

DR REBECCA AYERS

Plastic, Reconstructive and Hand Surgeon

Adominoplasty

Introduction

Abominoplasty is a common operation. It removes an excess of soft tissue that maybe left over following weight loss or pregnancy. The excess soft tissue causes a fold of skin and loose fat, usually in the mid-lower third of the abdomen.

This excess tissue may cause a number of problems:

- Sweating, rashes and skin infections under the fold of excess skin
- Difficulty participating in sports or swimming
- Self-consciousness and psychological distress due to the appearance of the abdomen
- Unwelcome and inappropriate comments from others
- Weakness of the abdominal wall muscles (recti muscles), which creates a bulge when straining, or lifting. This is particularly common after childbearing.

The stretched skin will not respond to weight loss, or exercises such as sit-ups.

Pre-operative preparation

For the best results it is best to have a body mass index (BMI) as close to normal as possible and be smoke free. If you have given up smoking I advise you not to use nicotine replacement therapy for four weeks before your operation and four weeks after.

For women it is best to wait until your family is completed.

Again, if you a planning to lose more weight, it is best to postpone your abdominoplasty until after you have reached your goal weight

What should I bring to hospital?

It is important that you bring a few suitable support knickers with you. Essentially these are "shaper-knickers" and need to go right the way up to under your bust. You will go into these a day or so after you operation.

I like you to have some *Micropore*TM tape available for after the operation. This can be purchased from your local pharmacy.

From 6 weeks I will ask you to moisturise the scars. A plain, hypoallergenic, unscented moisturiser can be purchased from your pharmacy. I don't recommend a particular brand.

What does an abdominoplasty involve?

A large horizontal incision is made from one side of you hips to the other, just above the pubic hair line. The tummy wall is lifted up beyond the tummy button, almost up to the rib cage. The

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tummy button is kept attached to the underlying muscle by a stalk of tissue that maintains its blood supply. The tummy muscles are tightened if that is required. Then the excess skin and fat is removed. The tummy button is then reinserted through a new hole in the tummy wall. The skin is re-draped and sutured over drains. All sutures are dissolving. A supportive garment is provided.

How can I improve my scars?

Keeping the scars taped for 6 weeks is important. After that the scars can be massaged twice daily with a plain, unscented, hypoallergenic moisturising cream. It is very important to avoid any UV exposure for 24 months following the operation; UV exposure can cause the scars to pigment strongly. The scars should fade and flatten over 12 months.

To start with the scars are fairly thin and it is usual for scars to thicken and become red as they heal. If your scars become very red, itchy or thick then please contact me as you could be developing hypertrophic or keloid scarring that may need special silicone dressings or steroid injections.

After surgery

It will be painful after the operation and you will be given pain relief to control this.

A small injection is given into your tummy to reduce the risk of blood clots developing in your legs / lungs (DVT, PE).

You will be in hospital for 3-4 nights and you will need help at home with shopping, housework and childcare for perhaps 2 weeks following the operation. It will be at least 6 – 8 weeks before you feel back to your usual self and you will need to take things easy during this time.

To start with you will be unable to straighten fully and will be nursed in a 'deck-chair' position, with pillows under your knees. Over the coming days you will gradually be able to stand and walk normally again. Don't rush this, as it is a function of your tummy being nice and flat again.

You will have a catheter (a little tube that goes up into your bladder through the urethra) in to drain urine, this means you don't have to get up to go to the toilet over the first few days.

You may leave hospital with one or two drains in place. District nurses will visit you at home and remove the drains at the appropriate time.

After 48 hours you may shower briefly. It is fine for fresh water, soap and shampoo to run over the wounds. Avoid bathing in a bath or swimming pool until the wounds are completely healed. After showering the tapes should be dried carefully by leaving the tapes open to the air or by using a hairdryer *on cool* (a hairdryer on warm or hot may burn the wounds). The tapes can stay on for 7-14 days, however if it becomes loose, tatty or moist then the tape may be changed earlier.

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It is best not to drive for at least 2-3 weeks following the operation; you may return to driving when it is comfortable to wear a seat belt and you feel confident and comfortable to control a motorcar.

Please wear good supportive undergarments all the time (23 of 24 hours a day) for the first 3 months.

Avoid strenuous activity for at least 6 weeks; be guided by how you feel and be sensible. Please wait 12 weeks before beginning abdominal exercises such as crunches and gym weights.

What are the possible complications?

Pain: Pain is usually not severe and can be managed by oral pain relief. It is often worse when you move around and cough. This pain settles with time.

Infection: Wound infection could occur after any surgical procedure. A dose of antibiotics is administered at the beginning of the operation and further antibiotics are not routinely given as this leads to antibiotic resistance. The signs of infection are increased redness, discharge from the wound, fevers or feeling unwell (similar to getting the 'flu). Infection requires more antibiotics and sometimes admission to hospital or an operation to resolve it.

Bleeding: Bleeding can be minor or it can lead to a collection of blood (a haematoma) that needs to be drained in theatre.

Asymmetry: The scar maybe slightly asymmetrical although I will try and make it as perfect as possible. Sometimes there is a bit of fullness at the ends of the scars; this should settle and flatten with time. Occasionally the scar will need another small operation to improve it.

Wound healing problems: Sometimes the wounds take a longer time to heal and may require dressings for some weeks. This is especially true of smokers and women who are overweight.

Scars: There will be a long permanent scar following the operation. Hopefully the scar will be fine and pale but some people have a tendency to poor scarring and their scars can be thickened, itchy and unsightly (hypertrophic or keloid scarring). Occasionally revision surgery is needed for scars.

Recurrence: If the divarication of your recti (separated tummy muscles) is corrected, there is chance that this could recur with time

Numbness: You tummy will feel numb following the operation and this tend to be permanent

Seroma: A result of tissue fluid accumulating within the tummy wound, the drains take care of this initially, but if the fluid recurs, usually as swelling of the tummy, then it may need to be drained away using a little needle

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Clots in the legs or lungs: There is small risk of this with any large operation, and especially one involving the abdomen. To prevent this you will wear special stockings and have an injection of a blood thinner medication into your tummy each night. You will have a little machine to massage your legs for the first few days. For women, it is best to stop oral contraceptive pills for 6 weeks before surgery and use alternative forms of contraception.

Loss of the belly button: This is a very rare complication and occurs due to reduced blood supply to the belly button. It is treated with dressings and rarely may require another operation to re-create a belly button.

Risks of liposuction: If you need liposuction as an adjunct to abdominoplasty then there is also a small risk of abdominal wall perforation and injury to the underlying abdominal contents. This is a very, very rare, but serious complication.

The future

An abdominoplasty will not prevent you from gaining weight in the future.

Your scars will settle and swelling will resolve over time and it may be 12 months before you have your final result.