972
  Abdominoplasty through a submammary incision.

• Cardesco de Castro and Daher - 1978
  Simultaneous reduction mammaplasty and abdominoplasty.

• Baroudi, Keppke, Carvalho - 1979
  Mammary reduction combined with reversed abdominoplasty.
Disc 1

Augmentation Mammaplasty by Reversed Abdominoplasty (AMBRA)

PART ONE

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Breast Augmentation with Anatomical Implant

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SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS

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Augmentation Mammoplasty by Reverse Abdominoplasty (AMBRA)

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**Background:** The purpose of this article is to describe and provide autologous tissues for breast augmentation and simulating the abdomen.

**Methods:** Thirty-seven patients underwent augmentation reverse abdominoplasty (AMBRA) between 1997 and 2006. The pannus present in women whose lower abdomen was typically pseudoskintight underwent re-epithelialized adipofascial flap...
Breast Suspension Test
Periumbical perforators preserved
deepithelialized zone
Adipofascial flap folded into subglandular pocket

No flap fixation
Sutures required
Patients and Methods

- 42 patients over 16 years
- 25/42 with superiorly based flaps, half with accompanying vertical mastopexy
- 18/42 with inferiorly based flaps, 11/16 (68%) with vertical mastopexy
- 24/42 (57%) underwent lower abdominoplasty, 50% of superior group, 38% of inferior group
- Follow up average 44.25 months - range 4 months-16 years
Comorbidity factors

- previous breast reduction - 6
- prior breast augmentation - 6
- radiation for breast CA - 5
- severe breast burns - 2
- severe breast trauma - 1
- prior mastopexy - 1
- severe scoliosis - 1
- morbid obesity - 1
Does Reverse Abdominoplasty hold?
4’9” patient Ambra with implants

20 lb. wt gain

1yr.

5yr.
PSEF Teleplast 2001
Postoperative taping with Medipore
Scar concealment
Taping with Medipor, Mefix for minimum of two weeks to breasts and full abdomen
What do you do when the inframammary fold has been previously violated?
Use upper abdominal advancement flaps

• Inferiorly based flaps remain attached to the abdominal apron and are advanced in a cephalad direction with it. Fix them to the perichondrium just above IMF with central, middle and lateral dermal tabs.
Deepithelialized zone

irradiated implant reconstruction

Transthoracic mastectomy scar

Deepithelialized zone
Adipofascial flaps remain attached to abdominal advancement flap to derive their circulation.
S/P Reduction with free nipple grafting at age 15
Reconstruction of Unilateral Deficits

Left breast cleaved by guard rail
Three year post op result

200cc adipofascial tissue added
Lumpectomy and Irradiation Left lower pole
1 yr.
20 lb.
wt. loss
Disadvantages

• Upper abdominal scar that crosses midline
• Need for aesthetic recreation of the IMF
Advantages

- Provides autologous tissue.
- Anatomical arterial, venous and lymphatic drainage preserved
- Rejuvenates umbilicus without detachment
- Can obviate lower abdominal scar
- Permits optimal direct upper abdominal defatting and contouring
- Allows full abdominal wall liposculpture
- Preserves TRAM flap / DIEP flap donor sites
Conclusions

Conventional abdominoplasty +/- breast augmentation remains the gold standard for most women wanting to reverse the disfiguring results of childbearing and weight loss.

Ambra may be an appropriate esthetic or reconstructive option for selected women.