

# X neo-umbilicoplasty

Following an abdominoplasty the umbilicus is repositioned and inset into a new position. When healed it should have a natural appearance and in order to get this outcome it is necessary to understand what is 'normal'. Several different morphological appearances of the human umbilicus have been described [1,2]. In essence the periumbilical and umbilical area may be described in an idealised form as seen in Figure 1.

In this approach the umbilical area is initially incised as a triangle during the abdominoplasty skin and subcutaneous excision (Figure 2).

The abdominoplasty is performed and the skin flap inset as planned. On the planned site for the new umbilicus a 2.5 x 2cm oval is marked. Inside the oval an elongated curved X is marked with the superior limbs longer than the lower (Figure 3).

The 'X' is incised and the X flaps, with an area 2cm peripheral to the oval, are defatted to produce the periumbilical depression as planned (Figure 1); the umbilical stalk is

delivered through the opening. The depth of the umbilicus is trimmed so that the patient is able to clean inside this area after healing, the depth is planned as the same length of tube as the subcutaneous fat of the abdominoplasty fat thickness. The edges of the tube are then excised in a reverse pattern to the 'X'. The skin flaps on the abdominal flaps are then inset with 5-0 Vicryl sutures (Figure 4).

The area is then dressed with an absorbent dressing and allowed to heal (Figure 5).

This X neo-umbilicoplasty produces a more natural looking appearance with the features as planned. The asymmetric 'X' incision produces a superior 'hood' effect and the lower inset produces the infra-umbilical depression and the inferior depression. The periumbilical defatting produces the depression around the centre of the umbilicus. The X inset produces a 'broken line' scar and reduces the incidence of a circular contraction of the scar. All these features produce a natural appearance with the X neo-umbilicoplasty.



Figure 1: Idealised Umbilicus: 1. Supra-periumbilical depression, 2. infra umbilical depression leading into central umbilicus, 3. Superior Umbilical hood, 4&5 Lateral ridges (Medial aspect of rectus muscle)

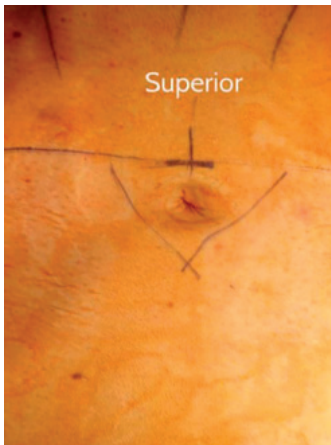


Figure 2: Initial umbilicus incision on abdomen down to rectus sheath.

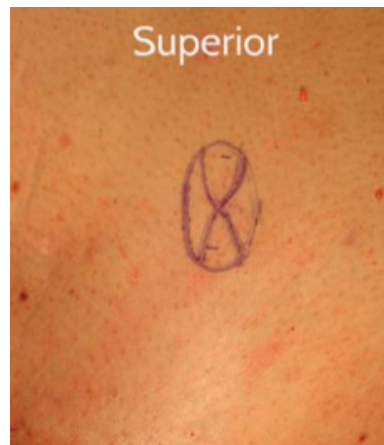


Figure 3: Marking on skin - oval and X.



Figure 4: Umbilical stalk shortened and inset to abdominal X.



Figure 5: Healed X neo-umbilicoplasty.

## References

1. Cavale N, Butler PEM. The Ideal Female Umbilicus? *Plastic and Reconstructive Surgery* 2008;**121**(5):356e-357e.
2. Craig SB, Faller MS, Puckett CL. In search of the ideal female umbilicus. *Plastic and Reconstructive Surgery* 2000;**105**(1):389-92.

## AUTHOR AND SECTION EDITOR



### Dalvi Humzah,

Consultant Plastic, Reconstructive and Aesthetic Surgeon based in the West Midlands, England. He is an examiner and regional advisor for the Royal College of Physicians and Surgeons of Glasgow, Chairman of the Greater Midlands Skin Cancer NSSG and Co-Chairman of the UK Botulinum Toxin Group for Aesthetics (UKBTGA). He is a key opinion leader for the aesthetic industry and actively teaches and lectures internationally.

**Declaration of competing interests:** None declared.