

Tummy-tuck - 'Abdominoplasty'

How would I be helped by Tummy-Tuck?

Tummy-Tuck ('T-T') aims to tighten and reduce excess tummy skin / folds which result from pregnancy, skin laxity, weight gain and ageing. It can affect self-confidence and body image. Patients are often self-conscious about clothing choices and participating in activities; sometimes a tummy fold may contribute to lower back pain or poor posture.

The goals of Tummy-Tuck surgery are to improve the aesthetic appearance of your tum. The result should boost your self-confidence, allow you to wear the clothes you wish and feel more comfortable.

If you would like to improve your lower body shape because of skin laxity and some excess fat on your lower abdomen, which does not reduce with good diet and exercise, tummy-tuck will help you. You should not have any serious medical conditions, nor should you be significantly overweight

What is a (standard) Tummy-Tuck?

Tummy-Tuck is a plastic surgical procedure which removes excess fat and loose skin around the lower abdomen between the navel (belly button) and the pubic area. Skin from the upper abdomen is stretched downwards to replace the removed skin; a hole is made for the navel. This greatly improves the abdominal contour. You have a surgical incision running between each hip which should be concealed by most underwear (although probably not skimpy garments or ones with a plunging elastic line e.g. thongs) and another scar around the navel.

What is a Mini Tummy-Tuck?

A minority of patients who are typically very slim already have a very small skin roll which is confined to the lowest section of the abdominal wall. In these cases it may be possible to remove the small roll of skin and stitch without having to stretch and reposition the upper skin. This is a less extensive procedure, taking approximately half the time of a full abdominoplasty. It leaves shorter scar in the pants line but there is no surgical scar around the navel. It tends to pull the navel downwards. It may be possible to do this as an awake 'local anaesthetic' operation although general anaesthetic remains preferable. Other aspects of the surgery are similar to a standard Tummy-Tuck.

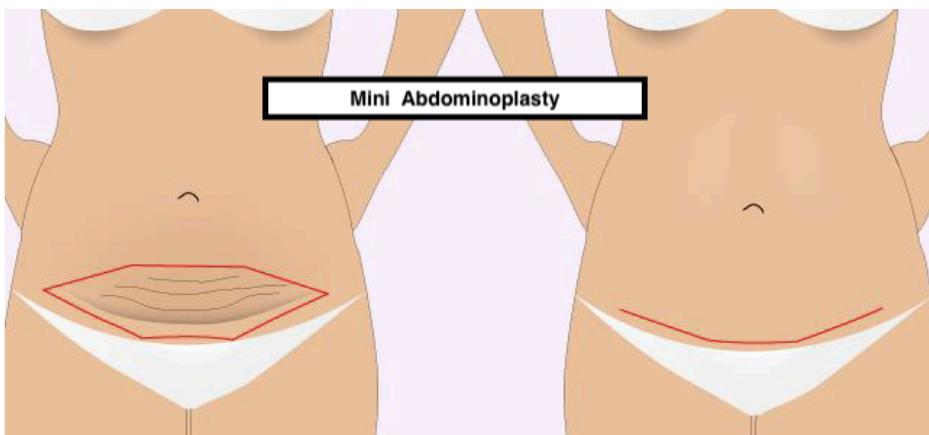
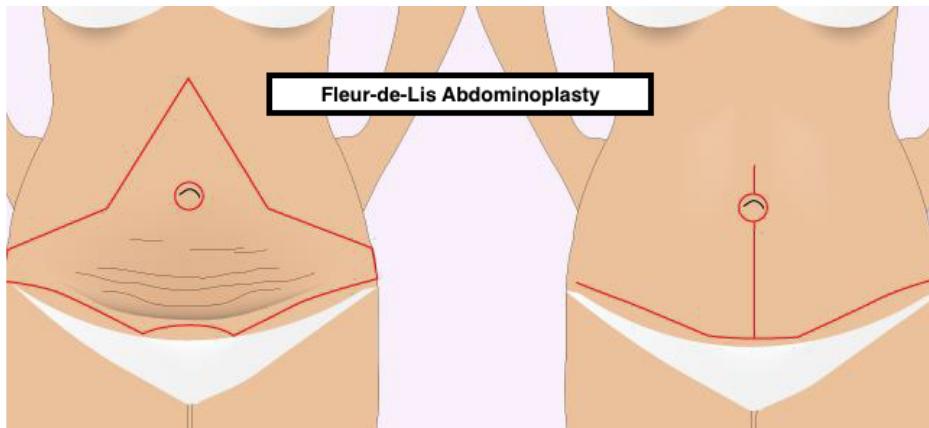
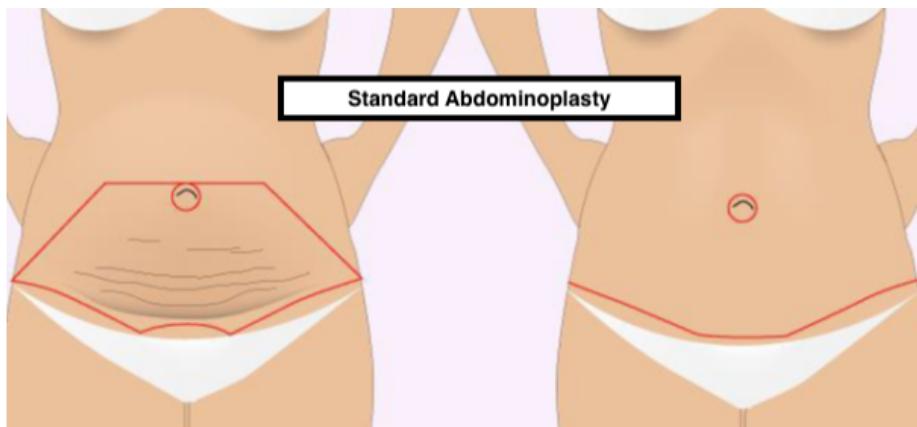
What is a Fleur-de-Lis Tummy Tuck?

This is a much more extensive operation for patients who have a lot of loose skin above the navel. Usually, patients who are suitable for this will have lost significant weight in the past. In addition to the design of the standard Tummy-Tuck, a central, vertically oriented wedge of skin and fat is removed from the upper abdomen - the final arrangement of scars is a large upside-down 'T'.

Are there alternatives to Tummy-Tuck?

This is surgery for personal choice: There is no 'need' to have T-T surgery. Dieting to a body mass index ('BMI') of 25 or less may be helpful as it may mean that T-T becomes unnecessary or less extensive. Many patients will already have tried to do this and found they remain unhappy about the appearance of their tummy or find it impossible to reach BMI of 25.

Liposuction or non-surgical fat reducing techniques could be an effective alternative in certain instances but these are unlikely to deal with prominent rolls or 'crepy' skin.



pictures from BAAPS website : https://baaps.org.uk/patients/procedures/3/tummy_tuck_abdominoplasty

Can other operations be combined with Tummy-Tuck?

Tummy-tuck is commonly combined with liposuction ('Lipo-abdominoplasty' or 'Brazilian Tummy tuck'): patients with a lot of excess fat in the upper part of the abdomen will usually benefit from Lipo-abdominoplasty in order to optimise the result. It adds some additional time and therefore expense to the cost of standard T-T.

Liposuction of the 'lovehandles' area is also commonly requested. Some patients have a lot of baggy skin in the 'mons' (pubic triangle) and this may benefit from a 'mons-reduction' either with liposuction or with surgical skin removal.

For patients who have lost a considerable amount of weight previously, skin from the lower back may be removed as well - known as a 'lower body-lift'

It is also common for patients to have breast enlargement, uplift or reduction surgery at the same time (so-called 'mommy makeover').

Do I need to lose weight before my Tummy Tuck?

Tummy tuck is an operation which is designed to improve the shape of patients who are at a healthy weight or slightly overweight. It is NOT an operation which significantly reduces your weight - on average about 1-2 kilograms of tissue is removed - and it is NOT a substitute for dieting. The risks from surgery increase for patients with high BMI and it is unusual to achieve a good cosmetic result in patients who are very heavy.

You should therefore have reached a stable weight which is at or close to your ideal body weight. If you are significantly overweight (BMI 30 or more), it will not be as safe to do the surgery and you will be advised about a target weight at consultation. Some patients will have stomach surgery to help them lose weight before choosing to have tummy tuck.

Does Tummy-tuck require a general anaesthetic or hospitalisation?

Standard T-T is a general anaesthetic operation with a 1-night-stay (2 nights for fleur-de-lis T-T) in hospital. The morning after your operation you should be allowed home after review by the medical team and removal of plastic drain tubes. When you leave hospital you will not be able to drive yourself home.

Mini T-T is best done as a general anaesthetic case but it may be done with local anaesthetic. This is a day-case op but there should be another adult staying in the same home for the first night after surgery.

How long is the operation?

Standard T-T normally takes 2-3 hours to complete and you will be in the operating zone of the hospital for longer than this because of time taken to give anaesthetic and for 'coming-round' afterwards. FDL or TT combined with liposuction may take approximately 4 hours.

How long is the recovery time?

Moderate pain / discomfort is expected for the first week. You should take simple painkillers regularly for the first week. Plan to have at least 1 week resting quietly at home.

Into your second post-op week, things will typically be much more comfortable but you may continue to get some pains and 'twinges' which can persist for longer.

Return to gentle daily activities (e.g washing, dressing, preparing and eating food, child care) the next day if you feel ready and comfortable to do so. Wounds are typically covered with showerproof dressings so you can have a brief shower as soon as you like to do so.

There is often a lot of bruising and this should mostly have disappeared after 3 weeks. Pain is associated with the bruising and many patients will find this quite uncomfortable especially if large areas of liposuction have been included. Many patients will find arnica tablets or ointments helpful.

Swelling will also be present; much of the swelling resolves also in the first 3 weeks but some will persist for 6-12 months and many patients find that swelling fluctuates from day to day.

It will be necessary to wear a support garment for the first 6 weeks, day and night as much as possible. You may find it helpful to wear this for a further 6 weeks during the daytime.

You should avoid strenuous exercise / activity / jobs for approx. 6 weeks. Patients may feel able drive the car and return to a calm office environment during the second week after operation. If you have a more active job, you may prefer to plan 2 or more weeks off.

Will the abdominal muscles need to be tightened at the time of my Tummy Tuck?

For many patients this is not necessary but some will benefit from it and choose to do so.

Stretching of the paired rectus muscles ('six-pack' muscles) in the abdomen occurs during pregnancy and also with ageing or significant weight gain. This results in a gap or bulge which can show between them or a general widening of the waistline. The tummy muscles will be assessed before your operation and this aspect of surgery will be discussed.

Patients who have muscle tightening will usually have more pain and a slower recovery. After muscle tightening you will have to be particularly careful to avoid strong straining and exercising for at least 3 months after operation. During the subsequent 3 month period you can GRADUALLY return to strenuous work, core exercises or sports. (i.e aiming to reach full activity at 6 months post op)

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 2 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office during work hours.

What will it look like in the end?

It is impossible to simulate or exactly predict the final outcome. You should notice a pleasing and dramatic change in the shape and contour of your tummy. The objective is to remove excess skin, tighten the remaining skin as much as it is safe to do and have the surgical scar as low as can be achieved. Over-resection can lead to a surgical wound which is impossible to close or which fails subsequently - so there is a balance to be struck during the operation in terms of removing a satisfactory amount of tissue whilst completing a safe and secure wound closure.

Most patients are not symmetrical before surgery and it is usual for small amounts of asymmetry to persist afterwards. It is important to have realistic expectations - it will not be possible to achieve 'perfection' but T-T aims to improve your body shape. Your profile will certainly be improved for the wearing of clothing but, when you are bare, there will be signs that you have had surgery in the past especially due to surgical scars, possible surface irregularities and some asymmetry.

What about the scars following Tummy Tuck?

Unfortunately, it is necessary to have quite a long a scar as a result of T-T, but every effort is made to minimise the scars and ensure that these are as inconspicuous as possible. The scar is planned within the knicker-line usually from hip to hip. The extent of the scar is determined by the amount of excess skin to be removed. In many cases patients have a caesarean section scar and this is incorporated into the new scar. Your tummy scar is not always symmetrical.

It will take approximately 12 months and sometimes longer to fade. Before it fades, it may become quite red. Sometimes buried stitches can poke out from underneath or

cause a small abscess before they have been absorbed. Usually these settle without treatment but some additional dressings and wound-care may be necessary.

The level where the scar finally rests is difficult to exactly predict because of the elasticity of the remaining tummy skin and also the skin in the pubic area. Therefore the scar may not be entirely concealed by underwear; very skimpy underwear is unlikely to conceal even the lowest of scars. Patients with a small amount of excess skin may find that the scar rests a bit higher or require a small vertical scar in addition.

There will also be a scar around the navel. It usually settles well and it is the intention that this is well hidden. Unfortunately there is some unpredictability in the way the navel heals and it can but it can leave a scar or a navel which is prominent, thick or contracted.

Will it get rid of my stretch-marks?

Stretch-marks between the level of your navel and your pants line will mostly be removed by the surgery. If you have stretch marks above the navel these will not be removed but they will be transported towards the lower part of the abdomen and may become longer.

Will any further treatment be necessary?

There is always some unpredictability with the final results because of variation in skin elasticity and fat thickness and texture. There could be some folds, wrinkles, irregularities, problems with the navel or asymmetry after T-T. These may be amenable to further operation and approximately 5% of patients will require a further procedure to 'touch up' the results either with surgery to remove skin or fat or to amend the navel. This is an extra potential cost that you should be prepared for.

What are the limitations of Tummy-Tuck?

- Meeting expectations - it is important to have reasonable expectations about what can be achieved. Because it is impossible to exactly simulate or predict the final appearance of the tummy, some patients may be disappointed with the outcome despite a technically sound and appropriate operation.
- Scars - The appearance and position of scars is not entirely predictable.
- Body shape - This procedure only removes skin from the surface of the abdomen; patients who have a propensity to build up fat in the abdominal cavity, patients with a large 'frame' and patients who are prone to getting 'bloated' will not achieve such dramatic results.
- Dog-ears - a secondary fold can develop at the ends of the tummy scar and this is known as a 'dog-ear'. Every effort is made to avoid this but it may not always be possible.
A further, usually local anaesthetic, procedure may occasionally be required to improve dog-ears - the cost for this is not covered by your surgical fee.
- Step-off irregularity - it can be difficult to match the thickness of tissue at the level of the lower scar or some further stretching may occur during healing - this can leave a persistent bulge along the edge of the scar.
Further surgery may be required to improve this and - cost for this is not covered by your surgical fee.
- Numb skin - the skin is usually quite numb after operation. Sensitivity usually returns during 1-2 years although this rarely returns to normal.
- Tummy tuck does not prevent you from putting on weight again and the cosmetic outcome will be diminished with weight gain and ageing.
- Best results and safest surgery is achieved in patients who are no more than mildly overweight

What are the risks of Tummy-Tuck?

It is impossible to eradicate all the risks associated with surgery. However Tummy-Tuck is considered to be a safe, routine procedure if performed by a fully qualified and trained Plastic Surgeon in Hospitals with a high standard of care. The overwhelming majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term.

Risks include:

Dangerous or urgent (but rare) - requiring additional urgent treatment:

Life threatening or life changing complications from surgery (stroke, pneumonia, heart failure, severe allergy, severe infection, hypoxia)

Dangerous blood clots ('DVT', 'PE')

Fat embolism

Penetration of organ or structure

Bleeding (approx 1%)

Deep Infection (approx 1%)

May affect cosmetic result - may develop in longer term - may lead to further investigations or treatment:

Irregularities of skin / tissue / scar

Folds or loose skin

Skin necrosis or discolouration

Asymmetry (often pre-existant)

Seroma (collection of fluid) (approx 10%)

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Necrosis of navel

Wound failure

Long term pain

Disruption of internal stitches

Other problems - usually temporary:

Swelling, bruising, pain

Numb or hypersensitive skin

Tethering/puckering

Scar healing abnormality: 'hypertrophy'; 'keloid'

Minor wound infection or stitch problem (quite common - 10-20%)

Allergy to dressings / antiseptics / stitches

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds. You are strongly advised to cease smoking for at least one month before and a further month after operation.

Seroma is a collection of sterile fluid which can gather under the scar in the days and weeks after operation. It is quite common, and should NOT be a cause for concern because it is non-dangerous (occasionally can become infected). It can be emptied by drawing it off with a needle and suction. Typically it settles after being emptied once or twice but it can persist and, rarely may require further operation. There is no additional cost for treating seroma.

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad.

The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties but tissues and scars will still be softening and maturing at this stage. For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and crusts have separated (usually by 3 weeks).

What should I do after surgery?

Plan a restful couple of weeks at home ideally.

Be gently mobile around the home and you can go out for short walks or journeys.

Wear garment / binder as much as possible first 6 weeks.

You can sleep in any position that is comfortable.

Tummy will feel tight but you should try to stand / walk straight as you can (a bit of pull is ok) - try to be a bit straighter each day - there is no need to be in a bent-over position.

You use shower to wash but best to have brief showers only during the first couple of weeks. You can spend longer in the shower once the wound is healing satisfactorily.

Start to increase activity levels gradually after a couple of weeks - more care is required if you have had rectus muscle tightening - see earlier paragraph.