

Abdominoplasty

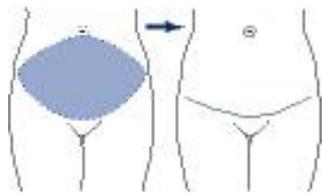
This is also called tummy tuck. It is a major surgical procedure wherein the excess skin and fat from the lower and middle abdomen is removed and the muscles tightened.

Types of abdominoplasty

- **Standard Abdominoplasty**

The excess skin and fat of the abdominal wall between the pubic area and the umbilicus (navel) is removed leaving the umbilicus in place. The skin of the abdominal wall at the level of the umbilicus is then drawn down to suture it to at the pubic level. To achieve this the abdominal skin is usually elevated upto the level of the lowest ribs. The patient is left with a long, usually curved scar across the lower part of the abdominal wall at the level of the pubic hair. The position of this scar should be discussed prior to surgery. Miss Hazari will plan its placement with you. There is also a scar around the umbilicus. Any looseness of the muscles of the abdominal wall or hernia is repaired at the same time. Liposuction may be carried out during this procedure for flanks, or as a separate procedure either before or after the abdominoplasty to thin the abdominal wall.

Standard abdominoplasty



- **Mini-abdominoplasty**

Surplus skin below the umbilicus is removed leaving a low abdominal scar at the level of the pubic hair. The umbilicus is not disturbed but liposuction may be carried out at the same time as the procedure to reduce the thickness of fat in the abdominal wall.

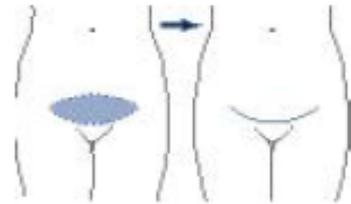
Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

Mini abdominoplasty



- **Extended abdominoplasty**

Surplus skin and fat of the loins and back are also removed so that the scar extends around the flanks onto the lower back.

- **Fleur de Lys abdominoplasty**

This is indicated in patients who have undergone massive weight loss. The excess skin is in the vertical and horizontal dimensions. A standard abdominoplasty will not address the horizontal skin excess. Therefore in addition to a curved scar in the lower abdomen, the patient will also have a midline vertical scar which may extend upto the ribs. At the same time the rectus muscles are brought together to repair any laxity in the muscle wall.

- **Liposuction only**

An alternative procedure which should always be considered instead of the above is liposuction on its own. This reduces fat and causes just a little retraction of the skin.

Who is a candidate?

The best candidates for an abdominoplasty are men or women who are in relatively good health but are bothered by large fat deposit or loose abdominal skin in the lower / middle abdomen that does not respond to diet and exercise.

With women the problem is usually caused by pregnancy, but is greatly aggravated by weight loss. The muscles of the abdominal wall may be weakened by pregnancy and actually pulled apart in the middle (divarication of recti). Men are similarly affected by weight loss. Stretch

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marks (striae) are simply the scars, which are left after extreme stretching of the skin. They are usually most apparent on the lower part of the abdominal wall. There is no specific treatment for these stretch marks, but many of them are excised in an abdominal reduction and those that are left are tightened making them look less obvious. Patients that are unable to tighten the abdominal wall skin with exercise or wish to achieve a smoother flatter abdomen will also benefit.

Patients who intend to lose weight should postpone the surgery. Also, **women who wish to plan future pregnancies should wait** as the vertical muscles are tightened during surgery and will separate during pregnancy.

What would you need to do before the operation?

If you are overweight you would be well advised to diet as best results are obtained in people who are the correct weight for their height (Body Mass Index). If you are taking the contraceptive pill you should stop doing so for six weeks before surgery and use an alternative method in order to reduce the risk of thrombosis.

What if I want the surgery but am still smoking?

We advise you to stop smoking at least *four weeks* before your surgery. We advise you not to use nicotine replacement therapy for the *four weeks* before your surgery or whilst in hospital. There is a small risk of acquiring **necrotising fasciitis, an extremely serious infection** in the post-operative period following an abdominoplasty if you are still smoking which can cause the skin over the abdomen to necrose and often requires ITU care. This will require further surgery.

Stopping smoking can be very difficult. If you need more support in giving up, please make use of the smoking cessation clinics and support agencies in your area and consult your GP.

What other arrangements do I need to make?

The hospital stay is normally about 1-2 days. You should arrange help with shopping, housework and care of small children and pets, as you will not be able to manage these on your own for at least two weeks after surgery. It will be necessary to organise three to four weeks time off from work, if in a physically demanding job. If your job involves heavy lifting longer time upto six weeks may be needed.

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You will not be able to drive immediately after your operation. You should only consider doing so when sufficient healing has taken place to allow you to wear a seat belt without pain, which is usually about 2-3 weeks in most patients. Before driving, check with your insurance company that you have appropriate cover since some companies ban driving for a specific period following surgery.

Pre-assessment Clinic:

Most patients are seen in the Pre-assessment Clinic and, if you are asked to attend, a letter will be sent to you giving the date and time of your appointment.

The pre-admission assessment can include:

- * Assessing your general health and fitness before surgery by carrying out various tests and investigations. These include blood tests, ECG (electrocardiogram - heart tracing) and maybe a chest x-ray. Photographs will provide a record for your notes to allow a comparison before and after surgery and are usually done by Miss Hazari on the day of surgery.
- * Discussing your current medication, any allergies you may have and information on your planned treatment and hospital services.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

What are the risks?

All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

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Pain - The pain from this sort of surgery is not usually severe. Different people require varying amounts of pain killers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more. Your surgeon or anaesthetist will prescribe regular medication to lessen the pain. If you are in constant pain, let the nursing staff know.

Blood transfusion - It is not common to require a blood transfusion after this operation, however, this may occasionally be required. If you have strong views or religious beliefs about this, discuss any issues with your surgeon before surgery. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed.

Deep vein thrombosis - A blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus. All patients are given compression socks to try to prevent this problem. Pre-operative assessment may also result in the need for blood-thinning injections to reduce this risk.

Drains - Wound drains are inserted under the abdominal skin at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses will remove the tube on the doctor's instructions, usually after 24 - 48 hours, depending on the amount and colour of the fluid drained.

Haematoma - Is a collection of blood underneath the skin, which may occur after surgery. We try to prevent this by placing small drainage tubes in the wound area to allow the blood and fluid to drain into vacuumed bottles. A second operation may be necessary to remove the haematoma.

Infection- A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. After an infection the scars may not be quite as neat. There is a small risk of acquiring **necrotising fasciitis** in the post-operative period following an abdominoplasty if you are still smoking which can cause the skin over the abdomen to necrose. This will require further surgery and skin grafting. Any major operation with a general

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anaesthetic carries a small risk of a chest infection, particularly among people who smoke.

Wound breakdown – Healing can be slow particularly in the tighter central part of the wound and sometimes dressings are needed for a few weeks. This is more common in patients who are overweight and who smoke. This may be because of poor blood supply to the area and/or infection. Occasionally the wound may break down, resulting in a longer hospital stay, wound dressings and, possibly, further surgery. Eating a healthy diet and increasing your protein intake (meat, fish, chicken, eggs) promotes good wound healing.

Scars - Any operation will leave a permanent scar. Infection can cause a wound to re-open; this may lead to problems with scar formation such as stretching or thickening. At first, even without any healing problem, the scar will look red, slightly lumpy and raised. Regular massage of the scar using with Bio-Oil or a light non-perfumed moisturising cream and using sensible sun protection measures such as a factor 30 sun block, should help it to settle in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these then please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable. Occasionally revision surgery may be done to improve the appearance of scars.

Numbness – There is numbness in the lower part of the abdominal wall after surgery. This is temporary and usually takes six months to improve.

Swelling - Swelling above the scar is usually present due to a collection of tissue fluid which normally drains to the groin. This swelling or oedema settles within a few months.

Seroma - After drains are removed when they stop draining blood and serum a few days after the procedure, the fluid can re-accumulate requiring drainage or aspiration. This fluid collection is know as a seroma. You will need to wear an abdominal binder / pressure garment for a minimum of 6 weeks after the surgery. To minimize the risk of seroma formation, Miss Hazari may quilt the abdominoplasty skin flap to the underlying tissue.

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Revision surgery - Secondary procedures are sometimes carried out to tidy up the results and will involve scar revision, especially of 'dog-ears' at either end of the horizontal scar and limited liposuction if localized 'bulging' is present. Displacement of the umbilicus to one side has been over publicised and is rare.

What can I expect before my operation?

An anaesthetist will visit you and examine you on the ward and explain the anaesthetic procedure. Miss Hazari will see you and ask for your consent to proceed with your surgery. Pre-operative photographs are usually done at the same time. She will mark the surgical plan on your abdomen prior to the surgery. Please ask questions if there is anything that you are not sure about. You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to prevent any problems during your anaesthetic.

After the operation

The procedure usually takes about two to three hours. When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although tightness and bruising may cause discomfort. Please tell the nurses if your pain persists.

Drains and dressings

The wound drains are inserted at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses remove them, on the doctor's instructions, usually after 24 to 48 hours, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. Prior to your discharge from the hospital, you will be given an appointment to attend the dressing clinic, usually a week after surgery. Please keep all dressings dry until you are seen. You will be given instructions regarding showering and looking after your dressings.

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What should I do when I get home?

You should be able to return to most of your normal activities within two to four weeks after your surgery, although this will vary from person to person. We recommend that you build up gradually to more strenuous tasks such as housework or gardening. You may need to ask someone to help you for the first couple of days as it is important that you get plenty of rest and that you set aside some time during the day for this.

Returning to work

Depending on the type of work that you do, you may be able to return to work within two to three weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about making a gradual return to work. If your job involves heavy lifting, then you may not be able to do so for at least 6 weeks.

Sport

Many sports can be resumed at about four weeks. If the sport involves strenuous abdominal recruitment such as gym weights, crunches, it is probably advisable to recommence these activities gradually about 8 - 10 weeks after surgery. You should refrain from lifting heavy objects for 6 weeks after the surgery.

What should I look out for?

Once you are at home after surgery, it is important to check your wounds. If your abdominal skin becomes red, swollen and painful or there is a discharge please contact the hospital immediately.

Follow-up appointments

On the day you go home you will be given to see Miss Hazari, usually at a week after the surgery to check your dressing and a further appointment will then be made, to make sure everything is settling down.

Notes...

Any questions you may have.

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