# Combined Lipoabdominoplasty and Back Liposuction: Objective Aesthetic Analysis and Patient-Reported Outcome Measures

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***Abstract***

**Background:** Lipoabdominoplasty has evolved as a refined technique that integrates liposuction with abdominoplasty to improve abdominal contour while preserving vascularity and reducing morbidity. However, aesthetic evaluation of the anterior trunk alone may underestimate the overall visual impact of body contouring, as the posterior trunk and flanks play a critical role in waist definition and global harmony. Simultaneous back liposuction performed during lipoabdominoplasty has gained increasing popularity as part of circumferential trunk contouring, yet concerns remain regarding safety, operative time, complication rates, and the lack of standardized aesthetic outcome assessment. Current literature primarily focuses on technical descriptions and complication profiles, with limited emphasis on objective aesthetic evaluation and patient-reported outcomes when these procedures are combined.

**Aim:** This review aims to critically evaluate the aesthetic outcomes of combined lipoabdominoplasty and simultaneous back liposuction using objective assessment methods and validated patient-reported outcome measures. Secondary objectives include analyzing safety considerations, complication rates, and technical factors that influence aesthetic success and patient satisfaction in single-stage anterior–posterior trunk contouring.

**Methods:** A comprehensive review of the plastic surgery literature was conducted, focusing on studies addressing lipoabdominoplasty, circumferential trunk contouring, back liposuction, aesthetic scoring systems, and patient-reported outcomes. Emphasis was placed on peer-reviewed studies published in high-impact plastic surgery journals, including objective photographic analysis, surgeon-based scoring systems, and validated patient questionnaires.

**Conclusion:** Simultaneous lipoabdominoplasty and back liposuction offers a comprehensive approach to trunk contouring by addressing both anterior and posterior aesthetic units in a single operative session. Available evidence suggests that, when performed in properly selected patients and with meticulous technique, combined procedures can enhance waist definition, dorsal contour, and overall body harmony without significantly increasing complication rates. Objective aesthetic analysis and patient-reported outcome measures consistently demonstrate high satisfaction and improved perception of body image. Nevertheless, the literature highlights the need for standardized assessment tools and higher-quality comparative studies. Future research should focus on validated aesthetic scoring systems, long-term patient-reported outcomes, and evidence-based guidelines to optimize safety and aesthetic excellence in combined trunk contouring procedures.

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***Keywords:*** *Lipoabdominoplasty, Back Liposuction, Aesthetic Analysis*

## Introduction

Abdominoplasty has undergone significant evolution over the past three decades, shifting from wide flap undermining and simple skin excision toward more refined techniques that integrate liposuction to enhance contour while preserving perforator vascularity. The concept of **lipoabdominoplasty**, popularized by Saldanha, introduced selective undermining combined with aggressive liposuction, resulting in improved abdominal definition, reduced seroma formation, and lower complication rates compared with traditional abdominoplasty techniques [1,2]. This evolution reflects a broader paradigm shift in aesthetic plastic surgery toward contour-oriented, anatomy-respecting procedures that prioritize both safety and aesthetic refinement.

Despite these advances, aesthetic evaluation in abdominoplasty has historically focused on the **anterior abdominal wall**, often neglecting the posterior trunk and its contribution to overall body harmony. The waistline is a three-dimensional aesthetic unit influenced not only by abdominal contour but also by flank and back adiposity, lumbodorsal fat pads, and the transition zones between anterior and posterior trunk subunits. Liposuction of the back—particularly the supra-iliac, lumbar, and bra-line regions—has been shown to significantly influence perceived waist definition and silhouette, especially when viewed obliquely or from the posterior aspect [3,4]. Consequently, combining back liposuction with lipoabdominoplasty represents a logical extension of comprehensive trunk contouring.

Single-stage circumferential or near-circumferential trunk contouring has been increasingly adopted in aesthetic practice, driven by patient demand for more dramatic and harmonious results within a single operative session. However, concerns persist regarding increased operative time, patient repositioning, fluid shifts, venous thromboembolism risk, and postoperative complications when multiple contouring procedures are combined [5,6]. While several studies have addressed the safety profile of combined body contouring procedures, fewer have specifically examined how simultaneous back liposuction influences **objective aesthetic outcomes** and **patient satisfaction** following lipoabdominoplasty.

Another critical limitation in the current literature is the lack of standardized and validated tools for aesthetic outcome assessment in trunk contouring surgery. Surgeon-based photographic evaluation remains subjective and prone to interobserver variability, while patient satisfaction has often been measured using non-validated questionnaires. The introduction of validated patient-reported outcome measures (PROMs), such as the **BODY-Q**, has provided a more reliable framework for assessing patient perception of body contour, quality of life, and satisfaction with surgical outcomes [7,8]. However, these tools have been underutilized in studies evaluating combined anterior–posterior trunk procedures.

**Aim and Research Gap:**

The aim of this review is to evaluate the aesthetic outcomes of combined lipoabdominoplasty and back liposuction using both objective aesthetic analysis and validated patient-reported outcome measures. By synthesizing available evidence from the plastic surgery literature, this review seeks to address the gap between technical feasibility and outcome-based evaluation, highlighting the role of comprehensive trunk contouring in achieving optimal aesthetic results while maintaining patient safety.

**Aesthetic Units of the Trunk and the Rationale for Combined Anterior–Posterior Contouring**

The trunk represents a complex three-dimensional aesthetic unit composed of interrelated anterior, lateral, and posterior subunits that together define overall body harmony and silhouette. In aesthetic plastic surgery, the abdomen, flanks, and back should not be evaluated in isolation, as changes in one region directly influence the perceived contour of adjacent areas. Traditional abdominoplasty techniques, which primarily address excess skin and fat of the lower abdomen, may inadvertently accentuate residual adiposity in the flanks and back, leading to a disharmonious postoperative contour despite technically successful abdominal correction [9]. This realization has driven the evolution toward comprehensive trunk contouring strategies that aim to restore proportionality and smooth transitions between aesthetic subunits.

The posterior trunk, particularly the lumbar and supra-iliac regions, plays a pivotal role in waist definition. Excess adiposity in the lower back contributes to the appearance of a wide waist and blunted

lumbar curve, especially in female patients seeking an hourglass silhouette. Liposuction of the back can enhance the lumbar concavity and create a sharper waist–hip transition, which is often not achievable through anterior contouring alone [10]. When combined with lipoabdominoplasty, posterior fat reduction complements abdominal tightening and rectus plication, resulting in a more pronounced and circumferential improvement in body contour.

From an aesthetic analysis perspective, the waistline is best appreciated in oblique and posterior views rather than frontal views alone. Several authors have emphasized that postoperative assessment based solely on anterior photographs underestimates the true impact of body contouring procedures [11]. Combined lipoabdominoplasty and back liposuction allows surgeons to address dorsal rolls, bra-line bulges, and lumbodorsal fat pads in a single operative setting, thereby improving contour continuity and reducing the need for secondary procedures. This approach aligns with modern aesthetic principles that prioritize global contour over regional correction.

The concept of aesthetic subunits also underscores the importance of transition zones, particularly the flanks, which serve as a bridge between the abdomen and back. Inadequate treatment of the flanks can result in step-offs or contour irregularities that detract from otherwise successful surgery. Liposuction performed circumferentially around the waist allows for smoother transitions and enhances the sculptural effect of abdominal tightening [12]. Moreover, addressing both anterior and posterior adiposity during the same operation minimizes postoperative asymmetry that can occur when contouring is staged.

Importantly, combined anterior–posterior trunk contouring must be grounded in a sound understanding of anatomy and vascular supply. Preservation of perforators during lipoabdominoplasty, coupled with judicious liposuction of the back in the appropriate tissue planes, enables safe and effective contouring without compromising skin viability [13]. When performed with meticulous technique, the integration of back liposuction into lipoabdominoplasty represents a logical and aesthetically driven extension of modern body contouring surgery.

**Objective Aesthetic Assessment in Combined Trunk Contouring**

Objective aesthetic evaluation in lipoabdominoplasty with concomitant back liposuction begins with **standardized clinical photography**, because small variations in posture, arm position, camera height, lighting, and focal length can exaggerate or conceal waist definition, dorsal rolls, and scar quality. For abdominal contouring specifically, dedicated photographic standards have been proposed and refined to improve reproducibility and minimize “photographic contouring” artifacts (eg, arm elevation tightening the trunk or hip rotation changing flank shadowing). Standardization is particularly critical in combined anterior–posterior procedures, where true outcome assessment requires consistent **front, oblique, lateral, and posterior** views captured at comparable time points (commonly ≥3–6 months postoperatively). Without this rigor, comparisons between “before” and “after” images become unreliable and can bias both surgeon-scored and patient-perceived outcomes. [14,15]

Beyond photography, several authors have highlighted that outcome assessment in aesthetic abdominal surgery often relies on subjective impressions unless a structured scale is used. A practical approach is the use of **structured clinical grading systems** that score key domains such as abdominal volume reduction, contour smoothness, skin excess correction, umbilical appearance, and scar quality. These domain-based scales are relevant to combined lipoabdominoplasty/back liposuction because they can be expanded to include posterior parameters (eg, dorsal roll reduction, lumbar definition, bra-line contour). While no single scale has become universally dominant across trunk contouring, the principle of breaking down “aesthetic result” into scorable subcomponents improves transparency and supports interobserver comparisons when panels of blinded raters are used. [16]

For studies aiming at “objective” analysis, the methodological strength increases substantially when outcomes are graded by **multiple independent evaluators** (surgeons and/or trained observers), ideally blinded to time point and surgical details, with assessment of **inter-rater agreement**. This matters in combined contouring because improvements in the waistline are often most apparent in oblique/posterior views—angles that are sometimes omitted from routine abdominoplasty series. Using

standardized photography plus multi-rater scoring reduces single-surgeon bias and helps differentiate true contour improvement from differences in posture, swelling stage, or photographic technique. Contemporary guidance on standardized and safeguarded clinical photography further emphasizes reproducibility, ethical image handling, and avoidance of misleading comparisons—issues that directly affect the credibility of aesthetic outcome claims. [15]

Patient-reported outcome measures (PROMs) are equally essential, because "success" in aesthetic contouring is ultimately judged by the patient's perception of body image, confidence, and clothing fit—not only by surgeon assessment. The **BODY-Q** is a rigorously developed PROM for weight loss/body contouring populations and includes independently functioning scales across appearance and health-related quality of life domains, supporting more valid assessment than ad hoc satisfaction questions. Incorporating BODY-Q scales relevant to abdomen/waistline and body image is particularly appropriate for combined anterior–posterior trunk contouring, where patients often seek global silhouette improvement rather than isolated abdominal tightening. Psychometric validation work supports the BODY-Q's use and responsiveness across body contouring contexts. [17,18]

Finally, emerging evidence suggests that clinician-rated improvement and patient-perceived benefit may not always align, reinforcing the value of reporting both objective scores and PROMs in the same study. In abdominoplasty populations, comparative work has demonstrated that clinicians may underestimate improvements reported by patients, which has direct implications for counseling, expectation-setting, and the interpretation of "aesthetic success" in combined procedures. Therefore, the highest-quality evaluation frameworks for simultaneous lipoabdominoplasty and back liposuction should pair (1) standardized multi-view photography, (2) structured aesthetic scoring with multiple blinded raters when feasible, and (3) validated PROMs such as the BODY-Q. [19]

**Technique Integration for Simultaneous Lipoabdominoplasty and Back Liposuction and Its Impact on Aesthetic Results**

A combined lipoabdominoplasty–back liposuction procedure is fundamentally a **3D trunk-contouring operation**, and the aesthetic outcome depends heavily on sequencing and respect for vascular anatomy. Modern lipoabdominoplasty principles emphasize **selective undermining** to preserve abdominal perforators, enabling meaningful liposuction without compromising flap viability. In Saldanha's foundational work and subsequent refinements, limiting undermining while combining liposuction with abdominoplasty is positioned as a key factor supporting both contour quality and safety, especially when more extensive trunk contouring is pursued. When adding back liposuction, this same philosophy—tissue preservation with targeted sculpting—helps maintain smooth transitions and reduces the "over-resected/undermined" look that can cause irregularities or delayed healing. [20,21]

**Positioning strategy** is a safety-critical variable that also affects aesthetics. Many surgeons perform posterior liposuction first (prone), then turn supine for the abdominal component; others start supine and finish prone. From an aesthetic perspective, completing dorsal contouring early can improve intraoperative judgment of waistline balance (posterior lumbar concavity and flank transition) before finalizing abdominal flap advancement and closure tension. From a physiologic standpoint, minimizing time in each position and maintaining careful padding reduces pressure-related issues and helps keep operative time controlled—an important consideration because prolonged operative duration is frequently discussed as a contributor to systemic risk in combined aesthetic procedures. [22,23]

**Infiltration and fluid management** strongly influence both immediate contour and complication risk. Back liposuction adds a large surface area where tumescent infiltration and aspiration volumes can accumulate, increasing the importance of disciplined tracking of total infiltrate, aspirate, urine output, and hemodynamics. Techniques describing liposuction-assisted abdominoplasty highlight that standardized protocols, careful patient selection, and controlled aspirate volumes can yield low serious-adverse-event rates in appropriately selected patients, supporting the feasibility of combining liposuction with abdominal surgery when physiologic limits are respected. These considerations become even more relevant when expanding the field posteriorly, where the temptation to "chase perfection" can lead to

excessive aspiration and uneven thickness that later appears as contour waviness. [24]

The **aesthetic success of the combined procedure** depends on treating the back and flanks as transition zones rather than isolated fat pockets. Overly aggressive posterior liposuction can create adherence irregularities or sharp depressions, while under-treatment leaves persistent rolls that blunt the waistline even after an excellent abdominal repair. Practically, the most reproducible outcomes come from sculpting the lumbar region and flanks to create a continuous gradient from the dorsal midline to the lateral waist, then using the anterior tightening (plication and skin redraping) to "complete" the silhouette. This logic matches the conceptual foundation of lipoabdominoplasty—using limited undermining and liposuction strategically to improve contour—while extending it to circumferential waist definition. [20,21]

Finally, the combined approach must be framed through an explicit **perioperative safety lens**, especially for venous thromboembolism (VTE). Abdominoplasty has long been recognized as a procedure where VTE prevention deserves structured risk assessment and prophylaxis planning, and expert reviews emphasize risk stratification as the basis for prevention in plastic surgery patients. When adding prone–supine repositioning and a larger liposuction field, the rationale for formalized VTE risk assessment, mechanical prophylaxis, early mobilization, and selective chemoprophylaxis becomes stronger—both to reduce catastrophic complications and to protect the aesthetic result by reducing postoperative morbidity that delays recovery and increases revision risk. [22,25]

**Safety and Complications in Combined Procedures and Their Direct Effect on Aesthetic Outcomes**

Seroma remains the most frequently discussed local complication after abdominoplasty and directly affects aesthetic outcomes by prolonging edema, distorting contour, increasing infection risk, and predisposing to scar widening and secondary irregularities. Contemporary evidence suggests that, overall, **lipoabdominoplasty is at least as safe as traditional abdominoplasty** and may be associated with *lower* rates of key complications (including seroma and hematoma) in aggregate analyses, supporting the concept that modern perforator-preserving approaches do not inherently "trade safety for contour." [26]

Because combined lipoabdominoplasty + back liposuction increases the treated surface area and potential dead space dynamics, **dead space control and shear reduction** become central to both safety and aesthetics. The progressive tension suture (PTS) concept (quilting the flap to limit motion and obliterate dead space) is among the most cited strategies, with classic descriptions reporting marked reductions in seroma and enabling "drainless" protocols in selected patients. From an aesthetic standpoint, reducing seroma and flap movement also improves the likelihood of smooth adherence and a stable waistline contour, particularly important when circumferential sculpting is performed. [27]

Evidence syntheses focused on "drainless" approaches have reinforced that technique choices such as **PTS/quilt sutures** can meaningfully influence seroma rates and therefore downstream aesthetic quality. Meta-analytic work in aesthetic surgery literature has specifically evaluated seroma risk patterns in abdominoplasty cohorts and supports the idea that structured dead-space management can reduce seroma incidence compared with drain-based paradigms alone. In combined procedures, this becomes even more relevant because a prolonged seroma or repeated aspirations can flatten definition, worsen postoperative fibrosis, and increase revision rates—outcomes that directly undermine the purpose of simultaneous anterior–posterior contouring. [28]

Systemic complications—particularly **venous thromboembolism (VTE)**—are high-stakes events in abdominoplasty and deserve explicit attention when procedures are combined. Expert discussions in aesthetic surgery emphasize that abdominoplasty carries meaningful VTE risk and advocate a comprehensive, protocol-driven approach (risk assessment, mechanical prophylaxis, early mobilization, and selective chemoprophylaxis when indicated). When adding back liposuction, operative time, repositioning, and broader physiologic stress can increase concern; while this does not preclude combination surgery, it heightens the importance of standardized perioperative prevention strategies to protect both patient safety and uninterrupted recovery. [29,30]

Operative duration and extent of surgery also matter because complications can indirectly degrade aesthetic outcomes by delaying mobility, prolonging swelling, and increasing scar maturation problems. Practical risk-reduction frameworks for abdominoplasty stress optimization of modifiable factors (patient selection, smoking cessation, BMI counseling, judicious liposuction volumes, and efficient intraoperative workflow). In combined lipoabdominoplasty with back liposuction, these principles translate into disciplined "contour planning" (treating posterior zones strategically rather than endlessly), maintaining hemostasis to reduce hematoma risk, and preserving perfusion to prevent wound issues that can compromise umbilical aesthetics and scar quality. [31,32]

**Patient-Reported Outcomes in Combined Lipoabdominoplasty and Back Liposuction**

Patient-reported outcomes have become a cornerstone of contemporary aesthetic plastic surgery research, as they capture dimensions of success that cannot be fully appreciated through objective analysis alone. In trunk contouring procedures, including lipoabdominoplasty and back liposuction, patients often seek improvements in body image, confidence, and clothing fit rather than isolated changes in anatomical measurements. Studies focusing on abdominoplasty outcomes have consistently shown that patient satisfaction correlates strongly with perceived waist definition and overall silhouette rather than scar length or minor contour irregularities. This reinforces the importance of evaluating combined anterior–posterior procedures through validated patient-centered instruments rather than surgeon impressions alone [33].

The BODY-Q represents the most rigorously developed and validated patient-reported outcome measure specifically designed for weight loss and body contouring patients. It comprises multiple independently functioning scales that assess appearance-related satisfaction (including abdomen and body contour), health-related quality of life, and experience of care. Its modular structure allows investigators to select relevant domains without compromising psychometric integrity. In the context of combined lipoabdominoplasty and back liposuction, BODY-Q scales assessing body shape, waistline appearance, and body image are particularly relevant, as they reflect the global nature of trunk contouring rather than isolated regional correction [34].

Validation studies of the BODY-Q have demonstrated strong internal consistency, test–retest reliability, and responsiveness to surgical change. Importantly, BODY-Q scores have been shown to improve significantly following body contouring procedures, supporting its sensitivity in detecting clinically meaningful improvements from the patient perspective. These characteristics make the BODY-Q especially suitable for evaluating combined procedures, where incremental posterior contour improvements may not be fully captured by clinician-rated aesthetic scales but are clearly perceived by patients in daily life and clothing choices [35].

Expectation management plays a decisive role in patient-reported satisfaction following trunk contouring surgery. Patients undergoing combined lipoabdominoplasty and back liposuction often anticipate dramatic waist narrowing and circumferential contour improvement. When expectations are aligned with achievable surgical outcomes through thorough preoperative counseling and visual aids, patient-reported satisfaction is consistently higher. Conversely, unmet expectations—particularly regarding residual back rolls or scar positioning—are associated with lower PROM scores despite technically sound surgical results. This highlights the need to integrate PROM evaluation with structured preoperative education and shared decision-making [36].

Several determinants of patient satisfaction specific to combined trunk contouring have been identified in the literature. These include perceived waistline narrowing, smoothness of the lumbar–flank transition, ability to wear fitted clothing, and improvement in body confidence. Scar-related concerns, while not negligible, tend to be secondary to contour improvement in patient priority rankings. This pattern supports the rationale for combining back liposuction with lipoabdominoplasty, as posterior contour enhancement directly targets outcomes that patients value most and report most strongly in validated PROMs [37].

Finally, correct reporting of patient-reported outcomes is essential for meaningful interpretation and comparison across studies. Best-practice recommendations emphasize reporting baseline and

postoperative PROM scores, specifying the domains used, and interpreting changes in the context of clinically meaningful differences rather than statistical significance alone. For combined lipoabdominoplasty and back liposuction, transparent PROM reporting strengthens the evidence base and allows surgeons to better counsel patients regarding expected benefits of comprehensive trunk contouring approaches [38].

**Comparative Outcomes: Lipoabdominoplasty Alone vs Combined Lipoabdominoplasty and Back Liposuction**

Direct head-to-head studies that isolate **"back liposuction added to lipoabdominoplasty"** as the only variable are limited, so the best comparative evidence is often derived from (1) abdominoplasty/lipoabdominoplasty series that include **concurrent circumferential liposuction** and (2) large database studies evaluating the impact of **combined procedures** on major complications. Within these constraints, the literature consistently supports the concept that treating the trunk circumferentially can produce more globally harmonious aesthetic results (waist definition, flank transition, posterior roll reduction), but the magnitude of benefit depends on technique standardization and patient selection rather than liposuction volume alone. [39]

From the patient perspective, prospective data show that abdominoplasty performed **simultaneously with liposuction** yields very high satisfaction, and—importantly for combined anterior–posterior contouring—patients typically rate the "result" extremely favorably even when recovery is longer than liposuction alone. While this evidence does not focus exclusively on the back, it supports the rationale that patients value combined contour improvement and that satisfaction can be excellent when liposuction is integrated into the abdominoplasty pathway. [40]

When the trunk is approached as a circumferential aesthetic unit (abdomen + flanks + back), case series and technique-driven studies describe high satisfaction and notable silhouette improvement with a low reported complication burden in appropriately managed patients. A key theme across these reports is that circumferential assessment (front, oblique, back views) better captures the true aesthetic gain—particularly waistline refinement—which aligns directly with the objective of adding back liposuction to lipoabdominoplasty. [41,42]

Regarding morbidity, the "liposuction plus abdominoplasty" controversy is best understood as **technique-dependent** rather than a universal rule. A large clinical series examining abdominoplasty with simultaneous lipoplasty found no statistically significant increase in complications compared with abdominoplasty alone, and additionally reported that lipoplasty amount/location and operative time did not significantly affect morbidity within their cohort. This supports the modern view that concurrent liposuction—when performed with vascular respect and controlled technique—can be incorporated without predictably worsening outcomes. [43]

At the database level, studies using large insurance/registry datasets show that abdominoplasty carries a higher baseline major-complication risk than many aesthetic procedures, and that combining procedures may increase risk in some analyses—particularly when multiple additional procedures are added. However, more recent large CosmetAssure-based work evaluating contemporary practice patterns reported that, after regression adjustment for key risk factors, **concurrent cosmetic procedures did not add significant major-complication risk** compared with abdominoplasty alone. Taken together, these findings suggest that the "added risk" signal is strongly influenced by patient factors (BMI, diabetes, sex, age), procedural extent, and the number/type of combined operations—critical considerations when deciding whether to include back liposuction in the same session. [44,45]

Simultaneous lipoabdominoplasty and back liposuction represents a logical evolution in modern aesthetic trunk contouring, shifting the focus from isolated regional correction to comprehensive three-dimensional silhouette optimization. By addressing both anterior abdominal deformity and posterior adiposity within a single operative session, this combined approach enhances waist definition, improves lumbar–flank transitions, and produces a more harmonious and balanced body contour when evaluated

from multiple viewing angles.

The aesthetic advantages of combining these procedures are most evident when outcomes are assessed using structured objective analysis and validated patient-reported outcome measures. Standardized photography and domain-based aesthetic scoring systems allow for more reliable clinician assessment, while patient-reported instruments capture improvements in body image, confidence, and functional aspects such as clothing fit—outcomes that matter most to patients. Importantly, patient satisfaction appears to correlate more strongly with global contour improvement than with isolated technical details, reinforcing the value of circumferential trunk evaluation.

From a safety standpoint, available evidence supports the feasibility of performing lipoabdominoplasty and back liposuction concurrently in appropriately selected patients. When contemporary principles are followed—perforator-preserving techniques, controlled liposuction volumes, meticulous dead-space management, and structured perioperative risk reduction—the combined procedure does not inherently compromise safety or aesthetic quality. On the contrary, avoidance of secondary procedures may reduce cumulative morbidity and enhance overall patient experience.

Nevertheless, this review highlights persistent limitations in the literature, including the scarcity of comparative studies, heterogeneity in outcome assessment methods, and inconsistent use of validated patient-reported tools. Future research should prioritize standardized objective scoring systems, routine incorporation of validated PROMs, and longer-term follow-up to better define the aesthetic value and risk profile of combined trunk contouring procedures.

In summary, combined lipoabdominoplasty and back liposuction, when guided by sound anatomical principles and evaluated through robust outcome frameworks, offers a powerful approach to achieving superior aesthetic results and high patient satisfaction in contemporary plastic surgery practice.

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