

Abdominoplasty (Tummy Tuck) Information Sheet

Abdominoplasty or 'Tummy Tuck' is a surgical procedure performed to improve the shape and contour of your abdomen. The operation removes excess skin, unwanted scars, stretch marks and fat and can tighten the stomach muscles. 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 much of this with Mr Harris at your consultation.

Factors that may impact upon your recovery and the long-term result include your overall health, previous surgery, your bleeding tendencies and your healing capabilities, some of which will be affected by smoking, alcohol and medications.

Who is suitable for an abdominoplasty?

The skin and muscles of the anterior abdominal wall stretch during pregnancy, and whilst in some people this returns to normal, in the majority of cases, loose skin and 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 help, many patients need surgery to tighten the underlying muscles and remove the excess skin. There is also an increasing number of patients, who require surgery following substantial weight loss, and may present with an apron of skin hanging down over the pubic area. 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, or may require a more extensive procedure.

What are the options?

Liposuction - 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 a 'pot belly' - a slight excess of fat in the lower tummy. Liposuction involves small incisions, through which the excess fat is removed. The wounds are then closed and some skin shrinking or tightening may occur, 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 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. An ellipse of skin and fat is cut from the lower tummy, leaving a horizontal scar similar to that from a Caesarean Section. The belly-button may be stretched slightly to become more elongated, and generally more appealing.

Reverse abdominoplasty – This procedure eliminates the excess and sagging skin from the upper abdomen. Unlike the normal Abdominoplasty, the incisions are made under the breast, and the excess tissue is pulled up.

Classic Abdominoplasty - In patients with a greater degree of slackness, excess skin, excess fat and splaying of the muscles, a classic (or full) 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 – 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 your proposed treatment, including procedure details, recovery times and the side-effects. You should then have a cooling-off period before meeting Mr Harris again for a second consultation. At that second consultation, he will discuss the risks and complications in more detail

with you. There will also be more specific points to discuss about the practicalities of the procedure, which are summarised below.

How should I prepare for surgery?

Pre-operatively, no aspirin containing medicines should be taken for one week, and smoking stopped at least three weeks before surgery to help minimise postoperative complications, which are more common in smokers. It is important that you do not start smoking again until all your wounds have healed. You should also stop taking supplements 2 weeks before your operation. You will undergo appropriate pre-operative investigations in the run-up to your surgery.

What will happen on the day of the operation?

Please bring with you a nightdress, dressing gown, slippers and toiletries, but no cosmetics or jewellery. You should have a shower at home before you attend hospital.

When you arrive in hospital, you will be assessed by a nurse, seen by the anaesthetist, and then Mr Harris, who will discuss your surgery in detail with you. He may take pre-operative photographs, and draw markings to guide the surgery. It is important that you do not wash these lines off. He will then ask you to sign a consent form.

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 from midnight the night before. Mr Harris' team will send exact details of this before you are admitted to hospital.

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

The operation takes between two and four 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 to drive you home and then look after you for two or three days postoperatively. If you do go home with a drain, it is usual to return to the hospital for removal 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 considered a painful operation, however a combination of techniques are now 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 painkilling medication whilst you were asleep, and local anaesthetic is administered at the time of the operation to reduce the pain for up to 24 hours. Some discomfort will be experienced when you try to walk, and 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 usually subsides and you may then be able to walk upright and stop your painkilling 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. Mr Harris may ask you to bring your bathing costume or your normal underwear in before the surgery, so that he can mark on the skin the area that is usually covered. 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. These problems with scarring are not common, and can be treated.

After approximately 10 - 14 days you can massage the scar line using a simple 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 clinic after 7 days, when all the dressings will be removed, and the wounds inspected. The sutures are normally dissolvable except for those around the umbilicus, which will be 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.

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

Late complications may include numbness, contour irregularities, asymmetry, encysted seroma (fluid collection that feels firm), and unevenness of the upper abdomen. Occasionally, there is a need for adjustment or revision surgery to correct an uneven result or an uneven scar. This is usually performed under local anaesthetic in the outpatients department.

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

Healing is a gradual process. You will be advised to start walking as soon as possible to reduce swelling and prevent blood clots 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 and 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.

Strenuous activity 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, and this may be helped with massage therapy.

Mr Harris will schedule follow-up visits to monitor your progress. If you have any unusual symptoms between visits, for example, heavy bleeding or a sudden increase in pain, swelling or redness, or any questions, please call Mr Harris' secretary on 0207 927 6520 or call the ward.

How satisfied can you expect to be with the procedure?

Scars are inevitable, but with time, these should decrease and appear much less conspicuous. Abdominoplasty surgery produces 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.