

Restoration after Childbirth

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Women after childbirth face physiological and structural alterations in their appearance and shape that may require repair in order to restore their physical and psychological well-being.

Post-partum women may develop one or more of the following problems outside the uro-genital system after childbirth: hyperpigmentation of face and areolae; striae and hypertrophic scars; laxity of abdominal skin; elongated or inverted nipples; atrophic and sagging breasts; weakness and protrusion of abdominal wall; adiposity. Restoration work to correct these alterations after completion of childbirth nowadays can be carried out safely and effectively by Specialists in Plastic Surgery.

Hyperpigmentation of Face & Areolae

Facial pigmentation e.g. freckles, melasma, Hori's nevus and areolar pigmentation darkens after pregnancy. Pigment-reducing lasers (e.g. Nd:YAG laser, Ruby laser, long-pulsed Alexandrite laser and pulsed dye laser) in 5 to 10 treatment sessions at 4 weeks apart can reduce the increased pigmentation with appropriate medicated skin creams. Reduction of areolar pigmentation similar to the reduction of dark circles of the eyes or the reduction of striae usually yields minor improvements only and expectations cannot be high.

Striae & Hypertrophic Scars

Both striae or stretch marks and hypertrophic scars when appearing in reddish colour with erythema are best treated by a series of pulsed dye laser which can reduce the capillary proliferation present in the scars. For hypertrophic scars, triamcinolone injection as well as scar revision surgery may be required.

Laxity of Abdomen Skin

Radiofrequency especially the classic high energy, unipolar system (Thermage) incorporated with many safety and pain-relief features offers the best non-invasive approach to tightening and firming of abdomen skin by the heating of dermal collagen till contraction occurs.

Elongated or Inverted Nipples

With breast feeding, post-partum women may develop elongated and drooping nipples that can be surgically restored by a 'sleeve resection' of the expanded skin. Inverted nipples acquired from internal scarring and fibrosis can be corrected by specially designed "suture lift" surgery that leaves no external scars.

Atrophic & Sagging Breasts

Breast augmentation surgery with cohesive silicone gel implants or less commonly done with autogenous fat grafting can effectively restore breasts to their previous or larger sizes. To a certain extent, sagging breasts will be improved by breast augmentation surgery (Fig 1). For large size breasts or very sagging breasts, breast lift surgery can be carried out in the same sitting to improve the shape of the breasts.



Fig 1

Adiposity

After pregnancy many women complain of weight retention or weight accumulation. Adiposity tends to be localised in the upper and lower abdomen, the flanks, the medial and lateral thighs and the upper arms. Liposuction is most effective in reducing these localised fat deposits that may be resistant to dieting or exercise. Syringe liposuction allows superficial suctioning for skin tightening as well as the collection of viable fat tissues for fat injection to improve the face or body shape.



Weakness & Protrusion of Abdominal Wall

The increase in abdominal girth that occurs during pregnancy can lead to stretching and thinning of the midline abdominal fascia, thus aggravating pre-existing diastasis of the rectus muscle. The separation between the midline pair of rectus muscles can result in herniation or protrusion of abdominal contents. Careful examination of the patient in both supine and sitting up positions are required in order to confirm the presence of this post-partum medical condition which can be repaired by fascia placcation. Full abdominoplasty is the repair or tightening of the midline abdominal fascia and excision of lower abdominal skin and subcutaneous tissues affected by stretch marks, laxity and wrinkles.

Mini-abdominoplasty is the repair of the abdominal fascia below the umbilicus and limited suprapubic abdominal skin excision usually including the previous Caesarean section scar. For extensive abdominal wall weakness, full abdominoplasty offers the most tightening of the whole abdomen. Transabdominal insertion of breast implants for breast augmentation can be done at the same time, obviating the need for a separate areolar or axillar incision.(Fig 1)

In conclusion, the many anatomic changes outside the uro-genital system that occur after pregnancy can be repaired or restored by high-tech machines or time-honoured plastic surgery.