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ARM LIFT OR BRACHIOPLASTY

Brachioplasty is a procedure to remove excess skin and fatty tissue from the upper arm.

Arm tissue relaxes and descends with aging, gravity, and weight loss. Especially after significant weight loss, most people are left with stretched and excess skin that no amount of exercise will improve. One area particularly affected is the upper arms, where women tend to store excess fat and have less supporting muscle tone.

The drooping of skin is from a stretching of the anchoring fascial system and loss of supporting fat. The extra sagging can result in a significant "loose hammock" like deformity from the axilla to the elbow. Some call this a "bat wing" deformity. Also, if the skin has poor elasticity and will not contract with conventional liposculpture then brachioplasty is indicated

Brachioplasty: The Surgery

It involves excision of skin along the lower border of the arm and will leave a thin scar along the inside of the arm.

There are different degrees of ptosis (drooping) deformity. Brachioplasty arm reduction surgery can remove the excess tissue and reduce the circumference of the upper arm. Surgical correction depends on the amount of extra skin and how loose the supporting tissues have become. Extra skin is removed from incisions along the inner arm. The incision must be placed where the tissue can be best tightened.

The most common incision extends from the elbow to the axilla. This permits the excision to maximally address the redundant skin in the middle of the arm. Modification of the incision may be necessary to limit scar contracture in the axilla.

Surgical sculpture involves not just the superficial skin, but also the deeper attachments that have loosened.

A combined excision can sometimes limit the length of the scar between the elbow and axilla. In cases where there is loose skin of the lateral chest, the incision can be extended to deal with the extra tissue there.

Before surgery markings help guide the excision. The actual incision may curve or zigzag to minimize scar contraction. [Liposuction](#) can be useful to contour the fat layer. A skinny rubber drain may be used after surgery to remove fluids.

Brachioplasty: The Risks and Possible Complications

Because of the level of the incisions, visible scars can be a major concern. It becomes a choice between the loose wobbling extra skin and the scar from the excision. Meticulous surgical technique, after surgery scar care can limit the degree of scarring. Clothing style can help camouflage some of the scar, but not the loose skin before surgery. Other possible complications include persistent swelling of the arm, infection, bruising, and bleeding. Nerve injury can result in numbness and change in feeling.

This surgery is not suitable after mastectomy or operations in the axilla lymph nodes. Those with multiple infections of the sweat gland may also not be candidates for brachioplasty. Drainage of the arm may already be impaired, and further surgery may lead to permanent arm swelling.

Anaesthesia

This operation is usually done under general anaesthesia or local with sedation. The choice depends on the extent of the operation but most are more comfortable having this done asleep.

After Surgery Care

Recovery takes one to two weeks, depending on what was done. Swelling is generally mild to moderate, and peaks at 2 to 3 days. While each person's recovery is unique, bruising and swelling after an arm lift generally lasts 1 to 2 weeks. You'll probably be able to return to work in a week, and resume exercise within 2 weeks. Strenuous workouts and contact sports can be engaged in after about four weeks.

The dressing may be extensive with elastic support or something smaller. You will need to protect the incisions after surgery. Limiting lifting is important. Elevation with pillows increases comfort. It can take 6 months or more to see how the scars will evolve.

Patients benefit from improved balance and proportion in the contour of the arm, often resulting in greater confidence and comfort in clothing.

Brachioplasty is subject to complications like any other surgery and these will be discussed by the surgeon:

- 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 pus.
- 3. Fluid collection:** in some cases, fluid can accumulate under the abdominal skin, and will need to be drained on one or several occasions until no further fluid forms. This problem is usually of a self-limiting nature.
- 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 which 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:** It is not uncommon to lose some sensation above the scar. Some of it will return in time but some numbness will remain.
- 7. Bleeding:** this is a rare complication
- 8. Infection:** although very uncommon, this complication may need treatment with antibiotics and drainage if there is a collection of pus.
- 9. 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 which may, at a later stage, have to be revised.
- 10. Scars:** 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.

It is important to consult with a surgeon if you are contemplating brachioplasty. Only he or she can advise you whether this operation is going to achieve the result you expect from it, and will discuss the pros and cons of surgery. Only then you are in a position to decide whether you want to go ahead with the surgery.