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LETTER TO THE EDITOR

The Skin's Neurological Function Evaluation in Post-Bariatric Plastic Surgery

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Sir Rieger,

With great enthusiasm we read your letter about our article [1] because we share the same points of view, considering questions about possible preservation of abdominal cutaneous sensation after post-bariatric abdominoplasties without flap undermining as previously studied [2]. The skin's neurological function refers directly to the sensorial function [3]. The conventional abdominosplasty causes hypoesthesia [4] that exposes the patients to traumas and accidental burn injuries [5].

Rieger et al. [6, 7] present a logical way (algorithm) to elect the most suitable technique for each formerly obese individual. One of the best clinical trials in post-bariatric plastic surgery that intended to find some possible causes of postoperative complications did not study the skin's neurological function [8].

It is well known that tegument's denervation damages the wound healing [9]. Future studies will investigate some possible correlation among skin's sensorial/neurological function and complications after post-bariatric plastic surgeries. Believing that tegument's neurological function should be maintained when possible, we keep studying and encouraging new researches about this subject.

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References

- 1. Bussolaro RA, Garcia EB, Zanella MT, et al. Impaired abdominal skin sensory function in morbid obesity and after bariatric surgery. Obes Surg. 2011. doi:10.1007/s11695-011-0485-z
- 2. Bussolaro RA, Garcia EB, Barbosa MV, et al. Post-bariatric abdominoplasty: skin sensation evaluation. Obes Surg. 2010;20 (7):855-60. Epub 2008 Nov 4.
- 3. Weinstein S. Fifty years of somatosensory research: from the Semmes-Weinstein monofilaments to the Weinstein Enhanced Sensory Test. J Hand Ther. 1993;6(1):11-22.
- 4. Farah AB, Nahas FX, Ferreira LM, et al. Sensibility of the abdomen after abdominoplasty. Plast Reconstr Surg. 2004;114
- 5. Ozgenel Ege GY, Ozcan M, Heating-pad burn as a complication of abdominoplasty. Br J Plast Surg. 2003;56(1):52-3.
- 6. Rieger UM, Erba P, Kalbermatten DF, et al. An individualized approach to abdominoplasty in the presence of bilateral subcostal scars after open gastric bypass. Obes Surg. 2008;18(7):863-9. Epub
- 7. Rieger UM, Heider I, Bauer T, et al. Treatment algorithm for abdomino-torso body contouring in massive weight-loss patients in the presence of scars—a comprehensive review. J Plast Reconstr Aesthet Surg. 2011;64(5):563-72.
- 8. Coon D, Gusenoff JA, Kannan N, et al. Body mass and surgical complications in the postbariatric reconstructive patient: analysis of 511 cases. Ann Surg. 2009;249(3):397-401.
- 9. Barker AR, Rosson GD, Dellon AL. Wound healing in denervated tissue. Ann Plast Surg. 2006;57(3):339-42.

