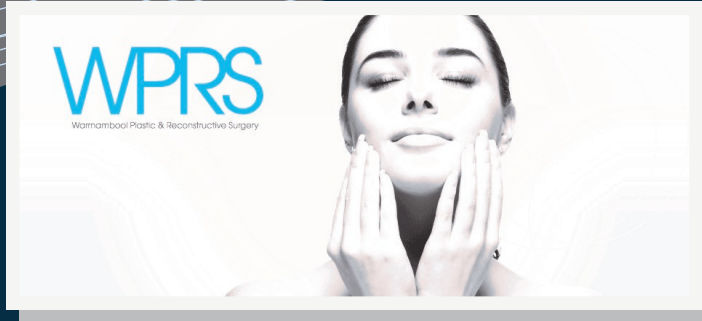


this issue

- Who is suitable for Liposuction?
- Why do Mallet fingers need to be treated?



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Liposuction: who is suitable?

Liposuction or better called lipo-sculpting involves the removal of fat via a small incision to improve the body contour. Regular areas of the body where liposuction is performed include abdomen, thighs, upper back and neck. The procedure is performed under general anaesthetic for patient comfort, as a day case.

Lipo-sculpting is a great tool to remove areas of fat that will not move despite dieting and exercise or to improve contour deformities. Volume of up to 3 litres of fat can safely be removed. Uses for liposuction in plastic surgery include:

1. Lipo-sculpting to improve body contour
2. Correction of congenital or traumatic deformities resulting in areas of lipodystrophy.
3. Primary lipoedema: often can affect the lower limb
4. Improving breast shape following breast reconstruction with autologous tissue

Liposuction, however, should not be used:

1. For weight loss. Liposuction is no replacement for diet and exercise and I advise all patient to lose as much weight as they can before deciding to proceed with liposuction
2. When there is excess skin: although there might be "take up" of skin following liposuction, particularly in young people, liposuction is not recommended for people with large amounts of excess skin as it will lead to a poor outcome. These patients are often better considering other surgical options.

Recovery from Liposuction takes approximately 1 week with bruising and swelling settling over a 4-6 week period

Mallet fingers: why do they need to be treated?

Mallet finger is a flexion deformity of the distal interphalangeal joint of the finger that cannot be actively corrected. It results from forced flexion of the finger-tip e.g.: ball vs fingertip.

Anatomically the reason for the deformity is that the lateral bands of the extensor tendon are avulsed from their insertion into the distal phalanx. Mallet fingers are classified into:

1. Avulsion with no fracture
2. Avulsion with small <30% fracture
3. Open injury
4. Avulsion with larger fracture fragment (>30%) or subluxation of the distal interphalangeal joint.

All patients presenting with a mallet finger require an x-ray. An Ultrasound is not required as the defect is generally obvious. Treatment of type 1 and 2 is splinting for 6-8 weeks. Treatment of types 3 and 4 is surgical repair. With all mallet injury hand therapy is essential to obtain to best result.

I recommend treatment of all mallet deformities as failure to treat can result in:

1. Weakened grip strength.
2. Decreased dexterity with hand.
3. A secondary swan neck deformity.
4. Early osteoarthritis of distal interphalangeal joint.

How to directly refer to hand therapy at WPRS (Monday - Friday 9 - 5pm)

1. GP clinic or client to call reception to book appointment time.
2. Written GP referral required if WorkCover, TAC or Enhanced Primary Care Plan and Fax to 5562 5360
3. Hand therapy will send written correspondence to GP after first visit and at discharge to update progress.
4. GP to write separate referral to Mr Toma if you would like his surgical opinion at any stage.

Please call us on 5562 5330 for all hand therapy appointments and enquires.