

## Hip Lift

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**Abstract.** While abdominoplasty has a long history of development, we have recently had several cases where a lateral hip lift was requested. The goal is to raise and tighten the skin and subcutaneous tissue of the lateral thigh after weight loss or to improve cellulite. We have modified the excellent technique of Ted Lockwood by eliminating undermining and suturing the resulting flaps only to the deep dermal layers. The complications have been limited to the spreading of scars as a result of so much tension, and the occasional delayed healing of those tense wounds.

**Key words:** Hip lifts

The removal of large festoons of redundant skin and subcutaneous tissue from the abdomen, thighs, arms, and legs has developed through the years. The first techniques regarding skin redundancy and laxity surfaced 30 years ago and have culminated with Ted Lockwood's excellent description of the superficial and deep fascial systems for anchoring these tissues [3]. The superficial system is a network of connective tissue that begins with the subdermal plane and continues down to the underlying muscle fascia. This system is composed mainly of a single or many slender, horizontal membranous sheets divided by fluctuating amounts of fat with adjoining vertical or oblique fibrous septae. The anatomy of the superficial fascial system changes with sex, adiposity, and body region. The superficial fascial system's function is thought to be to support and shape the fat of the torso and extremities while adhering the skin to the underlying tissues. This system can contribute to, and even be held

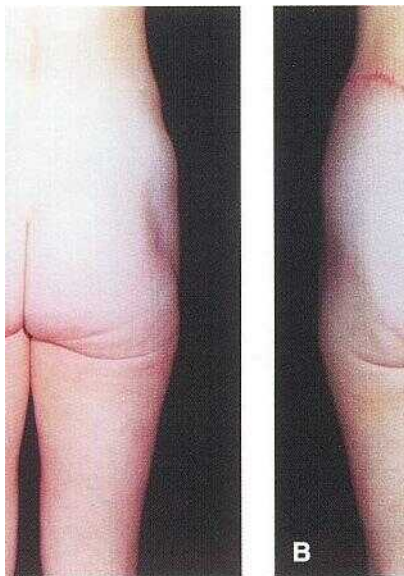
responsible for, many of the creases, bulges, valleys, and other skin contour irregularities [3].

Surgery to correct body contour imperfections has become more popular and acceptable in the past two decades. This is a direct result of cultural preferences as well as the advances in surgical and anesthesia procedures [1]. With the increasing acceptance of these methods has come more widespread and diversified requests for these procedures. We have had several patients where a moderate amount of lifting was indicated, and where the only area requiring treatment was the lateral thigh or hip. In view of the current popularity of the thong bikini and undergarments [7], we have designed the excision in order that the resulting scar would fall within that area.

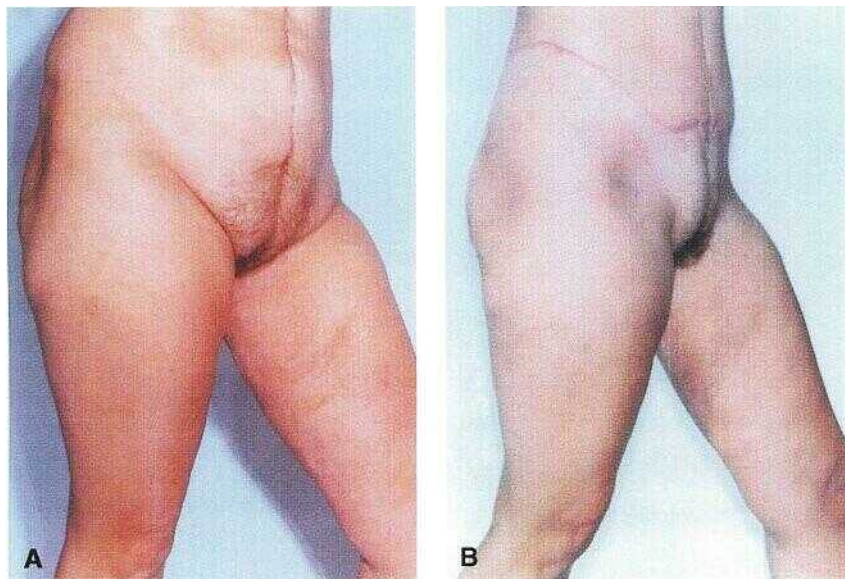
### Methods and Materials

The hip lift is reserved for those patients who are not particularly overweight and for whom an abdominoplasty may or may not be implemented simultaneously. With the patient in a standing position, the skin is grasped over the iliac crest pulling the skin of the lateral thigh and buttocks upward as high as it will go. Often, this is as much as 20 or 30 cm, resulting in a redundancy of the same length. After careful discussion with the patient in regards to resulting scars and the likelihood that those scars will spread in time, surgery is performed under Valium and Ketamine dissociative anesthesia as an outpatient [2,8].

Surgery is begun with the patient lying on her back. The skin and subcutaneous tissue is removed as a wedge resection with little or no undermining. We never perform liposuction to these areas at the same time and only resect the skin and subcutaneous tissue down to the underlying fascia. The subcutaneous tissue (the superficial fascial system) is approximated with 2-0 braided non-absorbable Dacron sutures. The skin is closed with 2-0 and 4-0 Vicryl subcuticular sutures. Wounds are rein-



**Fig. 1.** This 41-year-old female had liposuction previously and consulted with us about the laxity of her lateral hips and thighs. She is seen here pre-operatively (A) and two months following a hip lift (B).



**Fig. 2.** This 33-year-old female had liposuction previously and wished to correct the excess and redundant skin of her abdomen and hips. She is seen here post-operatively (A) and six weeks following a hip lift (B).

forced with Suture Strips™.\* After the anterior closure is complete, the patient is rolled over onto the abdomen so that we have unfettered access to the posterior aspect of this wound. Here, within the bikini thong line, the excess skin and tissue is removed. Most of the resection is from the inferior aspect, with a minimum amount of resection in the superior aspect, and no skin separation of the portion over the sacrum, whatsoever. The excess is removed, tapering towards the midline. An effort is made not to cross the midline if possible. Large amounts of skin and subcutaneous tissue are removed from the but-

tocks mound itself. The inferior margin is trimmed to fit the superior aspect of the excision and the closure completed like the anterior closure.

Drains are rarely used, except in cases involving extensive excision, or where drainage may be anticipated. Patients are then placed in a mild compression garment, essentially a tube top that is rolled down over the waist to apply moderate pressure to this area.

## Results

*Patient 1.* This 41-year-old, thin, white female aerobics-fitness instructor had liposuction performed elsewhere (Fig. 1). She consulted with us regarding the loose and

\* Suture Strips. Genetic Laboratories, 2726 Patton Road, Saint Paul, Minnesota 55113-1136 USA. 1-800-528-2436



**Fig. 3.** This 45-year-old female previously had a saddle lift performed. Four years later we did a hip lift and tummy tuck. She is seen here pre-operatively (A, C) and six months following a hip lift and tummy tuck (B, D).

ptotic skin of her thighs and buttocks. A full thickness wedge of skin and subcutaneous tissue was removed down to the underlying external oblique fascia measuring 10 cm in width and the edges were approximated at the position of the iliac crest, tapering anteriorly, and posteriorly. The patient is seen here pre-operatively and two months post-operatively.

*Patient 2.* This 33-year-old white female stated she had liposuction at another clinic and was now seeking to correct the excess and redundancy of skin in the abdomen and hips (Fig. 2). She underwent a hip lift and an extended tummy tuck. The patient is seen here six weeks post-operatively.

*Patient 3.* This 45-year-old white female previously had a saddle lift performed by us (Fig. 3). She returned four

years later requesting a hip lift and an extended tummy tuck. She is seen here six months post-operatively.

### Complications

The complications we have witnessed have been limited to scar spreading, as wide as 3 cm a year later, and an occasional delayed healing or mild wound separation, all of which healed spontaneously, and none of which necessitates subsequent corrective surgery.

However, despite the limited amount of literature on the subject, there is evidence of potentially substantial difficulties associated with the thigh lift. The area itself poses a complication in respect to the poor vascularization of various areas, the limited mobility of the soft tissue, as well as the likelihood of poor scar formation.

Depressions, bulges, scars, contour irregularities, and asymmetric deformities are all possible complications of the hip lift procedure [5].

## **Discussion**

Surgery can often augment the pre-existing problem of trochanteric bulges and supratrochanteric depressions. Excessive excision may increase the supratrochanteric depression, while bulging may be a direct result of insufficient removal. Careful preoperative planning can often improve and decrease these potential pitfalls.

Liposuction removes deposits of localized fat as well as layers of thick subcutaneous fat, while excisional lifts correct the problem of excess skin and soft tissue laxity. A patient's aesthetic contour deformity frequently results from overabundant fat deposits as well as skin excess and redundancy, thus necessitating liposuction and lifting [6]. Liposuction in conjunction with a hip lift has the potential to improve aesthetic results, but is not encouraged at the same time, as it leads to increased complications. If indicated, we prefer to perform liposuction first and then wait about six weeks for the resection [4].

## **Conclusion**

Skin laxity and cellulite is a common occurrence in women with the onset of increasing age, and so is the desire to improve it. In a large number of patients, skin laxity and cellulite are the main areas of aesthetic con-

cern [6]. While liposuction is used to diminish localized fat deposits and fat disproportion, body lifts are most effective in correcting unsatisfactory skin contours [9]. The lateral hip lift, as described herein, provides a reasonable means of tightening and elevating the lateral thigh skin with minimal complication.

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