



MD AESTHETICS

Abdominoplasty

What is an Abdominoplasty?

Otherwise known as a “Tummy tuck”, this is an operation to remove loose skin and fatty tissue of the abdomen (tummy) in order to create a flatter tummy and often less stretch marks – the underlying rectus (6 pack) muscles are sometimes tightened at the same time if they have become separated in the middle through such things as pregnancy.

Who may benefit from an Abdominoplasty are those who:

1. Have an excess of skin +/- fat on the abdominal region following weight loss or post-bariatric surgery
2. wish to create a more proportionate figure
3. desire a ‘flatter’ abdomen
4. wish to rid themselves of scars or stretchmarks visible on the abdomen from previous operation(s) &/or pregnancies.
5. Have a separation of the rectus muscles (rectus diastasis) resulting in a bulge when sitting up in the central abdomen or of the lower abdomen beneath the belly button
6. want to improve self-image and esteem
7. want to have the confidence to wear certain clothing – usually tighter fitting garments

Abdominoplasty is **NOT** an operation to help you lose weight – this should be done through diet and exercise beforehand.

How is the operation performed?

The operation is carried out under a General Anaesthetic (you are asleep) and takes around three hours. An incision is made from hip to hip above your pubic region through which your skin and fat are freed off from the underlying muscle wall. A further incision around your belly button allows this to be left where it is. The abdominal skin is then stretched downward towards the incision in the pubic area and any excess is removed and the two wound edges stitched back together. A small piece of skin and underlying fat is removed at the position of your belly button and this is then brought through and stitched back in place.

If required, your tummy muscles will be stitched back together, leaving your muscle wall tighter whilst at the same time bringing the waist in slightly.

Sometimes this procedure is combined with liposuction to remove any excess fat or bulges in order to try to achieve the best possible outcome – this is known as Lipoabdominoplasty or the ‘Brazilian tummy tuck’.

All sutures used are dissolvable and under the skin, the skin surface is sealed with a skin glue and then a non-allergenic tape used to support the wound over the top of the glue.

What happens after surgery?

You will be required to wear a compression garment and abdominal binder after surgery (Mr Davis advocates LipoElastic® garments) for a period of at least six weeks.

You should expect to stay in hospital at least one night after surgery, sometimes two. For the first couple of weeks after surgery you will be asked to sleep with a couple of pillows under your knees and an extra pillow or two under your head so as to remain slightly bent at the waist – this helps to take the tension off the abdominal wound whilst it is healing and thereby try to optimise your results. Similarly, it is advised that you walk slightly bent over at the waist for the same reason for the first couple of weeks.

You will be encouraged to shower one day after surgery, however you are to dab your wounds and dressings dry, let them dry naturally or to use your hairdryer on a cool setting to blow them dry – you are NOT to rub your wounds for one month after surgery.

After two weeks you will be asked to apply moisturiser over your scar on a daily basis for a period of three months.

You will come for a wound check one week after your surgery with Mr Davis and return to see Mr Davis in clinic between six and ten weeks after surgery – earlier if required. Further follow-ups will be arranged at around six months after surgery or as necessary.

It is sometimes necessary to drain fluid collections, known as seromas, that can accumulate under your skin on top of your muscle wall whilst in clinic. This usually settles within weeks as your skin and soft tissues scar back down on to the muscle wall.

Potential risks

- *Bleeding & Haematoma*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your abdominal area and avoid strenuous exercise.

If a bleed under the skin occurs you will usually become swollen and tender and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Seroma*

This is the most common complication following abdominoplasty and results in fluid accumulating under your skin resulting in a bulge and palpable fluctuation/fluid moving. It is treated in clinic by using a needle and syringe to aspirate the fluid. This

can re-accumulate and require further drainage in clinic until the skin and soft tissues have scarred back down on to the muscle wall.

- *Infection*
Whilst not common, should it occur your abdomen may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics. Very occasionally an infection can result in part(s) of the wound coming apart – this is managed by a regular change of dressings and showering, and will be allowed to heal by itself over the subsequent four-to-six weeks and kept under review in clinic.
- *Scars*
Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.
- *'Dog ears'*
These are little areas of skin and underlying fat/tissue that cause skin at the ends of your scars to sit a little proud. Often these settle with time and massage however occasionally they require removing under a local anaesthetic.
- *Altered abdominal sensation*
As a result of lifting your skin off your muscle wall and then stretching it down towards your pubic region, the nerves supplying your skin are stretched and some cut resulting in a large area of skin on your abdomen feeling numb. With time this will recover but can take up to two years and may never fully recover. It is common that the area just above your scar line will be permanently numb, especially around the pubic region. For this reason, you should avoid the use of items such as hot-water bottles so as not to burn yourself unwittingly.
- *Lateral cutaneous nerve of the thigh sensation loss*
Very rarely the small nerves that pass over your pelvis near your sides are damaged during surgery resulting in the sensation being lost on the front of your thighs, in the area you would feel if you put your hands in your pockets.
- *Skin necrosis*
Very rarely the blood supply to the skin of the abdomen can be compromised resulting in skin dying - Should this rare event occur it is managed with dressings until healed. Very occasionally the resulting scar requires revising.
- *Loss of umbilicus (Belly button)*
Very rarely some of the belly button can die-off as a result of the blood supply to it being interfered with during surgery. Even more rarely the whole belly button can be lost. Should this occur then a new belly button can be refashioned/reconstructed. Occasionally the scars that form around the belly button can contract and cause the belly button to shrink in size.

- *Wound breakdown*
 Very occasionally some of the wound can come apart for a multitude of reasons. This is almost always small enough to manage conservatively with dressings, allowing nature time to heal the area. Should any scar that forms be unsightly or an issue then this can always be revised at a later date, often under a local anaesthetic such as those used by the Dentists if putting your teeth to sleep for a filling etc.
- *Fat necrosis &/or lumpiness:*
 When the abdominal tissue is mobilised its blood supply can become compromised, resulting in some fat tissue dying off (necrosing). This presents itself as a firm lump or lumpiness under the skin, and will usually settle by itself over the subsequent months. Very occasionally the old liquid fat can discharge itself through a hole in the scar/wound, requiring regular dressings until it settles and heals itself. Very occasionally the fat will calcify requiring further surgery to excise it. This can also occur after liposuction.
- *Asymmetry*
 No two sides to the abdomen are ever completely symmetrical. Despite best efforts to make the abdomen and scars as symmetrical as is possible, minor asymmetries will remain after surgery. Very occasionally a notable asymmetry can occur that requires further surgery to adjust volume, shape or nipple position. This can also occur after liposuction.
- *DVT/P.E.*
 Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. As a way of reducing the risk you will be required to wear compression (TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to keep as mobile as is possible and to stay well hydrated.
- *Swelling &/or bruising*
 Swelling will almost certainly occur naturally and can take months to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.
- *Future loose skin or excess fat volume if weight lost or gained*
 Should you lose or gain excessive weight after your surgery or go through a pregnancy (where applicable) then your skin may stretch again and thus affect your results.
- *Further surgery in the future – this is likely to incur more costs*