

ABDOMINOPLASTY

Abdominal contouring

Abdominal contouring surgery is also called an abdominoplasty or tummy tuck. In this procedure, excess skin and fat is removed, abdominal contours and scars improved, and the central abdominal muscles tightened.

What is a tummy tuck?

A tummy tuck aims to reduce the excess fat and skin in the abdomen, flanks and back depending on where the excess tissue is. This operation can range from a simple mini-tuck which removes loose skin below the level of the belly button, through to removal of skin all the way around the abdomen, flanks and back and from the rib cage to the pubic area. Scars increase in length and number the more skin that is removed. Liposuction is often used to improve the final result, although it is not necessary in everyone. The central abdominal muscles are usually stitched together as they have often separated. This is called a divarication repair.

Who can benefit from this procedure?

Most people who have excess skin from pregnancy or weight loss are candidates for this surgery.

However, you **may not** be suitable for abdominal contouring if you suffer any of the following conditions:

- Your body mass index (BMI) is greater than 35
- You smoke, or use other nicotine-containing products
- You have scars from previous abdominal operations such as liver surgery
- You are not fit enough for a prolonged general anaesthetic

Patients with unrealistic expectations may also be unsuitable for this procedure.

Surgical techniques and results

Liposuction

Liposuction is a procedure designed to remove fat from areas such as the arms. Liposuction alone achieves the best results for younger patients with good quality skin and no excess skin. Liposuction alone is not suitable for people with excess skin as liposuction does not remove any skin.

Mini-abdominoplasty

This procedure, in which a surgical incision is made in along the lower abdomen, is only suitable for patients with limited skin laxity below the belly button. Sometimes the belly button moves 1cm to 2cm downwards after this operation. This procedure is often combined with liposuction.

Full abdominoplasty

This is the commonest abdominoplasty operation. An incision is made low on the abdomen, usually 7-8cm above the genitals, running from hip to hip. The skin is raised up to the level of the rib cage, leaving the belly button attached to the body. The central muscles are stitched together and the excess skin is removed. The skin is then stretched down to the lower incision and stitched together. The belly button is brought out through the skin and sewn back into place. This leaves the patient with a scar running from hip to hip and a scar around the belly button. Liposuction is often carried out to the upper abdomen at the same time in this operation.

Fleur-de-lis abdominoplasty

Most often used for patients who have lost a large amount of weight, the fleur-de-lis abdominoplasty is a powerful body contouring operation. It aims to remove skin both in a vertical and horizontal direction, leaving a scar from hip to hip and one from the ribcage to the pubic area in the midline of the abdomen. Scars are more obvious with this operation, but it helps to remove much more skin that might be left behind by a standard abdominoplasty, particularly in the flanks and above the belly button.

Circumferential abdominoplasty

As the name suggests, this abdominoplasty removes skin from all around the abdomen, including the flanks and back. It is used after massive weight loss and helps to contour the back, flanks and gives a degree of lift to the buttocks. It can be combined with a fleur-de-lis abdominoplasty, giving a very powerful result.

What are the consequences and possible complications of surgery?

With any operation, the larger the procedure, the greater the risk. With abdominoplasty, the most frequent complications tend to be related to wound breakdown and scars, especially in the larger operations.

These complications included:

- Fluid collection under the skin
- Poor scarring
- Skin infection abscesses under the skin
- Wound separation
- Nerve damage
- Prolonged numbness

Smoking

Patients are advised that **smoking before their procedure will increase complication rates significantly.**

During a tummy tuck, a large area under the skin is undermined and the blood supply to the skin depends on blood vessels that are very far from the site of healing. During this procedure, the blood supply to the area being operated on is very reduced -- even in young non-smokers with no health problems. Nicotine, carbon monoxide, and many other toxic tobacco by-products interfere with the dynamics of normal wound healing.

It is Mr Venus's policy that patients must have stopped using any tobacco or nicotine-containing products at least 4 weeks before and after surgery to minimise the risk of complications.

Common complications

Wound infection is perhaps the most common complication. Such infections, which generally respond well to antibiotics, are usually superficial. Although small areas of wound breakdown are sometimes noted, these heal well over a few weeks when the wound is dressed regularly.

Uncommon and rare complications

As with every surgical procedure or operation, there are always risks. Although serious complications of abdominoplasty are uncommon, they can include:

- **Copious bleeding** requiring a return to theatre to remove the blood and seal the blood vessels.
- **Seroma** or excessive fluid build-up under the skin of the operated area. Although this condition may require drainage with a needle, it usually settles down without the need for a further operation.
- **Fat necrosis** occurs when fat cells lose blood flow and die. The liquefied fat cells can then harden underneath the skin over time, causing lumpiness.
- **Poor wound healing** (hypertrophic or keloid scar). In these instances, the scar can permanently thicken, turn red, be painful and disfiguring. Usually it takes up to 12 months for a wound to heal and demonstrate the final result.
- **Necrosis** (skin death) generally occurs in patients who have not stopped smoking before their operation. With this condition, the skin dies and there is an open wound of variable size. Generally, if this wound is dressed daily, it will heal up in a couple of months, with the final result usually quite acceptable.
- **Additional procedures**, such as scar revision or further liposuction, may be needed
- **Loss of sensation** in the skin.
- **Asymmetry** in the appearance of the scars
- **Chronic pain** is a very rare complication
- A **poor result** such as unacceptable visible deformities, wound disruption or loss of sensation are possible. Infrequently, it is necessary to perform additional surgery to improve the result.
- **Skin contour irregularities** and depressions may occur and visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions are always a possibility, as is skin pleating, when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.
- **Bruising and swelling** normally occur after this surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discolouration may persist for long periods and, in rare situations, may be permanent.
- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, **abnormal scars** may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than surrounding skin. Scar appearance may also vary within the same scar, exhibiting contour variations and "bunching" due to the amount of excess skin. Scars may also be asymmetrical (having a different appearance between the right and left side of the body). There is also the

possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

- **Blood clots in the legs or lungs (DVT/PE)** are uncommon but serious complications. You should stop taking HRT or the oral contraceptive pill 4 weeks before surgery and use alternative methods in this time.

What should I do after surgery?

Generally, the majority of patients stay for one to three post-operative nights, depending which technique has been used. Prior to discharge, you'll receive pain medication that can be taken at home. As you are still in the recovery phase of the operation when discharged, it's important to arrange in advance for someone to assist you for the first week following your operation. All patients are encouraged to walk as soon as possible after their procedures to prevent complications and to ensure blood flow quickly returns to normal. However, vigorous exercise should be avoided. You will leave the hospital with your wounds dressed and wearing an abdominal binder for support. Once these dressing are removed, you will need to continue to wear a your abdominal binder for 6 weeks, day and night if possible, to compress the area to help reduce swelling.

Around the house

Recovery takes four to six weeks. Although each patient's recovery is unique, most feel groggy for at least a week. During this time avoid lifting and strenuous movements. Mobilise gently and don't over do it! Sutures are dissolvable and do not need to be removed. Bruising can take up to 2 weeks to disappear and swelling up to three to six months. Scars will remain visible although they will continue to fade for up to two years. Strenuous physical activity should be avoided for four weeks as this can produce bleeding, bruising and increased swelling, as well as putting strain on the closure of the skin, thereby risking wound disruptions.

Return to work

Most patients can return to work after a few weeks. However, if your job involves strenuous physical activity, you will need four to six weeks of recovery time before returning.

Driving

Allow around two to four weeks of recovery time before driving. You must feel safe to make an emergency stop before driving. This is a decision that can only be made by you and you must take responsibility for making this decision.

**Examples of pre- and post-operative photos of Mr Venus patients can be found
on the website**

www.mattvenus.co.uk/gallery/