



Adjunct Liposuction Increases T-Point Breakdown in Inferior but not Superomedial Pedicle Reduction Mammoplasty

Mount
Sinai

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1. BACKGROUND

- Residual bra-line fullness is a common concern for patients after reduction mammoplasty (RM)
- Combining RM with lateral chest wall liposuction addresses bra-line fullness during the index operation, avoiding the need for a second procedure
- However, there is limited data on whether adjunct liposuction increases complications

2. OBJECTIVE

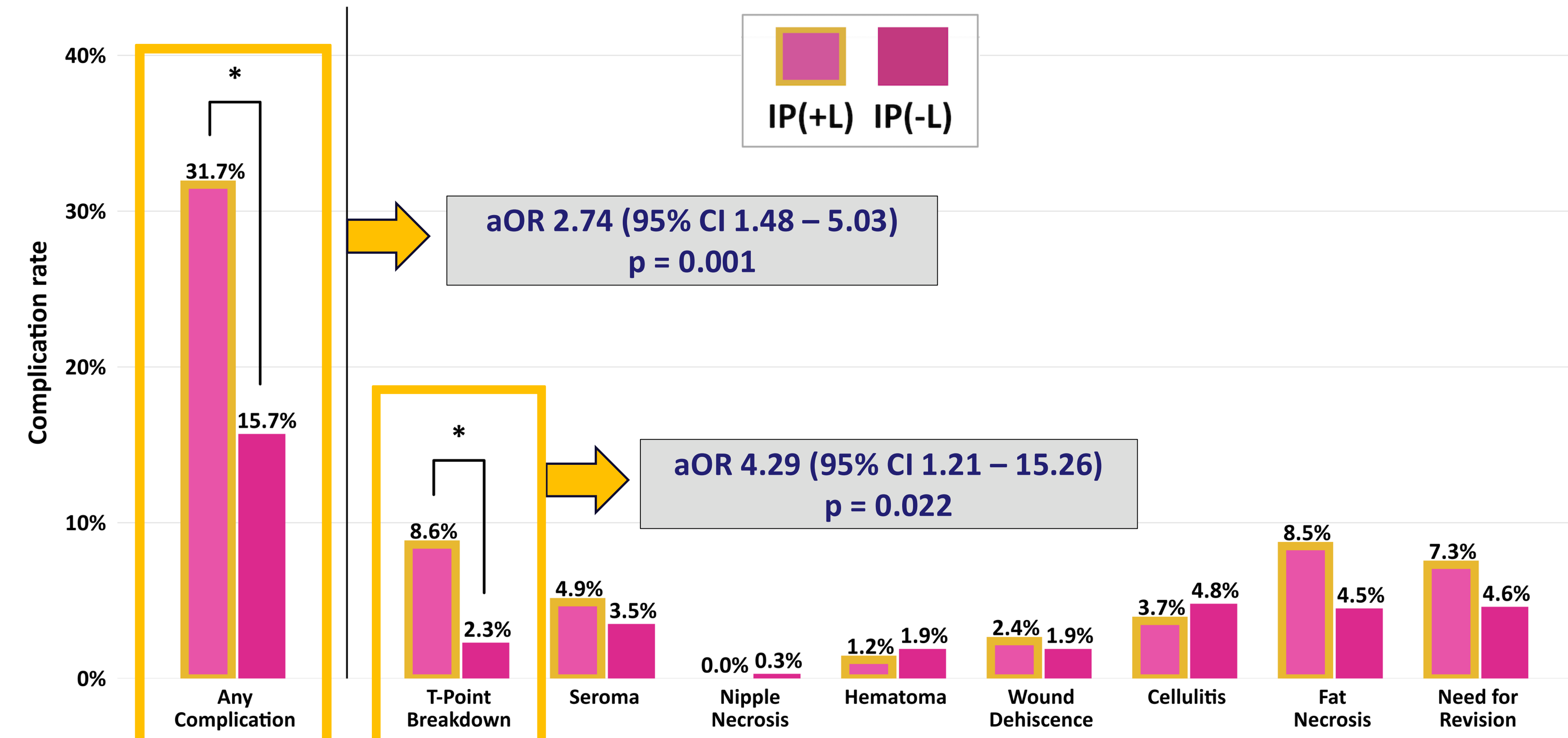
To determine whether **lateral liposuction** during RM is **independently** associated with increased odds of postoperative complications

3. METHODS

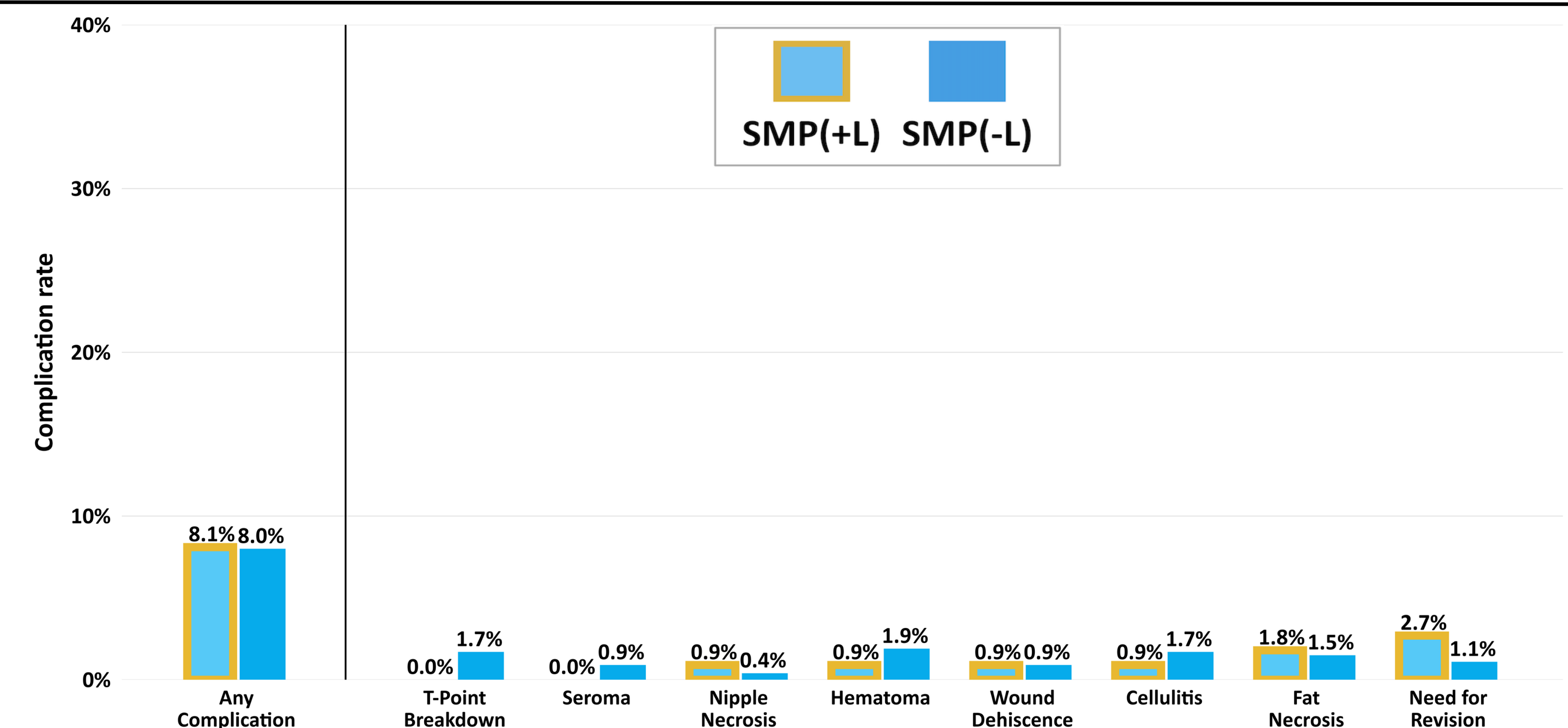
- Single-institution retrospective review of primary RM patients from 2019-2023
- Stratified by pedicle technique:
 - Inferior pedicle (IP)
 - Superomedial pedicle (SMP)
 - Sub-stratified by liposuction status:
 - +L = adjunct liposuction
 - L = no adjunct liposuction
- Comparisons: IP(+L) vs. IP(-L); SMP (+L) vs. SMP(-L)
- Multivariable logistic regression controlling for patient and operative characteristics yielded adjusted odds ratios (aORs) for complications attributable to adjunct liposuction
- Statistical significance $p < 0.05$

4. RESULTS

- IP:** Adjunct liposuction (+L) significantly increased any complication (aOR 2.74) and T-point breakdown (aOR 4.29)



- SMP:** No difference in complications between SMP(+L) vs. SMP(-L)



5. CONCLUSION

Adjunct liposuction during inferior pedicle RM **increases** complications, particularly T-point breakdown

Adjunct liposuction during superomedial pedicle RM **does not** increase complications

6. CLINICAL RELEVANCE

- Complication risk associated with adjunct lateral liposuction appears **pedicle-specific** (↑ with IP, not with SMP)
- Surgeons should weigh the benefits of adjunct liposuction against increased risk of **wound-healing complications** in IP RM