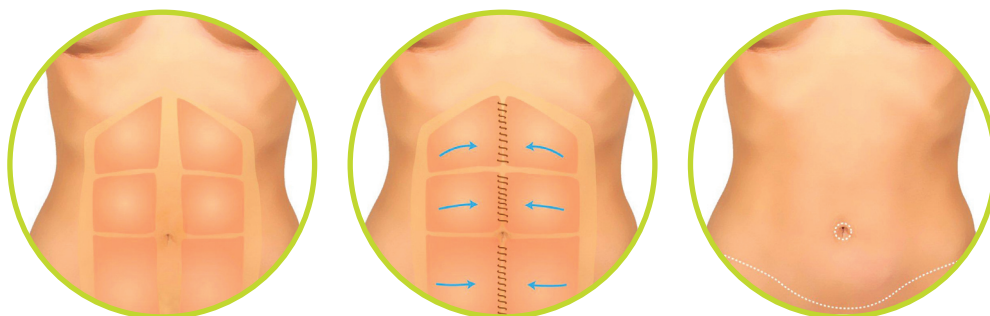


Procedures

Tummy Tuck (Abdominoplasty)



What are the issues?

Men and women may develop excess skin and fat around the lower abdomen for several reasons. Sometimes, weight gain or subsequent weight loss can be the cause. On the other hand, some of us are genetically predisposed to developing excess fat deposits in this area. As we age, skin loses its natural elasticity, so that even weight loss fails to deal with the excess stretched skin. Similarly, following pregnancy, the abdominal wall can become stretched and loose, with the 'six pack' (rectus) muscles separating and stretch marks (striae) developing on the skin.

The abdominoplasty (tummy tuck) procedure removes this excess skin and fat between the pubic area and the belly button. It can also remove or improve lower abdominal scars following previous abdominal surgery.

What can the procedure achieve?

The operation will remove most of the excess fat and skin from the lower abdomen. In doing so, it will also remove any stretch marks or other scars below the level of the belly button. The rectus muscles will be brought together (plicated) into their natural position if they have drifted apart. The belly button itself is preserved and may be reduced if it is excessively large or unsightly. We may also employ liposuction to the flanks and midline to improve the resulting contour.

What are the options?

There are several variations of the tummy tuck procedure. The choice of technique depends largely on your specific problem. We always aim to: remove as much of the excess tissue as possible; tighten the muscles if required; leave minimal scarring; and provide the best possible appearance.

Standard (full) abdominoplasty:

We make a long cut just above the pubic area to the hip bone on each side. We keep this as short and low as possible, so the scar will be hidden beneath your underwear. Next, we undermine the skin and fatty layer of the tummy all the way up to the level of the ribcage. We leave the belly button in its original position and bring it to the surface again at the end of the procedure. The skin and fatty layer is then drawn down from above and any excess carefully removed. If necessary, we suture the abdominal muscles back together. Occasionally, we may need to repair small pre-existing hernias that are found during the course of the operation. Next, we bring the skin edges together and secure them with dissolving, buried stitches. A small hole is made in the skin and the belly button is retrieved and stitched into place. Finally, we may use liposuction in the flanks to improve the contour. Performing extensive liposuction of the undermined skin during the same operation is, however, considered unsafe. Dressings are applied to protect the wound.

Abdominoplasty is performed under a general anaesthetic lasting approximately two hours. Suction drains are often required to remove any excess fluid that may collect under the skin. These are commonly removed a day or two after the operation. Normally, you can expect to stay in hospital for two nights.

Mini-Tummy Tuck

This is a smaller procedure than a full tummy tuck. We use a shorter incision and do not cut around the belly button nor undermine the skin above it. As a result, the skin and fat excised is limited to an area far below the belly button. We can combine this procedure with plication of the rectus muscles below the belly button only. This should improve any bulge in this area.

Fleur de Lys

Following massive weight loss, the abdominal wall may be so lax that an additional vertical excision is required to achieve a satisfactory result. This naturally leaves a conspicuous vertical midline scar. Otherwise, the operation is similar to the full tummy tuck.

Belt Lipectomy

After massive weight loss, skin and fat excess may extend around the flanks and to the back. In these circumstances, we may need to extend the incision all the way round the back. This is known as a Belt Lipectomy.

What are the limitations?

Abdominoplasty with or without liposuction is not a treatment for obesity. Therefore, if you are planning to lose weight, you should do so before considering these procedures.

There is a limit to the amount of excess skin we can remove from your tummy. For example, if you have stretch marks extending above your tummy button, it is unlikely that we will be able to remove them during surgery. The operation will not restore your skin's elasticity, however, it will make it tighter. Over time, the skin may relax again to a certain extent. There is also a limit to how much we can tighten the skin and muscle, and it's unlikely your tummy will be completely flat.

If you have a thick abdominal wall, you may benefit from a secondary liposuction procedure performed several months after the abdominoplasty.

What are the risks?

Fortunately, serious complications after abdominoplasty are relatively uncommon. With an experienced surgeon and anaesthetist, most patients do not experience significant difficulties.

Bleeding can occur after any operation. Normally this appears as mild bruising or some spotting on the dressings for the first few days. Occasionally, blood can collect under the skin flap. This is known as a 'haematoma' and is usually easy to diagnose. You may need to return to theatre to have a haematoma washed out; however this rarely delays your discharge home or affects the final anticipated result. If you are taking aspirin or another anti-inflammatory or blood-thinning medicine, it is often best to discontinue these for several weeks before the operation. You should discuss this with your surgeon and General Practitioner.

A 'seroma' is a simple fluid collection that can develop beneath the skin flap. We can usually drain this very easily in the clinic with a needle. This is the same fluid that is removed by the drains placed during the operation. Once the drains have been removed, the body normally soaks up the fluid itself.

Post-surgical swelling is common after abdominoplasty, particularly when it has been combined with liposuction. This resolves naturally with time but may be minimised by wearing snug lycra shorts or a corset for a few weeks after your operation.

All surgery presents a risk of infection but we take care to minimise this. Minor infections often respond to antibiotics and more significant infections requiring a wash out under anaesthetic are rare. Complications relating to wound healing, such as skin breakdown and blistering are uncommon and rarely serious. Most scars heal well but it can take a long time for them to reach their best. They usually become pale and white with time. However, very occasionally, a hard red elevated or itchy scar necessitates further treatment, usually as an outpatient in the clinic.

At either end of the long abdominal scar, raised bumps (dog ears) can occur and may detract from the cosmetic outcome. If these do not disappear spontaneously within a few months, they can be corrected easily with a minor procedure under local anaesthetic. Perfect symmetry does not exist before or after abdominoplasty surgery and scars may be uneven or suboptimal in a few cases.

The lower abdominal skin may be relatively numb after surgery. This often, but not always, improves with time.

What can I expect afterwards?

Mild to moderate discomfort is common in the first few days after surgery but can be minimised with appropriate painkillers. We administer local anaesthetic during the operation to give you some relief in the early recovery period. Initially, the discomfort will be more obvious when you move around or get out of bed, normally on the first day after the operation. Because of the skin removal and tightening of the abdominal muscles, your tummy will feel tight when you stand and it may take several weeks for this feeling to settle. We will remove your drains as soon as it is safe, normally on day two.

Following your discharge from hospital, we will give you a supply of painkillers to use as directed. We will also arrange a follow-up appointment with our plastic surgery nurses around one week after the operation to change the dressings and check the wound. The stitches are buried and dissolving, so they leave no marks and do not need to be removed.

Normally, you will see your consultant again in the outpatient clinic about six weeks after your surgery.

You will have noticeable scars after a tummy tuck. The main scar will run across your tummy just above the pubic area. There may also be a scar around the belly button. Usually, your underwear will hide the scars.

Age, skin type and elasticity all affect the quality of the result. Smoking not only adds to the risks of any procedure, but is likely to reduce the quality of the final result.

Getting back to normal

If you try to do too much too quickly, you can slow the healing process and increase the chance of some complications. You should therefore avoid doing anything that you find too uncomfortable. On average, you can expect to return to office-based work and light activities after two weeks, but you should avoid more strenuous activity or exercise for up to six weeks.

Finally, for female tummy tucks, we usually perform the operation when your family has been completed. For both males and females who have lost weight, we recommend delaying surgery until your desired weight target has been reached and your weight is stable. This is because pregnancy and weight gain lead to stretching of the muscles and skin. Weight gain or pregnancy after surgery will reduce the quality of the final result. Although you can have a normal pregnancy after a tummy tuck, it is sensible to finish your family first. Similarly, you should reach your ideal weight before undergoing the procedure and maintain that weight afterwards.

Contact Us

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