

Table 1. Summary of Articles Reviewed

Article	Type of Study	Level of Evidence	No. of Subjects	Purpose	Results
Rose, 1985	Cohort	II	88	Evaluate the effects of a tubular compression bandage on hypertrophic scarring after burn injury	Tubular compression bandaging may help decrease hypertrophic scarring.
Block, 2010	Review	V	—	Explore how cold compression is used after orthopedic injury and/or surgery	Cold compression can alleviate postoperative pain and drainage and may help patients return to function faster.
Illouz, 1989	Expert opinion	V	—	Describe the importance of compression dressings after lipoplasty and how they should be used	—
Illouz, 1989	Case series	IV	189	Determine most effective pressure to decrease edema and optimize skin outcomes after lipoplasty	Optimal pressure of postoperative compression garments is 17–20 mmHg.
Illouz, 2006	Expert opinion	V	—	Describe the cosmetic outcomes and complications the author has experienced with ways to reduce said complications	—
Masten, 1974	Animal study	—	—	Explore how pressure affects swelling after fracture	Pressure can decrease swelling after fracture.
Suh, 2018	Cohort	II	52	Determine the effect of early compression on flap survival	Early compression and ambulation do not change flow velocity or volume in flap pedicle and do not increase flap complication rate
Jones, 2004	Retrospective	III	910	Determine the effects of dressings, drains, fibrin glue, tumescence and adrenaline on hematoma formation after rhytidectomy	No difference in hematoma rate occurs with dressings, drains, and fibrin glue.
Noodleman, 2002	Expert opinion	V	—	Achieve more complete removal of subplatysmal fat with laser-assisted neck lift and decrease postoperative hematomas, rippling, and folding with a new postoperative dressing	Changes resulted in improved cervicomentral angle, decreased jowling, and minimized hematoma and ripple formation.
Lee, 2017	Meta-analysis	I	627	Evaluate efficacy of postoperative care of edema and ecchymosis after rhinoplasty	Arnica administration, cold compression, and tape could reduce postoperative eyelid edema and ecchymosis.
Sowerby, 2019	RCT	I	16	Determine whether intraoperative pressure after lateral osteotomy reduces postoperative edema and ecchymosis	Direct intraoperative pressure can help reduce postoperative edema and ecchymosis.
Nathan, 2001	RCT	I	130	Determine whether postoperative compression reduces hematoma formation and swelling after breast augmentation	Compressive wrapping after breast augmentation does not reduce hematoma or induration postoperatively.
Camirand, 2000	Expert opinion	V	—	Describe the author's practice of postoperative compression after breast augmentation and its effects on capsular contracture	Three months of compressive maneuvers lying prone can decrease capsular contracture after breast augmentation.
King, 2006	RCT	I	481	Evaluate effects of postoperative compression garment after sternotomy on women's pain, discomfort, and functional status	Postoperative compression garments can reduce breast pain after sternotomy, but do not affect incisional pain, functional status, or wound healing.
O'Hea, 1999	RCT	I	135	Determine whether postoperative compression after axillary lymph node dissection decreases postoperative drainage and seroma formation	Postoperative compression does not reduce drainage and may increase seroma formation.
Rothman, 2014	Systematic review	I	578	Explore how postoperative abdominal binders affect pain, seroma formation, pulmonary function, physical function, and abdominal pressure after abdominal surgery and abdominoplasty	Abdominal binders may reduce postoperative stress, but do not have a significant affect on function, seroma formation, and pain.
Cheifetz, 2010	RCT	I	75	Evaluate how abdominal binders affect postoperative mobility, perceived distress, pain, and pulmonary function after major abdominal surgery	Abdominal binders can decrease pain and patient distress after major abdominal surgery with no effect on pulmonary function.

(Continued)

Table 1. Continued

Article	Type of Study	Level of Evidence	No. of Subjects	Purpose	Results
Larson, 2009	RCT	I	54	Evaluate how compressive abdominal binders affect pulmonary function after laparotomy	Abdominal binders have no effect on postoperative pulmonary function
Olsen, 2009	RCT	I	37	Evaluate effects of abdominal binders on pulmonary function, pain, mobility, and length of hospital stay	Abdominal binders do not significantly affect pulmonary function, mobility, length of hospital stay, or pain.
Arici, 2016	RCT	I	—	Evaluate effects of abdominal binders on gastrointestinal function, mobility, pulmonary function, and pain after abdominal surgery	Abdominal binders do not affect pulmonary and gastrointestinal function, but they can improve mobility soon after surgery and decrease pain.
Ali, 1983	RCT	I	54	Explore how abdominal binders affect pulmonary function	Abdominal binders do not have significant effects on pulmonary function.
Rodrigues, 2013	Case control	III	18	Evaluate ventilatory function and intra-abdominal pressure in patients undergoing abdominoplasty with L-shaped plication of external oblique aponeurosis	Postoperative pain, BMI, abdominal binders, and increased abdominal pressure do not affect ventilatory function.
Bejeaut, 2015	Control trial	I	15	Evaluate how compression garments affect venous flow in the common femoral vein	Compression garments can increase venous stasis.
Miadick, 2003	Expert opinion	V	—	Describe surgical method and postoperative care for calf and ankle contouring	Postoperative compression dressings and pneumatic compression boots aid in creating good leg contour.
Filobbos, 2012	Expert opinion	V	—	Describe the use of Tubigrip* as a compression dressing after brachioplasty	Tubigrip* can help decrease hypertrophic scarring and seroma formation after brachioplasty.
Ohayon, 2013	Retrospective	III	52	Evaluate incidence of incorrectly sized compression stockings and skin irregularities in postoperative orthopedic patients	The incidence of ill-fitting compression stockings and skin irregularities is low.
Brandy, 2002	Cohort	II	800	Determine effectiveness of a protective girdle in preventing dermatitis and bullae formation from Reston foam† compression	Lycra girdle prevents the dermatitis, blistering, and pigmentation changes that can be observed with the use of Reston foam† after liposuction.
Callam, 1987	Survey	IV	154	Evaluate whether Scottish surgeons experience skin breakdown and/or necrosis in their patients who use compression therapy for venous insufficiency	One-third of surgeons have experienced patient skin breakdown with the use of compression garments.
Liu, 2020	Meta-analysis	I	511	Evaluate the effects of compression bandaging on pain, swelling, and bleeding after total knee arthroplasty	Compression bandaging does not significantly affect pain, swelling, range of motion, or bleeding postoperatively.

RCT, randomized controlled trial; BMI, body mass index.
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between patients who used compressive dressings and those who did not. In fact, they suggested discontinuation of the garments altogether because of patient discomfort.¹ In breast surgery, there is no literature that proves compression garments improve aesthetics, hematoma, seroma, or scar formation. One randomized controlled trial studying the effects of compressive wrapping after breast augmentation showed there was no difference in hematoma or swelling between the compression and noncompression groups.²

Evidence for the use of abdominal binders after aesthetic surgery is limited, at best. Rothman et al. performed a systematic review examining the evidence behind this postoperative management tool.³ Only one study they identified showed a significant difference in postsurgical pain⁴; all other outcomes, including seroma formation, physical function, and pulmonary function, showed no significant improvement with compression garments.³

Pulmonary embolism and deep venous thrombosis are feared complications of abdominoplasty; Berjeaut et al. performed a study that found garments significantly slowed blood flow in the femoral vein, especially when patients were placed in Fowler position. The authors recommended against abdominal binder use given the potential increased risk of thromboembolism and lack of proven benefit.⁵ With regard to compression therapy after body contouring procedures, there are no published data on patient outcomes, satisfaction, or complication rate beyond anecdotal reports.

The literature behind compression garments after aesthetic procedures is contradictory and insufficient. These postoperative garments are an added cost to the patient and may cause more discomfort than benefit. More thorough and reliable research needs to be performed to fully understand the benefits and potential risks of compression garments in aesthetic surgery. At this time, the authors suggest that surgeons think critically about their use of postoperative compression, emphasizing the importance of patient preference and safety.

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DISCLOSURE

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Paraphiltral Flap for Columellar Reconstruction

Compared to other nasal subunits, the columella is considered to be a difficult item to repair. It has a special contour, lack of surrounding skin, and scanty vascularity.¹ In this study, 13 patients with complete loss of columella were operated on. There were 10 female patients and three male patients. The age of the patients ranged from 3 months to 13 years. The causes of loss of the columella were as follows: 10 patients had lost their columella because of nasal continuous positive airway pressure injury during incubation in the neonatal care, and one female patient had lost their columella because of involuting hemangioma affecting the columella. The remaining two male cases had undergone reconstruction by auricular chondrocutaneous grafts previously.

Under general anesthesia, an H-shaped incision was performed to the nasal septum. Two lateral submucoperiosteal flaps were elevated, and the dome of the H-shaped incision was elevated in continuity with the nasal tip. A rectangular flap was elevated on each side of the philtrum. The base of the flap was based on the nasal sill. The flap width ranged from 3 to 6 mm on each side. The distal end of the flap was beveled laterally and was stopped 2 to 3 mm before the vermilion line. This would facilitate closure of the donor site without disturbance to the vermilion border. The flap was elevated from inferior to superior including the skin and part of the underlying orbicularis oris muscle. The muscle thickness was increased gradually as the base of the flap was approached. Subsequently, the two philtral flaps were rotated superiorly and medially toward the nasal tip. The distal ends of the flaps were deepithelialized and buried under the nasal tip, and a tie-over dressing was applied over the nasal tip. The lateral borders of the two flaps were sutured to the mucoperiosteal flaps of the nasal septum. Then, the two medial edges of the flaps were sutured together. The donor site was closed in two layers.

No flap necrosis occurred in any of the cases (Fig. 1). There were two major postoperative complications.