Transabdominal Breast Augmentation

TABA

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Transabdominal Breast Augmentation
BREAST SURGERY & BODY CONTOURING SYMPOSIUM

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Introduction by
Ivo Pitanguy
Traditional Breast Augmentation techniques

- Inframammary fold
- Transaxillary
- Periareolar
- TUBA (transumbilical)
Breast Augmentation Through the Inframammary Fold

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Transabdominal Breast Augmentation
Ideal TABA patient

“MOMMY MAKEOVER” CANDIDATE

Seeking abdominoplasty
Also considering breast rejuvenation
Patient population for TABA

- Typically have had two or more children
- Have ptosis or pseudoptosis with breast volume depletion
- Have loose abdominal skin +/- stretch marks
- Often have rectus diastasis
WHY?
No additional scar
“No Touch” technique
Results

Baker 3 – single patient in 85 cases
1.17% capsular contracture rate
Rationale

Complete absence of skin contact with implants

Full drainage of implant pocket into abdominal domain
Most favorable access

Lubricious nature of the fatty tunnel and total ability to control size minimizes shear forces and strain on implant

For shaped implants less chance of gel fracture
Delamination

- Make the entry site large enough and slippery enough to entirely avoid this phenomenon
We already have the basic training to do it
Figures 1, 2. (1) Drawing illustrates unilateral pedicle TRAM flap breast reconstruction.

LePage M A et al. Radiographics 1999;19:1593-1603
Figure 4b. Unilateral breast reconstruction with a pedicle TRAM flap.
Figure 4e. Unilateral breast reconstruction with a pedicle TRAM flap.
Figure 4f. Unilateral breast reconstruction with a pedicle TRAM flap.
Technique
Low scar – umbilical closure
Balloon Dilator
TABA
Form stable implants

All textured making insertion more strenuous on implant

Require larger IMF incision ~ 6cm.

Delamination and implant failure a concern
Insertion of shaped implant
Clinical results
Umbilical Hernias

• Require creation of neoumbilicus
Previous mini-abdominoplasty
TABA following MWL
4’10” after > 100 lb wt. loss
Ptosis with tight IMF
Type 1 DM
With B grade ptosis and pseudoptosis
TABA FOR PTOSIS
Patient with C grade ptosis
High BMI
Floating Umbilical technique
Previous poorly performed abdominoplasty
In patients with greater pigmentation
Sometimes

You've Got To Bring Sexy Back!

Thanks

Body by Z
Complications

- Breast revision (IMF, capsulotomy, etc.) - 5
- Infection (tx with oral abx) - 3
- Seroma/hematoma - 9
- Scar revision (minor) - 7

*N=21 total patients with complications*
TABA

• Provides optimal rejuvenation of the damages of childbirth
• Minimal implant insertional trauma
• Exceptionally low rate of capcon
• Unparalleled control of the IMF
• Minimal additional time and complications
• No additional scar
10 year follow-up
first patient
THANK YOU