Posterior Scar Brachioplasty with Fascial Suspension: Limitations and Strengths

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Abstract

**Background:** The traditional long medial arm incision with its resultant scar is not acceptable. The author presents his long term experience performing the posterior scar brachioplasty with fascial suspension. The technique is a modification described by other authors. The aim of the author is to demonstrate the reasons of its choice of the posterior scar technique with fascial suspension.

**Methods:** Between 1999 and 2012, the posterior scar technique with fascial suspension used to treat 205 patients with brachial deformities. Age at operation ranged between 21 and 66 years. All patients were seen and the author reviewed their medical charts during the follow-up period (29 to 98 months). A Likert scale and an evaluation questionnaire were used to assess the aesthetic outcome of the posterior scar brachioplasty technique.

**Results:** All patients who underwent the posterior scar technique were free of postoperative contour deformities. Postoperatively, the scar was completely invisible when viewed from patient’s front and patient’s lateral, but was partially visible when viewed from patient’s back. And 88.8% of Patients were tolerated the scar with high satisfaction.

**Conclusion:** The current posterior scar maneuver with fascial suspension prevented the tension on the suture line and consequently prevented the widening of the scar, and facilitated the modeling procedure by removing the appropriate amount of skin and subcutaneous tissues. It creates a low-lying, posterior, well-hidden scar when viewed from the patient's front or patient’s lateral. The scar is partially (upper third) visible when viewed from patient’s back. The technique is avoiding injury to the sensory and motor nerves of the arm and decreases the insult to the lymphatic.

**References:**
