

## **Abdominoplasty: Patient Information**

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### **Introduction:**

The abdomen can sometimes cause patients concern both functionally and cosmetically. This can occur after pregnancy or weight loss when the abdominal muscles may weaken and excess or overhanging lower abdominal skin and fat may develop. An abdominoplasty procedure can tighten the abdominal muscles and remove the redundant tissue improving the appearance.

The procedure should not be considered a "quick fix" for weight loss; in fact it can be unsafe or have much higher complication rates in severely overweight patients. The procedure is best for patients of relatively normal weight where problem areas resistant to diet and exercise remain. In this circumstance the contour can be improved.

### **The Operation:**

A long incision is usually performed from hip to hip across the lower abdomen. The surgeon attempts to keep this low, just above the pubic region so that the final scar will be in the bikini line. The skin and fat of the abdominal wall are then lifted from the underlying muscle layer and freed all the way up to the margin of the rib cage. The belly button or umbilicus is preserved attached to the muscles on a stalk. The muscle layer if lax can be tightened with strong sutures and any hernias if present can be corrected. Once free the abdominal tissue can be redraped downwards allowing the excess to be removed. The skin is then stitched together leaving only a lower scar at the site of the original incision.

Liposuction can be used in the flanks to help improve the contour here and smooth the way the skin drapes. The umbilicus is brought out onto the abdominal skin through a new incision and stitched in place, leaving a scar around its circumference.

Occasionally patients may only require a more limited approach if the upper abdomen remains satisfactory and the majority of the excess tissue sits more localized in the lower abdomen. The incision can be kept shorter and the umbilicus is not repositioned. This avoids a scar around the umbilicus but it can be pulled or displaced downwards. Less loose skin and fat can be removed with this technique and only muscles below the umbilicus can be tightened. The contour can still be improved with liposuction.

### **After the Procedure:**

The surgery is carried out under a general anaesthetic and most patients will stay in hospital for 1 to 2 days. The wound feels tight particularly for the first few days after surgery and patients are nursed with a pillow placed under the knees to reduce the tension on the abdomen. When first starting to walk around, which is encouraged early on, patients are often bent over slightly. The stitch line can have puckering or dimpling to start with, where deep stitches are placed for support underneath the skin. This will gradually disappear over the next several weeks.

Drain tubes are placed underneath the skin to remove any wound fluid which can accumulate in the pocket left by the surgery. These usually remain in place for 5 to 10 days but can be managed at home by patients themselves.

Sometimes a support garment may be useful to reduce swelling and provide support. This is essential if significant liposuction is planned and in these patients a special garment must be purchased before surgery.

Recovery is very individual and depends on the patient's fitness, occupation and any activities the patient wishes to return to. In general patients return to work between 2 and 4 weeks depending on intensity. Activity can gradually be increased as comfort allows, although early over-activity or muscle straining can impair healing. Swimming is usually possible by 6 weeks but heavy gym work or heavy lifting should be avoided for 3 months.

The feeling of tightness can persist for many months and even impair or restrict some activities that require stretching or twisting such as golf.