

## Inner Thigh-Lift

Inner Thigh-lift is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body-contouring surgery until they have reached a stable weight.

Inner Thigh-lift can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or other elective surgeries.

### Who is a good candidate for Inner Thigh-Lift?

- Women and men who have loose, flabby, and hanging skin folds of the inner thighs after having lost significant weight and who can accept some scarring as a trade-off for having firmer, tighter, and smaller upper inner thighs, are good candidates for Inner Thigh Lift. However, you have to be sure that you are willing to trade your loose inner thighs for permanent scars. Among this group is a growing population of adults who have had massive weight loss and result in significant loose skin at the inner thighs after Bariatric surgery.
- However, some women develop flabby inner thighs as a result of aging and loss of skin elasticity. The skin does not tighten or tone up irrespective of the amount of exercise.

### Who are not good candidates for Inner thigh Lift?

- If the main problem is heavy inner thighs due to excess fat, then *Liposuction* may be a better option, at least initially. However, success of liposuction will depend on the ability and elasticity of skin to shrink back.
- People with *Hidradenitis Suppurativa* of the groins and inner thighs. Hidradenitis is a condition where there is persistent ongoing infection of the sweat glands. As there is a significant infection in the groin and inner thighs with pus discharge, it is not wise to undergo surgery due to a significantly increased risk of infection of the surgical wounds, until the Hidradenitis has been treated adequately.
- Patients after removal of melanoma skin cancer and groin lymph node dissection. Lymph fluid from the lower extremities drains to the groin lymph nodes. These are mostly removed with groin lymph node clearance at the time or after melanoma skin cancer surgery. Further surgery on the inner thighs, such as a thigh lift, can damage the lymphatic drainage of the lower limbs increasing lymphoedema (swelling of the due to inadequate lymph drainage).

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## Liposuction vs. Inner thigh-lift ?

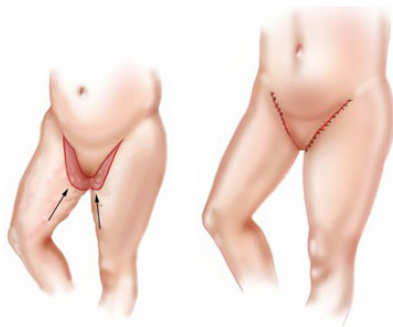
Liposuction may be a surgical alternative if there is good skin tone and localized fatty deposits in an individual of normal weight. There are many individuals who are not obese, but who have lost some weight as a result of exercise or dieting. However, the weight loss alone may not address the "flabbiness" and size of their inner thighs. If these patients still have relatively good skin elasticity, it is possible to tighten the inner thighs with Liposuction, which removes the remaining excess fat. On the other hand, if the patient has lost significant amount of weight, and has poor skin elasticity along with excess skin folds, the only viable option is to undergo an inner thigh-lift.

Patients with loose and flabby inner thighs as a result of aging or poor skin elasticity will not benefit from Liposuction alone. These patients will need to undergo excision surgery such as an inner thigh-lift.

## How prominent are the scars?

There are 2 types of inner thigh lifts.

With minor to moderate skin laxity restricted to the upper part of the inner thigh, the scar is hidden in the groin crease. However, the scar will drop with gravity and can result in eversion of the introitus (labia).



With moderate to severe skin looseness, a vertical scar inner thigh-lift may be advisable. A long scar will extend the length of the inner thigh, from the groin to the upper part of the inner knee. Most scars will be red and lumpy for some months and fade over a year or so.



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However, only the location of the scars is predictable. The intensity, color, and thickness of the scars are not predictable, despite skin tone or ethnicity. Accepting the permanency of these scars is the biggest predicament for many patients.

For the majority of patients, however, losing their loose inner thigh skin makes the scars tolerable. Patients who do not regard this as a good "trade off" should not undergo surgery.

### **What are some of the benefits of Inner Thigh-Lift?**

Most patients seek aesthetic improvements – inner thighs that are once again firm. Benefits also include an end to the rashes and sweaty areas that develop when excess inner thigh skin sticks to the opposite inner thigh in hot weather, an improved ability to exercise and the ability to wear clothes comfortably.

### **Will Inner Thigh-lift Lift improve my muscle tone?**

While it reduces flabbiness and improves contour, you will need to exercise regularly to firm the muscle beneath the skin. It will be helpful to do so before the procedure, as well. Inner Thigh-lift in itself will not improve muscle tone.

### **What are the different types of Inner Thigh-Lift?**

The extent of an Inner thigh-lift and the length of the scars depend on the amount of excess skin as well as its location.

For instance, if most of the excess hanging skin is located very close to the groin and does not extend more than few inches away from the groin crease, it is possible to pull up and tuck this excess skin into the groin crease. In other words, the excess skin is gathered up towards the groin crease, excised, and the final surgical scar would end up looking like a long semi-circular line which is hidden in the groin crease and extending upwards and is a *Standard / Traditional Inner Thigh-lift*.

For those who have much greater excess skin, especially after massive weight loss, the only viable option is complete removal of the entire length of the inner thigh flab from the groin crease to the level of the overhang. This procedure would be considered a *Vertical Scar Inner thigh-lift*.

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## How is an Inner Thigh- Lift performed?

Miss Hazari usually performs limited Liposuction of the inner thighs in order to better contour and prepare the inner thighs for a lift. The incision extends from the groin along the thigh on the inside of the inner thigh. The excess skin is completely excised. First, the deep layers of the wound and then the more superficial, and finally the skin wound is closed with mostly dissolvable sutures. Before closure, drains are placed and brought out through small holes. The final scar is a T-shaped line (or L shaped) with the long limb going along the length of the inner thigh, and if required, the short limb extending across the groin crease. The scar runs along the mid inner thigh or its 'seam'.

## What are the risks and complications of an Inner Thigh-Lift?

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you completely understand all possible consequences.

**Bleeding** – It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury.

Minor complications arise in approximately 40 percent of Inner Thigh-Lift cases. These included: fluid collection under the skin, poor scarring, skin infection, abscesses under the skin and wound separation.

**Infection** – Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

**Change in Sensation** – It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation after an inner thigh-lift. Diminished (or complete loss of skin sensation) may not totally resolve after surgery.

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**Skin Contour Irregularities** – Contour irregularities and depressions may occur after Inner thigh-lift. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility as is skin pleating, when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Skin Discoloration/Swelling** – Bruising and swelling normally occurs following an inner thigh-lift. Although uncommon, swelling and skin discoloration may persist for several months.

**Skin Sensitivity** – Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Sensation of Tightness** - There can be a sensation of the inner thigh skin being tight. Usually this feeling subsides over time.

**Sutures** – Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

**Fat Necrosis** – Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Damage To Deeper Structures** – There is the potential for injury to deeper structures including, nerves, blood vessels, muscles during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed.

**Scarring** – All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations and "bunching" due to the amount of excess skin. Scars may be asymmetrical (appear different between right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

**Asymmetry** – Symmetrical body appearance may not result from an inner thigh-lift. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their body before any surgery is performed.

**Delayed Healing** – Some areas of the inner thigh may not heal normally and may take a long time to heal. This may require frequent dressing changes or

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further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

**Seroma** – Fluid accumulations infrequently occur between the skin and the underlying tissues. Should this problem occur, it might require additional procedures for drainage of the fluid. To decrease its incidence, you will be required to wear a compression / pressure garment for 6-8 weeks following surgery.

**Swelling** - generally takes three to six months to disappear.

**Pain** –Pain of varying intensity and duration is expected after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after an inner thigh-lift.

**Unsatisfactory Result** – Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of inner thigh-lift surgery. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars.

**Use of Arnica** There is anecdotal evidence that use of Arnica may significantly decrease the bruising and healing time. There are many formulations from different companies. You may wish to use Arnica tablets in the peri-operative period.

### **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 test and if indicated an ECG (electrocardiogram - heart tracing) and 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.

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**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 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 inner thigh 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 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, dressings and pressure garment**

Wound drains may be 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 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. You will be in a **pressure garment** and will be asked to wear this for 4-6 weeks after surgery, to help the newly sculpted skin adhere to the underlying tissue. Keep your legs elevated with pillows to minimize discomfort while you heal.

### **What should I do when I get home?**

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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.

### **Returning to work and exercise**

Depending on the type of work that you do, you may be able to return to work within two to three weeks. Many sports can be resumed at about four weeks. If the sport involves strenuous workouts, it is probably advisable to recommence these activities gradually about 8 -10 weeks after surgery.

### **What should I look out for?**

Once you are at home after surgery, it is important to check your wounds. If your 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.

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**Notes.....**