Continuing Medical Education Examination — Buttocks Lifting

Instructions for Category I CME Credit

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Multiple Choice

1. Buttock ptosis is caused by:
   A. Volume gain or laxity and gluteal tissue sagging over the thigh
   B. Excessive body work
   C. Weak gluteal ligaments
   D. Congenital laxity

2. In gluteal trochanter lifting, Agris and Vilain had already used the derma to anchor tissues; compared to the dermo-tuberal anchorage technique:
   A. The only difference is that the derma is anchored on the fascia
   B. The descending flap is anchored under the ascending flap
   C. The derma of the ascending flap was used for anchorage; this produced a scar external to the gluteal crease
   D. Agris and Vilain did not use the derma but the fascia superficialis, which later was used by Lockwood

3. The techniques proposed by Lockwood, Baroudi, and Pascal and Le Louarn are indicated:
   A. For minimal excessive skin at the lower gluteal level
   B. Only when there is a significant amount of skin on the dorsal region
   C. To correct a large amount of sagging skin and trochanteric Buttock ptosis
   D. Are unacceptable techniques even in more severe cases

4. In young and thin people, the gluteal crease:
   A. Should be as long as possible, which might be achieved through lipoplasty in the crease
   B. Is no crease at all
   C. Does not usually surpass the sagittal line that crosses the middle of the back of the thigh
   D. Should have an angle between the thigh and the buttock that is less than 90 degrees at the back of the thigh

5. The technical markings for the dermo-tuberal anchorage technique are performed:
   A. With the patient lying down in the operating room, while the assistant pushes the buttocks down and rotates them medially
   B. With the patient standing, while the person who is making the marks pinches the skin with the fingers to measure the ptotic skin
   C. With the patient standing, while the marker’s index and middle fingers push the redundant tissue towards the ischial tuberosity to tuck in the ptotic tissue; the borders of the tucked-in tissue are then marked
   D. By pinching the ptotic tissue with the fingers and rechecking the marks in the operating room for correction

6. After stripping the dermis of the exceeding ptotic tissue, the next step is to:
   A. Perform an incision on the upper border, creating a flap to be anchored on the ischial tuberosity
   B. Perform an incision in the tissue along the fusiform stripped area, and dissect until the whitish tissue close to the ischial tuberosity is reached
   C. Suction in the subcutaneous portion below the stripped dermis area to reduce the local volume
   D. Aspirate the subcutaneous tissue and medially rotate and anchor the derma on the ischial tuberosity

7. From an anatomic standpoint, the gluteal crease is:
   A. A fold along the lower border of the gluteus maximus muscle
   B. The lower limit of the gluteal region
   C. A natural fold of the gluteus maximus muscle
   D. The lower limit of the gluteus maximus muscle

8. The gluteal crease is formed by:
   A. A supporting system consisting of dense connective tissue that connects the ischial tuber to the derma
   B. Fibrous growths of the gluteus maximus fascia
C. Cooper’s fascia
D. The dense fibrous system described by Morestin, which connects the muscle in that area to the skin

9. Gluteal ptosis is best defined as:
A. Severe sagging of the buttocks (a pencil stays put under the buttock with the patient standing)
B. An angle smaller than 90 degrees at the point where the thigh meets the buttock
C. A visible crease at the posterior thigh
D. Any gluteal tissue that can pinch between two fingers, at the lower portion of the gluteal area

10. The dermo-tuberal buttock lift is indicated for:
A. Gluteal ptosis caused by weight loss after bariatric surgery
B. Long buttocks, asymmetric buttocks, and significant excess of trochanter skin
C. Long buttocks, gluteal ptosis, double gluteal crease
D. Both A and C

True or False

11. A gluteal crease necessarily indicates ptosis of the buttock. T F
12. The dermo-tuberal anchorage buttock lifting technique consists of fixation of the dermal tissue on the ischial tuberosity to form a new crease, correct excess ptotic skin, and lift the crease if necessary. T F
13. Pitanguy was the first to attempt surgery to correct trochanter lipodystrophy. T F

14. Morestin described, in 1894, the buttock supporting system, a system of dense connective tissue that connects the derma to osseoligamental structures of the buttocks and perineum. T F

15. In the dermotuberal anchorage buttocks lifting technique, the fixation sutures are made of absorbable material to prevent discomfort for the patient when sitting. T F

16. After stripping the epidermis from the flap and incising the marked area longitudinally, the lower flap is lifted over the upper flap to provide volume and a round shape to the buttocks. T F

17. Placement of gluteal implants is not appropriate in conjunction with performance of the dermo-tuberal anchorage technique. T F

18. The dermo-tuberal anchorage buttocks lift may be used to shorten buttocks that are too long. T F

19. When a great amount of redundant tissue is present at the trochanter region, the dermo-tuberal anchorage buttocks lifting incision may be extended towards the anterosuperior iliac spine, thus respecting the limits of the gluteal region. T F

20. During the postoperative period, the patient should not sit for 20 days. T F

Evaluation

1. Overall, did the activity provide an adequate overview of the subject matter? Yes ___ No ___
2. Was the subject matter of the activity: Too basic ___ Too advanced ___ Just right ___
3. Do you feel that the length of the activity was: Too short ___ Too long ___ Just right ___
4. This activity increased my awareness and understanding of the surgical procedures described in the article.
   Strongly agree ___ Agree ___ Neutral ___ Disagree ___ Strongly disagree ___

5. I would again participate in an Aesthetic Surgery Journal CME activity. Yes ___ No ___
6. Would you recommend an Aesthetic Surgery Journal CME activity to a colleague? Yes ___ No ___
7. What other topics (including instructor names, if possible) would you like to see covered in future issues of Aesthetic Surgery Journal?
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