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Lower Body and Extremities Sculpting, Beautification, Changing of Proportions

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Abstract

Creation of aesthetic proportions and volumes of the lower body and extremities is crucial for the beautification of a patient's body. In authors' hands, it includes ultrasonic-assisted liposuction (UAL) or VASER sculpting of abdomen, waist, buttocks, breeches, inner thighs, inner knees, and ankles for straightening and elongation of the leg form; UAL or VASER "knee form lift" for visible elongation of lower legs; Serdev Suture® lifting of the buttocks for leg elongation, changing the body-leg proportions and for buttocks projection. Important proportions are the equal width of shoulders to buttocks breadth, as well as the similarity of buttocks to breast volume in profile view. These proportions are important for European culture and most of the Caucasian and Asian patients. In many other cultures, an amphora-like sculpting of the lower body is desirable. Tiny ankles are a sophisticated addition to beauty. Strange augmented, unproportioned Brazilian buttocks are not everywhere accepted and not healthy in many cases. The author describes his techniques of UAL/VASER sculpting together with Serdev Suture® buttock lifts to lift and project buttocks; beautify, straighten and elongate lower extremities and change body proportions.

Keywords: lower body and leg contouring, better body proportions, buttock lift, Serdev suture buttock lift, VASER buttock lift, VASER knee lift, VASER leg elongation, VASER leg straightening, VASER ankle sculpting

1. Introduction

1.1. Ultrasonic-assisted liposculpture (UAL) and recently VASER

Ultrasonic-assisted liposculpture (UAL) and recently VASER are safe techniques that limit the trauma and blood loss [1]. They are used by the author to safely sculpture the lower face and

whole body. Aesthetic proportions and volumes are important rules and are followed by the author as described in “History of Art”. This multidisciplinary science describes the form and art to visualize the face and body aesthetics in human communication creating positive emotions and admirations. In the branch “Aesthetics”, there has been a proliferation of the artistic acts and behavior of mankind [1, 2; <http://www.visual-arts-cork.com/history-of-art.htm>]. It became an important part of the Renaissance and influenced the philosophy and essence of beauty and its creation.

1.2. Buttock lifting using UAL/VASER for elongation of thighs

Buttocks are not an area to be treated by classic liposculpture, but they are easily treated by UAL/VASER [1]. Preferred areas are outer contours (in combination with outer thighs) and lateral lower buttocks. The skin perforation is located laterally. Using UAL/VASER, the infragluteal fold becomes 3–4 cm higher and gives visible elongation of thighs (**Figures 1 and 2**).

Figure 1. The left buttock is liposculptured. The left infragluteal line is much higher (3–4 cm) in comparison with the untreated right buttock.

Figure 2. (A) Before (B) after UAL sculpting of waist, buttocks, outer and inner thighs to obtain correct Caucasian proportions with the effect of buttock lift and better body proportions.

1.3. Knee form lift using UAL/VASER for elongation of the lower legs

The knee lift is one of the most sophisticated liposculptures, because of the condyle contours. The technique aims to remove all the inner knee fat deposit on the inner surface of the tibial condyle and then higher only subdermal fat reduction until the nice form of the inner knee is reached. Deep liposuction in the area above the medial condyle is not recommended because it forms depressions and irregularities [1]. Following the above technique, the lower leg is transformed to a very nice symmetric form (patients characterize it as a “champagne bottle form”). The new form of the inner knee is formed much higher which elongates the lower leg visually and patients like it, because knee-long skirts and frocks give an imagination of long legs (**Figures 3 and 4**).

Figure 3. (A) The lower extremities before. (B) Day one after UAL beautification of lower extremities and knee form lift for lower leg elongation and straightening. Minimal bruising and no irregularities.

Figure 4. UAL knee sculpting for knee lift and leg straightening. (A) Before (B) late result in a well-known model—mannequin. Lower legs in a straighten form, which will be clearly visible under a knee-level skirt or other type of dress. Whole legs are straightened with an elongated form. Ankles are sculptures to be thinner.

1.4. Thin ankles using UAL/VASER

Tiny ankles give noble appearance to ladies. There are four fat deposits on ankles: two lateral in front and two both sides of the Achilles tendon at the back. Four skin punctures using an 11-blade knife at the lowest place around the ankles give the best approach to all four fat deposits positioning the patient in prone position and the lower leg flexed in 90°. Using the tiniest probe and a 2 mm Mercedes cannula, the ankles can be formed thinner and as wanted (Figures 5–7).

Figure 5. (A) Before (B) 4 months after VASER liposculpting of ankles and inner knees.

Figure 6. (A) Before (B) 3 months after VASER liposculpting of ankles, lateral low legs, and inner knees.

Figure 7. (A) Before (B) 6 months after VASER liposculpting of ankles, lateral low legs, and inner knees plus fat transfer to inner lower leg.

1.5. Sculpting the waist, abdomen, outer buttocks, outer thighs, inner thighs, inner knees and ankles using UAL/VASER for leg straightening and elongation

Caucasian body structure is easily sculptured to finest, because of good body construction with marked fat deposits. The author uses UAL since 1994 and recently VASER, removing only deep fat collections, leaving superficial subdermal fat layer untouched. Such approach permits removal of the total deep fat deposits, smooth results without irregularities even in skinny patients and models, which is the finest fat sculpture for leg straightening and elongating [1] (Figure 8).

Figure 8. (A) The lower body and extremities before. (B) Day one after UAL beautification of lower body and extremities, UAL buttock lift, leg elongation and straightening. Elongation of the lower leg and thighs is visible. Minimal bruising is presented thanks to the atraumatic work using UAL. No irregularities due to deep liposculpting technique.

1.6. Buttock lifting using the scarless transcutaneous Serdev Suture® technique for leg elongation and changing of body proportions

The transcutaneous Serdev Suture® technique is a sewing of the mobile fibrotic buttock soft tissue higher to the strong immobile Serdev sacrocutaneous fascia. This fascia is connecting the lateral borders of the sacrum with the overlying skin and is located each side in a line between the Venera dimples and the highest point of the intragluteal fold. Each Serdev suture® uses three skin perforations: lateral, medial—just above the anus and upper—between the two Serdev fascias (Figures 9–11). The idea is to tie the buttock trabecular system and the soft tissue fibrosis like a bucket to project it and in the same time hang it higher on the Serdev fascia. The suture should be round in order to perform equal pressure in each point. Thus, the buttocks are projected, rounded, and lifted. The equal pressure around the suture prevents from tissue trauma and cutting trough [3–5].

Figure 9. The skin perforations are marked with A, B and C. Point C is one for both sides. The suture is located deep in the soft tissue, but above the gluteus maximus fascia. It forms a round circle to prevent from unequal pressure and cutting through the tissue. The upper part of the suture is fixed above the Serdev sacrococcygeal fascia. After tying the suture, the buttocks will be projected and lifted.

Figure 10. (A) Before (B) after a Serdev Suture® buttock lift in a dancer. Visible elongation of the thigh and better, higher projection of the buttocks.

Figure 11. Left: Before, right: after buttock lift using Serdev Suture® in a 62-year-old patient. Lifting with elongation of the thighs is visible as well as better texture of the skin.

Blunt semielastic Serdev® needles and Bulgarian polycapromide threads 4, 6 and 8 are used for buttock lift suture (**Figure 12**).

Figure 12. Serdev® needle, blunt, semielastic, and Polycon braided absorbable (in 2 years) threads for Serdev Suture®.

1.7. Simultaneous UAL/VASER lower body and extremities contouring and sculpting with Serdev Suture® buttock lift

The author uses simultaneous combination of the UAL/VASER and Serdev Suture® buttock lift technique [3–5] to obtain a correctly contoured and sculpted lower body and extremities

with elongation of the legs, higher and projected buttocks as well as better body proportions (Figures 13–15).

Figure 13. Left: before, right: after simultaneous UAL contouring and sculpting of the lower body and extremities and Serdev Suture® buttock lift.

Figure 14. (A) Before (B) day one after the total VASER liposculpting of lower body and lower extremities, and simultaneous Serdev Suture® buttock lift in a 52-year-old patient. Pre-op marking is still visible. Correct proportions are present, the leg form is elongated and straightened and buttocks are smaller and proportional to Caucasian body, rounded lifted and projected. Younger appearance and beautification with better body proportions are presented.

Figure 15. (A) Before (B) day one after the total VASER liposculpting of abdomen, lower body and lower extremities, and simultaneous buttock lift in a 33-year-old patient. Correct proportions are present, the lower legs and the total leg form are elongated and straightened and buttocks are smaller and proportional to Caucasian body, rounded lifted and projected. Younger appearance and beautification with better body proportions are presented.

2. Results

No complications have been seen in thousands of UAL (1994–2006) and VASER afterwards. The author does not use skin protection, because the ultrasound does not work lateral on the length of the probe. To prevent from any early post-op period complications, we follow our patients' day-by-day until there is wound drainage—usually 4–7 days, mostly from the inner knee skin perforation.

Buttock lift using Serdev Suture® gave only one complication of infiltration in the first patient because of the use of nylon threads that are rigid. In this technique, the Bulgarian threads are used instead of nylon, which are semielastic and absorbable in 2 years permitted the author to perform thousands of buttock lifts with a sole complication of single infection of one of the skin perforations in five patients, which was treated easily in 2–3 days. We follow patients with buttock lift for 5–7 days to help them with taking shower, cleaning and dressing of wounds.

Elastic garments are used for a month and a half.

3. Discussion

UAL/VASER contouring and sculpting are a safer and nearly bloodless procedure in comparison with other liposuction techniques, because they both liquefy the total deep fat deposit, need lower aspiration pressure and give a very effective results saving the vessels and nerves. Blood loss and bruising are minimal as represented in figures given in the chapter.

Buttock lift using the Serdev Suture® technique is also atraumatic due to the blunt semielastic needles, semielastic threads and the principle of a round suture to prevent from irregular tension and cutting through the tissue. Pain is limited and patients work after 4–5 days. Bandages are used for some days until the skin punctures drain.

4. Conclusion

Both UAL/VASER (keeping the superficial fat layer untouched) and Serdev Suture® techniques alone or in their combination give perfect results in the hands of the author. Perfection in contouring and sculpting the lower body and extremities with higher and projected buttocks, elongated and straight lower extremities and lower legs gives good body proportions and beautify our patients.

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