

Intimate Findings Post Abdominoplasty

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Abstract

After an Abdominoplasty, regardless of aesthetic changes to reduce significantly all abdominal diameters, remove the grease of abdominal flanks, molding them, how to delineate and decrease the diameter of the waist, it also presents important physiological alterations since the physiological changes are evident in the process of post-surgical evolution that are not commented on by the patient.

Keywords: Abdominoplasty, diastasis, muscles, plasty.

INTRODUCTION

The aesthetic surgery on the abdomen is a very common procedure; the rebuilding of the diastasis muscles to achieve a better appearance in the body contour involves physiological changes that are probably not recognized by patients, which are described below.

MATERIALS AND METHODS

Once the diastasis recti is rebuilt, (Figure1)

The muscles take point of support in the abdomen during contraction, a set of modifications in the structures of the area that are described in detail below:

To decrease the diastasis of the rectus muscles of the abdomen compresses the contents of the abdomen, improving the acute or chronic constipation that refer the majority of women and intervenes in the expiratory function of breathing when it shrinks by parties his tone limits the maximum inspiration.

When the pyramidal muscle is present, it is in the form of triangle inside of the aponeurotic of the muscles of the abdomen side (external oblique muscle, internal oblique and transverse), including it in the tense plasty, the Alba line.

The external oblique muscles of the abdomen, if you stitched individually as close to the midline, produce elevation of the pelvis, increase in abdominal pressure and expiration. Many of the major oblique fibers are continued with the lesser oblique muscle on the other

side. Acts jointly with the lesser oblique, so if you get longer fibers of the oblique side, there is an intra-abdominal pressure that contributes to the expulsion of the abdominal contents in defecation or urination.

The transverse muscle constitutes the first layer of the abdominal muscles, its fibers are crosscutting, and its fibers extend horizontally between the pelvis and chest, enveloping the body as if it were a corset. It is not directly involved in any movement (lacks dynamic function) but influences the shape of the body and its aesthetics (press the intestinal organs inward), contributing to the increase in intra-abdominal pressure to contract. It is inserted into the middle line, performing an aponeurotic curve that is the maximum at the height of the navel, which cover the backside of the upright of the abdomen, leaving free on your 1/3 lower. It is called the arc of Douglas.

To be plasty in this region gets the abdomen increases in intra-abdominal pressure, contributing to urination and defecation.

For a long time the inguinal region was considered static. It has now been recognized its dynamism, determined by the different muscles involved in their mobility. According to their behavior is considered to be two groups:

Agonists group, those that protect the weak areas of the inguinal region

Antagonist group, those who act in a manner contrary.

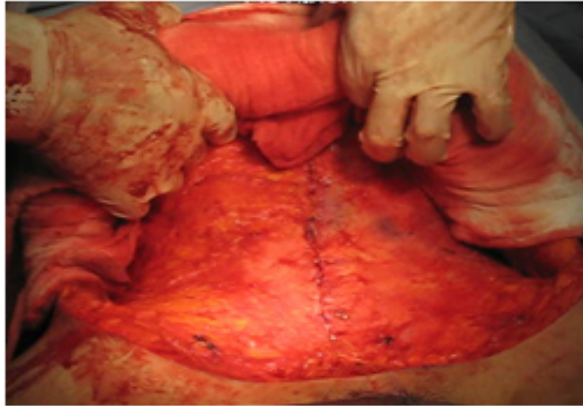


Fig 1

Antagonistic Action

The recto abdomen by having a sheath, formed by the wide muscles of the anterolateral wall of the abdomen, offers points of support during contraction.

Action Agonists

The deep inguinal ring, by contracting the transverse muscle, is moved upward and outward, which closes it and places it behind the wide muscles.

Finally, the aponeurotic arch of the transverse and oblique to the minor be rectified during muscle contraction protect the triangle of Hesselbach, while its fibers are seeking to the crural arch to attach it. The major aponeurotic oblique to shrink, tense the arcade itch and his blade.

In women, the pubic symphysis is covered with a fatty tissue called the mount of Venus, is located on the

vulva and the pubic symphysis is intimately close to the clitoris.

The ends of the two pubic bones are covered by a thin layer of hyaline cartilage and attached to the fibrocartilage. The fibro cartilaginous disc is reinforced by a series of ligaments. These ligaments cling to the disk fibro cartilaginous to the point that the fibers are intermingled with it.

Two of these ligaments are the suspensory ligament of pubis and the lower pubic ligament, which provide greater stability; anterior and posterior ligaments are weak. The suspensory ligament, strong and thick to reconstruct the abdominal wall in the tummy tuck and resected the skin flap, (Figure 2) is reinforced by the tendons of the abdominal rectus muscles, the muscle external oblique muscle of the abdomen, the gracilis muscle, and by the muscles of the hip.



Fig 2

With a cushioned based on fats, the mount of Venus resulting, acts as a cushion for added comfort and security, adding to this benefit, it also helps to stimulate the olfactory aromas that serve to increase sexual attractiveness in women. (Figure 3)

As the mount of Venus contains both sebaceous and sweat glands, this region allows you to send a smell that can stimulate sexual attractiveness the feelings of excitement.



Fig 3

CONCLUSIONS

The changes in the structures of the abdominal area after “aesthetics” surgery are evident in the process of post-surgical evolution that are not commented by the

patient until the same patient referred sensations and changes in their body as they present and the classic question is: Doctor is normal this is happening to me, because long time ago I haven't had or felt? (Figure 4)

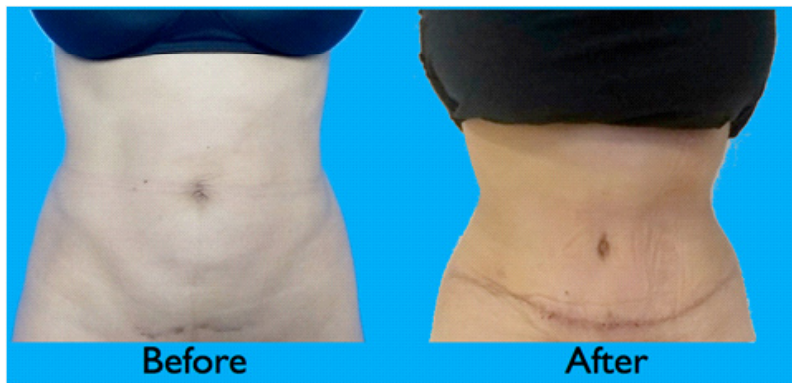


Fig 4

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