

Abdominoplasty (tummy-tuck)

Extra folds of abdominal skin and fat are often a concern in patients after pregnancy or excessive weight loss or previous surgery (eg. caesarean section) or a combination of these. Despite attempts to rid the tummy of this extra tissue, by exercising and dietary modifications, nothing really changes. In addition, the paired rectus abdominis muscles (6-pack muscles) can separate from each other, creating a central abdominal weakness. This can further add to the problems of having extra tissue in the tummy region. Surgery to remove the extra skin and fat and tighten the muscle becomes necessary. An abdominoplasty or tummy-tuck can achieve this in the majority of patients.

The surgical procedure

Abdominoplasty is usually performed under general anaesthetic (patient asleep) and involves a lower incision from hip bone to hip bone (see diagram – *dashed lines* indicate commonly used incisions).



Depending on the type of tummy-tuck you need, a further incision is made around the umbilicus (tummy button-full abdominoplasty), to allow the skin and fatty tissue to be lifted from the underlying muscle, as far up as the rib cage. By doing so, the folds of loose skin and fat can be unfurled and re-positioned, to sit back down on the underlying structures, to achieve a flatter look and slightly tighter feel in the tummy. Extra skin is removed and the tummy-button is repositioned (full abdominoplasty).

A mini-abdominoplasty, is reserved only when fullness of skin and fat presents in the lower half of the abdomen, below the umbilicus and the muscles do not require correction. It can benefit selected patients and Mr Misra will assess you for this, if necessary.

Liposuction (sucking out fat), can be combined with abdominoplasty surgery and enhance the effects of the tummy-tuck. Mr Misra will explain this to you during your consultation.

What to expect

Following a tummy-tuck the most obvious change is a flatter tummy! Dressings are placed on the lower longer incision and around the umbilicus. Drains (tubes that drain tissue fluid by connection to suction bottles) are placed, during surgery, in each side of the abdomen, and remain for the time of your hospital stay. This is usually for 3-4 days, depending on the extent of the surgery, after which the drains are removed on the ward, prior to your discharge.

Aftercare

You will be encouraged to mobilise on the first post-operative day. With correction of the rectus muscle there may be slightly additional discomfort, especially when coughing or straining, otherwise the majority of patients tolerate tummy -tuck surgery well. For the first few weeks, the tummy will feel tight and some patients find it easier to walk about, with a slight stoop. The tightness gives, as progressively the tissues adjust. A binder is placed around your tummy, to support you in this time and is worn day and night for 6 weeks. You will be invited for a return clinic visit at 1 week for a wound check. Following this Mr Misra will advise about showering and getting the incision sites wet. Refraining from physical activity (eg. gym work or other exercise) for at least 6 weeks following surgery, is strongly advised. Scar moisturizing and massage will be encouraged at 2-3 weeks, to desirably settle the scars.

Risks and complications

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, no surgery is risk-free. Some of the general risks such DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection, although uncommon, can happen and your risk for will be discussed at consultation. However, specific risks to a tummy-tuck are listed below, although not exhaustive:

Bleeding

Occasionally, post-op bleeding (haematoma) is possible. Usually this means one of side of the abdomen is slightly more tense, bruised and causes more discomfort, as a result. A swift return to the operating theatre will usually correct this and the impact on the recovery is fairly minimal, when responded to in this way. A blood transfusion may be necessary, if the bleeding has caused a drop in your blood (haemoglobin) count.

Infection

Occasionally, infection from bacteria normally present on the skin can be troublesome. Infection can be treated with oral antibiotics but will delay the healing process, scars are likely to be worse, especially in the centre of the long scar, which

is the area of greatest tissue tension. If this likely to occur, it usually does so at 1 week post-op, when Mr Misra will review you, to check.

Wound healing

Occasionally, scabs form in the incision sites and gradually separate to leave a broad scar. The central part of the long scar is particularly vulnerable. People who smoke are at greater risk of this happening. Usually the scars settle with time, but will always be noticeable. However, some people are more prone to lumpy scars that remain sensitive for longer. Mr Misra will explain this in your consultation.

Asymmetry

No paired structures in the human body are perfectly symmetrical and this includes the two sides of the abdomen. Abdominoplasty surgery relies on an *artistic* eye of what looks the same, but may not measure exactly in the same way. Mr Misra will explain pre-op tummy asymmetries (measurements that differ on each side of the abdomen) and how these will not be entirely correctable by your surgery.

Scars

The scars will be placed to hide in normal clothing (tucked under your underwear etc much as possible). Scars fade over months to become paler and less obvious. However, they will always be present and visible out of clothes. In most women they will be thin, but in some they can stretch, move (due to skin tensions) or become red, sensitive and unsightly. Surgical revision of the scars may be needed, when bad scars fail simple treatments (silicone application / steroid injections).

Future pregnancies

A tummy tuck does not preclude future normal pregnancy but young women may well note their tummy-tuck result irreversibly changing with the overstretching of abdominal tissues and weight gain that happen. For this reason, it is advisable, in women, to have completed their families, prior to undergoing a tummy-tuck.

Skin sensation

The skin, particularly above the pubic area can lose sensitivity after surgery from disruption of the nerve supply and may be permanent. Nerve injury can also result in a patch of numbness on the outside of the upper thigh, although less frequent (meralgia paraesthetica). This may require treatment with medication, but usually settles.

Long-lasting result

The results of your tummy-tuck will hopefully meet your expectations and most patients enjoy the benefit of what it brings. However changes in weight, ageing or pregnancy will affect the final result of your surgery. These changes may, in themselves, require revision surgery.

Skin folds at the end of the scar (*dog-ears*)

Folds of skin at the end of the long scar can develop unpredictably. These are traditionally termed dog-ears and can usually be corrected under local anaesthetic several months later, if problematic.

Smokers

Chest infection, wound healing problems and tissue non-survival are high-risk complications in smokers. Mr Misra will discuss this with you in clinic and may not be able to undertake you operation until smoking cessation.

Further information

If you are interested to know more about abdominoplasty, please call: 01753 66571 / email: surgeon@alokmisra.com

Disclaimer: This information leaflet is designed to supply useful information but is not to be regarded as advise for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.