

Abdominoplasty (Tummy Tuck) Information Sheet

Abdominoplasty or 'Tummy Tuck' is the surgical procedure performed to improve the shape and contour of your tummy. The operation is undertaken to remove excess skin, unwanted scars, stretch marks, fat and can tighten the stomach muscles. Any plastic surgery operation is a very personal choice and understandably, there are a number of questions that naturally arise. This information sheet is a general guide for patients undergoing abdominoplasty under the care of Mr Paul Harris. It should answer some questions that you might have about an abdominoplasty, although you may have already discussed many of the points below with Mr Harris at your consultation.

There are many additional factors that can have an effect upon your individual operation, your recovery and the long-term result. Some of these factors include your overall health, previous surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed further and are not covered here. Please feel free to ask Mr Harris any additional questions before you sign the consent form.

Who is suitable for an abdominoplasty?

The skin and muscles of the anterior abdominal wall are stretched during pregnancy and whilst in some people this returns to normal, in the majority of cases some loose skin and some abdominal wall muscle weakness will remain. In some patients the deep layers of the skin are also overstretched resulting in stretch marks or striae. Whilst exercise and diet can help with this situation, most patients can only be improved by surgery both to tighten the underlying muscles and to remove the excess skin. Similarly, an increasing number of patients require surgery following substantial weight loss. This is often the case after a gastric banding or bypass operation.

In addition, as part of the normal ageing process there is a redistribution of fat often resulting in fat deposits around the lower abdomen and hips. It may be possible to remove this by fat suction alone, but abdominal reduction in the form of a tummy tuck is often indicated.

In severe cases, an apron of skin may well hang down over the pubic area and cause minor skin infections, particularly in hot weather. This situation is often amenable to surgical correction. However, it is important to realise that a tummy tuck is not an operation to cure obesity. Obese patients often have excessive fatty tissue within the abdominal cavity, which is behind the abdominal muscles. This cannot be removed by a conventional tummy tuck operation.

Are all abdominoplasty procedures the same?

There are a variety of different abdominoplasty procedures that may be suitable for you depending on your age and specific circumstances. These include:

Liposuction - Typically, liposuction is suitable for patients without stretch marks who have good-quality elastic skin and whose main problem is an excess of fat. Often patients have what might be termed a 'pot belly' - a slight excess of fat in the lower tummy. Liposuction involves small incisions, through which excess fat is removed. The wounds are then closed and some skin shrinking or tightening can be expected with the use of a compression garment. An information sheet specifically for liposuction is available if you are considering this type of operation.

Mini Abdominoplasty - This is performed on slightly older patients who may have had previous pregnancies (causing the muscles below the belly button to splay apart), and who have a slight excess of skin and fat, especially below the belly-button. A wedge or ellipse of skin and fat is cut from the lower tummy, leaving a horizontal scar similar to that from a Caesarean Section. Liposuction is performed on the upper tummy and waist, and the muscles below the belly-button are often tightened. The belly-button itself is stretched slightly to become more elongated, and generally more appealing.

Classic Abdominoplasty - In patients with a greater degree of slackness, excess skin, excess fat and splaying of the muscles, a classic tummy tuck may be required. An incision is made from hip to hip, and around the belly button. A larger wedge of skin is excised from above the belly button to just above the pubic hair. Some additional areas may be treated with liposuction and the muscles above and below the belly-button are tightened. Although this operation leaves the biggest scar, it provides the greatest degree of improvement in shape.

Extended Abdominoplasty & Lower Body Lift – In cases of extreme weight loss, it may be more appropriate to remove more tissue than is usual in a classic abdominoplasty. If the incision extends around the hip to improve the contour of this area, it is termed an extended abdominoplasty and if the incision involves the complete circumference, then it is termed a lower body lift. These larger procedures can also improve the aesthetics of the buttock and outer thigh areas.

At your initial consultation, Mr Harris will recommend the exact nature of your proposed treatment, including procedure details, recovery times and any possible side-effects. This will reflect your own circumstances and needs. You should then have a cooling-off period before booking surgery and meeting Mr Harris again for a second consultation. At that second consultation he will go over the risks and complications in more detail with you. There will also be some more specific points to discuss about the practicalities of the procedure, which are summarised below.

What precautions should I take before surgery?

Pre-operatively no aspirin or medicine containing aspirin should be taken for one week. If you smoke you should cut down at least three weeks before surgery and stop completely three days before surgery to try and minimise postoperative complications, which are more common in smokers. It is important that you do not start smoking again until all of your wounds are fully healed.

What will happen before the operation?

If you are unwell before the operation, please call Mr Harris' secretary (tel: 0207 927 6520) as the date of surgery may need to be postponed. Please bring with you a nightdress, dressing gown, slippers and toiletries. Do not bring cosmetics or jewellery. You should have a shower at home before you go to hospital, or on the ward the morning of the operation.

When you arrive in hospital, you will be seen by a nurse who will talk to you about your general health and examine you to make sure that you are fit for surgery. They may also arrange for you to have some blood tests, a heart trace (ECG) and a chest X-ray. An anaesthetist will visit you to discuss the anaesthetic. Mr Harris will also come and discuss your surgery in detail with you. He will often take some pre-operative photographs and draw some markings to guide the surgery. It is important that you do not wash these lines off.

You will then be asked to sign a consent form. Make sure that you fully understand the consequences of the surgery prior to signing this. Signing this form does not take any of your normal rights away, it merely states that Mr Harris has explained the operation to you and that you have discussed the anaesthesia with an anaesthetist.

When should I stop eating or drinking before surgery?

If your operation is in the morning you will be asked to have nothing to eat or drink from midnight the night before. If it is in the afternoon then you should have nothing to eat or drink from 7:00am and you should have somebody to drive you to the hospital.

How long does the operation take and how long will I be in hospital?

The operation takes approximately two hours and is performed under general anaesthetic. Usually you will stay in hospital for one or two nights although it may be desirable to leave a drain in place for a little longer. It is best that you arrange for someone close to drive you home and then look after you for two or three days post-operatively. If you do go home with a drain, it is usual to return to the hospital for this to be removed at four or five days following the surgery.

I have been told that the operation is very painful, is this true?

In the past an abdominoplasty was often considered a painful operation, however a combination of techniques can now be used to reduce this considerably. Immediately after the operation, you will be positioned with your knees bent to relieve the tension on the scar and reduce the pain. The anaesthetist will have administered some pain-killing medication whilst you were asleep and local anaesthetic is used at the time of the operation to reduce the pain for up to 24 hours. Any additional pain should be completely controlled by taking pain-killing tablets from the nursing staff. Some discomfort can be experienced when you try to walk upright but for the first few days you should walk a little stooped, again to relieve the tension on the scar. You will be given pain-killing tablets to take home with you and most patients are able to reduce the frequency of taking these tablets quite quickly. After 5 –7 days the pain normally subsides and you maybe able to walk upright and stop your pain-killing tablets altogether.

How bad will the scarring be?

Scars are an individual response to surgery and vary from person to person and from one part of the body to another. In general scars fade and soften over a period of one year. However they will never disappear and it is unlikely that you would want to show your scar in public, for example sunbathing. Mr Harris may ask you to bring you bathing costume or your normal underwear in before the surgery, so that he can mark on the skin the area that will usually be covered up. He will then try to place the incisions and subsequent scars in this concealed area. Occasionally in very young and/or darker skinned patients the scars can thicken, become raised and itchy after surgery (scar hypertrophy) and in severe cases become keloidal. This is very rare and can be helped should it develop.

In normal circumstances, after the scars have initially healed (approximately 10 - 14 days), you can continue to apply paper tape that will be provided for you to help soften the scar tissue. You can also massage the scar line using vitamin E oil or a simply moisturising cream such as E45 or aqueous cream.

How will I look after surgery?

Following surgery your tummy will be covered with a dressing. If liposuction is combined with the abdominoplasty then you may also be given a compression garment. Nothing further should be required until you attend the hospital or the clinic after 7 – 10 days, when all the dressings will be removed and the wounds inspected. The sutures are normally dissolvable except for those around the umbilicus, which are normally removed at 10 – 14 days.

What can go wrong?

In general, abdominoplasty is safe and the results are entirely predictable, with an associated high-degree of patient satisfaction. Nevertheless, no surgery is without risk and Mr Harris will explain the risks and possible side-effects of treatment to you at your consultation.

All general anaesthetics carry risks such as deep vein thrombosis and chest infection but with modern anaesthetic techniques, these are minimised. Please ask him to explain the significance and chances of the following specific complications:

Early local complications – bleeding, haematoma (blood clot inside the wound), seroma (fluid collection within the wound after the drains have been removed), infection, fat necrosis (small deposits of fatty tissue that turn hard), flap necrosis or skin loss.

Late complications – numbness, contour irregularities, asymmetry, encysted seroma (fluid collection that feels firm), unevenness of the upper abdomen.

Occasionally, there is a need to undertake adjustment or revision surgery at a later date to correct an uneven result or an uneven scar. If needed, this can usually be performed under local anaesthetic as an outpatient procedure.

How long will it take for life to return to normal?

Healing is a gradual process. You will probably be advised to start walking as soon as possible to reduce swelling and prevent blood clots from forming in your legs. Initially, you may need to walk a little stooped as the tummy will feel tight. This loosens over two to three days. You will begin to feel better after about a week or two. You will gradually be able to do more and more but you should expect to be off work for three to four weeks depending on how physical your work is.

Activity that is more strenuous should be avoided for about six weeks as your body continues to heal. Although most of the bruising and swelling usually disappears within three weeks, some swelling may remain for six months or more. This may be helped with massage therapy.

Mr Harris will schedule follow-up visits to monitor your progress and to see if any additional procedures are needed. If you have any unusual symptoms between visits, for example, heavy bleeding or a sudden increase in pain, or any questions about what you can and cannot do, please call Mr Harris' secretary on 0207 927 6520.

How satisfied can you expect to be with the procedure?

Mini or Classic tummy tucks produce excellent results for patients with weakened abdominal muscles or excess skin and fat. In most cases, the results are long lasting, especially if you avoid weight-gain, follow a balanced-diet and exercise regularly. Patients frequently experience improved self-confidence from an improved abdominal contour.

Scars are inevitable with this treatment, but with time these should decrease and appear much less conspicuous.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:
5 Devonshire Place
London
W1G 6HL

For appointments please contact:
appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:
admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:
nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878