

WEIGHT ISSUES in PLASTIC SURGERY

Weight issues are becoming more prevalent in the practice of Plastic Surgery as an estimated 60% of Americans are overweight. I would like to outline what Plastic Surgery can and cannot do for you.

A patient's weight is the result of several factors which include the following: **Calorie intake**- how much you eat, **Exercise**- how much you burn off, **Genetics**, **Intestinal food absorption rate**, & **Metabolic rates**. Of these factors only the first two are "easily" controllable. Your metabolic rate is controllable but only temporarily and with a great deal of risk to your heart and brain. Intestinal food absorption rate is being studied for possible manipulation but no satisfactory answers have come yet. There are some very interesting stomach and brain hormones that are being studied in rats that cause them to stop eating. These may be used in the future for humans so stay tuned!

Therefore, weight is a function of two factors 1- how much we eat and 2- how much we exercise.
Bottom Line - to lose weight you must eat less & exercise more.

Imperative in this understanding is the fact that Plastic Surgery will not cause you to lose weight long term. Plastic Surgery- through liposuction, tummy tucks, breast reductions, etc. -can cause temporary weight reductions however if patients do not change the amount they eat or amount they exercise they will gain all the weight back that is removed. The treated areas will not go back the way they were because we have permanently removed the number of fat cells in those areas but the weight will go somewhere else (as determined by genetics). The danger with weight gain is that patients can look worse if they put their weight back on. For this reason, patients must reset their thinking about what they weigh by the amount that is removed.

Unfortunately, it is common for liposuction and body contouring patients to gain weight after their procedure. This happens because most of us don't weigh on scales but determine when we need to diet based on physical clues, such as how our pants fit or how we look in a particular dress. After liposuction or body contouring we lose these Aphysical clues@ and therefore don=t get the feedback to tell us to stop eating and start exercising as we did before surgery. This means that weighing becomes more important after surgery.

Decreasing the patient's exercise regimen will cause some current muscle mass to be replaced with fat which takes up more volume- i.e. the patient's get bigger but weigh the same!

As people age, our metabolic rates and activity levels decrease and it becomes harder to keep weight under control. This means we actually need less food as we age. This tendency must be controlled for prolonged beneficial effects from body contouring, liposuction, and in weight maintenance.

Timing of surgery- my advice is to lose most if not all of excess weight before surgery. Most of my success stories start by getting your weight where it needs to be and then fine tuning the contour with Plastic Surgery. This is certainly the safest approach surgically as well.

Diets- there are lots of great diets out there now and this should be viewed as a change in lifestyle and not a quick fix. A "diet" does not fix anything and if you stop your diet and go back to your old lifestyle you will gain your weight back- 100% guaranteed! Most patients do well on the Atkin's diet if they commit to it. I think The Zone, Body for Life, South Beach Diet, and even Weight Watcher's all have working formulas. The important thing is find one you will do and do it.

Exercise- what you need most for weight loss is aerobic exercise. Walking, cycling, jogging, elliptical trainers, and spin classes all are good and should be combined with calorie reduction to insure success. Find exercises that you will do and mix it up every week.

David E. Martin M.D. – 2/05