Letter to the Editor

First, I thank you for the nice editorial you wrote for my article published in the May/June issue of *Aesthetic Plastic Surgery*. As you remember, Dr. Hurwitz wrote the discussion for the article. As an experienced and respected surgeon, Dr. Hurwitz made some valid points. I take this opportunity to respond to some of these points.

Dr. Hurwitz prefers the prone approach for team surgery, symmetry, and exposure. I practice alone, so the team approach is not an option for me. I strongly believe that preoperative marking is more important than surgical positioning for achieving symmetry, and the result submitted in the Discussion involved apparent asymmetric scars. I think the lateral decubitus position gives the surgeon the ability to do a more effective lateral thigh lift. I use the same analogy that Dr. Hurwitz used in his discussion. No one uses the lateral approach for breast augmentation, so why should a prone approach be chosen for a lateral thigh lift.

Dr. Hurwitz does not think the flap needs to be deepithelialized because the circulation is abundant. I agree with him. Circulation is not really a concern of mine. I secure my flap to the fascia and prefer to take a bite from the dermis instead of the fat for nice positioning of my flap.

Currently, we are in the process of preparing a new article that will describe 50 patients who underwent surgery with this technique. As recommended by Dr. Hurwitz, pre- and posttreatment body mass indexes, intraoperative pictures, and nude postoperative results showing the symmetry of the scars will be included.

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