

# Ahmet R. Karaca, M.D., F.A.C.S.

## *Plastic and Reconstructive Surgery*



### *Circumferential Liposuction Key To Shapelier Legs*

When plastic surgeon Ahmet R. Karaca, M.D., began offering his patients liposuction of the calves and ankles in 1986, little had been written on the subject. So he paved the way, learning by trial and error how not only to thin the lower legs but also to make thick ankles, calves, and thighs more shapely.

Dr. Karaca started performing the technique carefully but found the more aggressive he was, the better the result. He discovered that many of his patients benefited when he addressed more than a localized area and instead suctioned around the circumference of the thighs, calves or ankles.

This led to circumferential liposuction, a procedure he performs on about 50 percent of his liposuction patients who need suctioning around the thighs and on about 80 percent of those who want their calves and ankles thinned, said Dr. Karaca.

Many patients do not realize the option to thin their lower legs exists. Many of his patients had never worn dresses for fear of showing their tree trunk-like legs. "I can't tell you how often people have been worked up for lymphedema, when in fact, they only have fat, heavy legs. Once they find out they can have the heavy, thick legs reduced, they're so excited."

The liposuction procedure also is safe. One of the nice aspects about the anatomy of the body below the knee is that there are not worrisome vital structures to concern doctors. According to Dr. Karaca, the saphenous

vein is not a problem. It is subcutaneous but is covered with a fascial layer. "All the other vital structures are under the deep fascia, so it is a very safe surgery to do," he said.

Dr. Karaca advocates circumferential liposuction of the thighs for women who have heavy, thick thighs. A young woman who clearly has only saddlebags or isolated bulges on the outside of her thigh does not need additional suctioning on the inner and back areas. As for the ankles and calves, he said, the circumferential approach is almost always necessary for a good result. The ideal candidate is a young patient in his or her 20s, 30s or 40s. Patients older than 60 might not be good candidates, unless their skin tone is excellent.

The advantage of the circumferential approach is that it takes out fat all the way around, so there is no stopping point. It allows for greater skin shrinkage and tighter, smoother results.

The circumferential technique must be done carefully and thoroughly. The doctor cannot skip over areas causing irregular results. "It takes very small cannulas, usually 3mm but sometimes 4 mm or 2 mm. We also use the tumescent technique," Dr. Karaca said.

While the tumescent technique is generally considered to be the standard, in the lower legs less fluid is required. The ankle skin actually gets too tight with traditional tumescent, he noted.

To attain the curve of the calf, he developed the tech-

nique "Defining the Transition Zone," which addresses the area in which the calf muscle tapers at the bottom in to the Achilles tendon. "In the attractive leg, there is some definition to that transition zone. You have to curve around sideways around the bottom of the calf muscle. So I started making a stab incision for a 2-mm cannula. When I did that and thinned the ankle more, we really got an attractive shape to the leg," he said.

In many cases, the procedure can be done with as few as four tiny incisions – two by the knee and two by the ankle. Dr. Karaca usually uses more, placing four on the ankle both in front and in back of the malleolus.

For the high area, Dr. Karaca sometimes makes one additional incision in the front of the thigh. However, for most patients, he uses the standard inner, outer thigh incisions.

It is important to be superficial and thorough in the ankle areas. In calves and thighs he performs the liposuction in intermediate layers.

And the postoperative care is key. First, Dr. Karaca applies compression stockings then a foam rubber pressure dressing with a 6-inch Ace bandage on the leg for a few days. In addition, he has all patients use a sequential compression device. His patients rent these devices for a few months. Some patients sleep with them on. A machine blows up a boot, which puts pressure on areas of the leg in sequence, starting with the ankle.

"We found that patients who do this recover so quickly. Traditionally, patients who had circumferential liposuction would stay edematous for months some for as long as six or eight months. This way they are pretty much over the swelling in a couple of months," he said.

Physicians should encourage ambulation the day of surgery. By the end of the week, patients should be able to walk a block or two.

Dr. Karaca keeps patients overnight, elevating their legs and beginning sequential compression immediately. He recommends that most patients take off a week of work and wear support hose for two or three months after surgery.

Dr. Karaca suggests patients ask to see pictures of results during the office consultation. "We will let the patients talk with others who have had the surgery. That is a great way to build confidence in the ability of your plastic surgeon."

Dr. Karaca is chief of plastic surgery at Huron Valley-Sinai Hospital—Detroit Medical Center and is on the staff of St. Joseph Mercy Hospital—Oakland, as well as Unasource Surgical Center in Troy.

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