

Brachioplasty (Arm Lift) Information Sheet

Brachioplasty (pronounced brack-ee-o-plasty) is the medical term used for an upper arm lift operation. Upper arms can be prone to drooping or sagging thanks to a number of factors including fluctuations in weight, genetics and getting older. Exercise may help to strengthen and improve the underlying muscle tone of the upper arm, however exercise will not help any excess skin that has lost tone, nor help underlying weakened tissues and localised fat deposits.

An upper arm lift can reduce the excess underarm fat and skin and help to reshape the arm, giving smoother skin and contours. Liposuction on the arms can be done at the same time as the arm lift to help with the contours on the arm or in some cases liposuction can be used as an alternative.

This information sheet is a general guide for patients undergoing a brachioplasty operation under the care of Mr Paul Harris. It should help to clarify any questions that you may have. 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, your body shape, 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 with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

Why do some patients get excess skin & tissue under their arms?

The skin has natural recoil when stretched due to a type of collagen called 'elastin'. The ratio of normal collagen to elastin defines how well the skin returns to its usual length. This can be measured and is known as the 'elasticity'. As we age the natural elasticity of the skin is lost as the amount of elastin lessens, and the skin then appears to loosen in all areas of the body. This is particularly the case in areas of repeated activity such as the arms and thighs. Elasticity is also lost when the skin is over-stretched by increasing weight, which becomes obvious when the weight is shed. Lastly, smoking damages the elastin in the skin leading to the appearance of premature ageing.

What type of operation is needed and how long does it take?

There are many different surgical treatments for skin and tissue excess of the upper arms.

If Mr Harris feels that you have very good quality skin and the problem is simply that there is relatively too much fatty tissue present, then liposuction alone may be useful. This is usually carried out under general anaesthetic and involves one or two tiny incisions. A separate information sheet is available for liposuction which explains this procedure in more detail.

If there is also skin excess in the arms, then some form of excision surgery is required. Normally, this can involve a transverse incision in the axilla (armpit), a longitudinal incision along the back of the upper arm, or a combination of both. The length of the longitudinal incision can vary depending of the exact contour that needs to be corrected, but it can extend as far down as the elbow. Mr Harris would do his best to minimise the appearance of the scar by locating the incision in naturally occurring folds of skin wherever possible. This excision is usually only as deep as the protective layer of the muscles, which is not then damaged. If excisional surgery is used then there is almost always a need for a small amount of liposuction at the edge to blend in the change.

Most brachioplasty operations take about 90 minutes to complete and are performed under general anaesthesia, or in some cases, under local anaesthesia with sedation. A small tube may also be placed underneath the skin to drain any excess fluid.

What precautions should I take before surgery?

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. 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 post-operative 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.

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. You can drink small amounts of water only up to 2 hours before your operation.

What will happen before the operation?

The operation is performed under general anaesthetic with a one night stay in hospital afterwards. 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.

How will I feel when I wake up after the operation?

The operation usually takes one to two hours. You will then wake up in the recovery area before transfer back to the ward. It is usual to feel groggy and a little disorientated for a short period. If you have pain or feel sick, you should tell the nursing staff so that they can give you the appropriate medication. The arms will feel sore after surgery particularly when moved, but this rapidly improves over the first few days.

Will there be drains and when do they come out?

Drains can sometimes be used in brachioplasty operation. They will usually exit through a separate tiny incision in the armpit or just below the elbow. If drains are used, they will normally come out the day after the operation. If a large amount of fluid is drained however, then the drains may stay for several days until this amount has reduced to an acceptable level.

How will I look after surgery?

Following surgery your arms will be covered with a dressing of paper tape providing support for the skin. To help reduce swelling, patients are usually provided with an elastic pressure garment to wear continuously night and day. Nothing further should be required until you re-attend the hospital after seven to ten days, when all the dressings will be removed and the wounds inspected. Dissolving stitches are used and therefore their removal is not necessary. The arms will be swollen and bruised for a while and it can be difficult to assess the full effect of the operation. It is advisable to refrain from exercise for four weeks and the garment must be worn for all of this time. In general, it takes about six weeks before one can return to completely normal activities.

Are there any complications that I should be looking out for in the early post-operative period?

In general the early post-operative period is usually smooth with a surprising lack of pain. Mild painkillers such as paracetamol are all that are usually required. Please be very careful to avoid aspirin or any medications that contain aspirin. As with any form of cosmetic surgery, there are risks and complications associated with an arm lift operation. However, the potential complications of the surgery are relatively rare. If an excision has been performed, rather than liposuction, then infrequently a blood clot can form that may need to be drained at a second operation. This would be noticeable before you leave the hospital. Following discharge home, if you should notice that one arm becomes swollen, particularly if it is tender or red, inflamed and/or you feel hot and fluey, then you should immediately contact Mr Harris' secretary or nurse.

What are the risks of the surgery longer term?

At your initial consultation, Mr Harris should go through all the possible negatives with you. Some possible longer term risks and complications include:

- Poor scarring (this is discussed below)
- Numbness/problems with skin sensation below the scars
- Inadequate tissue removal and an uneven contour, which may require further surgery to correct

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. Scars following liposuction are very small and usually imperceptible after six to twelve months. 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 they become keloidal. This is very rare and can be helped should it develop.

In brachioplasty, the quality of the scar is very important as a measure of the outcome. Often, patients wear clothing to cover up their arms before surgery because they are self-conscious about the drooping tissue and hence they request corrective surgery. However, if the scars are obvious

then they may still want to cover up their upper arms after the operation, so little has been gained. This needs to be discussed fully with Mr Harris. The upper arms are more susceptible to hypertrophic or keloid scars than elsewhere on the body and they may need to be treated with silicone tape or steroid injections.

Despite the possibility of problematic scars, the overwhelming majority of patients scar well and are extremely happy with the changes that have been achieved.

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