

Ultraliposuction

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Abstract

To establish a correct definition on a Mega liposuction, taking into account the individual characteristics by the amount of volume removed, that represents in if the relationship that existed between that volume, body mass index and body mass index of fat to the patient, applying the correct parameters and avoid postoperative complications, is the aim of this article.

Keywords: *Liposuction, Mega liposuction, Lean Body Mass, Body Mass Index.*

INTRODUCTION

The rise of obesity results in a greater rate of complication and comorbidity, as documented through literature. The aesthetic results are also problems in patients with a body mass index (BMI) greater. Due to the weight differences between individuals, is obtained partly the obesity rate due to variations between the body fat and body weight, which is why it has tried to improve the cardiovascular risk profile with the liposuction of large volumes. A patient with a lot of muscle mass can weigh a lot and have a high BMI, however do not be overweight. This is due to the fact that the BMI does not take into account what percentage of that weight is muscle and which is fat. If there is a high body mass index is because there is a large amount of extra body fat, except in the case of athletes.

To establish a correct definition on a Mega liposuction, taking into account the individual characteristics by the amount of volume removed, that represents in if the relationship that existed between that volume, body mass index and body mass index of fat to the patient, applying the correct parameters and avoid postoperative complications, is the aim of this article.

The definition of "liposuction of large volumes" varies in the literature. In fact, there is no strict definition, and the term is somewhat arbitrary. The most common definitions refer to any total fat removed during the procedure or total volume removed during the same.

Because many of the complications associated with liposuction of large volumes are related to changes in fluids and fluid balance, classifying the procedure as large volume based on the total volume extracted from the patient, including fat, tumescence and blood, it makes more sense. Most surgeons define the liposuction of large volumes, such as the elimination of more than 5 L. of total volume of patient.¹

The objective of this study is to demonstrate that all patients who undergo "general" liposuction should be classified as a liposuction of large volumes that will be referred to as "Ultraliposuction".

METHOD

We have carried out a formula to demonstrate that patients undergoing liposuction should be classified as "Ultraliposuction".

It was obtained an index of fat to be liposuction in accordance with Lean Body Mass (LBM) and the golden ratio, resulting in damage to the proportional ratio, despite having few weight and height decreased, the relationship is the removal of large volumes, in all the patients that underwent a Ultraliposuction, We taking on the Internet Link [Http://www.scientificpsychic.com/fitness/dieta.html](http://www.scientificpsychic.com/fitness/dieta.html). In order to facilitate the obtaining of the Body Mass Index (BMI) and the LBM, BMI, waist-to-height ratio, and the percentage of body fat using the circumference of various parts of the body:

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Height

Weight

Waist (Men) - is measured horizontally, at the level of the navel. (Women) - is measured horizontally at the level of the abdominal width minimum.

Neck

Hip (only for women) the largest horizontal circumference around the hips.

The calculation of the percentage of body fat requires that measurements of accuracy of half a centimeter.²

The waist-to-Height ratio is determined by dividing the waist circumference by the height. The body fat percentage is calculated using the formulas developed by Hodgdon and Beckett.³ The form has been adapted to also accept England units. Lean Body Mass - is derived by subtracting the weight of the body fat from the total weight. Based on the above we obtained the following formula:

The Index of fat to Liposuction (IGL): Kilograms (less) lean body mass (LBM) (divided between) 6* (equal)=

$$\text{IGL: Kg- LBM} \div (6^*) =$$

**The division between "6" we got from the "golden ratio. Leonardo Da Vinci, draws so the proportion reported by Vitruvius: "If we refer to the foot, is equivalent to one-sixth of the height of the body; the elbow one-quarter". According to Vitruvius a man's height is four cubits or six feet.*

Examples of 5 patients who were applied the formula to obtain the index of fat to be liposuction, IGL: Kg- LBM \div (6*) =

Example:

Height: 155 centimeters. Weight: 64 Kilograms. Waist: 89 centimeters. Neck: 33 centimeters. Hips: 98 centimeters. Sex: Female. Body Mas Index: 26.6 kg/m².

Waist-to-Height ratio: 0.57. Percent Body Fat: 38.1%.

Lean Body Mass: 39.6 kg

IGL: 64kgs. -39.9 kgs. \div 6= 3.5 Liters to be remove with liposuction(IGL).

Example:

Height: 150 centimeters. Weight: 66 Kilograms. Waist: 85 centimeters. Neck: 31 centimeters. Hips: 96

centimeters. Sex: Female. Body Mas Index: 29.3 kg/m²

Waist-to-Height ratio: 0.57. Percent Body Fat: 37.7 %

Lean Body Mass: 41.1 kg

IGL: 66kgs. -41.1 kgs. \div 6= 4.15 (IGL).

Example:

Height: 157 centimeters. Weight: 50 Kilograms. Waist: 66 centimeters. Neck: 36 centimeters. Hips: 88 centimeters. Sex: Female. Body Mas Index: 20.3 kg/m²

Waist-to-Height ratio: 0.42. Percent Body Fat: 18.8 %

Lean Body Mass: 40.6 kg

IGL: 50 kgs. -40.6 kgs. \div 6= 1.5 (IGL).

Example:

Height: 162 centimeters. Weight: 56.5 Kilograms. Waist: 78 centimeters. Neck: 38 centimeters. Hips: 92 centimeters. Sex: Female. Body Mas Index: 21.5 kg/m²

Waist-to-Height ratio: 0.48. Percent Body Fat: 25.1 %

Lean Body Mass: 42.3 kg

IGL: 56.5kgs. -42.6 kgs. \div 6= 2.2 (IGL).

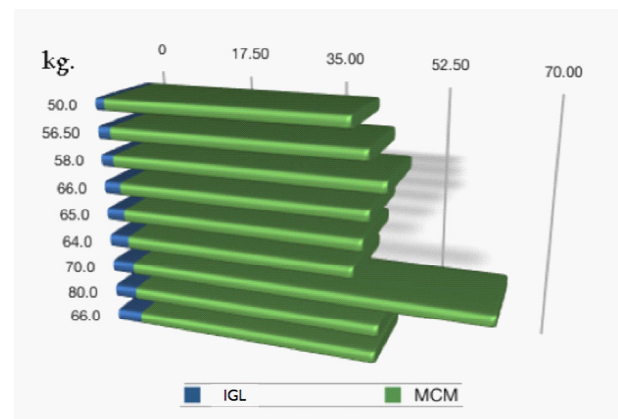
Example:

Height: 162 centimeters. Weight: 56.8 Kilograms. Waist: 70 centimeters. Neck: 34 centimeters. Hips: 89 centimeters. Sex: Female. Body Mas Index: 22.1 kg/m²

Waist-to-Height ratio: 0.43. Percent Body Fat: 21.4 %

Lean Body Mass: 45.6 kg

IGL: 58kgs. -45.6 kgs. \div 6= 2.2 (IGL).



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With the formula IGL demonstrates that by their individual characteristics, the withdrawal of fat in each case would correspond to a significant amount proportional to its LBM, we believe that it should be called Ultraliposuction to forget about the paradigms of Mega liposuction, which relates to the withdrawal of more than 5 liters.^{4;5;6;7;8;9;10;11.}

CONCLUSIONS

With the formula IGL demonstrates that by their individual characteristics, the withdrawal of fat in each case would correspond to a significant amount proportional to its LBM, we believe that it should be called Ultraliposuction to forget about the paradigms of Mega liposuction, which relates to the withdrawal of more than 5 liters.

The proper preoperative management with anticoagulants, colloids or crystalloids secondary to Ultraliposuction proportional to the volume of fat removed correct prevents postoperative complications by the excess fat removed based on the actual mass index (IMR).

Experience has shown that when properly trained surgeons perform Ultraliposuction in ideal conditions, it becomes a safe and effective procedure to eliminate excess fat with low rates of morbidity and complications.

REFERENCES

- [1] Harvard School of Public Health - Nutrition Source. Provides information on diet and nutrition.
- [2] S.D. Hsieh, H. Yoshinaga, T. Muto, *Int. J. Obes. Relat. Metab. Disord.* 2003 May; **27**(5):610-6. Waist-to-height ratio, a simple and practical index for assessing central fat distribution and metabolic risk in Japanese men and women.
- [3] J. Hodgdon, and M. Beckett, "Prediction of percent body fat for U.S. Navy men and women from body

circumferences and height". Reports No. 84-29 and 84-11. Naval Health Research Center, San Diego, Cal. 1984.

- [4] Dr. Aristides Arellano Huacuja* FLSNA, Dr. Iván Ramírez Villegas† Dr. Julio César Zaragoza Delgadillo†. Consideraciones Anestésico-Quirúrgicas para Liposucción. REV. ANEST. MEX. 1996; 08: 3: 136-140 ARTICULO DE REVISION. Recibido: Agosto 12, 1995. Aceptado parapublicación: marzo 26, 1996.
- [5] RohrichRJ, Beran SJ.: "Is liposuction safe?" *Plast. Reconstr. Surg.* 1999; 104(3): 819.
- [6] Shiffman M.: "Complicaciones de la lipoaspiración, prevención y tratamiento". *International Journal of Cosmetic Medicine and Surgery*, 2004; 6, 2:13.
- [7] Schiffman M.: "Comunicación de un caso por la lipoaspiración". *International Journal of Cosmetic Medicine and Surgery*, 1999; 2:48.
- [8] Abdelaal MM, Aboelatta YA. Comparison of Blood Loss in Laser Lipolysis vs Traditional Liposuction. *Aesthet Surg J.* 2014; 34(6):907- 12. DOI: <http://dx.doi.org/10.1177/1090820X14536904>
- [9] Housman TS, Lawrence N, Mellen BG, et al. The safety of liposuction: results of a national survey. *Dermatol Surg.* 2002; 28:971-978.
- [10] Paik AM, Daniali LN, Lee ES, et al. Local anesthetics in liposuction: considerations for new practice advisory guidelines to improve patient safety. *Plast Reconstr Surg.* 2014; 133:66e-67e.
- [11] Sasaki G. Larger infiltration/Aspiration volumes, plasma/Subcutaneous fluid lidocaine levels and quantitative abdominal tissue accommodation after water-assisted liposuction (WAL): Comparative safety and efficacy to traditional liposuction (TL). En: Serdev N, ed. *Advanced techniques in liposuction and fat transfer*, 1st ed. InTech; 2011. p. 81-94.

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