A Simple New Technique for Neo-Umbilicoplasty

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Abstract

Objective: The aim of the study is to describe a new and simple technique for umbilical reconstruction.

Material and Methods: A new technique for umbilical reconstruction was done in 10 cases out of 20 cases who performed an abdominoplasty.

Results: Over 1 year follow-up the results showed success of the new technique as regards: Shape, position and scarring.

Conclusion: This simple new technique proved successful without complications over 1 year follow-up with a natural appearance and a harmonious shape of the neo-umbilicus.

Key Words: Umbilicus – Umbilicoplasty – Neo-umbilicoplasty

Material and Methods

The present study included 20 cases who performed abdominoplasty from July 2007 to May 2009 in El-Fayoum University Hospitals and a new simple technique was performed for neo-umbilicoplasty in 10 cases.

Surgical technique:

A triangular skin flap is excised at the site of the new umbilicus, each border of the triangle measures about 4cm (Fig. 1), after excision of the triangular flap we performed a burse string sutures with 2-0 prolene to the 3 borders of the remaining triangular cavity, then each corner of the remaining triangular cavity is fixed to the underlying rectus sheath (after repairing of the rectus diastasis), after firm attachment of the 3 corners to the rectus sheath the purse-string was tightened.

Introduction

UMBILICAL herniorrhaphy, nowadays, can be done in many cases like congenital absence (omphalocele, bladder extrophy, cloacal extrophy and gastroschisis) or after loss (destruction by inflammation e.g umbilical sepsis, periumbilical necrotising fascitis), or by surgical procedures (abdominoplasty, umbilical herniorrhaphy, laparotomy) or excision due to skin cancer.

Different techniques to reconstruct the umbilicus like a number of techniques describe the use of small piece of skin or may use a pedicled flap creating the basis of the umbilicus with its attachment to the abdominal fascia [1-5], this may be accompanied with skin or cartilaginous graft [6].

Other techniques may use the skin of the abdominal wall for creation a depression of the umbilicus [7,14]. Also, secondary healing may be used for creation of the umbilical bottom [15].

The Aim of this Study: Is to describe a new and simple technique for umbilical reconstruction.

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Results

Over 20 cases of abdominoplasty we performed a neo-umbilicoplasty with a new and simple technique for 10 cases, follow-up for 1 year revealed the success of the neo-umbilicus as regards: Shape, position and scarring without complications.

Discussion

Neo-umbilicus construction is usually needed post abdominoplasty. There are different techniques, in some techniques the umbilicus needs resection after repeated abdominoplasty. In other techniques circum-umbilical skin resection and tightened purse-string, the remaining deformed umbilicus is excised [1,10,16]. Following hernia surgery also patients consult for neo-umbilicus, more exceptional indications like umbilical hypogenesis [1,17] and bladder extrophy were recorded [10,16].

The neo-umbilicus must have a prominent depression, a natural morphology and without causing many additional scars.

It should be placed above the superior iliac spine by about 3 cm [18,19]. Some studies have described the purse-string methods [3,20].

In this study this is a simple technique for creation of a harmonious umbilicus, with a natural shape without complications with 1 year follow-up.

Conclusion:

This study describes a new simple technique for neo-umbilicoplasty with out complications and long term results over 1 year revealed success, a natural appearance and a harmonious shape of the neo-umbilicus.

References

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