



## PATIENT INFORMATION

# Abdominoplasty

### OVERVIEW

**Abdominoplasty** involves removing excess skin and fat from the lower abdomen (tummy) and tightening the muscles to improve the shape of the area. It is often referred to as a 'tummy tuck'.

*The following information sheet has been created by Assoc. Prof White as a general guide to assist his patients and is intended to provide a broad overview of the important considerations related to the decision to have **abdominoplasty**.*

*The specific nature of the surgery will vary between individuals and is dependent on the unique circumstances of each person.*

*Patients are encouraged to further discuss this information along with any specific questions or concerns with Assoc. Prof White during their consultation.*

### COMMON REASONS WHY PEOPLE CONSIDER HAVING ABDOMINOPLASTY

- After pregnancy or having lost a significant amount of weight
- Desire to achieve a more pleasing shape including a defined waist
- Fit into clothes of choice
- Improve the shape of areas resistant to exercise and diet.

### WHAT IS INVOLVED WITH ABDOMINOPLASTY?

- General anaesthetic
- Surgery Duration: Two - three hours
- A wedge of tissue (skin and fat) is excised from the lower abdomen (tummy area) from just above the pubic hairline to about the level of the umbilicus (belly button). Generally the abdominal wall muscles are also tightened at this time.

- The final incision is placed just above the pubic hairline and extends from hip to hip. The resulting scar is similar to a longer caesarean section type scar with a second small incision around the belly button.
- Drain tubes - These are not routinely used.

### RECOVERY AFTER SURGERY

- Patients most commonly require a hospital stay of one - two nights.
- Generally you will feel a little uncomfortable for a few days.
- Gradually increase mobility and activity; generally back to most normal day to day activities at two weeks.
- Most people allow three weeks off work; however, you may require additional time if your job is more physically demanding - this can be discussed with your surgeon.
- Able to drive when feeling comfortable.
- No heavy lifting/exercise for two weeks e.g. avoid gym, aerobics, running.

### POST OPERATIVE CARE & REVIEW

Assoc. Prof White will see you in hospital after your surgery and/or prior to your discharge from hospital.

#### Post operative visits with Assoc. Prof White:

1. Approximately one week after surgery  
- At this stage Mr White will make sure that you are well and the wounds are healing nicely.
2. Six weeks post surgery review  
- At this time you will have a better idea of what the final result from surgery will be like. If all is progressing well, Assoc. Prof White will give you the all clear to resume normal activities.
3. Four - Six months post surgery.
4. 12 months.

If there are any concerns you will be seen more frequently.



## ABDOMINOPLASTY

### SURGICAL GOALS

1. YOUR SAFETY
2. Tighten abdominal/muscle wall
3. Treat hernias and divarications (muscle separation)
4. Decrease excess skin and fat
5. Produce a more pleasing waistline.

### BEFORE DECIDING TO HAVE AN ABDOMINOPLASTY YOU SHOULD CONSIDER THE FOLLOWING

- No desire for any further children
- Stable weight
- **If a smoker: STOP Smoking**
- Generally fit and healthy
- This procedure is NOT designed to achieve weight loss but rather recontouring of the figure.

### ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- Liposuction - generally if good skin tone and limited excess skin.

### RISKS TO CONSIDER

**Anaesthetic** - In otherwise well people, general anaesthesia is very safe with modern techniques. Assoc. Prof White's rooms will give you the details of your anaesthetist prior to surgery to discuss any specific concerns.

**Bleeding/Haematoma** - This may need a return to the operating theatre to evacuate a blood clot. This can impact on wound healing or skin survival.

**Infection in the wound** - If this does occur, it can usually be cleared up with antibiotic tablets.

**DVT/PE (Deep venous thrombosis/pulmonary embolus)** - Blood clots that are potentially very serious and even life threatening, which can form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

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### RISKS TO CONSIDER (cont.)

**Wound healing issues** - Stretch marks may not all be removed or new ones may be created. Gathers in the wound are often present at either end. These settle over several weeks to months in the majority of cases but sometimes may need a small revision often under local anaesthetic. Initially there is almost always some contour issues or puckers. These settle down in most cases over several weeks.

**Scars** - Typically are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow up visit with Assoc. Prof White to assist in achieving the goal of a thin, barely noticeable scar. Note: The resulting scar is across the lower abdomen from hip to hip and designed to be hidden by most underwear/bathers as well as a small scar around the umbilicus (belly button).

**Asymmetry** - The scars may be slightly different on your right compared to left side.

**Wound separation/delayed healing** - This is much more common in smokers or if there is an infection.

**Skin necrosis/loss** - Very rare complication and almost only seen in smokers. If it does occur it needs significant aftercare, possibly more surgery and even skin grafting in the most extreme cases.

**Seroma** - Clear/straw like fluid that can collect following surgery. Usually it settles down with no intervention but if persistent or large may require drainage in the rooms (sometimes on several occasions) or even a drain tube to be inserted.

**Numbness** - Almost always occurs in the skin of the abdomen. Generally settles down over weeks to months.

### NO SURGERY IS RISK FREE

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications. Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant post operative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long-term effect on an excellent final result.