



ELSEVIER
SAUNDERS

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Preface



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I was fortunate enough to begin my career in plastic surgery at the University of Iowa, the birthplace of bariatric surgery. Although at the time of my arrival there bariatric surgery had not developed to its present capabilities, Iowa had an abundance of patients who had undergone massive weight loss who provided fertile ground to develop an interest in body contouring. I owe these patients a great deal because they taught me many things that I will always carry with me. I would like to share some of them:

1. Patients who have undergone massive weight loss have worked very hard to lose weight.
2. They are disappointed with their resultant body contour.
3. Their deformities are more severe and intrinsically different from patients who have not undergone massive weight loss.
4. Traditional body contouring techniques, such as abdominoplasty or "T" brachioplasty, are often inadequate in the treatment of these patients.
5. It is our job as plastic surgeons to eliminate the physical stigmata of being "fat." Anything short of that should be a disappointment.

6. Improving body contour does not automatically eliminate psychologic issues.

Since the year 2000, body contouring after massive weight loss has become a subspecialty of plastic surgery that may indeed become the largest subspecialty within the realm of plastic surgery. It is a bona fide subspecialty unto itself because it encompasses a large number of anatomic regions, techniques, and concepts that are unique.

In this issue of the *Clinics in Plastic Surgery* I have asked the authors to provide information on a wide variety of subjects not directly related to surgical technique but essential to what a plastic surgeon should know about bariatric surgery and the appropriate workup of a patient who has undergone massive weight loss. The psychiatric problems of the obese and those who have undergone massive weight loss are also discussed. For each anatomic area that a patient might complain about, a couple of surgical treatment techniques are presented to give the reader a range of differing approaches. It would be impossible to cover all techniques that are available, but I believe the contents of this issue should give the reader a sense

of the important concepts. Last, but not least, safety and prevention of complications are discussed.

I have also added some Editorial Commentaries throughout the issue. By their nature these comments are my personal opinions and are based on my experience in this field. They are not meant to encourage or discourage the reader from adopting or discarding the discussed techniques. The reader

should evaluate these commentaries critically, as they should the entire issue.

It has been an honor and a privilege to edit this issue of the *Clinics in Plastic Surgery*. I thank all the authors for their hard work and excellent articles. As always, I give special thanks to my teachers and my partner Albert Cram, without whom I cannot do any of this work.