

Abdominal Reduction

Abdominoplasty/Tummy Tuck | Patient Information

What is Abdominoplasty?

Abdominoplasty, sometimes referred to as a 'tummy tuck' is a surgical procedure whereby excess skin and fat is removed, abdominal contours are improved, and muscles tightened. The appearance of existing localised scarring, for example from a caesarean section, can also be improved during the surgery. Different (and combinations of) surgical techniques are used to address the individual concern of each patient most effectively.

What do the different Abdominoplasty techniques entail?

Standard Abdominoplasty- 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. 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. 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.

Lipoabdominoplasty- combines standard abdominoplasty with liposuction. This dual approach to sculpting the abdomen is becoming increasingly popular and often gives an enhanced outcome. It not only allows patients to have skin tightened, but excess fatty tissue can be removed to reduce fullness, improving contour around the abdomen and other areas. In conventional abdominoplasty, the skin and fat are mobilised by gently lifting them from the underlying body wall, whereas in lipoabdominoplasty the fat is reduced, and skin mobilised by performing liposuction.

Mini-Abdominoplasty- surplus skin just above the pubic area is removed leaving a low abdominal scar at the level of the pubic hair. The umbilicus is not disturbed and there is no tightening of the umbilicus.

Fleur-de-Lis Abdominoplasty- an extended abdominoplasty in which an additional vertical ellipse of skin and fat is removed enabling horizontal skin tightening to take place in addition to vertical. This results in a scar extending from the breastbone to the horizontal lower abdominal scar.

Lock and Glue Abdominoplasty- the skin flap is locked and glued down to the abdominal wall after the abdominal muscle has been repaired or tightened and excess skin removed. This reduces the dead space where blood and body fluids can collect, removing the need for drains. The locking sutures also creates better definition.

Which, if any procedure is right for me?

A detailed consultation with your consultant plastic surgeon is essential prior to undergoing any surgical procedure. During the consultation, your surgeon will discuss your area/s of concern, desired improvements, options available (including no treatment at all) and expected outcomes. Your surgeon will examine you and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination and ask you to sign a consent form for taking, storing, and using the photographs. The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation. If you decide to proceed with surgery, you will be given a 'cooling-off' period of at least 2 weeks between initial consultation and the date of your operation to ensure you have ample time to reflect on all aspects of the procedure before proceeding (although please bear in mind the waiting lists for our surgeons mean this period is invariably significantly longer).

How is the procedure carried out?

Should a surgical abdominal reduction be agreed upon as the most suitable course of treatment, the procedure will be carried out by your surgeon in our state-of-the-art operating theatre. Prior to surgery, the skin is carefully marked. Following surgery, the skin edges are closed with dissolvable stitches and dressings are applied. Abdominoplasty surgery is usually performed as a day case under a general anaesthetic or twilight anaesthesia. Our highly experienced medical team will be on hand during your stay to care for your needs.

Recovery and aftercare

Following abdominal reduction surgery, patients can expect considerable bruising which will be uncomfortable and at times, painful. Some people bruise more easily than others. The discoloration of this bruising will usually last for about a month, but the lumpiness and swelling of deep bruising can take up to 6 months to disappear. It is common for the surgical site/s to ooze a little, this is usually associated with the local anaesthetic discharging but can look a little pink. Swelling at the treatment site should be expected for at least 10 days. You must expect to be left with noticeable scars. The main scar runs transversely across the lower part of the abdomen and in a standard abdominal reduction there will be a scar around the umbilicus. Other or different scars may be left where the patient has individual problems. You can expect some numbness in the treated skin which tends to last for several months. Lipoabdominoplasty patients will have additional small scars at the site of insertion of the suction cannula. Depending on the technique used, some

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patients will only need to take a few days off work, whereas others may necessitate 7-10 days off work. Specific expectations on recovery time will be discussed during both initial and post-operative consultations. Light activities are comfortable in 10 to 20 days. Sports will not be possible for about 6 weeks particularly when the muscles have been strengthened with sutures. Showering is permitted on the second post-operative day. You are likely to need simple pain killers for a day or so after the operation and you will probably be asked to return a week after surgery to have sutures removed. A snug pressure garment or corset is usually advised around the lower part of the body. This is used to reduce bruising but can be taken off to wash, quickly dried and put back on. You can take this opportunity to bathe yourself. The corset is usually worn for 2 to 6 weeks.

Risks and Complications

All surgical procedures are associated with risks. Your surgeon will explain these in detail during initial consultation, enabling you to reach an informed decision on whether you wish to proceed. Serious complications are uncommon, however patients should be aware of the following complications prior to undergoing liposuction-

- Anaesthesia risks
- Bleeding
- Infection
- Poor scarring of skin
- Fluid accumulation (seroma)
- Pain, which may persist
- Possibility of revisional surgery
- Numbness

Other Considerations

It is important for patients to understand that abdominal reduction is not a treatment for obesity. The amount of skin and fat that can be removed from a localised area is limited by what is safe and there is a natural limitation when no further fat can be removed. It may not, therefore, be possible to slim down an area as much as you might like. The skin is usually tightened downwards, and this does not tighten the waist. If this is desired then one can consider removing skin vertically, but one should bear in mind that vertical scars of the abdomen are not as good. The tissue of the abdominal wall is generally fatter than the groin and if liposuction is not carried out a fatty bulge may remain above the scar. The beneficial effects of the operation will last well, however, the effects will be maintained better if the patient keeps exercising the muscles and maintains a steady weight. A further pregnancy will of course stretch the skin again, although probably not to the same degree. Patients with a BMI of more than 25 will not achieve an optimal result as the skin flaps are thicker and there is more intra-abdominal or

visceral fat. Patients with a BMI of more than 30 are generally advised against having surgery until they have lost some weight.

Results

The results of all types of abdominal reduction surgery are not immediately visible as swelling can take a long time to settle, you may not see the full benefit of the operation for up to 6 months. Over time, post-surgical swelling will subside, and incision lines will fade. Satisfaction with your new image should continue to grow as you fully recover from surgery. To achieve optimal results, it is important that you follow your surgeon's post-operative instructions and follow-up visits.

Cost

Prices for abdominoplasty surgery can vary. Costs may include-

- Anaesthesia fees
- Hospital or surgical facility costs
- Medical tests
- Post-surgery garments
- Prescriptions for medication
- Surgeon's fee

After consultation and if you are planning to proceed with surgery, you will be given a written quotation regarding the cost of the planned procedure.

Alternative treatments

Depending on your specific needs and concerns, alternative surgical and non-surgical alternatives to abdominoplasty may be considered. In the case of improving contour and reducing localised fat, liposuction alone may be a preferable option. Cryolipolysis (or CoolSculpting, often referred to as fat freezing) which uses carefully controlled, cold temperatures to remove fat cells is a non-surgical option you may also wish to explore. Where skin tightening is the main concern, non-invasive treatments such as Ultherapy and Exilis may also offer a degree of benefit.

If you experience any problems or have concerns following surgery, please do not hesitate to call our direct patient line for assistance on 07908 891059.

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Pre-Operative Preparations

6 week period before surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

4 weeks before surgery-

Stop taking the contraceptive pill and HRT 4 weeks before surgery if this has been advised by your Surgeon or anaesthetist.

2 weeks before surgery-

We would recommend that you start taking Arnica anti-bruising tablets, three times a day, 2 weeks prior to and 2 weeks after surgery. These are available from several health and wellbeing stores, including Holland & Barratt.

1 week before surgery-

Avoid aspirin, ibuprofen, nurofen and other similar painkillers one week before and two weeks after surgery. Paracetamol is the safest painkiller to take, if necessary.

Stop taking Vitamin E and its compounds (such as evening primrose oil, fish oils, garlic and garlic capsules) 1 week before surgery and 2 weeks after surgery. Taking Vitamin E in any form can cause bleeding and post-operative complications.

1 day before and on the day of surgery-

Shower all over (including your hair and face) with Hibiscrub antiseptic liquid soap (provided on prescription from Coppergate Clinic) the day before and morning of your surgery before coming into the clinic. Do not apply moisturiser after showering.

Day of surgery-

Avoid eating solid food and milky drinks for 6 hours prior to your appointment for sedation. Water, clear drinks, black tea and black coffee can be consumed for up to 2 hours before your sedation/general anaesthetic.

Take your routine medicines at the usual time, unless advised otherwise and bring them with you (including inhalers).

Ensure at least one nail is free from acrylic or nail polish nails as a monitor will be placed on a finger.

Bring loose fitting, oversized clothing to wear after surgery.

Post-Operative Instructions

Average length of stay-

The surgery will be performed as a day case under a general anaesthetic or twilight anaesthesia unless your Surgeon advised otherwise during consultation. **If you live further than a 1 hour drive from the clinic, it is mandatory to stay in the vicinity until the following day.**

6 week period after surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

0-2 weeks after surgery

- It is essential to ensure activity is kept to a minimum and to rest as much as possible
- Wear the provided compression garment and TED stockings day and night, except for when showering
- Shower if you wish, but please be as quick as possible and do not linger. Dressings should be gently patted dry before the compression garment is put back on. At your follow up appointment, your surgeon will guide you on when leisurely showers and baths may resume
- Take Paracetamol as required (avoid aspirin, ibuprofen, nurofen and similar painkillers)
- Drink plenty of fluid to replace fluid removed during liposuction

0-12 weeks after surgery

- Once well-healed, apply micropore tape to scars. The tape should stay on during showers and bath and be patted dry afterwards. Tape should not be removed and replaced until it is very loose and almost falling off. Frequent removal and replacement of tape may irritate the scar.

2 weeks after surgery

- Gentle activity may resume (for example driving) but do listen to your body- it will tell you if you are overdoing things

2-4 weeks after surgery

- Wear the provided compression garment during the day

3 weeks after surgery onwards

- Moisturise and massage the umbilical scar after it is well healed

6 weeks after surgery onwards

- Static exercises such as cycling, cross training and progressive walking may resume

6-12 weeks after surgery

- Swimming and more strenuous exercise may resume, as advised by your surgeon at your follow up appointment

12 weeks after surgery onwards

- Moisturise and massage the abdominal scar and abdominal tissue

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