

# **Abdominoplasty (Tummy Tuck)**

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**Abdominoplasty or “tummy tuck” is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall.**

It is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. These should be discussed at consultation.

## **The Standard Abdominoplasty**

In this operation, the excess skin and fat of the abdomen between the pubic area and the umbilicus (navel) is removed, the whole area up to the ribs is freed and pulled down tight and then sewn back. The navel is repositioned. You are left with a long scar across the lower part of the abdomen, above the pubic hair. There is also a scar around the umbilicus and sometimes a small vertical scar. Any loose muscles of the abdominal wall, or any hernia are usually repaired at the same time.

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## **The Mini Abdominoplasty**

In cases where there is relatively small amount of excess skin below the umbilicus, it is possible to do a smaller operation where the umbilicus is left alone, and the excess skin is just removed and then the abdomen is sewn back, leaving a smaller scar above the pubic hair.

## **The Apronectomy**

The apronectomy is a modification of the mini-abdominoplasty for patients who have a large overhang of skin and fat, "the apron". This often follows massive weight loss or large babies. The scar produced is longer than with the mini- abdominoplasty and the operation consists of just removing the overhang of tissue.

## **The Extended Abdominoplasty and Belt**

# **Lipectomy**

Sometimes, particularly where there has been massive weight loss, the surplus skin and fat extends further , or even all the way round to the back. In those cases it is possible to extend the operation to remove this excess all around the lower trunk and lower back into a “belt lipectomy”. This is major surgery.

## **Alternative Treatments**

Alternative forms of management consist of not excising surgically the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized deposits of fat in a person of normal weight. In addition, diet and exercise programmes may be of benefit.

## **Ancillary Procedures**

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Sometimes it is useful to correct a hernia or spread of the rectus muscles of the abdomen (divarication of the recti) as part of the abdominoplasty. This has the benefit of reducing your waistline as well. Correction of this will increase your post operative discomfort for 2 or 3 days. After weight loss, sometimes there is sagging of the pubic area, and a pubic lift may be indicated to correct this and give a more youthful appearance

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## **Preparation before an abdominoplasty**

It is essential to become as fit as possible, stop smoking and also avoid a flight of more than two hours 6 weeks either side of the operation, because of the increased risk of deep vein thrombosis associated with travel and surgery.

## **Who benefits from an abdominoplasty?**

Anyone who has excess skin and fat may benefit. This excess tissue usually results from pregnancy and/or weight loss. Any stretch marks below the umbilicus will be removed. The ones above the umbilicus will become slightly less noticeable as the abdomen looks tighter.

If the muscles of the abdominal wall are weakened, or separated in the middle (divarication of the recti) they can be repaired at the time of the abdominoplasty.

## **RECOVERY**

It is important to realize that an abdominoplasty is a relatively major operation. It is performed under general anaesthetic, so you are put to sleep. You wake up with a drip and one to two drains. You normally stay one to two nights in hospital. You should expect some moderately severe pain for which you will be given pain killers. I augment this with internal anaesthetic blocks to make your recovery more comfortable. Once home you will be advised to carry out only light activities for three to four weeks. It is essential to keep mobile but not to be more active than I advise in order to reduce the chance of problems. Sports are not advisable for six weeks as you must allow the tissues to settle down. You can resume driving when your insurance company is happy, on average three weeks or so after surgery.

You will have scars. There is no getting away from this. The wounds are sutured as neatly as possible, and usually in the bikini line. The scars however are long, are red initially, and take a year or two to mature completely into a pale line. How the scar matures and fades depends very much on your own body healing mechanisms. Wound healing is also influenced by other medication you may take, by your state of nutrition and by smoking. Some

people are prone to developing thick red scars..

## **Risks of Abdominoplasty**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with surgery.

Although the majority of patients do not experience the following complications, you should discuss them to make sure you understand them before going through with an abdominoplasty. I will have two consultations with you prior to surgery, and you will read this information sheet, but if anything is not clear you should arrange a further appointment to see me to discuss your concerns.

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### **Bleeding**

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Should post-operative bleeding occur it may require drainage in theatre otherwise problems with the wound can occur later on. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

### **Infection**

If you notice increasing redness of your wound and it is painful, seek medical advice as soon as possible as infections caught early are easier to treat. Antibiotics or additional surgery may be necessary. Infection and poor wound healing are more common in smokers, so I ask patients to stop smoking one month before surgery.

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## **Change in skin sensation**

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Diminished (or loss of) skin sensation in the lower abdominal area is usual after this surgery and may not totally resolve.

## **Scarring**

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The scars are noticeable. The main scar extends from one hip bone to the other. There will also be a scar around the umbilicus. Some people make better scars than others. In all cases scars are red and firm initially. Then over the course of a year to eighteen months on average they mature and become pale and soft. Sometimes there is delay in wound healing and even loss of skin near the scar. This risk is greater in smokers (again!). Occasionally the scars remain thick, red and itchy for a prolonged period of time (hypertrophic or keloid scars). The hypertrophic scars usually settle and mature with or without treatment. Keloid scars do not disappear without treatment.

## **Seroma**

Occasionally fluid accumulates under the skin of the abdomen and may need to be drained. I will advise you on your post-operative recovery and how to reduce the chance of this happening

## **Deep vein thrombosis**

Deep vein thrombosis and pulmonary embolus are rare complications. I advise you to stop the oral contraceptive pill for six weeks before surgery, and an alternative method of contraception used, in order to reduce the risk of thrombosis.

Secondary procedures are sometimes carried out to tidy up the results and can involve scar revision and limited liposuction. I often limit the length of the scar

and go back to tidy up a “planned dog ear” a few months later so the ultimate scar is shorter.

You should also avoid any airline flight longer than two hours about a month to six weeks either side of the operation in order to reduce the chance of a thrombosis.

***Further information also available on the British Association of Plastic Surgeons website.***