

## Tummy Tuck (Abdominoplasty)

A tummy tuck can be helpful in patients who have completed their family or lost significant weight through diet and exercise or bariatric surgery. The aim of surgery is to remove the loose overhanging skin, to flatten and tighten the tummy, and if required to correct muscle separation. The procedure can be combined with hernia repair if required. Liposuction may be carried out at the same time.

### THE PROCESS:

Surgery is carried out under a general anaesthetic lasting about 3 hours. The scars are located in the skin crease above the pubic area and extends out to the hips. A full tummy tuck requires the layer of skin and fat from the lower abdomen to be raised up to the level of the rib cage. The belly button is left attached to the abdominal wall and the excess loose skin and fat below the belly button is removed. The upper skin is stretched down to the pubic skin and closed with dissolving sutures. The belly button is repositioned. Separated muscles of the abdominal wall can be tightened together at the same time.

A mini- tummy tuck may be appropriate for small areas of excess and bulge in the lower tummy. The scars are usually a little shorter and the tightening is limited to the area just below the belly button. A fleur de lys abdominoplasty may be recommended for patients who have lost a large amount of weight and have both a vertical and transverse excess of

skin and fat. This procedure results in a transverse scar as well as a vertical scar extending up the midline.

Occasionally drains are required, but these are usually avoided if possible.

### AFTERCARE:

Elasticated stockings and calf pumps are used to reduce the risk of deep vein thrombosis during and after surgery. Initially, the hips and knees are usually maintained in a flexed position due to the tightness in the lower abdominal scar, however, straightening up is usually encouraged in the first 24-48 hours.

The patient usually stays one or two nights in hospital. Following discharge from hospital, simple pain killers are usually all that is required. The dressings allow for showering the following day and are removed by the specialist nurses in the dressings clinic after a week. Your plastic surgeon usually sees you at six to eight weeks after surgery in order to ensure all is well and that you are happy with your result.

## Tummy Tuck (Abdominoplasty)

There are a number of different techniques of abdominoplasty, or tummy tuck, available depending on the patient's wishes and clinical indication.

An abdominoplasty can remove excess skin, old or poor scars (such as from an appendicectomy or caesarian section), stretch marks and fat from the lower abdomen. The rectus (six-pack) muscles of the abdominal wall may also be tightened at the same time, if needed.

The problem is usually caused by pregnancy, which can stretch the skin and weaken the muscles, while also pulling the muscles apart (divarication of the recti). These problems may also be seen after weight loss. Diet and exercise often fail to tighten the abdominal wall skin. The ideal patient is someone whose weight is normal, particularly after a large amount of weight loss. Abdominoplasty is not an ideal operation for people who are overweight wishing to lose weight.

### FULL ABDOMINOPLASTY

A classic, full tummy tuck is recommended for patients who have significant loose skin and excess fat in the lower abdomen. There may also be separation of the rectus muscles, which can occur after large or twin pregnancies. The operation is carried out under general anaesthetic, taking 2-3 hours, and usually requires one to two nights in hospital. The stitches are usually dissolving and drains are not usually required.

The scars will be from hip to hip and around the umbilicus (belly button). The excess skin and fat are cut away from the umbilicus to just above the pubic hairline. If required, the muscles above and below the umbilicus may also be tightened at the same time. Ideally, women considering this procedure, should wait until after their family is complete and are not considering further pregnancies before undergoing this procedure, in order to maximise the benefits of the surgery.

All the skin and fat below the umbilicus can be removed in a standard abdominoplasty. This results in a scar across the lower abdomen and a scar around the umbilicus.

### MINI ABDOMINOPLASTY

This may be recommended for patients with only a small amount of excess skin and fat in the lower abdomen. A general anaesthetic is usually still required, but this may be possible as day surgery.

A wedge of skin and fat is removed from the lower abdomen leaving a horizontal scar just above the pubic hairline. There is usually no scar around the umbilicus, which may be stretched/pulled downwards and may become a different shape. A mini abdominoplasty will give a smaller effect than a full abdominoplasty.

### FLEUR DE LYS ABDOMINOPLASTY

This may be recommended for patients who have a large amount of excess/loose skin and fatty tissue in the abdominal flanks, such as after losing a great deal of weight. This requires a mid-line vertical incision from the top of the abdomen down and around the umbilicus and to meet the vertical scar above the pubic hairline.

### APRONECTOMY

An apronectomy is usually recommended for patients who have a large pannus (a large excess of skin and fat hanging down over the pubic area), which may be left behind after massive weight loss, such as after a gastric bypass operation and where the patient may remain significantly overweight. Only the excess skin and fat is removed in order to minimise the operative time under an anaesthetic and the associated risks. The scar is long and extends from one side of the abdomen to the other. Often the umbilicus is sacrificed during this procedure.

### CONSEQUENCES OF AN ABDOMINOPLASTY

The resulting scars are usually placed such that they are hidden behind swim wear or underwear. The scars may be seen if fashions change making previously covered scars visible. All scars are red and firm initially, but should fade and soften over the months that follow. Some patients tend to scar better than others.

There is usually numbness in the lower part of the abdominal wall skin after surgery. This is usually temporary, but could be permanent. Swelling above the scar is usually present due to a collection of tissue fluid which normally drains to the groin. This swelling or oedema usually settles within a few months.

Some fluid, called seroma, can accumulate under the scars. This can sometimes feel a little uncomfortable and may need to be removed in the follow up clinic after surgery.

## LIPOSUCTION

Liposuction can sometimes be done at the same time as the abdominoplasty. However, liposuction can be recommended instead of an abdominoplasty for younger patients who have good quality, elastic skin and whose main problem is a localised excess of fat.

A general anaesthetic is most commonly used, but treatment can often be as a day case. During the procedure, small incisions are made, excess fat is removed and the wounds are then closed. Some degree of skin tightening or shrinkage can be expected as well, but the results of liposuction can sometimes be unpredictable. Liposuction alone will have less effect than abdominoplasty.

## LIMITATIONS OF ABDOMINOPLASTY

The skin is usually tightened downwards and this does not tighten or reduce the waist. A flier De Lys abdominoplasty can tighten the waist, but vertical scars of the abdomen are often of poor quality and appearance. The tissue of the abdominal wall is generally fatter than that of the groin and sometimes liposuction is recommended to reduce the possibility of a fatty bulge remaining above the scar.

The beneficial effects of the operation will be maintained better if the patient continues to maintain a stable weight through a healthy and balanced diet, as well as regular exercise. A further pregnancy will of course stretch the skin again, although probably not to the same degree.

## RISKS

A standard abdominoplasty is a large procedure requiring one to two days in hospital. Healing can sometimes be slow, especially in the central part of the scar where it is tightest. This may result in the need for prolonged dressings. Poor wound healing is more common in patients who are overweight and smokers. An area of poor wound healing tends to leave more obvious and tight scars, which may need to be revised. Secondary, minor procedures are sometimes carried out to tidy up and improve the final result. Displacement of the umbilicus to one side is rare. Deep vein thrombosis and pulmonary embolus are rare complications of any operation including this one, particularly if the patient is overweight and a smoker.

## RECOVERY

Excessive activity in the early days after surgery can reduce healing and increase fluid accumulation. Light activities and returning to a desk job may be possible after about 2-3 weeks. Heavier work and sports should be avoided for about 6-8 weeks, particularly when the muscles have been tightened with sutures. Some patients find that a corset or spanx may help with comfort in the first month.