

BODY CONTOURING SURGERY

Including body lift, medial thigh lift and arm lift – Patient information to assist informed consent

Body contouring surgery removes and tightens excess skin, usually after massive or significant weight loss. It is also used to tighten saggy skin due to childbirth or ageing.

Body contouring surgery is commonly performed to contour the waist, abdomen, thighs, buttocks, upper torso and upper arms.

Major weight loss after bariatric surgery or successful dieting can leave loose skin that hangs in troublesome folds. The excess skin is uncomfortable and heavy, and can cause health problems. It can stretch, become thin and be more likely to tear.

Excess, heavy skin can cause:

- difficulty in walking and exercising
- poor posture
- aching of the back and shoulders
- rashes and infections in skin folds
- personal hygiene issues due to the accumulation of sweat and problems with thorough cleaning after toileting.

Excess skin can affect the person's self-esteem because, despite weight loss, larger-sized clothing to cover the loose skin is still needed. These problems may be improved by surgery. The surgery may be effective in assisting with easier walking and physical activities, improved hygiene and comfort.

While body contouring surgery can reshape the body, it is not an alternative to weight loss. Liposuction alone is not a suitable option because the problem is extreme skin looseness, not excessive fat. Liposuction does not tighten skin.

Additional procedures and patient education pamphlets

Other surgical procedures that may be helpful include facelift, neck lift, breast lift, breast reduction, breast augmentation and abdominoplasty (tummy tuck).

Patient education pamphlets from the Australian Society of Plastic Surgeons are available on these topics.

If you have questions about additional procedures, ask your surgeon for more patient education.

Making a decision about surgery

Discuss with your surgeon the reasons why you want body contouring surgery. Your surgeon will examine you and offer advice on what can be accomplished and treatment options.

Body contouring procedures are major surgery and should only be performed by a specialist surgeon. Most surgeons recommend that:

- patients focus on the main area of problems
- it is wise to undertake surgery moderately and in stages.

If you decide to have surgery, the surgeon will make sure you are suited to the procedure. Prior to surgery, many factors must be considered, including your general health, commitment to an appropriate diet, and exercise.

Body contouring surgery is most often performed for people who have had a major weight loss of 30 kilograms or more. The patient should have maintained a stable weight for at least several months.

The surgery may be appropriate for some women who have lost a significant amount of weight after childbirth. It may be wise to postpone body contouring surgery until after child bearing.

Realistic expectations

It is important to have realistic expectations of what can be achieved and the limitations of surgical techniques. Body contouring surgery cannot produce a young, unblemished figure. Skin tension will remain soft. Some areas may remain saggy. Surgical scars are permanent; your surgeon can indicate their likely position to you. Your surgeon cannot guarantee that the scars will remain hidden in bathers or normal clothing.

TALK TO YOUR PLASTIC SURGEON

The aim of this pamphlet is to provide general information. It is not a substitute for advice from your surgeon. It does not contain all known facts about the benefits, risks and limitations of body contouring surgery. This information will change with time, due to clinical research and new therapies.

Use this pamphlet only in consultation with your surgeon. Read this pamphlet carefully, and save it for reference. Terms in this pamphlet may need further explanation by your surgeon. Your surgeon will be pleased to answer questions. If you have any concerns about recovery, complications or related issues, discuss them with your surgeon.

Your surgeon cannot guarantee that body contouring surgery will meet all of your expectations or that surgery has no risks. You may wish to seek a second opinion from another plastic surgeon.

Consent form: If you decide to undergo body contouring surgery, the surgeon will ask you to sign a consent form. Read it carefully. If you have any questions, ask your 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: / /

Your Surgeon

AUSTRALIA PLASTIC
SURGERY

BODY CONTOURING SURGERY

Various surgical procedures are used to remove large amounts of excess skin and repair the remaining skin. Surgical techniques vary among plastic surgeons. Procedures can be combined to reshape the body, as needed.

Body lift (truncoplasty)

This procedure removes skin and fat from the lower abdomen, the outer upper thighs and the upper buttocks. It pulls up the lower body similar to the action of a pair of trousers. The remaining scar is planned to lie under the lower underwear.

The lower part of the abdomen is reduced using techniques similar to those covered in the Society's patient education pamphlet "Abdominoplasty – a guide for patients". The navel is preserved and repositioned, with the excess skin from the lower abdomen removed and the skin of the upper abdomen drawn down to be stitched along the lower fold.

The abdominoplasty incision is then extended all the way around the body. This removes skin and fat from below the incision line, pulling up the lateral thighs and the buttocks.

Liposuction is frequently used to aid the elevation and improve the shape. Fat grafting is sometimes also performed. This results in a scar that extends from the abdomen to the back.

A large amount of skin and fat can be removed to lift and re-tension the buttocks and thighs (see illustrations). The scar is usually positioned close to the upper aspect of the buttocks, dipping into

the cleft and completing the circle of lifted skin.

The type of body lift surgery that you have and the amount of skin removed will depend on your needs and the surgeon's advice to stay within safe limits.

Body contouring surgery may take several hours. Depending on the case, various body lift surgeries can be combined. Extensive surgery time is not suitable for everyone. Discuss surgical options and risks with your surgeon.

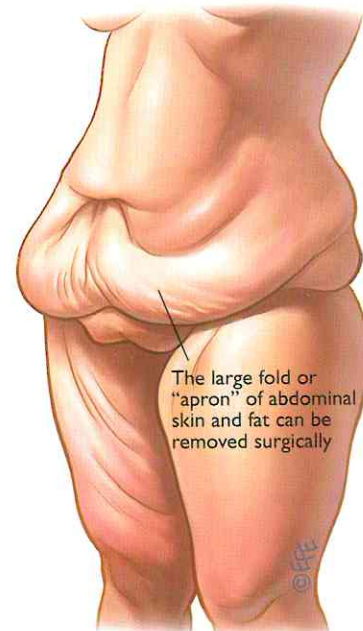
The amount of skin and fat removed can often be estimated before the surgery. It varies greatly from patient to patient.

Drainage tubes: Most patients have one or more plastic drainage tubes inserted into the operated sites during surgery. The tubes help to promote healing by preventing excess accumulations of blood and fluids in the surgical wounds. They may stay in place for several days and are withdrawn by your surgeon or by the nursing staff as directed by your surgeon.

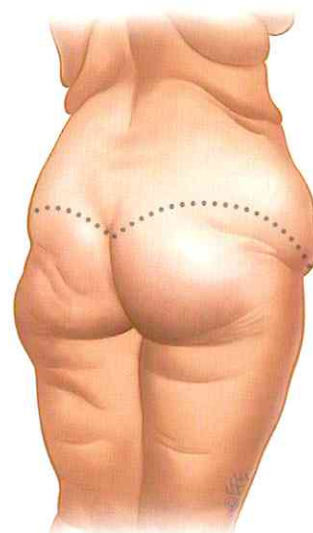
Liposuction during body lift: In some patients, liposuction may be used during surgery to help improve the shape of the treated area.

However, it is important to remember that body contouring surgery is not a method of weight loss and fat reduction, or a motivational tool. The intention is to remove troublesome excess skin and improve shape, not to lose weight by surgically removing fat deposits.

Scars: All of these procedures result in visible scars.



Body lift (front view)



Body lift (back view)

YOUR MEDICAL HISTORY

Tell the surgeon your complete medical history. All details are confidential. Give your surgeon a list of ALL prescription and over-the-counter medications you take, including herbal or alternative therapies. The following factors could interfere with the procedure, anaesthesia or recovery:

- prior allergic reaction to anaesthesia, antibiotics or other medicines
- use of non-steroidal anti-inflammatory drugs
- history of heart attack or stroke
- diabetes of any type
- clotting or bleeding disorders
- recent or chronic illness
- psychological or psychiatric problems.

Depending on your history, the sur-

geon may perform tests to make sure you are fit for surgery. Tests may include:

- blood tests
- chest X-ray examination
- an electrocardiograph (ECG) to assess your heart.

The surgeon will give you instructions on how to prepare for any tests or procedures, if necessary.

BEFORE SURGERY

Some medicines affect normal blood clotting and can increase the risk of bleeding during and after the operation. Your surgeon will advise whether you should stop taking certain blood-thinning medicines, such as anti-platelet drugs, non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, or medicines that contain aspirin (such as some cough

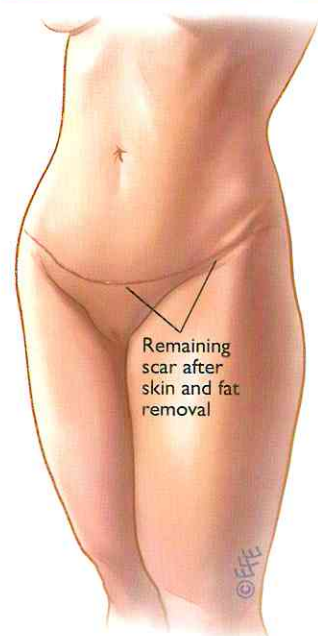
syrups). A reduced dose may be prescribed. Discuss this carefully with your surgeon.

Naturopathic substances such as garlic, ginkgo, ginseng, and St John's Wort can affect clotting and anaesthesia. Tell your surgeon if you take any of these.

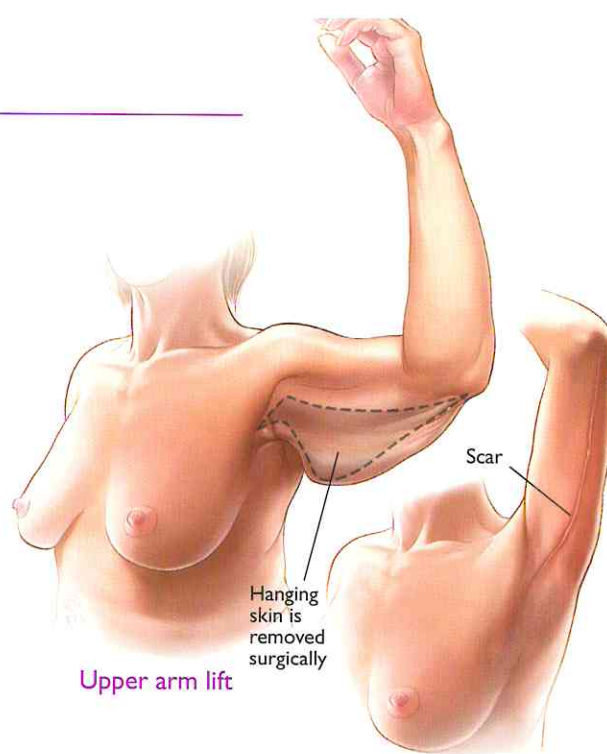
You may be given medicines to take before the surgery, such as antibiotics. Take these as directed because they may help to reduce the risk of complications.

The surgeon may give you other detailed preoperative instructions. Follow them carefully.

Prepare a "recovery area" in your home. This may include pillows, ice packs, a thermometer and a telephone within easy reach. Arrange for a family member or friend to help you during the first few days after you go home.



Remaining scar after skin and fat removal



Hanging skin is removed surgically

Scar

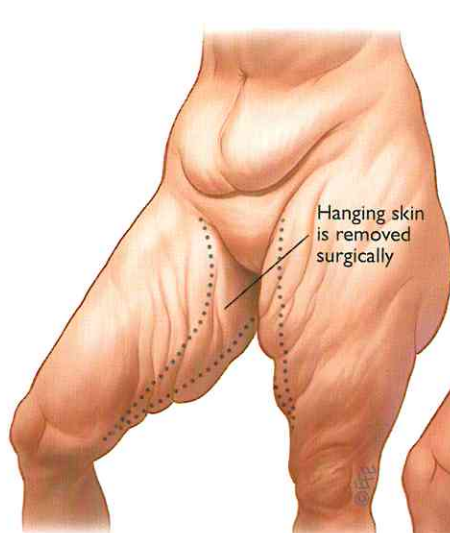
Upper arm lift

Upper arm lift (brachioplasty)

Excessive skin may hang from the under-surface of the upper arms. The amount to be removed varies. The surgeon will try to position the scar so it runs along a line from the armpit to the elbow in a manner that hides the scar when the arm is against the body. If the arm is uncovered and held out from the body, the scar will be obvious. The arm is an area where natural healing is unpredictable, and the scar may be unsightly in some cases. The arm wedge excision can be connected up to the lateral scar of a breast lift to remove the baggy skin of the lateral chest.



Remaining scar after skin and fat removal



Hanging skin is removed surgically

Remaining scar after skin and fat removal

Medial thigh lift

Medial thigh lift

This procedure removes loose skin and fat from the thighs. It is rarely performed as a horizontal ellipse across the upper inner thigh, as this can lead to distortion of the female genitalia. More commonly a long incision down the inner thigh to the knee removes a wedge, tightening the thigh. An incision is made at the fold where the thigh and the groin join. Some procedures remove tissue down the inner aspect of the thigh toward the knee. The extra skin is removed under controlled tension. The medial thigh lift tightens the skin and improves the contour of the inner thigh. The surgery may distort the contour and affect the appearance of the genitalia, especially in women.

ANAESTHESIA

Body contouring surgery is performed under a general anaesthetic.

For some patients who require shorter procedures, a combination of local (or regional) anaesthesia and sedation may be possible.

Modern anaesthesia is safe and effective but does pose 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 medicines you are currently taking or have taken, including prescription and over-the-counter medications, herbal remedies, and long-term treatments such as blood thinners.

RECOVERY FROM BODY CONTOURING SURGERY

Most patients stay in hospital for several days. Some pain, bruising, swelling and numbness around the operated sites are normal. Your surgeon will prescribe pain relief, as needed.

Nurses and your surgeon will check on you in hospital at regular periods to make sure that you are recovering, improving and feeling as well as possible. If you have any problems or concerns, tell your surgeon.

Patients are encouraged to get up and walk the day after surgery. During the healing period, you may need to wear a compression garment to support operated sites. You may need to wear calf or leg stockings, and have heparin injections.

Wear loose, comfortable clothing that

is easy to remove, such as a shirt or top with full-length buttons and loose pants.

Patients usually return to work about three weeks after surgery and resume most normal activities four to six weeks after surgery. Recovery time varies depending on the extent of the surgery. Your surgeon will advise you about resuming your normal activities.

Avoid heavy lifting, strenuous exercise, swimming and strenuous sports until advised by your surgeon. All patients respond differently to surgery, and recovery times will vary accordingly.

The redness of scars usually fades during the three to six months following surgery, but can take a year to heal thoroughly, depending on the patient's

healing abilities. Long scars from extensive procedures can take two or three years to lighten, so it is important to be patient with the healing of scars. Some scars may

remain unsightly.

Your surgeon may take “before” and “after” photographs so you can compare the outcome to the preoperative condi-

tion. Most patients notice an immediate improvement. Body shape usually continues to improve as swelling decreases around the operated sites.

POSSIBLE COMPLICATIONS OF BODY CONTOURING SURGERY

All surgery carries some degree of risk, despite the highest standards of practice. It is not usual for a doctor 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 body contouring surgery. Most people having body contouring surgery will not have complications, but if you have concerns about possible complications, discuss them with your surgeon.

Any discussion of frequency of risks or benefits (for example, one patient in 100, or “rare” and so on) can only be estimates as the outcomes of clinical research can vary widely. Such outcomes can depend on many factors, such as the surgical methods, equipment, surgeons’ experience and data collection, among others.

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

General surgical risks

- Heavy bleeding from an operated site; this may require a blood transfusion.
- Infection that may require treatment with antibiotics or further surgery in some cases.
- Allergic reaction to sutures, dressings or antiseptic solutions.
- The formation of a large blood clot (haematoma) beneath an incision site may require further surgery.
- Complications such as heart attack, pulmonary embolism or stroke may be caused by a blood clot, which can be life threatening.
- Pain, bruising and swelling around the operated sites.
- Slow healing, often related to smoking or diabetes.
- Short-term nausea following general anaesthesia and other risks related to anaesthesia.

Specific risks of body contouring surgery

- Even following good healing and good surgical results, scars can be unsightly and disappointing. Your surgeon will limit scar length and try to position each scar in the least conspicuous position. Nonetheless, scars may be more noticeable than you anticipated. In some cases, a scar can be reduced with further surgery.
- Keloids and hypertrophic scars are raised, red and thickened scars that may form over the healed incisions. While they can be itchy, annoying and unsightly, they are not a threat to health.
- While the surgery may be successful, the resulting body shape may be disappointing to the patient. Further surgery may be needed, which should not be considered to be a failure of the first procedure. Due to a large amount of loose skin, some patients require one or more additional procedures to attain the desired body shape.
- Numbness of abdominal skin is usually temporary. However, damage to nerves can result in numbness from the navel to the groin and may be permanent. Numbness around other operated sites is normal and usually resolves over time. In some cases, the numbness may persist and can be annoying.
- Sutured skin that does not heal may require a skin graft or extended dressings until healing occurs.
- Bending forward and other movements may feel constrained due to the tightened skin. As healing continues and the skin loosens, movements will feel easier.
- Excess fluid accumulation under the skin (known as a seroma) around an operated site may require one or more drainage procedures with a needle, especially in people who have lost very large amounts of weight.

- Patients who require the removal of a large amount of skin may need at least one blood transfusion.
- Fat that has a poor blood supply may result in a discharge from the surgical wounds or palpable lumps.

Smoking

Smoking impairs wound healing and increases the risk of complications. All surgeons recommend that patients stop smoking at least six weeks before surgery and not resume smoking until all wounds are well healed. It is best to quit. Nicotine can also impair healing and should be avoided.

REPORT TO YOUR SURGEON

Notify your surgeon immediately if you have any of the following:

- temperature higher than 38°C or chills
- nausea, vomiting or diarrhoea
- bleeding from the incisions
- pus or fluids weeping from the incisions
- worsening redness around the incision sites
- increasing pain or tenderness, or other problems that appear to be worsening
- calf pain, tenderness or swelling
- pain or difficulty in breathing
- feeling dizzy, faint, or short of breath
- any other concerns about the surgery.

If you cannot contact the surgeon, go to your family doctor or Accident and Emergency at your nearest hospital.

COSTS OF TREATMENT

Your surgeon can provide you with an estimate of the surgical and hospital costs, tests and medications. The final costs may vary from the original estimate if there are complications or changes requested by the patient. Additional procedures may be necessary. It is best to discuss costs with your surgeon before the procedure rather than afterwards.