



MD AESTHETICS

Brachioplasty (Arm Lift)

What is Brachioplasty?

Brachioplasty, or 'Arm lift' as it is more commonly known, is an operation that removes loose skin from the arm – the hanging skin often referred to as “Bingo wings”.

People that may benefit from a Brachioplasty are those who:

1. have loose skin or skin and fat on the arm, between the armpit and the elbow, that won't tighten with exercise
2. want to improve self-image and esteem

How is the operation performed?

The operation is carried out under a General Anaesthetic (you are asleep) and takes around two hours to complete. All patients will have a scar between the armpit and elbow, usually hidden in the inner-arm shadow. The scars can sometimes extend beyond the elbow onto the forearm or down into the armpit onto the side of the chest depending on how much and where the loose skin and folds are that are to be removed. Excision of the skin is sometimes preceded by a small amount of liposuction. All sutures used are dissolvable.

The technique employed to give you the best results will be discussed with you by Mr Davis in clinic.

It is not uncommon that you can go home the same day as the surgery, but occasionally a single night in hospital is advised depending upon multiple factors such as your overall medical health, distance to home from the hospital, who is at home with you etc. – this will again be discussed and agreed upon in clinic when you consult with Mr Davis.

What happens after surgery?

You will be required to wear post-operative compression garment on each arm (Mr Davis advocates LipoElastic® garments) for a period of six weeks. You will be encouraged to shower twenty-four hours after surgery, however you are to dab your wounds 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/scars 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 and routinely return to see Mr Davis in clinic between six weeks after surgery, and again after three months. Further follow-ups will be arranged as necessary.

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 arms 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 a collection of 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.

- *Infection*

Whilst not common, should it occur your arm(s) 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.

- *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.

- *Blood vessel & or Nerve damage*

Travelling through the arm are very important nerves and blood vessel that supply blood to the forearm and hand – Damage to these structures can result in loss of movement &/or sensation to all or part of the forearm and hand.

- *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.
- *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. Scars can occasionally migrate with time, thereby moving to a more visible position.
- *Altered arm sensation/numbness*
As a result of the surgery small nerves supplying sensation to the skin can be stretched and cut resulting in the skin on your inner arm and beyond becoming numb – this usually recovers within months but can remain permanently numb or reduced.
- *Skin necrosis*
Very rarely the blood supply to the skin of the arm 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.
- *Asymmetry*
No two arms are ever completely symmetrical. Despite best efforts to make the arms and resulting 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.
- *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.
- *'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.
- *Future loose skin or excess fat volume if weight lost or gained*
Should you lose or gain excessive weight after your surgery then your skin may stretch and become loose and hanging again and thus affect your results.