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Despite this fact, in our study, the incidence of seroma formation was similar in patients who underwent total axillary dissection and in those who had sentinel lymph node biopsy ($p = 1.000$).

We agree that a combination of identifiable risk factors, careful technique, and postoperative compressive garments may help to prevent this common postoperative complication. In addition, the use of scalpel dissection and the quilting stitches with resorbable sutures may be helpful in reducing dorsal seroma formation. Despite the high incidence of seroma, this complication can be treated on an outpatient basis. We believe that the latissimus dorsi flap is a consistent technique and has its place in the plastic surgeon’s armamentarium. The success of the procedure depends on patient selection, careful intraoperative management, and adequate postoperative care.

We have to congratulate the authors for sharing their experience with us.

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REFERENCES

Postoperative Pain after Lipoplasty: An Underestimated Entity or a Misdiagnosed Complication?

Sir:

In their recent article, Dr. Manassa and coworkers focused on an important issue of aesthetic surgery. In the past, when surgeons were asked to perform lipoplasty, whether ultrasound-assisted, power-assisted, or classic, the aesthetic results were always the primary endpoint determining the choice of the procedure to be used, while postoperative pain played little role in that process. Recently, researchers have been focusing more and more on the existence and the amount of pain after lipoplasty. The large retrospective study by
Manassa et al. describes only a small number of patients with this complication, and when it was present, pain was kept well under control with mild analgesics in the majority of cases. However, retrospective studies, even if they are based on a large number of patients, can hardly be used to determine the real incidence of a phenomenon. We believe, on the basis of our experience, that postoperative pain is often, if not always, present and is sometimes even debilitating. For this reason, we routinely screen new operative procedures for this parameter.

Last July, we began using, on an experimental basis, a new model of water jet-assisted liposuction (Bodyjet; Human Med, Schwerin, Germany). Briefly, this liposuction device uses a high-flow pressurized jet of water. The pressurized jet divides tissues more gently and in a more anatomic way than traditional lipoplasty, possibly maintaining blood vessels and nerves and leading to improvements in pain receptor stimulation. We obtained positive results from the first 10 patients in terms of postoperative pain, without sacrificing the aesthetic results. This led us to conduct a randomized prospective trial comparing water jet-assisted with traditional liposuction. We recruited 30 homogeneous patients for age, body weight, and body mass index and randomly assigned 15 of them to traditional lipoplasty and 15 to water jet-assisted liposuction. We recorded, as primary outcome measures, the operating time, postoperative pain, and final aesthetic results. Postoperative pain was recorded on a visual analog scale by asking to patients to give a value from 0 to 10 to the degree of pain perceived and by recording the numbers of analgesics used. Both these parameters were recorded at 3 hours after the operation, during every day for the first postoperative week, and finally after 14 days. Aesthetic results were evaluated by the two surgeons after 1 month.

We found that postoperative pain after traditional lipoplasty was present throughout the first postoperative week (Fig. 1). It reached its maximum during the second postoperative day (average, 4.43; SD, ±1.4; range, 1 to 6), and subsequently decreased until the fourteenth postoperative day (average, 0.56; SD, ±0.53; range, 10 to 1) (Fig. 1). Similar results were obtained with postoperative analgesic requirements (Fig. 2). Almost all patients (93 percent) referred pain at the sixth postoperative day, even if the average values were lower than those of the previous days (average, 2.43; SD, ±1.09; range, 0 to 3). Forty-four percent of patients were free of pain after 2 weeks, and the remaining referred only a value of 1 (Fig. 3). Comparing these results with those obtained after water jet-assisted liposuction, we found a dramatic decrease in postoperative pain (on both the visual analog scale and analgesic pill requirements) with no difference in the final aesthetic results (Figs. 1 through 3). These different results were all statistically significant (p < 0.05, Student t test). Pain reached its maximum at 3 hours after the operation (average, 1.73; SD, ±0.83; range, 0 to 3) and was almost inconsistent from the second postoperative day (Fig. 1). Similar results were obtained with postoperative analgesic requirements (Fig. 2). Almost all patients (94 percent) were completely free of pain by postoperative day 4 (Fig. 3).

We believe that much is still to be discussed with regard to postlipoplasty pain, but we need to not underestimate this frequent clinical condition if we want to critically evaluate new techniques. We want to outline that the real incidence of pain after a particular procedure should be based on prospective and not retrospective trials, and to obtain validated results, these procedures should be compared with standard, traditional techniques.

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We commend the doctors for their scientific approach to this study.

We would like to point out, however, that Dr. Gravante introduced a new liposuction technique (water jet-assisted liposuction) that he and his coworkers compare with conventional liposuction with regard to postoperative pain. To compare the two studies, it would be beneficial to know the mean volume that was suctioned in both groups and, moreover, which kind of analgesic pill (see Table 2 in our article) was given. For these reasons, I think it is difficult to compare the studies.

The study by Dr. Araco et al. proves that patients’ postoperative discomfort has reached the conscience of surgeons. We believe that more work needs to be done in this field.

We do agree that prospective studies are preferable to retrospective ones. Therefore, we conducted simultaneously a prospective study concerning the visual analog scale and pain after lipoplasty, which we will soon submit for publication.

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**Reply**

**Sir:**


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