

ABDOMINOPLASTY (Tummy Tuck)

What is it?

It is an operation that removes the excess skin and fatty tissue from the lower abdomen and tightens the abdominal muscles.

Who would benefit?

Those with excess tissue in the lower abdomen usually following pregnancies or weight loss. A poor scar in the lower abdomen may also be removed or improved by this operation.

How is it performed?

The operation is performed with you asleep under a general anaesthetic and takes 2-3 hours.

A transversely-orientated oval shape of skin and fat is removed from the lower part of your abdomen (tummy) leaving you with a scar that goes from hip-to-hip just above the pubic hair, and a scar around your belly-button. The rest of the abdominal skin /fat flap is mobilised and brought down to enable closure.

I tighten the weakened abdominal muscles as required with strong non absorbing sutures. I hitch the underlying fat back onto the abdominal wall to reduce the "dead space" and shearing movement thereby reducing the risk of body fluid collecting. These sutures may produce slight dimpling of the skin, which does settle with time as I use dissolving sutures for this. I may also use drains. The skin is closed with dissolving sutures placed under the skin. The wound is dressed with surgical tape.

What should I expect after my operation?

The surgical tape is splash-proof and shower-proof (but not bath-proof!). You will be able to shower from the day after surgery, and dab the tape dry with kitchen towel (or even use a hair-dryer on a cold setting). You will stay in hospital for 2-3 days. The drains are usually removed in a day or two if used. Rarely the drains may be required for longer.

Things will feel tight or slightly uncomfortable for a few days, but not too painful. I give local anaesthetic into the abdominal wall during the operation to help control pain immediately after the operation. You will also be given pain-killers as necessary. You may not be able to walk upright for a few days because of tightness and it may be useful to walk slightly bent over in the first week.

The wounds should be reasonably healed at two to three weeks. Sometimes bits of the dissolving sutures "spit out" and produce "prickly spots" or areas that do not heal as quick. These should settle over a few weeks.

Once your wounds are healed you can gradually increase your activities. You should be back to most of your regular activities by 4-6 weeks. You may be able to return to sedentary work (i.e. an office job or light duties) after 2-3weeks. Strenuous activity and exercise should be avoided for at least 6-weeks. Strenuous exercise involving the abdominal area should be avoided for at least three months or longer. You should wear some form of abdominal support for 6-weeks after the surgery - this may be in the form of supportive underwear that reach up to the breast crease 'magic pants', or surgical abdominal "binders".

There will be a variable area of numbness/ altered feeling below the belly button. Whilst most of this will improve over many months to years, there may be a residual area of altered feeling or permanent numbness. This does not appear to be a problem for any of my patients in the long term.

These notes are intended to be used with your consultation

Occasionally there may be excess skin and fat (dog ears) at the ends of the incision. These may need revision under local anaesthetic in the out patient clinic.

What are the possible complications?

Haematoma. Because of the large raw surface created bleeding can occur usually within the first two days after operation and blood accumulates between the surfaces and may need to be drained/stopped. This means taking you back to theatre and occurs in about 2-3% of patients.

Seroma. Fluid can also accumulate in the same potential space as blood, many days or weeks after your operation. This is usually drained using a needle and syringe in the clinic. This is arguably the commonest complication after abdominoplasty. There is evidence that the technique of suturing the abdominal flaps to the underlying tissues, which I use, reduces this problem significantly.

Infection occurs infrequently. It is usually superficial and may require antibiotic treatment. It may also delay wound healing requiring dressings and occasionally a return to theatre. Rarely the infection is quite severe and results in loss of tissue from the lower abdomen.

Usually the scars settle well, but in a few may remain raised, red and itchy (hypertrophic or keloid scars). They may then take many months to a few years to settle occasionally requiring further treatment.

Asymmetry. Occasionally the scar may be slightly uneven. I would revise significant asymmetry if it occurs, however, this is uncommon.

Deep vein thrombosis (DVT) and pulmonary embolus (PE) occasionally occur- these are blood clots that may occur in the leg (DVT) and travel to the lung (PE), which may be very serious - fortunately they are not common.

Did you know!

A tummy tuck does not deal with all stretch marks. Only those within the excised excess skin are gotten rid of.

Frequently to get a better definition of the waistline and a better shape, it is necessary to combine a tummy tuck with liposuction.

Abdominoplasty have a high success rate, 90-95% of women who have this operation are very pleased with their results.