A/Prof. Dean White MBBS FRACS
Plastic & Reconstructive Surgeon

Patient Information

Abdominoplasty Surgery

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'.

Note:
The following information has been created by A/Professor 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 surgery. The specific nature of the surgery may vary with each individual 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 A/Professor White during their consultation.

COMMON REASONS WHY PEOPLE CONSIDER HAVING ABDOMINOPLASTY SURGERY

- After children or having lost a significant amount of weight
- Skin irritations such as rashes/fungal infections beneath folds in the skin
- Bring overall body shape into proportion

WHAT IS INVOLVED WITH ABDOMINOPLASTY SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2-3 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 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
- Dressings are applied
- Drain tubes are not routinely used

RECOVERY AFTER SURGERY

- Patients most commonly require a hospital stay of 1 - 2 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 A/Prof White.
- Able to drive when feeling comfortable
- No heavy lifting/exercise for two weeks eg. Gym, running.

POST OPERATIVE CARE AND REVIEW

A/Prof White will see you in hospital and/or prior to your discharge from hopsital.
Post operative visits with A/Prof White:

- Approximately 1 week after surgery - this is to check on wounds and ensure healing well.
- 6 week 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, A/Prof White will give you the all clear to resume normal activities.
- 4 - 6 weeks post surgery review
- 12 months post surgery review.

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

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ABDOMINOPLASTY SURGERY

SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual goals you will have discussed with A/Prof White related to your decision to have this particular surgery
3. Minimise scars
4. Durable, long term results

BEFORE DECIDING TO HAVE AN ABDOMINOPLASTY YOU SHOULD CONSIDER THE FOLLOWING

- Desire for any further children
- Stable, healthy weight
- If a smoker: STOP smoking
- Generally fit and healthy

ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- Liposuction - discuss with A/Prof White

RISKS TO CONSIDER

ANAESTHETIC - In otherwise well people, general anaesthesia is safe with modern techniques. A/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

INFECTION IN THE WOUND - If this does occur it can usually be cleared up with antibiotic tablets

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

DVT/PE (Deep Venous Thrombosis/Pulmonary Embolus) - These are blood clots that are potentially very serious and even life threatening. The clots may form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

SCARS - Typically the resulting scars 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 followup visit with A/Prof White.

WOUND SEPARATION/DELAYED HEALING - This is much more common in smokers or if there is an infection.

SKIN NECROSIS/LOSS - Very rare complication. 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 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

Not all potential risks are listed on this form. Risks will be discussed with A/Prof White during your consultation.