

## Review Criteria

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| DEPARTMENT<br><b>Quality Resource Management</b>                                       | CRITERIA NUMBER<br><b>1</b>         |
| SECTION<br><b>Utilization Management</b>   | EFFECTIVE DATE<br><b>07/01/2022</b> |
| TITLE<br><b>Abdominoplasty, Panniculectomy and Lipectomy</b>                           | REVIEW DATES<br><b>2/28/2023</b>    |
|  | REVISION DATE                       |
| POLICY TYPE<br><b>New X                      Reviewed                      Revised</b> | PAGE NUMBER<br><b>1 of 6</b>        |

### Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

### Description of Procedure or Service

Abdominoplasty is typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include tightening of the rectus muscle and creation or transposition of the umbilicus.

Panniculectomy is a surgical procedure used to remove a panniculus, which is an apron of fat and skin that hangs from the front of the abdomen. In certain circumstances, the panniculus can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities.

Lipectomy is defined as an excision of a mass of subcutaneous adipose tissue and can be performed on various parts of the body. Lipectomy may also be referred to as belt lipectomy, brachioplasty, buttock or thigh lift and body lift.

NOTE: This policy does not apply to breast reconstruction procedures.

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### VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

- Abdominoplasty is considered cosmetic and not medically necessary for all applications. KPGA does not provide coverage for not medically necessary services or procedures. **Surgical procedures to correct diastasis recti are considered cosmetic in nature and not medically necessary.** Abdominoplasty may be approved, if required for a hernia repair
- Lipectomy is generally considered cosmetic and not medically necessary for all applications. KPGA does not provide coverage for not medically necessary services or procedures.
- Liposuction is considered and cosmetic and therefore not medically necessary for all other applications. KPGA does not provide coverage for investigational or not medically necessary services or procedures.
- KPGA will provide coverage for Panniculectomy when it is determined to be medically necessary IF the medical criteria and guidelines shown below are met. Member's benefits may vary according to benefit design; Therefore, member benefit language should be reviewed before applying the terms of this medical policy. Suction-assisted lipectomy (Liposuction) used in conjunction with a panniculectomy is not considered integral to the primary procedure and will not be approved.

#### Clinical Summary:

- While the goal of bariatric surgery is weight reduction to improve a patient's health and well-being, massive weight loss (MWL) following surgery presents its own set of issues. There does not appear to be a

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consensus on what constitutes MWL, but it has been defined as a reduction in body weight by either  $\geq 100$  pounds or  $\geq 50\%$  in excess weight (Manahan and Shermak, 2006; Gusenoff and Rubin, 2008; Soldin et al., 2014).

- Patients with MWL are susceptible to the development of a panniculus (also referred to as a panniculus), a large flap or apron of redundant skin and subcutaneous fat forming between the navel and the pubis that hangs down from the abdomen to cover the pubis, groin, and upper thighs.
- Panniculi are categorized by grade based on the severity of the abdominal deformity (see Figure 1 and Table 2).
- Due to moisture buildup and irritation within the redundant skin folds, inflammatory skin disorders (panniculitis, cellulitis, intertriginous dermatitis), skin excoriation, skin breakdown, rashes, and ulcers are common and may lead to secondary bacterial or fungal infections, folliculitis, abscesses, or gangrene. Unpleasant odors occur as a result of hygiene problems and perineal skin breakdown.
- A large abdominal panniculus can also interfere with respiratory function, and cause abdominal lymphedema (Gallagher and Gates, 2003; Payer et al., 2003; Cooper et al., 2008; Batra and Sardo, 2016).

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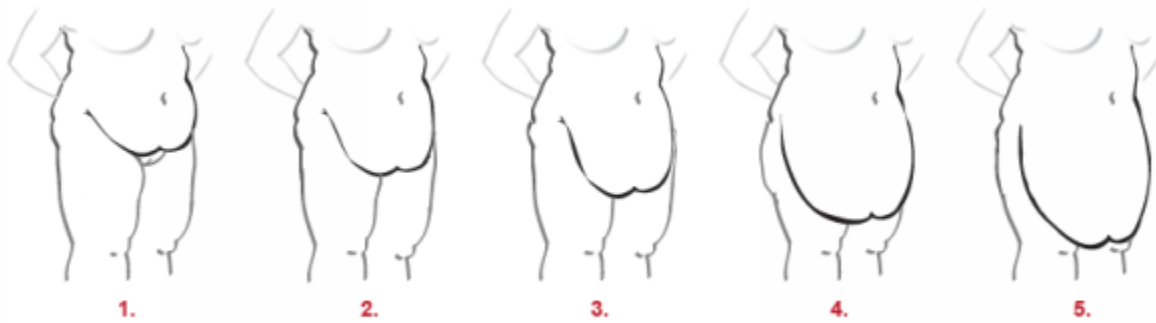


Figure 1. Categorization of Panniculus Severity

The grading system for panniculi categorizes their severity (1 = mild to 5 = extremely severe) as shown in Table 2 (ASPS, 2007; Hillenbrand et al., 2012).

Table 2. Panniculus Severity

| Panniculus Grade | Description of Severity  |
|------------------|--|
| Grade 1          | Panniculus covers hairline and mons pubis but not the genitals |
| Grade 2          | Panniculus covers genitals and upper thigh crease              |
| Grade 3          | Panniculus covers upper thigh                                  |
| Grade 4          | Panniculus covers mid-thigh                                    |
| Grade 5          | Panniculus covers knees and below                              |

**Risk Factors:** The etiology of skin laxity is not well understood, but typically occurs as a result of damage to collagen and elastin. Factors that may influence the skin’s ability to contract include age, sex, amount or speed of weight loss, nutrition, hormones, lifetime sun exposure, smoking, use of certain drugs or chemicals, and

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genetics. Studies have shown that skin quality is altered in patients who have undergone MWL, particularly when it is rapid. Compared to those who have achieved MWL through diet and exercise, patients with MWL achieved through bariatric surgery have disorganized divisions of fat layers and poor adipose tissue health. Such patients also have marked weakening of the epidermis due to a reduction in the density of collagen and elastic fiber networks compared to obese and normal-weight persons (Ellison et al., 2015; Sami et al., 2015).

### INDICATIONS:

Many requests for coverage for panniculectomy are for patients who have sustained significant weight loss, or who remain morbidly obese. Because surgical outcomes are superior when performed in patients who have achieved a stable weight, KPGA requires that **a stable weight be maintained for 6 months prior to authorization of coverage for panniculectomy surgery, except in rare, unusual cases.**

For approval, documentation should include the following:

1. Medical records indicating that the procedure will be or was performed to correct deformity resulting from accidental injury, trauma, or previous therapeutic process. In the absence of this documentation, the surgery or procedure must be considered cosmetic, if applicable.
2. Photographs
3. Copies of consultations

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### CRITERIA:

A panniculectomy may be considered medically necessary when **all** the following criteria are met:

- The Panniculus covers genitals and upper thigh crease (Grade 2).

#### AND

- The panniculus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis, or skin ulcerations) that is refractory to at least 3 months of medical treatment after physical examination and documented treatments by medical practitioners (including Dermatology). In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics. Note: If there is no physical exam documenting failed treatments for active intertrigo noted in the chart, besides patient reports, the request will be denied for lack of clinical information.

#### AND

- There is presence of a functional deficit due to a severe physical deformity or disfigurement resulting from the panniculus, such as, inability to walk independently and requires assistive devices such as a cane, etc due to panniculus or, inability to clean under panniculus and maintain proper hygiene, etc

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### OR

- Other surgical procedures are needed, and removal of the panniculus is surgically necessary, for instance: treatment of buried penis, access for listing for renal transplant, and facilitation of concomitant surgical procedures (Gyn Oncology/Colorectal, etc) to allow access to deeper surgical spaces
- **NOTE:** Grade 3 (or greater) panniculus can be approved for panniculectomy with or without documentation of failed treatments for any active intertrigo.

In addition to the criteria listed above, a panniculectomy may be considered medically necessary after weight loss under the following circumstances:

- If individual has not had bariatric surgery, the member must have maintained a stable weight for a minimum of 6 months,

### OR

- If individual has had bariatric surgery and experienced significant weight loss, a panniculectomy should not be performed until at least 18 months after surgery and only after weight has been stable for the most recent 6 months.
- Panniculectomy or abdominoplasty, with or without diastasis recti repair, for the treatment of back pain is considered not medically necessary. Repair of diastasis recti is considered not medically necessary for all indications, unless repair of the diastasis recti is medically necessary in conjunction with a hernia repair.

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- Policy Guidelines Please note: KPGA does not cover cosmetic or not medically necessary services and will not reimburse for any services, procedures, drugs or supplies associated with those cosmetic or not medically necessary services.

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. Applicable service codes: 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879

KPGA may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical practices and knowledge are constantly changing and KPGA reserves the right to review and revise its medical policies periodically.

### Scientific Background and Reference Sources

American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss. January, 2007.

<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidencepractice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf> American Society of Plastic Surgeons (ASPS).

Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. January, 2007. from



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<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidencepractice/AbdominoplastyAndPanniculectomy.pdf> Medical Director review 8/2012 Specialty Matched Consultant Advisory Panel review 9-2012 American Society of Plastic Surgeons (ASPS).

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<http://www.plasticsurgery.org/Documents/medicalprofessionals/health-policy/insurance/Surgical-Treatment-of-Skin-Redundancy-Following.pdf>

**Treatments:** The purpose of post bariatric body-contouring surgery is to address skin deformities created by MWL, either for cosmetic reasons or for reconstructive indications to treat or prevent infection and skin breakdown caused, for example, by a large panniculus (Herman et al., 2015; Almutairi et al., 2016). Panniculectomy is also performed at the same time as bariatric surgery in order to circumvent some of the health problems caused by the postoperative development of a large panniculus (Colabianchi et al., 2015). Table 3 lists definitions for several body-contouring procedures defined by the American Society of Plastic Surgeons (ASPS) (ASPS, 2007).

**Table 3. Body-Contouring Procedures\***

| Procedure      | Definition   |
|----------------|--|
| Abdominoplasty | Typically performed for cosmetic purposes; involves the removal of excess skin and fat from the pubis to the umbilicus or above and may include fascial plication of the rectus muscle diastasis and umbilicoplasty. |

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**Panniculectomy** Involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty, or flap elevation. A cosmetic abdominoplasty is sometimes performed at the time of a functional panniculectomy or delayed pending completion of weight reduction.

**Belt lipectomy** A circumferential procedure that combines the elements of an abdominoplasty or panniculectomy with removal of excess skin/fat from the lateral thighs and buttock. The procedure involves removing a “belt” of tissue from around the circumference of the lower trunk, which eliminates lower back rolls and provides some elevation of the outer thighs, buttocks, and mons pubis. Similarly, a circumferential lipectomy describes an abdominoplasty or panniculectomy combined with flank and back lifts.

**Torsoplasty** A series of operative procedures, usually done together, to improve the contour of the torso, usually female (although not exclusively). This series would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction-assisted lipectomy/ultrasound-assisted lipectomy or excision.

**Circumferential lipectomy** Combines an abdominoplasty with a “back lift,” both procedures being performed together sequentially and including suction-assisted lipectomy, where necessary.

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**Lower body lift** A procedure that treats the lower trunk and thighs as a unit by eliminating a circumferential wedge of tissue that is generally, but not always, more inferiorly positioned laterally and posteriorly than a belt lipectomy.

\*Source: ASPS (2007).

Due to the potential for infection and skin breakdown in patients with MWL and a panniculus, panniculectomies are often considered medically necessary, whereas abdominoplasties and other body-contouring procedures are more often cosmetic in nature (ASPS, 2007; Ellison et al., 2015). Generally, panniculectomies are considered medically necessary when the following conditions are met (Gurunluoglu, 2008):

- Patient aged  $\geq 18$  years old.
- Panniculus hangs below the level of the symphysis pubis.
- Weight loss followed by a stable weight for  $\geq 6$  months after bariatric surgery.
- Presence of a chronic and persistent skin condition, such as intertrigo, cellulitis, or tissue necrosis, that has not responded to  $\geq 6$  months of conventional treatment.
- Panniculus contributes substantially to a recurrent or extensive incisional or ventral hernia.
- Panniculus interferes with activities of daily living and is impairing QOL.

Panniculectomies may not be considered medically necessary when they are performed in conjunction with abdominal or gynecologic procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery), for repair of abdominal wall laxity or diastasis recti, for treating psychological or psychosocial symptoms

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or complaints, for improving activities of daily living only, for improving appearance, or for treatment of neck/back pain (Gurunluoglu, 2008).

### ICD-9 Codes and Descriptions:

- 112.3 – Candidiasis of skin and nails
- 112.9 – Candidiasis of unspecified site
- 278.1 – Localized adiposity
- 278.0\* – Overweight and obesity
- 457.1 – Lymphedema, acquired (chronic)
- 682.2 – Cellulitis and abscess of trunk
- 695.89 – Other specified erythematous conditions
- 729.39 – Panniculitis, other site
- 553.1 – Umbilical hernia without mention of obstruction or gangrene
- 553.20 – Ventral, unspecified, hernia without mention of obstruction or gangrene
- 553.21 – Incisional hernia without mention of obstruction or gangrene

### ICD-10 Codes and Descriptions:

- B37.2 – Candidiasis of skin and nail
- B37.9 – Other sites of candidiasis
- E65 – Localized adiposity
- E66\* – Overweight and obesity
- I89.0 – Lymphedema, not elsewhere classified
- K42.9 – Umbilical hernia without obstruction or gangrene
- K43.2 – Incisional hernia without obstruction or gangrene
- K43.9 – Ventral hernia without obstruction or gangrene
- L02.219 – Cutaneous abscess of trunk, unspecified
- L03.31\* – Cellulitis of trunk
- L08\* – Other local infections of skin and subcutaneous tissue

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L26 – Exfoliative dermatitis  
 L30.4 – Erythema intertrigo  
 L53.8 – Other specified erythematous conditions  
 M79.3 – Panniculitis, unspecified

\*The x represents a range of codes; it is dependent on the *specific* diagnosis.

**Centers for Medicare & Medicaid Services (CMS):** No CMS National Coverage Determination (NCD) was identified for panniculectomy on April 27, 2016 (search National Coverage Documents by keyword *panniculectomy, panniculus, or abdominoplasty* in all documents at: [click here](#)). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

**Selected Private Payer Coverage Policies:** The following payer sites were searched using keyword *panniculectomy* on April 26 and 27, 2016.

**Aetna:** Aetna considers panniculectomy medically necessary when all of the following criteria are met:

- Panniculus hangs below level of pubis, documented by photographs.
- The medical records document that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin; skin irritation, infection, or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy (e.g., oral or topical prescription medication), or remains refractory to appropriate medical therapy over a period of 3 months.
- Photographs with panniculus lifted to document presence of intertrigo.

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Aetna considers panniculectomy experimental and investigational for minimizing the risk of hernia formation or recurrence.

See Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair (Aetna Clinical Policy Bulletin No. 0211:[click here](#)).

**Blue Cross/Blue Shield of NC:** BCBS considers a panniculectomy considered medically necessary when all of the following criteria are met:

- The panniculus hangs at or below the level of the pubic symphysis; AND
- The panniculus causes cellulitis, skin ulcerations or persistent dermatitis that has failed to respond to at least 3 months of non-surgical treatment (such as antibiotics, antifungals, good hygiene or dressing changes); OR
- There is a documented functional impairment and the panniculectomy is expected to improve the impairment. Functional impairment is defined as complete or partial loss of function of a body part.
- In addition to the criteria listed above, a panniculectomy may be considered medically necessary after weight loss under the following circumstances:
  - If individual has not had bariatric surgery, the member must have maintained a stable weight for a minimum of 6 months; OR
  - If individual has had bariatric surgery and experienced significant weight loss, a panniculectomy should not be performed until at least 18 months

**Cigna:** Cigna covers\* panniculectomy as medically necessary when all of the following conditions are met as demonstrated on preoperative photographs:

- The panniculus hangs at or below the level of the symphysis pubis.
- The panniculus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis, or skin ulcerations) that is refractory to at least 3 months of medical treatment and associated with at least 1 episode of cellulitis requiring systemic antibiotics. In addition to good

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hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics.

- There is presence of a functional deficit due to a severe physical deformity or disfigurement resulting from the panniculus.
- The surgery is expected to restore or improve the functional deficit.
- The panniculus is interfering with activities of daily living.

Cigna’s policy also states: If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least 6 months. If the weight loss is the result of bariatric surgery, panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent 6 months.

\*Panniculectomy is specifically excluded under many benefit plans. In addition, coverage may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. Please refer to the applicable benefit plan language to determine the terms, conditions and limitations of coverage.

See Panniculectomy and Abdominoplasty (Cigna Medical Coverage Policy No. 0027: [click here](#)).

**Humana:** Humana members may be eligible\* under the Plan for panniculectomy when all 3 of the following indications are met:

- Documentation of a panniculus at grade 2 or above, using the following scale:
  - Grade 1 – Panniculus covers hairline and mons pubis but not the genitals.
  - Grade 2 – Panniculus covers genitals and upper thigh crease.
  - Grade 3 – Panniculus covers upper thigh.
  - Grade 4 – Panniculus covers mid-thigh.

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- Grade 5 – Panniculus covers knees and below.
- Maintenance of a stable body weight for at least 6 months if the panniculectomy is performed following significant weight loss (unless excluded by contract).
- Medical complications related to excess tissue and skin folds (such as candidiasis, intertrigo or tissue necrosis) that have failed a trial of at least 3 months of conservative management (oral and/or topical medication) as evidenced by documentation in medical records.

\*Surgical procedures for the removal of excess skin and/or fat in conjunction with, or resulting from, weight loss or weight loss surgery may be excluded by contract. Please consult the member’s individual certificate regarding Plan coverage.

See Panniculectomy, Abdominoplasty, Abdominal Suction-Assisted Lipectomy/Liposuction (Humana Medical Coverage Policy No. HGO-0360-009): [click here](#)).

*Regence Group:* Regence Group may consider\* panniculectomy medically necessary when all of the following are met:

- Submission of photographs documenting significant panniculus that hangs below the level of the pubis.
- Documentation of cellulitis or abscess within the panniculus as a result of infection that has required either hospitalization with intravenous antibiotics or surgical drainage.

\*Many member contracts have very specific language regarding covered reconstructive services and excluded cosmetic procedures. Specific member contract language has precedence over medical policy, and requests for coverage of potentially cosmetic services should be reviewed by applicable member contract language.



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**UnitedHealthcare (UHC):** UHC considers panniculectomy reconstructive and medically necessary when all of the following criteria have been met:

- Panniculus hangs at or below symphysis pubis.
- The panniculus is the primary cause of skin conditions when present, such as a cellulitis requiring systemic antibiotics or transdermal skin ulcerations that require medical treatment.
- There is presence of a functional impairment due to the panniculus.
- The surgery is expected to restore or improve the functional impairment.
- The panniculus is interfering with activities of daily living.

NOTE: After significant weight loss not following bariatric surgery, in addition to the criteria listed above, there must be documentation that a stable weight has been maintained for 6 months. This often occurs 12 to 18 months after surgery.

See Panniculectomy & Body Contouring Procedures (UHC Medical Policy No. CDG.014.06: [click here](#)).

**American Association of Clinical Endocrinologists (AACE), The Obesity Society (TOS), and the American Society for Metabolic and Bariatric Surgery (ASMBS):** Clinical practice guidelines from the AACE, TOS, and the ASMBS conclude that only weak evidence exists to support the use of body-contouring surgery, but that there is no objection to recommending or continuing the use of such surgery when patients fail to respond to conventional therapy (Mechanick et al., 2008).

**American Society of Plastic Surgeons (ASPS):** The ASPS practice parameters for the surgical treatment of skin redundancy for obese patients and those who have had massive weight loss lists panniculectomy as the treatment for panniculi that

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cause inability to exercise, impair ambulation, cause difficulty with hygiene, and cause symptoms such as uncontrolled intertrigo and skin necrosis. The ASPS notes that there are few alternatives to surgery for such patients, as the excess skin and fat folds are virtually impossible to correct by diet, weight loss, or exercise (ASPS, 2007).

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Evaluation of Evidence

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## Scientific Background and Reference Sources

American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss. January, 2007.

<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidencepractice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf> American Society of Plastic Surgeons (ASPS).

Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. January, 2007. from

<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidencepractice/AbdominoplastyAndPanniculectomy.pdf> Medical

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First published as a Health Technology Brief titled *Panniculectomy for Abdominal Contouring Following Massive Weight Loss* on September 19, 2012. Updated and published as a Medical Technology Directory report titled *Panniculectomy for Treatment of Symptomatic Panniculi* on May 19, 2016.

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Almutairi K, Gusenoff JA, Rubin JP. Body contouring. *Plast Reconstr Surg.* 2016;137(3):586e-602e. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Updated January 2007. Available at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf>. Accessed April 20, 2016.

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