Patients seeking buttock lift surgery have a variety of surgical options available to them. Individuals who require excision of massive amounts of skin and fatty tissue can be effectively treated with a circumferential lift technique as popularized by Dr. Ted Lockwood. On the other hand, I believe that patients who have been treated with liposuction and have mild deformities of the skin and fatty tissue are better served by the centerline buttock lift approach, which produces less conspicuous scarring.

I have performed Dr. Lockwood’s technique, which has the advantage of allowing the surgeon to lift a variety of areas. The use of the superficial fascia, especially in the “anchor zones” of the lateral hips and lumbosacral areas, takes the tension off the wound closure and improves scarring. In my experience, however, I have found that the medial groin incisions tend to migrate downward over time. The substantial scarring caused by this technique needs to be fully explained to the patient in the preoperative consultation.

In most cases, the centerline buttock lift can be performed with the patient under intravenous-conscious sedation (ketamine-Valium®) and local anesthesia. In more than 10,000 cases with heavy sedation and local anesthesia used in a variety of operations, I have not had even one case of deep vein thrombophlebitis or pulmonary embolism.

The centerline buttock lift involves the excision of a full-thickness wedge of skin and fat from the central portion of the buttocks extending from just below the coccyx to the labia majora (Figure 1). The sphincter fibers approaching the rectum are carefully avoided, and the incision extends anteriorly to the labia, with no tension, to prevent a raised “cone.” Removing a portion about 6 × 15 cm and 3 to 4 cm thick provides a modest “lift” to tighten the lateral thighs, raise the buttocks crease about 1 cm, and remove some of the lax skin over the buttocks crease and trochanteric area (Figure 2). Once I have resected the skin and fatty tissue, wound closure is performed with non-absorbable Tycron® (Davis & Geck, Wayne, NJ) sutures and 2 layers of absorbable Vicryl® (ETHICON, Somerville, NJ) sutures. Postoperative compression garments consist of a tube top rolled down over the buttocks to gently hold the crease closed. Patients can generally resume their normal activities approximately 1 week after surgery. However, vigorous activities should

The centerline buttock lift is an effective treatment for individuals with mild skin and fatty tissue deformities who do not want large incisions.
be restricted for 3 weeks. Minor complications, such as minor wound separations and “yawning vulva,” have occurred in a few of my patients.

In some cases, I have reoperated to gain more lift. That, however, was early in my experience with this procedure, when I was more conservative with regard to the amount of tissue I removed. Suction-assisted lipectomy may be performed on the medial and lateral thighs in the same surgical session as the buttock lift. Other areas, such as the abdomen, can also be treated with suction-assisted lipectomy, depending on the needs of the patient.

Successful outcomes in body lifting surgery depend on selection of the proper technique. The centerline approach is recommended for the thin patient for whom a minimal lift will tighten the lateral thigh skin. This procedure will not improve the medial thigh region.

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Figure 2. A, A preoperative view of a 45-year-old woman. The indentation on her upper left thigh is a result of a cortisone injection she received 3 years ago. B, The results after lipoplasty and a centerline buttock lift to tighten her lateral thighs. At the same time, the patient underwent autologous fat injection.