Invited Discussion on: Anchor-Line Abdominoplasty with Scarpa's fascia Preservation in Postbariatric Patients: A Comparative Randomized Study

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Received: 10 December 2019 / Accepted: 11 December 2019 / Published online: 20 December 2019
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Since Lockwood [1, 2] and Louarn's [3] publications, in several other articles about lipoabdominoplasty [4], the preservation of Scarpa's fascia has been the subject of studies about its rate of complications and postoperative outcomes, additionally with many studies comparing complication rates of lipoabdominoplasty with abdominoplasty, including related to the formation of seroma [5–9].

There are two studies that tried to show the relationship of Scarpa's fascia to the lymphatic drainage of the lower abdomen: one showed that they are not preserved [10], and the other showed that they are preserved on the subfascial plane [11]. Another theory is that Scarpa's fascia decreases dead space and has an adherence on the remnant tissue [12].

Our experience with lipoabdominoplasty with preservation of Scarpa's fascia in more than 1500 patients, since the year 2000, has shown no cases of seroma (early or late) except in four cases in which we resected it.

This is an interesting well-structured work that aims to evaluate the importance of preserving Scarpa's fascia in anchor-line abdominoplasty to reduce seroma formation. Although there are a growing number of studies that focus

on abdominal plastic surgery in post-bariatric patients, there is a lack in the literature about the preservation of Scarpa's fascia in this procedure [13, 14].

This is a comparative study between two randomized groups, with and without preservation of Scarpa's fascia, with 21 patients in each group, from May 30, 2014, to May 30, 2015, operated on at the author's private clinic. The authors consider seroma when the volume is larger than 30 ml. They demonstrated that both the drain removal time and the drain output volume in 24 h had a statistically significant decrease in the group of patients in whom Scarpa's fascia was preserved, although there was no difference in the rate of seroma formation in the two groups where the control was done by ultrasound at the 20th postoperative day.

There was also no difference in skin suture tension between the groups. Prophylaxis for DVT was not used either intraoperatively or postoperatively, and early ambulation was encouraged at the first postoperative day.

Drains were removed when drain output was less than 30 ml/24 h. It would be interesting if the authors considered adding the results on a table showing the drain output day by day, until the drain is removed. It seems that the authors made a mistake when they spelled the quote "On ultrasound, fluid collections of 42.5, 61.4 and 103 ml were observed for three patients in the fascial dissection group A, and collections of 44.3, 57.9 and 193.9 ml were observed for three patients in the fascial preservation group B" because in Table 2 it is the opposite where they showed that the maximum fluid collection in the group A was 193.9 ml and in the group B corresponded to 103 ml.

Ultrasound screening for seroma around the 30–40th- or 50th-day ultrasound could be a valuable measurement to identify whether the same or larger volume still resided.

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Therefore, it could prove or rule out the diagnosis of late seroma.

Seroma, although it is the subject of great debate, does not represent a significant complication because it is easily treatable. However, the rate of this complication is shown to be low when Scarpa's fascia is preserved. Likewise, the quilting suture has also presented these same low rates [15–17].

With the current knowledge of the predictive factors of DVT, it is known that post-bariatric patients fall into this context. Thus, its use would be recommended, accompanied by a future observational study.

The authors of this article open this interesting discussion that should stimulate new publications on the subject. I congratulate the authors for their work that is another reinforcement to the importance of Scarpa's fascia preservation in abdominoplasty.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

Statement of Human and Animal Rights, or Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study informed consent is not required.

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