Use of Prosthesis in the Femoral Region

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Abstract

The author presents his experience with cosmetic surgery of the legs, to improve the shape of the so-called “thin legs”, resulting from muscular atrophy of the femoral region. Molded silicone-gel prosthesis are placed under the muscles of the inner thighs. The technique is simple and the surgical steps are described. A special instrument is employed which facilitates and helps the dissection and placement of the prosthesis through a small 5 cm incision in the subgluteal fold. A more harmonious contour of the legs in the femoral region is achieved.

Material and Methods

Usually peridural anesthesia is used with the patient in ventral decubitus.

The approach is through the subgluteal line, via a ± 5 cm skin incision. The subgluteal cellular tissue is dissected up to muscular aponeurosis: internal rectus, internal vastus and median adductor. Vertical dissection below these muscles, introducing the head of the special elevator in this opening (Fig. 2). The instrument is introduced gently toward the inner side of the knee, as already mentioned the undermining proceeds below these muscles.

Introduction

In the search for perfecting the shape of the lower limbs, plastic surgery accomplishes procedures which permit the increase in the perimeter of the femoral region. It is based on the same principles of placing prosthesis in the calves, since molded silicone-gel prosthesis are utilized. They are specially designed prosthesis, triangular in shape with its base cephalad, following the geometric shape of the lower limbs.

Sizes range from 18 to 24 cm in length, 6 to 8 cm in width and 2.5 to 3 cm in height (Fig. 1).
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Important structures are not injured, neither the internal saphenous nerve nor the femoral artery and vein are affected, since the blunt dissection is simple, atraumatic, with minimum bleeding and without major problems (Fig. 3). A guide is used to introduce the prosthesis in this region of the inner thigh, placing it along the pocket fashioned (Fig. 4). An adhesive bandage is used for the dressing which is completed by bermuda shorts of medium compression.

Results

An increase in perimeter ranging from ± 2-3 cm is obtained throughout the femoral region, achieving a more pleasing aspect to the mid femoral thigh. The scar is concealed in the gluteal fold (Figs. 5,6).

A total of 25 surgeries were performed. No capsular contractions nor distortions in the shape of the leg were observed in the immediate or late post-operative stages (Figs. 7,8,9,10).

Discussion

This surgery is indicated for muscle atrophy caused by poliomyelitis in this region, for burn and accident sequelae with deformation of the femoral region. The objective of most of these surgeries, is purely esthetic, for the so-called “thin legs” and “genu valgum” legs. Large size prosthesis are inserted for the most part.

This technique is similar to other inclusion surgeries and is one more option for the plastic surgeon’s arsenal. It is not only esthetic, but also reconstructive. X-rays taken in the late p.o. period, confirm maintenance of the prosthesis’ position in the inner femoral region (Figs. 11,12).
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Fig. 7 - Preoperative. Thin thighs.

Fig. 7 - Pré-operatório. Coxa fina.

Fig. 8 - Post-operative aspect with prosthesis.

Fig. 8 - Pós-operatório com próteses.

Fig. 9 - Preoperative. Posterior thigh.

Fig. 9 - Pré-operatório. Coxa posterior.

Fig. 10 - Post-operative with femoral prosthesis.

Fig. 10 - Pós-operatório com prótese femural.

Fig. 11 - Marking the prosthesis of the inner femoral leg.

Fig. 11 - Demarcação das próteses de perna femural interna.

Fig. 12 - X-ray, position of the prosthesis. Inner thigh.

Fig. 12 - Raios X, posição das próteses. Coxa interna.
References