

THIGH LIFT

Thigh lift

A thigh lift removes excess skin and fat, reshaping the thigh area while reducing its circumference. As well as enhancing your thighs, a carefully planned thigh lift procedure will improve your ability to fit into clothing and increase your general comfort level.

What is a thigh lift?

Although sagging skin in the thigh is usually caused by weight loss, skin also loses elasticity through the natural ageing process. In fact, many people find their thighs, in particular, lose firmness as the layers of muscle and supporting fat become thinner. In such cases, a thigh lift can help to restore and tighten these areas.

Who can benefit from this procedure?

The degree of skin laxity in your thighs will determine whether you may be a suitable candidate for a thigh lift operation. You may not be suitable for a thigh lift procedure if you suffer any of the following conditions:

- Serious neurological or vascular conditions of the leg.
- Previous inguinal (groin) lymph node dissection.
- Lymphoedema of the leg.
- Connective tissue disorders.
- Advanced rheumatoid arthritis.

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 thighs. Liposuction achieves the best results for younger patients with good quality skin. Liposuction alone is not suitable for older people as their skin is less elastic and unable to firmly tighten.

Thigh lift

The most suitable procedure for patients aged over 50, this operation is also sometimes performed on those who are left with large areas of unwanted skin as a result of massive weight loss. When combined with liposuction, this operation generally takes about 2-3 hours. Due to the extent of surgery required, scars on the thigh may run into the buttock or groin crease.

What are the consequences and possible complications of surgery?

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

Minor complications arise in approximately 25 per cent of thigh lift cases.

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.**

During a thigh lift, 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.

Patients must stop smoking for four weeks before and four weeks after surgery.

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 and, in very extreme cases, fatalities.

Generally, the longer the incision and the more skin excised, the larger the risk. Although serious complications of a thigh lift 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 after a thigh lift has been performed.
- **Loss of sensation** in the skin.
- **Asymmetry** in the appearance of a patient's thighs.
- **Chronic pain** is a very rare complication after a thigh lift.
- A **poor result** from a thigh lift, 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 thigh lifts. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling (including of the legs and feet) and skin discoloration 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 post-operative night. 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 need to wear a compression garment to put pressure on the area to reduce swelling.

Around the house

Recovery takes three to four weeks. Following surgery, you will need to wear a compression garment to help the newly sculpted skin adhere to the underlying tissue. You should wear this garment for 6 weeks. Although each patient's recovery is unique, most feel groggy for at least a week. During this time avoid lifting and strenuous movements. Keep your legs elevated when not walking about to minimise discomfort and help reduce swelling. Sutures are usually dissolvable and do not need to be removed. However, if permanent sutures are required, they are generally removed within two weeks. Swelling and bruising takes about three to six months to disappear. 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 one week. However, if your job involves strenuous physical activity, you will need two to four weeks of recovery time before returning.

Driving

Allow around 2-4 weeks of recovery time before driving.