

Mr Asit Khandwala

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Abdominoplasty (Tummy Tuck)

Who is it for?

This procedure is ideally for people who have achieved their ideal weight but who have significant excess abdominal skin. Such people may have lost a large amount of weight or had pregnancies. The excess skin usually presents itself as a roll of skin in the lower half of the abdomen and may be accentuated by a low scar from a caesarean section or hysterectomy. There may also be associated stretch marks.

The operation removes the loose skin and improves the shape of the abdomen. At the same time the tissue around the muscles of the abdomen (which has often been stretched) can be tightened to reduce the bulge of the upper abdomen commonly seen in this situation. This procedure is not suitable for people well above their ideal weight, or for those without any loose skin. In those with only a small amount of loose skin, a mini-abdominoplasty may be more appropriate (see below). Abdominoplasty can be performed in conjunction with liposuction to improve the profile of the flanks or upper abdomen.

Before the Operation

Mr Khandwala will fully assess you for suitability and any ancillary procedures at the consultation. It is important to discuss specific desires and outcomes before committing to surgery. It is also essential to mention previous abdominal surgery and knowledge of general health will help assess fitness for general anaesthetic. At the end of your consultation you should be clear about incisions, areas to be treated, other procedures, length of stay and potential outcomes. If you are unclear about any aspect of your care or the procedure itself you must contact Mr Khandwala (contact details below) to clarify the situation before committing to surgery.

How it is done

You will normally be admitted to the hospital on the day of surgery. Your anaesthetist will see you and you will have an opportunity to discuss your anaesthetic with him/her. Mr Khandwala will review you before your operation, go over the procedure again and mark the abdomen to plan the amount of tissue to be removed. You will sign a consent form confirming that you are aware of the risks, complications and benefits of the operation. If you have any last minute questions please make sure that you ask them at this stage.

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Abdominoplasty is performed under general anaesthetic. Once fully anaesthetised, if any liposuction needs to be performed it is done first. The operation starts with an incision at the bottom of the abdomen going from one hip to the other. The skin of the abdomen is then lifted up. At this point, if necessary, the tissue around the muscles is tightened. The skin is then redraped and the excess removed. The belly button is then re-sited and 2 drains are inserted underneath the skin. The wound is closed with dissolving stitches underneath the skin. A shower-resistant dressing is then applied. If liposuction has been performed a pressure garment is then applied, otherwise a binder is used.

A mini-abdominoplasty is similar but not so extensive an operation. The incision is similar but the belly button is not disturbed, as only the lower part of the abdominal skin is lifted. It is not therefore possible to tighten the tissue around the muscles. The excess skin is removed as with the full abdominoplasty and closure is as above.

After the operation

You will be in hospital for 2 nights after the operation. On the day after the operation you will be asked to slowly mobilise. Initially you may find it easier to walk bent over, but you should be able to straighten up over the day. The nursing staff will ensure that you are given enough painkillers throughout your stay. Mr Khandwala will review you every day to ensure your progress is as it should be. The drains will be removed on the day of discharge. You will be given painkillers to go home with and you should ensure that these are taken regularly. You will be given an appointment for review in clinic before you go home.

Do's and Don'ts at Home

It is important that you take things easy for the first 2-4 weeks after the operation. You mustn't drive for 2 weeks nor perform any strenuous activity for 4 weeks. You should keep your pressure garment or binder on all the time except when showering for 4 weeks or until Mr Khandwala informs you to stop. The dressings you have should be shower-resistant, but it is important to avoid baths or swimming until all is healed. You will be kept under review until all your wounds have healed and your abdomen has fully settled.

Aftercare

Natural History of Scarring. All scars go through a maturing process and go through a series of changes before settling down. This process varies from person to person as well as from site to site

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on the same person. Generally once a wound has healed the scar will be a thin pale line. Over the ensuing 6-12 weeks the scar may become raised, pink and wider. It often becomes itchy too. It then stabilises before slowly becoming flatter, paler and less itchy. This can take up to a further 12 months. Even after this time scars continue to improve but at a much slower rate.

Once everything has healed apply Micropore tape along the scar and keep it on continuously. You can shower/wash with the tape on. If it peels remove it and apply some more. Keep it on for 12 weeks.

After this it is best to moisturise the area with a simple cream such as E45. Apply it along the scar twice a day at least 6 weeks. Massage the scar along its length with firm strokes to help it mature.

You can moisturise and massage the scar around the belly button straightaway as well as any areas of liposuction.

Avoid sunlight on the scar for the first year to avoid it getting burnt and then subsequently dark. It is very hard to make it pale again. Mr Khandwala will advise you of any further precautions or actions if required.

Are there any potential risks?

There are potential risks and complications with any operation. However it is important to be aware of them before committing to any surgery. You may also have particular circumstances that affect the final outcome and these will be discussed with you at your consultation.

General

You will be assessed for fitness for anaesthetic and providing this is appropriate the risks from general anaesthetic are low. Clots in the leg (DVT) or chest infection are uncommon with this operation.

Bruising

Some patients may experience some bruising. This often results in increased swelling and some tenderness. The skin may become discoloured and take a few weeks to settle down.

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Numbness

The treated area will lose sensation (feeling) after the operation and it will take several weeks for it to return. Some areas may remain numb.

Wound Infection

Wounds can get infected. If you notice increasing redness, pain or an offensive odour from the wound, contact Mr Khandwala as soon as possible. If this should occur you will need to have antibiotics and frequent dressings. Inevitably the wound will take longer to heal. The final appearance of the resulting scars may be unsatisfactory (pink, wide, raised and itchy) and may take a very long time to settle down. Such scars may be difficult to improve.

Delayed Wound Healing

Sometimes if there is a lot of swelling or bruising or infection the wound may open up. In such circumstances you may need to have dressings for a few weeks and the resulting scar may be unsatisfactory.

Abnormal Scars

Sometimes even if all heals well a patient may develop abnormal scars (pink, wide, raised and itchy). Patients may already have noticed such a tendency from previous scars. Such scars take a very long time to settle (up to 18 months) and may be difficult to treat.

Dog Ears/Change in Contour

Some wounds can result in a slight dip in the middle if the tissues are not elastic enough. Dips tend to improve over time. Conversely the ends of a wound may have slight bumps (dog ears) which again usually settle but may require a minor procedure to correct.

Bleeding

Rarely there may be significant bleeding under the skin that does not settle. Should this occur you may have to return to theatre to control the bleeding. This should not have any long term effect should it occur.

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Asymmetry

People are rarely exactly symmetrical and the intention of any surgery is to get both sides as equal as possible. However, the healing process is not always predictable and may result in minor differences from one side to the other.

Seroma

Occasionally the body produces fluid underneath the skin despite everything healing well. This is called a seroma. This may need to be tapped on several occasions before it resolves.

Belly Button

Abdominoplasty requires the belly button to be re-sited and this results in a scar around it. The belly button will therefore look different from before. Over time it may change as the scar matures.

Stretch Marks

Abdominoplasty is very effective at removing many stretch marks below the belly button. However, those above it will move to the lower abdomen after the operation and will obviously remain.

Urinary Retention

Rarely it may be difficult to pass water immediately after the operation. This is because the tissues of the abdomen have been tightened. It may be necessary to pass a catheter (a tube that goes into the bladder) for a day or so to make it easier to pass water. This does not have any long term consequences.

Contact details

If you have any concerns, queries or would like to discuss your procedure please contact Mr Khandwala via his secretary, Janice, or by e-mail:

Telephone: 01342 330 343

e-mail: info@plasticsurgeon.org.uk