

Inner Thigh Lift Information Sheet

Thighs 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 thigh, however exercise will not help any excess skin that has lost tone, nor help underlying weakened tissues and localised fat deposits.

An inner thigh lift can reduce the excess fat and skin, and help to reshape the thigh, giving smoother skin and contours. Liposuction on the thighs can be done at the same time as the lift surgery to help with the contours of the thigh overall or in some cases liposuction alone can be used as an alternative.

This information sheet is a general guide for patients undergoing an inner thigh lift operation under the care of 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 & fatty tissue of their thighs?

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 thighs.

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 two or three tiny incisions on each thigh. A separate information sheet is available for liposuction that explains this procedure in more detail.

If there is also skin excess of the thighs, then some form of excision surgery is required. Normally, this can involve a transverse incision in the groin crease, a longitudinal incision along the inside part of the upper thigh, 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 knee. 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 inner thigh lift operations take about 90 minutes to complete and are performed under general anaesthesia. A small tube may also be placed underneath the skin to drain any excess fluids.

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 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.

It is useful to remove pubic hair by waxing or with a depilatory cream just close to the groin crease, as this will help any post-operative dressing adhere to the skin and lessen the discomfort that can be associated with a dressing change.

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 will I look after surgery?

Following surgery your thighs will be covered with a dressing of paper tape providing support for the skin. To help reduce swelling, patients are sometimes also 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 thighs will be swollen and bruised for a while and it can be difficult to assess the full effect of the operation. The sutured incisions will initially look uneven and puckered. This is because Mr Harris uses deep sutures to support the wound without putting too much tension on the skin itself. Over time these deep sutures dissolve and the puckering disappears, leaving a neat and typically thin scar line. 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 a thigh 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 thigh 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 on 0207 927 6520.

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:

Numbness/problems with skin sensation below the scars – This usually takes twelve to eighteen months to fully settle. Rarely there may be a permanent patch of sensation loss but this does not usually interfere with daily life.

Inadequate tissue removal, an uneven contour or differences between each thigh – A perfect result will never occur and one can always find shortcomings with any cosmetic surgery operation. It is important not to be too analytical of the result and viewing the pre-operative photographs often helps patients realise how much change has been achieved. Occasionally a minor operation is needed to make some adjustments to the position of the scar or the contour, but this can usually be carried out under local anaesthetic without being admitted to hospital.

The collection of pockets of fluid in the thighs – Because surgery can interrupt the lymphatic vessels (channels that return tissue fluid back to the circulation) of the thigh, this clear fluid can collect in small pockets underneath the scar. These are sometimes known as seromas or lymphoceles. If these pockets of fluid are uncomfortable, Mr Harris can drain them using a small needle and syringe. Overtime the fluid is redirected to other channels and no longer accumulates.

Swollen legs – Because of the liposuction and the interrupted lymphatic channels, the legs below the surgery may swell somewhat in the post-operative period. Compression stockings, massage and elevating the legs at night can help reduce this. Mr Harris designs his operation so that the main lymphatic vessels in the groin are not damaged, thus avoiding the possibility of longer term leg swelling.

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 thigh lift operations, the quality of the scar is very important as a measure of the outcome. If the surgery has only involved a transverse incision in the groin, then the scar usually settles extremely well. It may drop a small distance to settle just below the crease but with time, this is hardly visible in the majority of patients. Longitudinal scars running down the thighs are more susceptible to hypertrophic or keloid scars than in the groin crease. They may need to be treated with silicone tape or steroid injections, but once again they usually settle well with time.

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

Although some patients are referred by their General Practitioner, the majority are recommended by previous patients. You may, therefore, 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