

Peeling Orange: Rapid Deepithelialization in Reduction Mammoplasty

The authors contend that “peeling orange” deepithelialization, a technique of scalpel deepithelialization for reduction mammoplasty, is fast and simple to master. It facilitates more rapid deepithelialization than en bloc deepithelialization, particularly with long pedicles. (*Aesthetic Surg J* 2004;24:580-581.)

Breast reduction procedures have predictable results with high patient satisfaction, but are typically time consuming.¹ The inferior pedicle technique is most frequently used, particularly for large volume reductions.² Pedicle deepithelialization is a traditional component of reduction mammoplasty. The ideal deepithelialization procedure should be rapidly accomplished and easy to perform. Various deepithelialization techniques using modalities such as electrocautery, dermatome, laser, and scalpel have been described. Each has advantages and disadvantages.

Several authors advocate deskinning the pedicle using electrocautery.^{1,3} However, the common practice among most plastic surgeons, to maximize the circulation to the nipple-areolar complex (NAC), remains pedicle deepithelialization. Another advantage of deepithelialization over deskinning is that the remaining dermis helps maintain the structural integrity of the pedicle, particularly in fatty breasts. Furthermore, deskinning may cause increased blood loss, even with the use of cautery, because large subcutaneous vessels are frequently encountered.¹

Dermatomes are cumbersome, may not always be available, and frequently result in incomplete deepithelialization of the entire pedicle, necessitating further deepithelialization using another method.⁴

Carbon dioxide laser deepithelialization is rapid, with virtually no bleeding, and does not require rigid immobilization of the breast. Its disadvantages include delayed wound healing, potential for inclusion cyst formation, increased cost, and need for special equipment and training.⁵

Scalpel deepithelialization, the standard method employed in breast reduction surgery, is easy to perform and requires no special equipment.⁶ Our technique, “peeling orange” deepithelialization, is a method of scalpel deepithelialization that is fast and simple to master.

Technique

Mark the perimeters of the inferior pedicle and NAC. Apply damp lap pads circumferentially at the base of each breast in tourniquet fashion, held in place with Kocher clamps, to create tension on the breast and facilitate deepithelialization. Make partial thickness intradermal incisions with a number 10 scalpel blade along the perimeter markings, delineating the area to be deepithelialized. Then make multiple vertical intradermal incisions 1 to 2 cm apart, excluding the NAC, from the cephalic to caudal perimeter incisions, creating multiple vertical skin strips. These strips are then easily deepithelialized by applying traction force both at a 90 degree angle to the surface, and simultaneously in a caudal direction, while making rapid blade strokes in the mid dermis, essentially degloving the pedicle skin in a mid



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Figure. Demonstrates technique for “peeling orange” deepithelialization.

dermal plane (Figure). This maneuver is similar to peeling an orange.

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