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TO ADVANCE THE SPECIALTY  
OF COSMETIC SURGERY AND  
QUALITY PATIENT CARE

## TIPS AND TECHNIQUES

# Technical Considerations Regarding Liposuction of the Mons Pubis

Kevin Jovanovic, MD

*Mons pubis liposuction would seem to be an easy procedure, but procedures in this small area, hidden by clothing most of the time, have generated a great deal of controversy and misconceptions. The goal of this review is to examine the current evidence in the literature and try to dispel some of the myths surrounding this seemingly simple procedure.*

Mons pubis is the Latin for “pubic mound.” The area is also known as the mons veneris (Latin, mound of Venus). The anatomy of the mons pubis, that is the area that is included when measuring and defining the aesthetically correct mons pubis, is the adipose tissue lying above the pubic bone of adult females, anterior to the symphysis pubis. The mons pubis forms the anterior portion of the vulva. The margins are as follows: the inferior border divides the labia majora, the lateral border encompasses the inguinal ligaments, and the superior border is the anterior abdominal wall (Figure 1).

Mons pubis liposuction would seem to be an easy procedure. Although this small area is hidden by clothing most of the time, surgical procedures in this area have generated a great deal of controversy and misconceptions.<sup>1-4</sup> The goal of this review is to examine the current evidence in the literature and to try to dispel some of the myths surrounding this seemingly simple procedure.

### What Are the Goals of Liposuction of the Mons Pubis?

The aesthetic goal for liposuction of the mons pubis is to remove an unsightly bulge in clothing. It is

paramount to maintain natural smooth transition superiorly from the abdomen and inferiorly to the labia majora and then lateral in a tapered triangle to the inguinal ligaments. A literature review about the aesthetics of the mons pubis revealed one article that tried to define normal dimensions to aid in reconstruction after abdominoplasty. In this study, the mons pubis was measured in 28 female patients.<sup>5</sup> Healthy female volunteers aged 26 to 53 years with a body mass index (BMI) between 18 and 26 and no prior altering operations in the mons area were evaluated. In addition, measurements were performed for 13 female cadavers aged 60 to 95 years. The following lines and angles were measured: (1) umbilicus/pubic hair is the measurement equivalent to the top of mons pubis, (2) top of the mons pubis to the end of the labia majora, (3) lengths of the side segment lines (end of the labia majora along the inguinal crease up to the lateral hairline at the femoral vessels, (4) length of the base of the mons triangle, (5) inguinal crease/pubic hairline angle, and (6) inguinal crease/labia majora angle. Means, medians, and standard deviations were calculated for each measurement (Table).

### Recommendations for Performing a Safe and Effective Liposculpturing of the Mons Pubis

Recommendations for the performance of liposculpturing of the mons pubis include the technique that is commonly described as a criss-cross liposuction from both sides of triangle. Focus is on the central portion to allow the edges to be tapered to the surrounding tissues (Figure 2). Care must be taken to stay to deeper planes to allow for debulking without complete loss of subdermal fat. Special attention should be taken along the inguinal areas to avoid injury to the inguinal ligaments and its contents. Occasionally, scar revision or undermining of scars is needed in conjunction with liposuction to achieve the desired result.

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\* SD indicates standard deviation.

Measurements	Female Volunteers (n = 15)	Cadaver Study (n = 13)	Mean Median SD*								
Pubic hairline to cleft (cm)	8	8	1.5	7.9	8	0.95					
Pubic hairline/skinfold to end of labia majora (height of triangle) = $a = a_1 + a_2$ (cm)	13	12.5	2.3	13	13	1.5					
Umbilicus to pubic hairline/skin fold (cm)	14	13	2.7	14.5	15	1.3					
Pubic hairline/skinfold to end of labia majora (height of triangle) = $a = a_1 + a_2$ (cm)	5	4	2.2	5.3	5	1.4					
Length of labia majora (cleft to end of labia) (cm)	13	13	2.1	14	14	1.7					
Lengths of side segment lines = $b$ (end of labia majora along the inguinal crease up to lateral hairline) (cm)	16	16	2.3	19	18	2.6					
Inguinal crease to labia majora angle (tip of mons triangle = $B$ ) (degrees)	55	54	5.3	54	52	4					
Inguinal crease/pubic hairline angle (corner of mons triangle = $a$ ) (degrees)	75	75	5.5	76	75	3.4					

## Results of Mons Measurements

I happened to operate on a 50-year-old woman for liposuction of themons veneeris. The patient presented with a standard lumescen t liposuction of the area under mons pubis. During the evening with antibiotic and painkiller home the same anesthesia care. The patient was discharged after proper consultation, I decided to proceed with a small ulcer in the suprapubic area. A swab was taken and the patient was questioned about postoperative complications and the nature of the lesion. The patient initially claimed that the operation had not been successful, but finally she admitted that the lesion was self-mitigated through prolonged use of a vibrator. She did not realize that the instrument was burning the skin because the skin sensitivity was impaired by the liposuction. Eventually the lesion healed, leaving a small circular scar. To my knowledge this is the first report of this complication.

I was impressed by her polite and respectful manner, and although I considered the request a bit unusual, I was relieved using liposculpture of the suprapubic area, to me regarding liposculpture of the mons pubis. The patient presented with a standard lumescen t liposuction of the mons veneeris. The patient reported after proper consultation, I decided to proceed with a small ulcer in the suprapubic area. A swab was taken and the patient was questioned about postoperative complications and the nature of the lesion. The patient initially claimed that the operation had not been successful, but finally she admitted that the lesion was self-mitigated through prolonged use of a vibrator. She did not realize that the instrument was burning the skin because the skin sensitivity was impaired by the liposuction. Eventually the lesion healed, leaving a small circular scar. To my knowledge this is the first report of this complication.

The first 3 complications are very similar to those for other liposuction procedures and can be minimized by irregularities (and perhaps the need for a mons lift), dyspareunia, and lymphedema of the leg. The first 3 complications are very similar to those for other liposuction procedures and can be minimized by irregularities (and perhaps the need for a mons lift), dyspareunia, and lymphedema of the leg. The first 3 complications are very similar to those for other liposuction procedures and can be minimized by irregularities (and perhaps the need for a mons lift), dyspareunia, and lymphedema of the leg. The first 3 complications are very similar to those for other liposuction procedures and can be minimized by irregularities (and perhaps the need for a mons lift), dyspareunia, and lymphedema of the leg.

According to textbooks and Web pages, complications associated with mons pubis reduction, bleeding, cosmetic results that are immediate to the procedure without any long-term effects. Complications associated with mons pubis reduction include scarring, infection, and webbing.

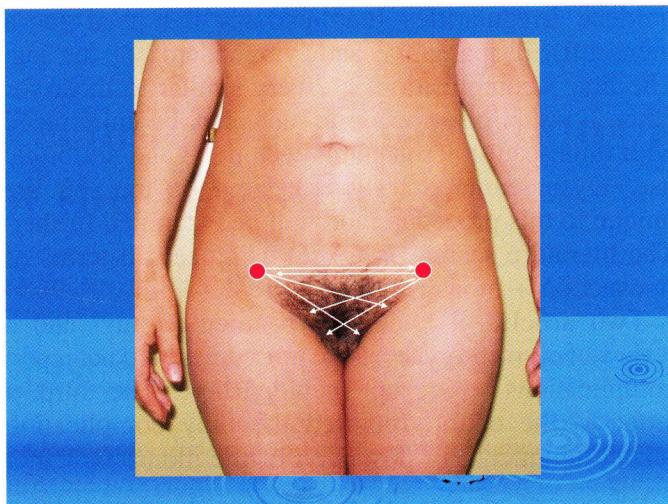
The mons pubis is affected by other cosmetic procedures. This includes many of the tension procedures: abdominoplasty, thigh lift, labiaplasty with hood reduction, reduction of the labia majora (ie, "lip/tuck"), and abdominal scars (Pannicustiel incisions) (Figure 3). It is important to complete these procedures without changing the appearance of the mons, unless that is the desired results.

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## Avoiding Potential Complications

Figure 1. Margins of mons pubis.





**Figure 2.** Common liposuction technique.

reported case of a self-inflicted vibrator burn after suction-assisted lipectomy.<sup>8</sup>

### Is Lymphedema of the Leg Possible as Result of Liposuction?

One of the common vulvar medical procedures that has a high incidence of lymphedema of the leg is surgical staging of vulvar cancer. Cancer of the vulva is the fourth most common malignancy of the female genital tract. The American Cancer Society estimates that 3580 women were diagnosed with vulvar cancer in 2009.<sup>9</sup> Currently, approximately 75% of patients with vulvar carcinomas will be cured, making vulvar carcinoma responsible for approximately 900 deaths annually in the United States.

Since the early part of the 20th century, the traditional surgery has been a radical dissection of the primary lesion with a bilateral groin node dissection performed through a single incision. The femoral triangle is bounded by the inguinal ligament superiorly, the adductor longus medially, and the sartorius laterally. The superficial groin nodes lie above the cribriform fascia in the femoral triangle. Careful dissection generally reveals 5 vessels in the femoral triangle above the cribriform fascia, the largest of which is the saphenous vein. The other vessels include the superficial circumflex, the superficial epigastric, and the external pudendal.

Below the cribriform fascia are the deep inguinal nodes. The most superior of these is the sentinel node to the pelvic lymphatics, which is known as the node of Cloquet. The saphenous vein is key, and a review of 139 cases of groin node dissection demonstrated that when the saphenous vein was preserved, the incidence



**Figure 3.** Liposuction of mons pubis and scar lift with Pelosi lipo scissors.

of wound cellulitis and acute and chronic lymphedema was significantly lower.<sup>10</sup> Only one patient in this series with saphenous vein preservation developed chronic lymphedema, a patient who received postoperative radiation therapy. The article changes surgical staging from the radical dissection used from the 1900s to the new staging procedures that are being used today for the past 10 years since 2000. Chronic lymphedema has been reported in 10–20% of women after groin node dissection. This can be a disabling problem and is more common if radiation is required after groin dissection. Limiting groin node dissection in women with early cancers and preserving the saphenous vein decreases the incidence of this problem. A theoretical cause of lymphedema of the leg with aggressive liposuction of the inguinal area would result from sacrificing the saphenous veins or suctioning the lymph nodes below cribriform fascia.

### Is Dyspareunia Possible as a Result of Liposuction of the Mons Pubis?

It is important to understand there many different medical conditions underlie the diagnosis of dyspareunia. The causes of dyspareunia fall into two broad categories: physical causes and psychological causes.

Physical causes of dyspareunia are further categorized as dyspareunia on entry or deep dyspareunia. Dyspareunia on entry can result from lubrication (hormones, medication), trauma (circumcision, pelvic surgery/hysterectomy), inflammation (sexually transmitted disease, eczema), allergic reaction (to lubricants, toys), and vaginismus. Deep dyspareunia can result from illness (pelvic inflammatory disease, endometriosis, fibroids, cystitis, irritable bowel syndrome), infection (sexually transmitted disease), and surgery (pelvic surgery, radiation).

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technique for this particular liposuction procedure.

selected for the heparinized possibility of causing

dyspareunia. Patient consenting and proper patient

selection may be more imperative than good surgical

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during, or after sexual intercourse that is not caused

of anxiety, depression, stress (causes tension in the

pelvic floor), and abuse. According to DSM-IV, the

dyspareunia causes tension in the

pelvic floor).

Conclusion

Liposuction of the mons pubis is safe and effective.

Care should be taken along the inguinal ligaments not

to overstretch this area and to avoid damage to inguinal

lymph nodes that may affect its appearance.

Because of the unique complications of this type of

procedures, it would be prudent to investigate these

concerns preoperatively. During the detailed preopera-

tive history and physical exam, make sure to discuss

dysspareunia and physical exam, inquire about personal

history of family history of lymphedema before the procedure.

In addition, inquire about personal history of

venous insufficiency and lymphedema before the procedure.

In addition, inquire about personal history of

dysspareunia and physical exam, make sure to discuss

the need for liposuction of the mons pubis at the same

time as procedures that may affect its appearance.

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