

ABDOMINOPLASTY SURGERY (TUMMY TUCK)

A guide for patients

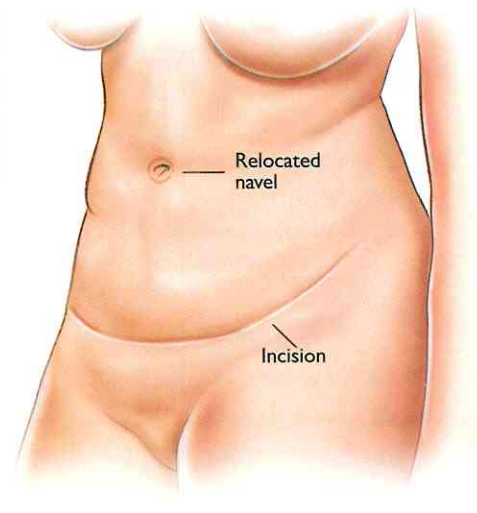
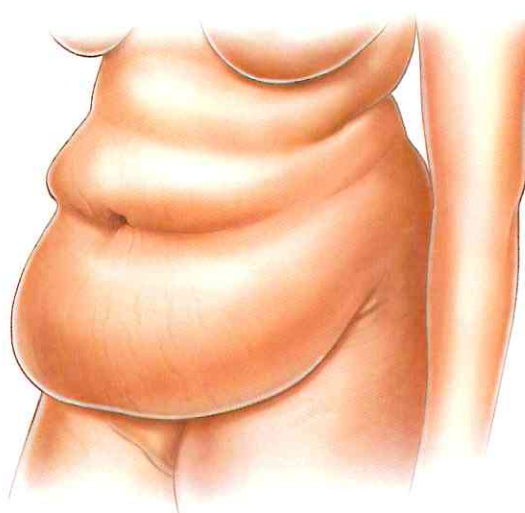
The aim of abdominoplasty is to remove sagging skin and excess fat from the middle and lower abdomen. The muscles of the abdominal wall may also be surgically tightened during the procedure to improve the abdomen's function, appearance and long-term outcome.

Abdominoplasty is commonly called a "tummy tuck" or "abdominal reshaping". Performed by a plastic surgeon, the surgery can be effective in reducing the bulge caused by excess skin and fat, and loose abdominal muscles. The result is a flatter, firmer and more shapely abdomen.

Abdominoplasty may be an option for people in whom excess fat and skin and sagging muscles have not been improved by diet and exercise. Pregnancy can cause the muscles and skin to stretch so much that they do not return to normal, especially after caesarean section. In older people, the loss of skin elasticity (a normal result of ageing), loss of muscle tone and even mild obesity can contribute to an unsightly and protruding abdomen.

While abdominoplasty can be a cosmetic procedure, it may partly be a reconstructive procedure that:

- corrects abdominal abnormalities caused by pregnancy, obesity, extensive weight loss, trauma, tumours or other disease
- corrects or relieves structural defects of the abdomen
- improves the function of abdominal muscles; this may help to balance spinal muscles and may improve back pain



Bulges caused by loose abdominal muscles, excess fat and sagging skin (left illustration) can be effectively treated by abdominoplasty. While the result may be a flatter and more shapely abdomen (right illustration), patients need to be aware of the risks and limitations of the surgery. Realistic expectations are important.

- creates a more normal appearance of the abdomen
- repairs an abdominal hernia that has followed previous abdominal surgery
- removes a large and distressing apron of fat, also called a pannus, that can cause chronic dermatitis, skin infection, difficulty in walking and difficulties with hygiene. The surgical removal of a pannus is called an apronectomy.

Some people may think they need to have an abdominoplasty when, in fact, liposuction alone may give a good result.

Your plastic surgeon will advise you which procedure is best for you.

TALK TO YOUR PLASTIC SURGEON

This pamphlet is intended to provide you with general information. It is not a substitute for advice from your surgeon and does not contain all the known facts about abdominoplasty or every possible side effect. There may be other benefits and risks of a tummy tuck not discussed in this pamphlet. If you are not sure about the benefits, risks and limitations of treatment, or other related issues, ask your surgeon.

Read this pamphlet carefully, and save it for reference. Technical terms are used that may require further explanation by your surgeon.

Write a list of any questions you want to ask, and discuss them with your plastic surgeon. You are encouraged to discuss with your plastic surgeon:

- the result you want (point out the areas you want improved)
- the surgery to be done, and why
- the outcome you can expect.

Use this pamphlet only in consultation with your plastic surgeon.

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask the patient to sign the sticker to confirm receipt of the pamphlet.

TREATMENT INFORMATION PAMPHLET

PEEL HERE

PROCEDURE: _____
 PATIENT'S NAME: _____
 DOCTOR'S NAME: _____
 EDITION NUMBER: _____ DATE: DD / MM / YYYY

Your Plastic Surgeon

AUSTRALIA PLASTIC
SURGERY

THE DECISION WHETHER TO HAVE AN ABDOMINOPLASTY

In assessing whether a tummy tuck is an option, your plastic surgeon will examine you and assess your condition and general health. The examination will help your plastic surgeon to plan the best treatment for you.

The decision to have a tummy tuck should only be made after discussion with your plastic surgeon. The decision to have surgery is yours and should not be made in a rush. Make the decision when you are satisfied with the information you have received and believe you are well informed.

Read about general and specific risks on page four. An abdominoplasty may not be suitable for some people for a number of reasons, including:

- unable to have an anaesthetic
- the abdomen may not be as unsightly as the patient thinks (in such cases, other procedures such as liposuction or mini-tummy tuck may be appropriate)

- bleeding tendencies or poor healing ability
- high risk of surgical complications.

Anyone who wants an abdominoplasty should be emotionally stable because mental outlook can affect a person's perception of the surgical outcome.

Seek the opinion of another plastic surgeon if you are uncertain about your plastic surgeon's advice.

Delay the surgery if:

- you are in the process of losing weight, or are going to lose a lot of weight (delay at least until you have reached your target weight)
- you intend to get pregnant, as surgically tightened muscles will stretch during pregnancy.

REALISTIC EXPECTATIONS: People who are healthy and have realistic expectations are usually suitable for an abdominoplasty. It is important that you have

realistic expectations about abdominoplasty and what your plastic surgeon may be able to achieve.

Your surgeon cannot guarantee that the result will meet all your expectations, or that the surgery bears no risks. Although a tummy tuck can improve the appearance of the abdomen, the results of treatment may not meet your expectations. The improvements that may be achieved are lasting but not always permanent because the ageing process goes on as normal.

Decide what you hope to achieve from a tummy tuck, and discuss it in detail with your surgeon. Thorough discussion will help your surgeon to determine whether your expectations are realistic and can be achieved.

Consent form: If you decide to have an abdominoplasty, your plastic surgeon will ask you to sign a consent form. Read it carefully. If you have any questions, ask your plastic surgeon.

BEFORE SURGERY

Be as fit as possible before surgery as fit patients recover faster. If you need to lose weight, do so before surgery. Significant weight loss after the surgery can affect the result of the tummy tuck, making the skin of the abdomen appear loose again. Your surgeon can refer you to a professional dietician in your area.

Aspirin, medicines that contain aspirin (such as some cough syrups), some herbal tonics, large amounts of vitamins and anti-inflammatory medicines can increase the risk of excessive bleeding during and after surgery. Your surgeon will advise you whether you should alter the dose or stop taking the medication. Discuss this carefully with your surgeon.

Do not crash diet as it can impair healing. Do not get your tummy sunburned before the surgery.

SMOKING: Smoking increases the risks associated with surgery, anaesthesia and recovery. It also decreases blood flow to the skin, causing wound-healing problems. You must stop smoking and all nicotine intake for four weeks before and after surgery. It is best to quit.

YOUR COMPLETE MEDICAL HISTORY

Your plastic surgeon needs to know your

full medical history in order to plan the best treatment. Tell your surgeon about health problems you have had, as some may interfere with surgery, anaesthesia and care after surgery. Your medical history is confidential.

Give your plastic surgeon a list of ALL the medicines you are taking or have taken recently, including insulin, blood thinners (such as warfarin), aspirin, cough medicines, vitamins, and herbal or homeopathic remedies. Unless your plastic surgeon advises differently, you will be able to continue taking most of your medicines, for example, those for blood pressure, diabetes, epilepsy, or psychiatric problems, among others.

Tell your surgeon before surgery if you have had:

- an allergy or bad reaction to antibiotics, anaesthetic drugs or any other medicine
- prolonged bleeding or excessive bruising when injured
- any psychological or psychiatric illness
- any previous abdominal or gynaecological surgery, or complications from previous surgery.
- any long-term or recent illnesses

You may need blood tests or other

tests (such as X-ray exams or ECGs) to detect problems that may complicate surgery or anaesthesia.

Your surgeon or anaesthetist will give you instructions about preparing for procedures or tests.

Depending on the complexity of your tummy tuck, the surgeon may perform it in a day-procedure clinic or a hospital.

Hospital is an option for patients who need to stay for several days.

Arrange for a relative or friend to drive you to and from the hospital or clinic.

Someone should stay with you for at least 24 hours after you return home, if the procedure is done in day surgery.

ANAESTHESIA

Abdominoplasty is usually performed under general anaesthesia or under local anaesthesia with deep sedation.

Modern anaesthesia is safe and effective, but does have some risks.

Rarely, side effects from an anaesthetic can be life threatening.

Ask your surgeon and anaesthetist for more information.

Give your anaesthetist a list of all the medications you are taking or have taken and any allergies you may have.

ABDOMINOPLASTY SURGERY (TUMMY TUCK)

Surgical incision: If possible, your plastic surgeon will make the main incision under the “bikini line” so that the scar is as concealed as possible. However, this cannot always be done in every patient and usually depends on the extent of the surgery.

Hernia: During the procedure, your surgeon will repair any abdominal hernia that may be present.

Length of operation: A complete tummy tuck usually takes from two to three hours. Liposuction, if performed, may lengthen the procedure.

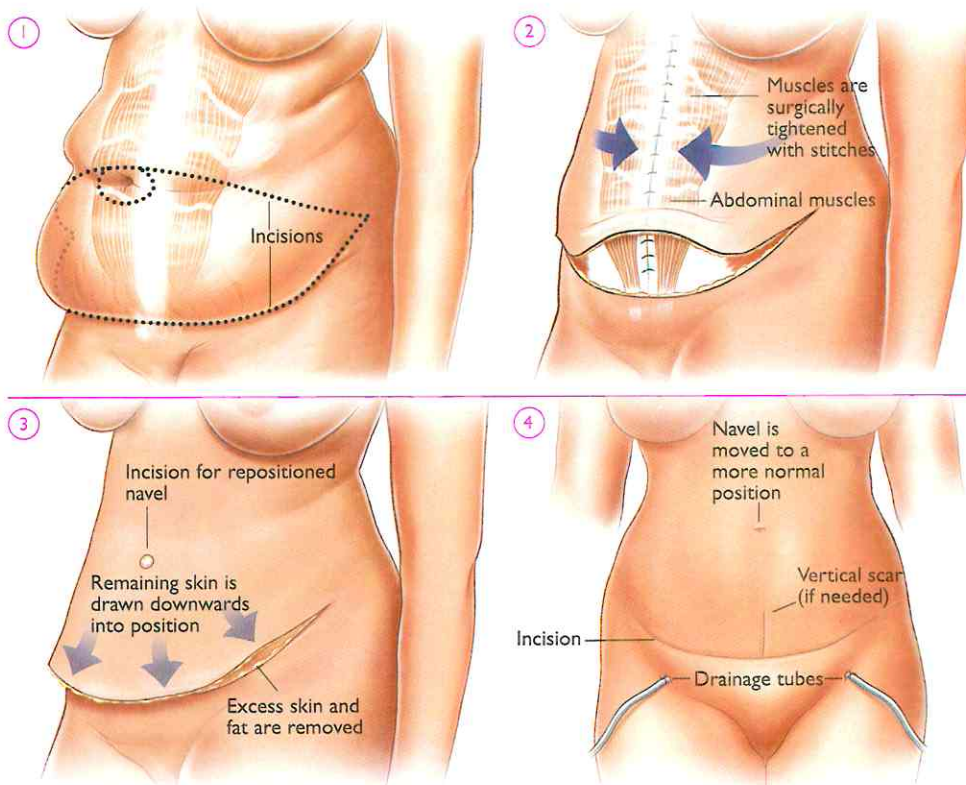
Liposuction: Some patients may benefit from liposuction performed during the abdominoplasty. Liposuction can improve the contour of the reconstructed abdominal wall, hips and thighs (see the Society’s pamphlet “Liposuction – a guide for patients”, available from your surgeon.)

① Long incisions are made, usually from hip to hip and just above the pubic region.

② From the incision to the lower ribs, the skin and underlying fat are lifted free of the underlying vertical abdominal muscles. The muscles are surgically tightened by stitching them into the normal position. This will strengthen the abdomen and result in a smaller, more shapely waistline.

③ Excess abdominal skin and fat are removed in the lower tummy. Another incision is made to reposition the navel. It is moved to a normal position after abdominal skin and fat have been removed. Occasionally, a vertical scar may also be needed if there is a lot of excess skin to be removed.

④ In the remaining skin, the navel is stitched into its new position. The long incision is closed with stitches, and dressings are applied. A plastic tube may be temporarily inserted to drain fluid from the area. The tube assists healing by preventing the accumulation of excess fluid around the surgical site.



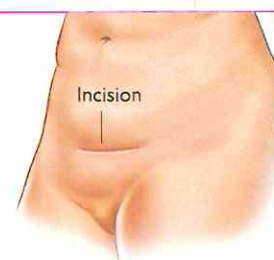
PARTIAL ABDOMINOPLASTY (OR MINI-TUMMY TUCK)

If the excess skin and fat are mostly below the navel, a mini-tummy tuck may be appropriate.

This surgery is less complex, and less skin and fat are removed. The incision is

not as long, and the navel does not have to be moved.

A mini-tummy tuck usually takes from one to two hours. In many patients, it may be done as a day procedure.



RECOVERY FROM ABDOMINOPLASTY

After surgery, the abdomen will be swollen and tender. Moderate pain can be expected for about two days. Pain will decrease as healing progresses. Pain and discomfort are controlled with medication prescribed by your surgeon. Your day surgery or hospital stay will vary from several hours to three or four days, depending on the extent of surgery.

If inserted, a drain tube is usually removed after one or two days. Surface stitches or clips are usually removed after five to 10 days. Deeper sutures (if placed) are removed in two to three weeks.

You will receive instructions from your plastic surgeon about showering, wound dressings and caring for yourself.

Arrange for someone to stay with you at least for the first day after you go home and preferably for a few days. Although walking will be uncomfortable, walk frequently and stay active. This reduces the risk of blood clots forming in deep veins in the legs.

Expect some skin numbness, especially in the lower-central tummy areas and sometimes in the upper thighs.

Your surgeon may recommend that you use a support garment or girdle at the end of the operation or during the healing period. This is useful if liposuction has assisted healing and body contour. The support garment is usually worn for two to six weeks.

Slowly resume your normal activities

in the weeks after surgery. Do not smoke, undertake strenuous activity or drink alcohol during the healing period.

Smoking or heavy exposure to tobacco smoke will impede the healing process.

Gentle exercise will assist healing and make you feel better. Your surgeon may recommend an exercise and diet program. More exercise can usually be undertaken about six weeks after surgery, if healing has been uncomplicated.

To see the final results of surgery, a few weeks of healing are needed. The time needed for complete recovery varies from person to person.

Most people take between two and three weeks off work. Healing is usually complete within a few months.

FOLLOW-UP

You will usually return to your plastic surgeon for a check-up after about a week.

POSSIBLE COMPLICATIONS OF ABDOMINOPLASTY

All surgery carries some degree of risk, despite the highest standards of practice. It is not usual for a surgeon to dwell at length on every possible side effect or rare but serious complication of any surgical procedure.

However, it is important that you have enough information to weigh up the benefits, risks and limitations of abdominoplasty.

Most people having abdominoplasty will not have complications, but if you have concerns about possible complications, discuss them with your surgeon. If complications occur, more surgery may be needed. This will lead to more costs and inconvenience.

The following possible complications are listed to inform you, not to alarm you. There may be other complications that are not listed.

General risks of surgery

Possible complications of any surgery include:

- wound infection (treatment with antibiotics may be needed)
- pain and discomfort around the incisions
- haematoma (an accumulation of blood around the surgical site that may require drainage)
- if blood loss during surgery has been large, a transfusion may be needed; this is uncommon
- a blood clot; if in a leg (deep venous thrombosis, DVT), it will require further treatment. Rarely, a DVT can move to the lungs and become life threatening. Gentle exercise and stopping smoking reduce the risk of DVT
- heavy bleeding from the incisions
- keloid or thickened scars (Most scars fade and flatten, but some may become keloid or hypertrophic, and remain raised, itchy, thick and red. Such scars can be annoying but are not a threat to health. Additional surgery or injection treatment may be needed to try to improve the scar.)
- slow healing (more likely to occur in smokers and people with diabetes)

Any further appointments that are necessary will be scheduled at that check-up visit. Most people have good

- separation of wound edges
- chest infection (more likely to occur in smokers)
- nausea (typically from the anaesthetic; usually settles down quickly)
- complications due to anaesthesia and allergies to anaesthetics, antiseptics, suture material or dressings; discuss anaesthetic risks with your anaesthetist while you are considering whether to have a tummy tuck.

Specific risks of abdominoplasty

Specific risks include:

- differences in the symmetry between the right and left sides of the abdomen
- the navel may have an unusual shape as skin around it has been removed and tightened with stitches
- some patients report that tiredness and discomfort persist for some months; this is more likely in people who have had more complex surgery and general anaesthesia
- in some cases, surgery may produce a scar that extends from hip to hip
- in patients who have had previous abdominal surgery, the scar from the abdominoplasty may contribute to unsightly scarring
- an abdominoplasty scar may appear to worsen during the first six months of healing. Nine to 12 months of healing may be needed for the scar to flatten and be more normal in colour
- if healing has been poor and scarring is unsightly, another procedure may be needed
- swelling may take several months to resolve in some cases
- rarely, swelling and collection of fluid within the abdomen may have to be drained by needle in the surgeon's rooms
- numbness around the scars in the lower abdominal area and sometimes in the upper thighs. While numbness typically subsides slowly over several months, some numbness may be permanent

long-term results as long as they keep their weight within a normal range, have a good diet, and exercise regularly.

- circulation may be poor in some areas of the skin around the surgical area. This may lead to a loss of some skin and leave a wound that needs to be dressed until healed (usually two to four weeks). In such cases, the scar will be worse and may require further surgery. Risk is greatest in smokers.

SURGICAL SCAR: All surgery leaves a scar. Plastic surgeons are trained to close incisions in a way that usually makes the scars as thin and unnoticeable as possible.

Abdominoplasty scars around the abdomen and navel tend to be wider than other incisional scars because of the skin tension in the area. The size of scar will vary with each patient. Some scars may be unsightly.

REPORT TO YOUR SURGEON

Tell your plastic surgeon at once if you develop any of the following:

- temperature higher than 38°C or chills
- heavy bleeding from the incisions
- severe pain or tenderness
- redness around the incisions that is spreading
- feeling dizzy, faint or short of breath
- any concerns you have regarding your surgery.

If your surgeon cannot be contacted, attend your family doctor or the Accident and Emergency department at your nearest hospital.

COSTS

Ask your surgeon to provide an estimate of the surgical, anaesthetic and hospital fees, and any rebates that may apply. This is only an estimate because the actual treatment may differ from the proposed treatment. If further treatment is needed due to complications or if other options are chosen by the patient, extra costs are likely to apply. Ask your surgeon about costs that may be partly covered by private health funds. Discuss costs (and be clear about them) before you have treatment rather than afterwards. GST may apply.