

## CASE REPORT

Body Contouring performed with Vibrasat® Pro by Moeller

# Revision Body Contouring after Aggressive Prior Liposuction Using Boost Mode Vibrasat® and High-Flow Tumescent Boost



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### Abstract

Secondary body contouring after aggressive prior liposuction presents a complex surgical challenge. Extensive ultrasound-assisted liposuction using “VASER” technique often leads to significant fibrosis, scarring, and compromised tissue planes. This case report describes the treatment of a 26-year-old patient with two previous out-of-clinic augmentation procedures resulting in a disproportionate gluteal volume, loss of waist definition, and persistent straight trunk contour. By combining the Moeller Vibrasat® Pro in Boost mode (6,000 vibrations per minute), high-flow tumescent infiltration (1,000 ml per minute Boost protocol), selective rib remodeling (10–12), and dual-plane gluteal implant placement, a significant improvement of the waist-to-hip ratio from 0.93 to 0.68 was achieved, restoring a defined, harmonious silhouette.

### Challenge

- Severe fibrosis and scar tissue following aggressive ultrasound-assisted liposuction (VASER)
- Flattened, erased waistline with straight trunk contour despite large gluteal volume
- Compromised tissue elasticity and unpredictable fat harvest in scarred areas
- Increased risk to skin vascularization in secondary liposuction High technical difficulty of revision contouring in a young patient with prior over-treatment

### Solution

Secondary liposuction in heavily pretreated tissue requires a technique capable of safely disrupting fibrotic septa while protecting dermal vascularity. The Moeller Vibrasat® Pro in Boost mode (6,000 vibrations/min) was used to mechanically soften scarred tissue planes and release fibrosis with controlled, atraumatic energy transfer.

This was combined with high-flow tumescent infiltration using a boost protocol of 1,000 ml per minute instead of the conventional 300 ml per minute. The accelerated infiltration allowed rapid onset of tumescence, improved hydrodissection, and optimized working conditions within rigid scar tissue.

The contouring strategy was completed by minimal invasive remodeling of ribs 10–12 to enhance waist narrowing and by insertion of gluteal implants in a dual-plane position (partially submuscular, partially intramuscular) to refine projection and structural support.

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## Technique Overview

- High-flow tumescent infiltration at 1,000 ml/min using Boost protocol for rapid tissue preparation and enhanced hydrodissection
- Boost Vibrasat® Pro at 6,000 vibrations/min for controlled fibrosis release and atraumatic liposuction
- Careful preservation of dermal vascularization in previously treated areas
- Selective minimal invasive remodeling of ribs 10–12 to enhance waist concavity
- Dual-plane gluteal implant placement (semi-submuscular / semi-intramuscular) to improve projection and structural contour

## Procedure

The revision was performed in a staged but single-session surgical concept:

1. **Tissue Preparation and Fibrosis Release**  
High-flow tumescence was administered using the Boost protocol (1,000 ml/min) with 5 mm Double Basket cannula.
2. The rapid infiltration created immediate hydrodissection and facilitated penetration into fibrotic planes. The Vibrasat® Pro in boost was then used to carefully release scar tissue and perform atraumatic liposuction. Particular attention was paid to preserving the subdermal plexus to avoid vascular compromise in previously treated zones.
3. **Waist Remodeling**  
Following contour release, selective fat reduction and sculpting were performed to re-establish lateral waist concavity. Minimal invasive rib remodeling of ribs 10–12 further enhanced narrowing of the lower thoracic frame, supporting a more defined transition between rib cage and pelvis.
4. **Structural Gluteal Refinement**  
Given the prior excessive but poorly shaped gluteal augmentation, structural refinement was achieved using dual-plane gluteal implants. The semi-submuscular and semi-intramuscular positioning allowed stable projection while maintaining soft tissue coverage and natural contour transitions.

## Case Study

A 26-year-old female presented after two prior augmentation procedures performed externally. Despite very large gluteal volume, the waistline appeared completely erased, and the trunk contour remained straight and box-like. The tissue was markedly fibrotic due to previous ultrasound-assisted liposuction using a fiber-based technique.

Secondary liposuction was performed using Vibrasat® Pro in boost mode combined with high-flow tumescence. Additional rib 10–12 remodeling and dual-plane gluteal implants were placed.

Postoperatively, the waist-to-hip ratio improved from 0.93 to 0.68. The trunk contour transitioned from straight and undefined to clearly concave at the waist with harmonious projection of the hips and gluteal region. Skin integrity was preserved without vascular compromise. The patient reported high satisfaction with the newly defined silhouette and natural contour flow.

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### Conclusion

Revision liposuction after aggressive ultrasound-assisted techniques is technically demanding due to fibrosis, scar formation, and potential vascular compromise. The Vibrasat® Pro in boost mode at 6,000 vibrations per minute, particularly when combined with high-flow tumescent Boost infiltration at 1,000 ml per minute, provides an efficient and controlled method to release fibrotic tissue while preserving skin vascularization.

In complex secondary contouring cases, the integration of structural techniques such as selective rib remodeling and dual-plane gluteal implantation allows restoration of anatomical harmony and significant improvement of waist-to-hip ratio.

This approach demonstrates that even in heavily pretreated patients, advanced vibration-assisted technology combined with high-flow infiltration can produce safe, atraumatic, and highly satisfactory aesthetic outcomes.