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LIPOSCULPTURE UNDER LOCAL ANESTHESIA: 21 YEARS OF EXPERIENCE

In 1996, the author started performing liposculpture under local anesthesia to avoid risks related to general anesthesia. He has done 13,181 cases since then. Before surgery, patients get blood test, pictures, garment, BMI; consent in Miami and Caracas patient receives oral sedation (midazolam syrup). In Dubai, he use I/V sedation (midazolam what he call "safe zone tumescent infiltration" with this formula: $\text{weight (kg)} \times 55 \text{ mg lidocaine/kg}/400 = \text{liters to infiltrate}$. For example, if patient is 80 kg it will be $80 \times 55 = 4400 \text{ mg}$ of lidocaine max dose if each liter has 400 mg of lidocaine (20 cc of lido 2%) this patient can receive up to 11 liters. The most frequent areas are: abdomen, waist, flanks, upper back (88%). Fat transfer has increased from 15% (1996-2005) to 85% (2006-2017). No major complications were observed. Patients know that liposculpture is important but it has to be followed by diet and exercise. Recommendations: Take pictures ("post-surgery amnesia") keep patients inside "safe zone", keep record of patient weight (put goals). The author performs liposculpture in a fully accredited surgical center.

Biography

Luis M Ayala has completed his Residency in Plastic Surgery in Paris, France. He received a Summa Cum Laude award. In 1996, he started doing plastic surgery under local anesthesia, first phase liposculpture (13.181 cases), second phase breast and third phase facial surgery. In 2017, he moved to Dubai where he lives and works.

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