

# PROCEDURE NOTES

## Abdominoplasty

Abdominoplasty, or "tummy tuck" is an operation to deal with slack abdominal skin, weakness of muscles and excess subcutaneous fat. Women who have had children are the usual candidates for this operation; however, women and men alike who have lost a lot of weight may also be candidates. Previous abdominal surgery, especially with scars below the navel may also be an indication. The presence of a thick layer of abdominal fat on its own, without skin excess, may be helped by liposuction alone, providing that the skin has sufficient elasticity. Very often, skin laxity and fat excess co-exist, and in these cases abdominoplasty is combined with liposuction to obtain the best result. The use of liposuction combined with abdominoplasty can improve overall results.

Abdominoplasty is major surgery and patients scheduled for this operation have to be fit and well. In particular they should not be anaemic and have no previous history of deep vein thrombosis or embolism. Because of advances in operative techniques it rare for patients to require transfusion after surgery and therefore blood cross-matching is not undertaken as a routine.

The operation is carried out under general anaesthesia and can take approximately two hours. The surgeon injects quantities of fluid under the abdominal skin to reduce bleeding and, if required, will carry out liposuction to thin the layer of fat. An incision is then made in the lower abdominal skin crease, just above the pubic hair, extending from hip to hip. The skin is then lifted off the muscle as far as the rib cage, and the navel left attached to the abdominal muscles. Where abdominal muscles are weak, or if there is a true hernia, a repair is carried out to produce a stronger and flatter abdomen. The skin is pulled down and excess removed. The upper skin is then sutured to the bottom incision. Drains are usually left inside the wound to remove any excess blood and fluid and are removed 24 to 48 hours later. If drainage of fluid persists it may be necessary to leave drains in longer. Bed rest is required for the first two days and then the patient is gradually mobilised. Sutures are removed 7 to 10 days after surgery. Return to full activity will take between four to six weeks. Swelling will last for six or more months to settle. Scars take up to one year to mature and fade.

In some cases, if the navel is placed very high and only the skin below it is lax, it may be possible to use a less extensive procedure called mini abdominoplasty. Apart from being less extensive it has the advantage of producing a shorter scar. This may be more suitable in younger women.

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Abdominoplasty is subject to complications like any other surgery and the surgeon will discuss these:

1. Bleeding: this usually occurs shortly after surgery and is one of the reasons why patients are kept in hospital for a minimum of 24 hours. It may necessitate removal of blood collection from under the skin.
2. Infection: although very uncommon, this complication may need treatment with antibiotics and drainage if there is a collection of infected fluid.
3. Fluid collection: in some cases fluid can accumulate under the abdominal skin and will need to be drained on one or more occasions until no further fluid forms. This problem is usually of a self limiting nature. Should the formation of fluid persist it can result in a permanent cavity called a "pseudo-cyst". This thickened scar tissue may have to be excised one year, or later, after surgery.
4. Poor wound healing: blood supply to the skin may sometimes be compromised because of tightness of wound closure or because of persistent smoking. This may lead to prolonged healing and an unfavourable scar that may, at a later stage, have to be revised.
5. Scar: some patients may have a tendency to form thick or even keloid scars and these will require treatment with steroid injections, and may even have to be revised at a later stage.
6. Numbness: loss of sensation in the lower abdomen is common after abdominoplasty. This gradually decreases but a small area above the scar may be numb permanently.
7. Muscle weakness: in spite of muscle tightening sometimes the abdominal muscles may still bulge. This is because they were weak prior to surgery. Specific abdominal exercises are the only effective remedy for this problem. It is also important that body weight is maintained, or reduced, after surgery because intra-abdominal fat may cause bulging.
8. Deep vein thrombosis/pulmonary embolism: these complications can occur after any surgery but abdominal operations are more prone to this complication. Because of the risk of bleeding usual preventative measures, such as thinning of blood, are not used in this operation. However, every patient has special inflatable stockings which intermittently massage calves during and after surgery. It is also important to avoid lying in bed for too long and avoid long-haul flights for 4-6 weeks.

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**As in all surgery it is essential to see a surgeon who will be able to tell you whether your problem can be remedied by surgery, and what the risks are. Thereafter you will be in a position to decide whether you should go ahead or not.**