



CM04 Abdominoplasty

What is an abdominoplasty?

An abdominoplasty (or 'tummy tuck') is a cosmetic operation to improve the appearance of your abdomen. It may involve removing excess skin and fat and tightening the abdominal muscles.

Your surgeon will assess you and let you know if an abdominoplasty is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Is an abdominoplasty suitable for me?

It is common for the skin of the abdomen not to shrink back after pregnancy or losing a lot of weight. You are most likely to benefit from an abdominoplasty if you are self-conscious about what your abdomen looks like.

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your abdomen and ask you questions about your medical history.

Your surgeon will check if you are the right weight for your height. If you are overweight, it may be better to lose weight before having surgery.

You should let your surgeon know if you are pregnant or planning to get pregnant in the future. Pregnancy can change the appearance of your abdomen and may affect the long-term results of surgery.

What are the benefits of surgery?

If the operation is successful, your abdomen should be firmer and have a better shape. Most people who have a successful abdominoplasty are more comfortable with their appearance, are able to wear more revealing clothing and their personal and sexual relationships improve.

Are there any alternatives to an abdominoplasty?

If your abdomen looks saggy because the muscles of your abdominal wall are slack, your appearance may improve if you follow an exercise programme.

If the problem is caused mainly by too much fat, it may be better to only have liposuction, where the fat is sucked out using a small tube. Sometimes your surgeon will recommend having liposuction before, during or after an abdominoplasty.

What will happen if I decide not to have the operation?

An abdominoplasty will not improve your physical health. The appearance of your abdomen will stay the same. Your surgeon may be able to recommend an alternative to improve the appearance of your abdomen.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes between two and five hours.

The following are the main techniques that your surgeon may use and they will discuss with you which technique is most appropriate for you.

• Standard abdominoplasty

This technique is suitable if you have a lot of excess skin.

Your surgeon will make a curved cut from one hip to the other, going down to just above the pubic area. They will remove any excess skin and fat between the pubic area and your umbilicus. Your surgeon will then cut under the skin above your umbilicus, pulling it downwards and tightening it (see figure 1).

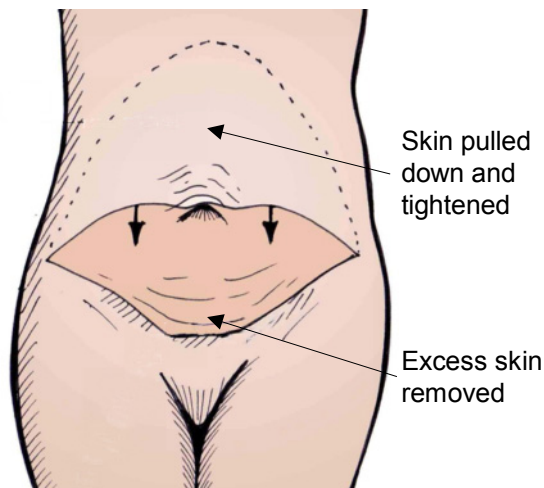


Figure 1

Standard abdominoplasty

Your surgeon will need to make a small circular cut for your umbilicus. Sometimes they will need to reconstruct your umbilicus (umbilicoplasty) (see figure 2).

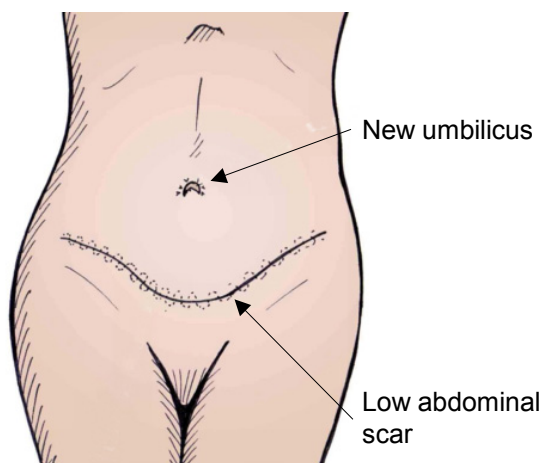


Figure 2

Results of a standard abdominoplasty and umbilicoplasty

Your surgeon may need to tighten the muscles of the abdominal wall (see figure 3) and use liposuction to remove excess fat.

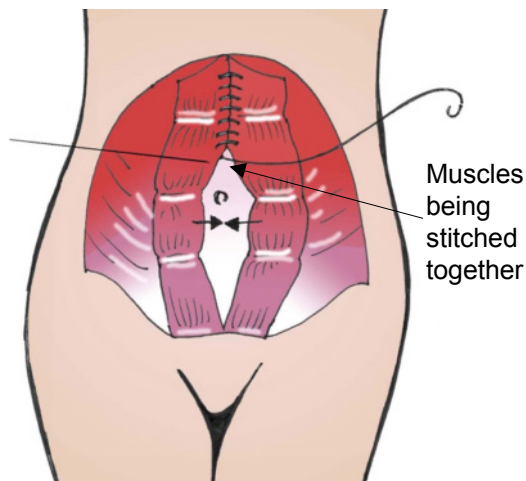


Figure 3

Tightening of the muscles of the abdominal wall

• Mini-abdominoplasty

This technique is suitable if you only have a little excess skin.

Your surgeon will only need to make a small cut just above the pubic area to remove the excess skin (see figure 4).

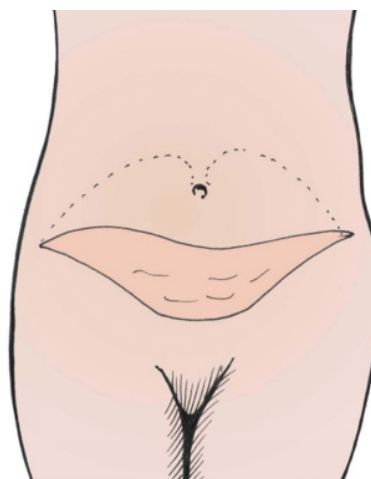


Figure 4

Mini-abdominoplasty

Your surgeon may need to tighten the muscles of the abdominal wall. They will not need to cut under the skin above your umbilicus and will only use liposuction if they need to remove any excess fat.

• Endoscopic abdominoplasty

This technique is suitable if you only need to have the muscles of your abdominal wall tightened. Your surgeon will make small cuts and use an endoscope (flexible telescope) with special surgical instruments to tighten the muscles of your abdominal wall. Your surgeon may also use liposuction to remove excess fat.

At the end of the operation, your surgeon will usually place small tubes (drains) in the cuts to help the wounds to heal. They will usually close the cuts with dissolvable stitches, leaving the drains in place.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin, clopidogrel, aspirin** or other **anti-inflammatory drugs**, as these are more likely to cause you to bleed after your operation. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which is usually easily controlled with painkillers. However, you can feel quite sore if you had a standard abdominoplasty or if your surgeon had to tighten your abdominal muscles.

- **Bleeding** during or soon after surgery. This rarely needs a blood transfusion or another operation.

- **Infection in a surgical wound.** In a standard abdominoplasty minor infections are common because the central part of the wound is often slow to heal. Any serious infection usually needs treatment with antibiotics or further surgery and can make the scar more noticeable. If the skin around the scar is red and the wound is painful and swollen, let your doctor know.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots.
- **Unsightly scarring** of the skin. Usually the scars will settle over time. However, if you have dark skin the scars can sometimes stay thick and red. The scar from the main cut will be noticeable but you will usually be able to hide most of the scar, even when wearing underwear or a swimming costume. If you have a standard abdominoplasty you will also have a scar around your umbilicus. It is important to follow the instructions your surgeon gives you about how to care for your wounds.

3 Specific complications of this operation

- **Developing a swelling** under the skin in your lower abdomen. This is caused by blood or fluid collecting. If this happens, you may need to have a small procedure to remove the blood or fluid.
- **Numbness or persistent pain** on your abdomen. This is caused by injury to the small nerves that supply the skin. Any pain or numbness usually settles after a few weeks. However, this can sometimes continue for many months.

- **Cosmetic problems.** It is difficult to predict exactly how your abdomen will appear after surgery. Sometimes you will still have a small area of excess skin after the operation. If you are overweight, particularly on your sides, you may get flaps of skin towards your sides near the ends of the wound. If you had a standard abdominoplasty, your umbilicus may go slightly off-centre but usually only you will notice this.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your abdomen will look discoloured and feel firm and swollen.

You should try to keep your knees bent to reduce the tension on your stitches.

You should be able to go home after two to three days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should rest and only do light activities for the first two weeks. This will help the wound to heal and reduce the risk of fluid collecting.

You should get yourself fitted with a customised corset to help reduce any swelling and to keep you comfortable over the first month.

You should be able to return to work after the second week, depending on your type of job. For the first six weeks after the operation do not lift anything heavy or do strenuous housework, like vacuuming or ironing. You should be able to do a limited amount of activity, such as lifting young children, after about two weeks.

You should avoid sex for the first three weeks and then be gentle.

Your surgeon and physiotherapist will advise you on exercising to help keep you to a healthy weight and to improve the tone of your abdominal muscles.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Your surgeon will arrange for you to have follow-up visits to check on your progress. The results of an abdominoplasty improve gradually over the first six months. The best results for you will happen if you keep to a healthy weight and exercise regularly. If you put on a lot of weight and then lose weight, or get pregnant, you may get too much skin on your abdomen again. However, you should not get as much excess skin as you would have done without the operation.

Summary

An abdominoplasty is a cosmetic operation to improve the appearance of your abdomen. It is only suitable for certain people. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- For help and advice on stopping smoking, go to www.healthpromotion.ie or call the National Smokers' Quitline on 1850 201 203
- For advice on maintaining a healthy weight and information on how exercise can help you, go to www.irishheart.ie
- www.aboutmyhealth.org - for support and information you can trust

Acknowledgements

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Illustrations: Mr Eoin O' Broin MD FRCS (Plast)

Local information

You can get information locally from:

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This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

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