



MD AESTHETICS

Belly Button correction (Umbilicoplasty)

What is an Umbilicoplasty?

Otherwise known as corrective belly button surgery, this is an operation to adjust the shape and/or size of your belly button (umbilicus)

Who may benefit from an Umbilicoplasty are those who:

1. Have an outie or innie belly button
2. Have an umbilical hernia
3. Belly button has stretched during pregnancy
4. want to improve self-image and esteem
5. want to have the confidence to wear certain clothing (e.g. Bikinis) that shows off their midsection
- 6.

How is the operation performed?

The operation is carried out under a local (awake) or General Anaesthetic (you are asleep) and takes around an hour. Pending what needs to be done, an incision is made in or around your belly button and the defect/deformity corrected

It is usual that sutures used are dissolvable and under the skin, although on some procedures you may require internal non-absorbable stitches. The skin surface is sealed with a skin glue and then a non-allergenic tape or dressing used to support the wound over the top of the glue.

What happens after surgery?

You will be able to go home shortly after your surgery if performed under a local anaesthetic, or around 4 hours after a general anaesthetic.

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 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 skin and soft tissues around your umbilicus 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.

- *Altered sensation*

As a result of the surgery small sensory nerves that supply the skin can be damaged resulting in numbness to your belly button and/or surrounding skin. With time this should recover but can take up to two years and may never fully recover.

- *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 settle and heals itself. Very occasionally the fat will calcify requiring further surgery to excise it. This can also occur after liposuction.
- *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.
- *Recurrence*
Very rarely your outie, innie or hernia can recur requiring further surgery to re-do the repair should you desire it.
- *Further surgery in the future – this is likely to incur more costs*