

## Mini Abdomen Experience: A Novel Approach for Mini-Abdominoplasty Minimally Invasive (MAMI) Abdominal Contouring

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### Introduction

Our aim is to offer an additional surgical option for patients with rectus diastasis, with or without associated abdominal wall hernias, through a minimally invasive approach with endoscopic surgical correction, presenting a new method for abdominal contouring via minimally invasive mini-abdominoplasty (MAMI).

### Material & Methods

The increasing appreciation for minimally invasive surgeries prompts us to bring up another option for RD treatment, involving skin retraction technologies and optional skin removal. This opens a new range of candidates who would not benefit from SCOLA or MILA alone, as well as those who previously only had abdominoplasty as an option.

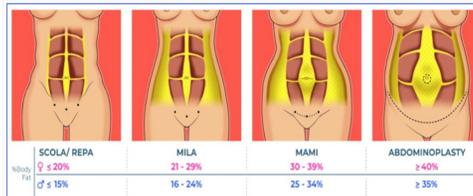
To better assess the ideal treatment for each patient, metrics beyond the BMI should be considered. The BMI alone cannot predict skin laxity or body composition. In non-obese patients, bioimpedance, with or without the clinical pinch test and fat mass index, may provide more information to define the surgical approach. (Figure 1)

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### MAMI Approach Steps

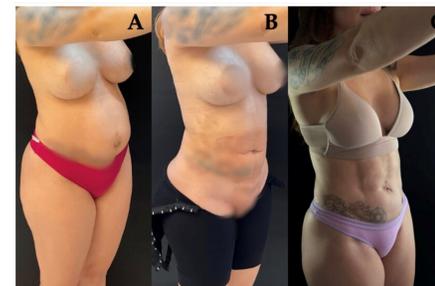
- 1-Liposuction;
- 2-Supraponeurotic repair of midline hernias and diastasis;
- 3-Skin retraction technology;
- 4-Cesarean scar resection or skin resection (or small suprapubic incision in case of natural birth or nulligravida women).



**Figure 1.** Proposed classification using percentage body fat rather than the usual BMI classification for determining surgery indication between minimally invasive surgery and conventional surgery.

### Results

Based on our experience, mini-abdominoplasty with a minimally invasive approach (MAMI) has the potential to increase the number of eligible patients for minimally invasive surgery, improve access to RD correction, reduce complications, accelerate recovery compared to abdominoplasty, and provide smaller scars with no umbilical scarring and a lower risk of skin dehiscence and other surgical site occurrences due to smaller incisions and less exposure of the anterior abdominal wall. (Figure 2)



**Figure 2.** (A) Before MILA surgery. (B) After MILA surgery, with excess skin. (C) After the second surgery to remove skin. The significant advantage of MAMI is that it can treat a larger number of patients, often avoiding abdominoplasty when possible. It also offers the benefits of increased safety and improved visualization for diastasis correction.



**Figure 3.** (A-D) MAMI technique in the same patient at six-month follow-up.

### Conclusion

MAMI surgery has proven to be a safe and reproducible approach for selected women wishing to restore feminine body features after pregnancy and achieve quick recovery. It reduces the risks associated with traditional mini-abdominoplasty, such as abdominal flap ischemia and prolonged subcutaneous tissue exposure, and improves visualization during the subcutaneous dissection and treatment of RD and associated hernias.