

## **ABDOMINOPLASTY – PATIENT INFORMATION**

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This information is designed to prepare you for your consultation and possible surgery. You can use it to explain to friends and family members what is involved in “tummy tuck” surgery. Please read it carefully and feel free to call our office if you have any questions.

Abdominoplasty (tummy tuck) surgery removes loose skin in the abdominal wall. It can only remove the excess skin and the fat just underneath that skin. It cannot remove any fat inside the abdomen deep to the muscle wall. Liposuction is used at the same time to contour the area just below the waist but liposuction is not used for weight loss. The abdominal wall fascia (the “fabric” around the muscles) can be tightened but only the patient can actually improve the strength of the muscles through exercise.

The surgery involves leaving a long hip-to-hip scar and a scar around the belly button. Occasionally a “modified” abdominoplasty can be performed but the only real difference is that there is no scar around the belly button. This “modified” procedure can be just as extensive as a full abdominoplasty. There are a few patients where only a “scar revision” is performed.

### **Good candidates:**

Good candidates for abdominoplasty surgery are close to their ideal body weight and they are in good physical shape. They must be non-smokers. The surgery just removes the excess skin and tightens the remaining skin. Some “muscle” tightening is performed at the same time.

Patients who have too much fat inside the abdomen are not good candidates. A compromise may be indicated in patients where there is a significant overhang of skin. If these patients are still too heavy the result will not be ideal.

Liposuction alone will only remove fat and will not remove or tighten excess skin. If a small bulge is what bothers the patient, liposuction may solve the problem. On the other hand, if a patient bends forward and has excess skin folds, liposuction alone will only make these folds worse.

Patients who have poor quality skin or patients who have lost a great deal of weight need to realize that abdominoplasty surgery only helps the skin in the front of the abdomen and a “circumferential body lift” may be indicated in order to tighten up some of the skin on the sides and back. Although this surgery is occasionally performed in one stage, the risks are high and we will perform the abdominoplasty surgery first and then consider a “backplasty” at a later date.

Abdominoplasty surgery does not tighten up the inner or outer thighs.

Liposuction is routinely performed to help the scars lie as flat as possible on the sides, but it is not good practice to perform liposuction in the legs or hips at the same time. This can be done (in patients with adequate skin quality) but at a later stage.

### **Preparation:**

Patients need to be in as good physical shape as possible before surgery. The anaesthetist will review the patient’s medical history and some preoperative testing and assessment may need to be performed.

Patients will be required to stop all anti-inflammatory, hormone replacement, and herbal medications two weeks before surgery. Smoking interferes with healing and with blood supply and all patients must quit 4 weeks prior to surgery.

### **Surgery:**

The surgery takes place in Banff under a full general anaesthetic in the Mineral Springs Hospital. Patients will usually stay over two to four nights. Patients need to have someone available to take them home when they are discharged.

### **Recovery:**

The recovery from abdominoplasty surgery is definitely not easy. Pain is usually well controlled with medication but patients find it difficult to move around and to get in and out of bed.

Patients will want to stay slightly bent over for about a week. They will need to sleep with their waist, hips and knees bent and this usually means lying on their back. This can aggravate pre-existing back discomfort.

The incisions will be covered with tape and patients can shower the day after surgery. Some form of binder is usually worn for about two weeks. Drains are only rarely used.

Patients need to treat this surgery much as they would a hernia repair with no sudden heaving lifting for about 4-6 weeks. Return to work would be about 2-4 weeks for desk work and 4-6 weeks for work involving some physical activity. It will still take about 2 months to get back to full activities. Exercise should start with walking for the first 2 weeks and then walking uphill for the next couple of weeks. Pilates and strength exercises need to wait for 4 weeks.

### **Limitations and Complications:**

Expected problems with abdominoplasty surgery are scarring, wound healing problems and numbness in the skin. The scar goes from one hip to the other hip and is often more extensive than the patient would like. Even with this long scar it is sometimes impossible to prevent puckers from forming at the ends. These cannot always be corrected.

Numbness or a lack of feeling in the skin is to be expected. This often covers a wide area above the scar and just below the belly button. Some of the sensation returns over time but there will always be an area of numbness above the scar.

There can be areas of the incision which take longer than normal to heal. These can leave an unsightly or asymmetrical scar.

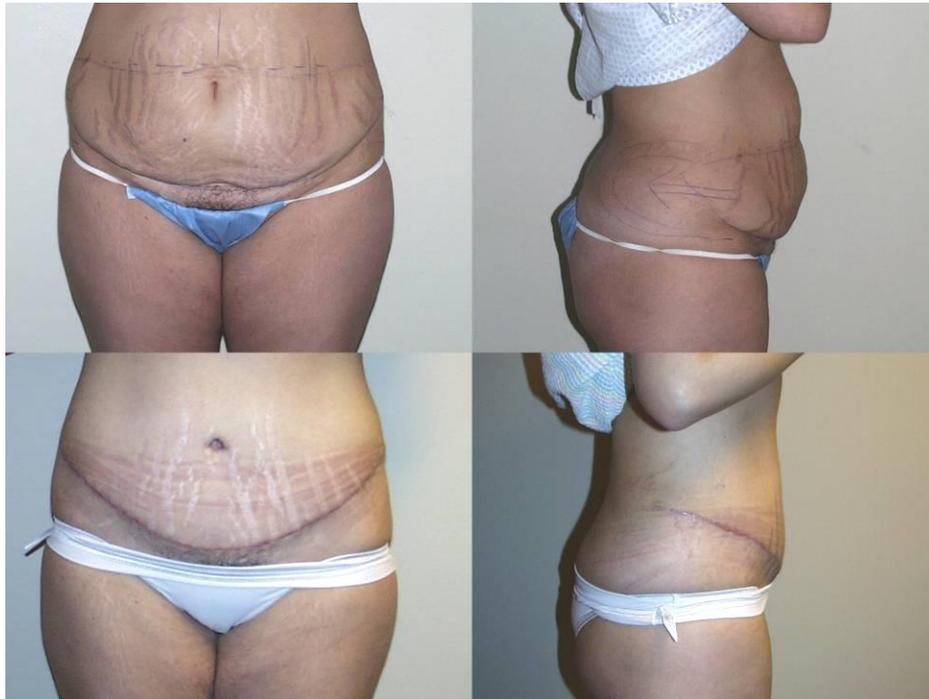
Minor complications tend to be more common and major complications – fortunately – tend to be rare. Minor complications include delayed wound healing and fluid collections under the skin which might need to be aspirated or removed in the office. Scars often get worse at 3-4 months and can then take well over a year to settle. Patients are required to massage the scar for the first 6 months so that the scar does not stick to the deeper layers. If the scar is allowed to attach itself to the deeper layers, a skin overhang can result. Infection is rare and is usually easily treated with antibiotics.

Major complications would include significant wound healing problems which require further treatment and may even require a skin graft. As surgeons, we always worry about a patient developing a blood clot in the leg veins around the time of the surgery. These clots can break off and travel to the lungs – and if they are large enough, they can even be fatal. We place intermittent compression devices on patients' legs during surgery and we encourage all patients to get up moving early and frequently after surgery.

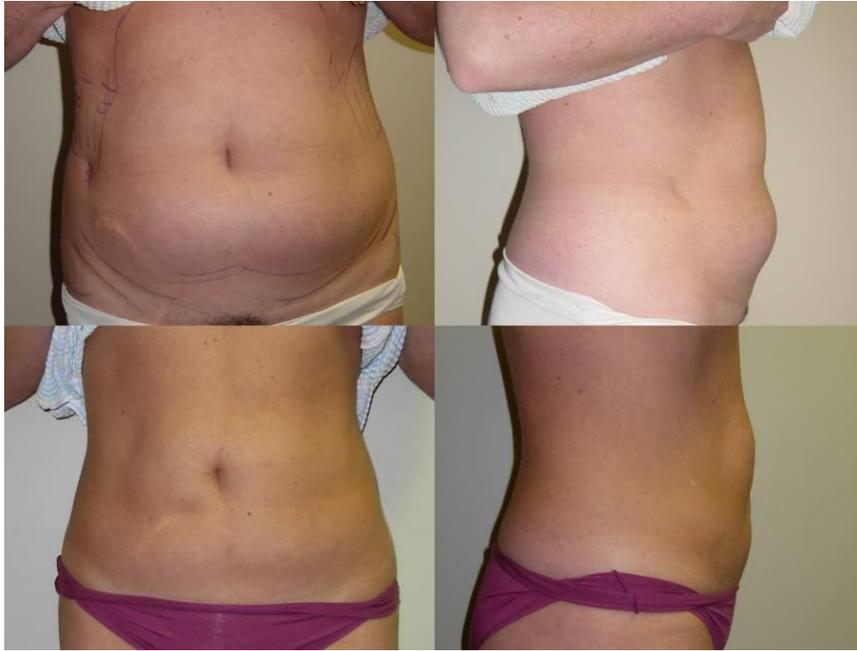
## Final results:

Scars can take over a year to settle. They are not always completely symmetrical from one side to the other. Patients with poor skin tone may find that the skin stretches again after surgery more than they would like. Patients also need to realize that the skin around the sides and back will not be corrected with abdominoplasty surgery.

The following photos illustrate the results – and limitations – of abdominoplasty surgery.



This patient had children and was left with overhanging loose skin and is shown before surgery and three months later. All the skin between the dotted line and the pubic hair was removed. Note that there are very few stretch marks left above the navel. The scar needs to be long in order to flatten out the extra skin (much like sewing a “dart” in a dress). The change in the shape of the navel is unpredictable – sometimes it looks good, sometimes it shrinks and sometimes it widens. There will be permanent scars from hip to hip and around the navel. Note that some liposuction was performed as marked by the arrow (you can see the improved shape by the shadow on the wall in the side view). The abdominal wall is flatter because sutures are placed above and below the navel in the fabric (fascia) around the muscles to tighten them. The skin is lifted off the abdomen all the way up to the ribs and the skin is then pulled down and sutures are used to tighten the abdominal wall to flatten it. Note also that the pubic area was sagging before surgery and that it has been tucked up slightly after surgery.



Liposuction only without abdominoplasty will not tighten the skin. The abdomen can be somewhat uneven and there will be loose skin when the patient bends forward.



A “modified” or “mini” abdominoplasty is usually performed for scar revision as in this patient. It is not indicated if there is any loose skin above the navel. The results of modified abdominoplasties have not been particularly successful and for most patients with loose skin a full abdominoplasty is needed in order to get a satisfactory result.



This patient is shown 15 months after surgery.



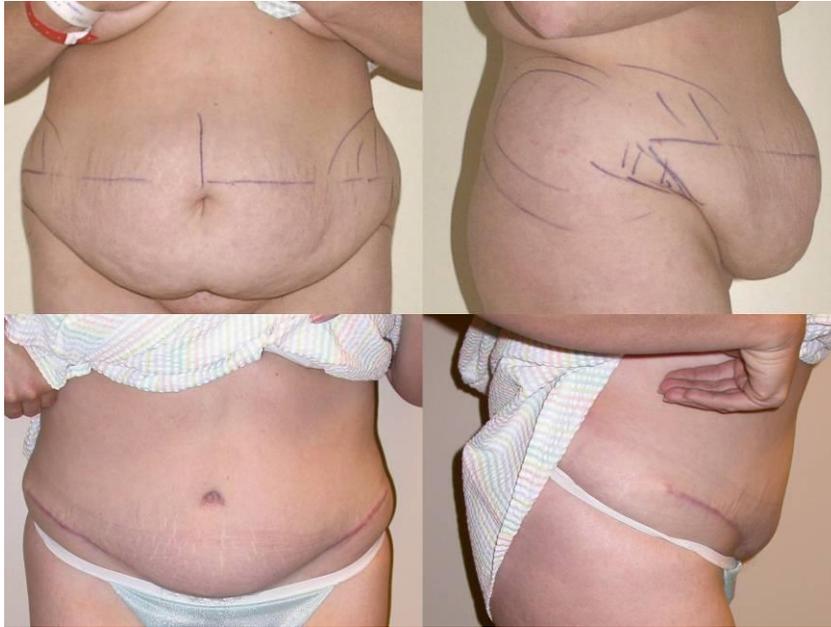
This patient had all the skin removed between her navel and her pubic area. All of her previous scars were removed and her abdominal wall is flatter. The lower photos are shown one year after surgery. Her scar is slightly uneven and still quite wide and thick but it was placed relatively low. The hip to hip scar is sometimes placed high (in the 1980's patients wanted to wear high cut bathing suits) but now patients are asking for lower scars to accommodate the low cut pants.



This patient is shown one month after abdominoplasty with a fairly high placed scar.



This patient has a lower scar and is shown also at one month after her surgery.



Although a considerable improvement can be made when patients are still heavy, it can be seen that this patient would have had a better result if she had been able to get closer to her ideal weight before surgery. The lower photos are shown 6 months after surgery.



This patient (shown at 4 months after surgery) would have had a better result if she had lost more weight before surgery. Liposuction can be performed just past the scar to help flatten it out and prevent puckers, but liposuction cannot be performed in the upper abdomen at the same time as an abdominoplasty without risking loss of circulation to the skin. This process reduces blood supply and it is not a good idea to do liposuction at the same time. Abdominoplasty surgery is not for weight loss.



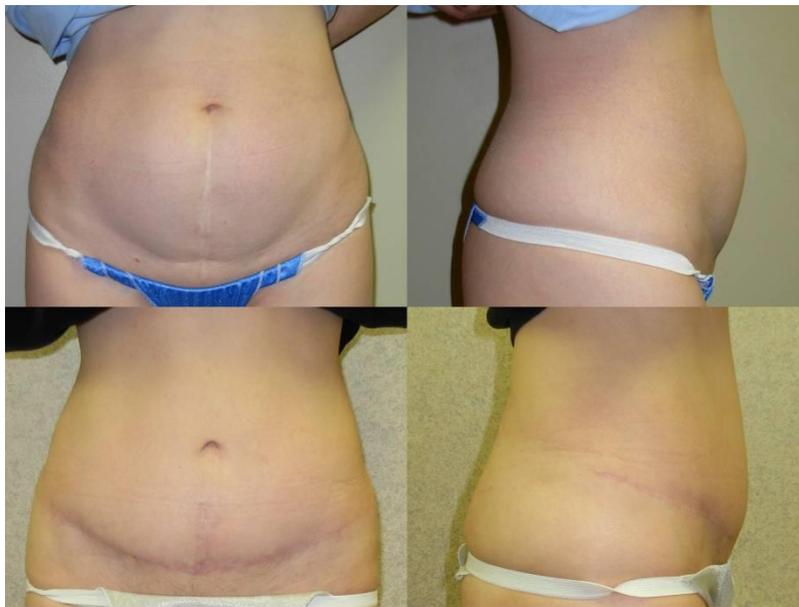
Older patients can also benefit from abdominoplasty surgery but their skin is somewhat looser and it cannot all be corrected – especially toward the back. The lower photos were taken one year after the surgery. When there is a fold of skin in the upper abdomen a full abdominoplasty is needed for correction.



This patient still has some loose skin after her surgery. Her back rolls have not been corrected. She is shown one month and 8 months after her surgery. Sometimes the fold in the upper abdomen also is not completely corrected.



This patient still has some loose skin in the upper abdomen and back, but note that the lower abdominal scar has been completely removed. The lower photos were taken one year after the surgery.



Not all of the lower scar could be removed in this patient because the distance between the pubic hair and the navel was so long. The lower photos were taken 6 months after the abdominoplasty.



This patient had her lower abdominal scar completely removed. She is shown 2 years after her surgery.



This patient needed a short vertical scar added to the abdominoplasty because not all the skin below the navel could be removed. It is better to leave a short vertical scar than to pull up too much on the pubic hair. This patient is shown before surgery and one year later.



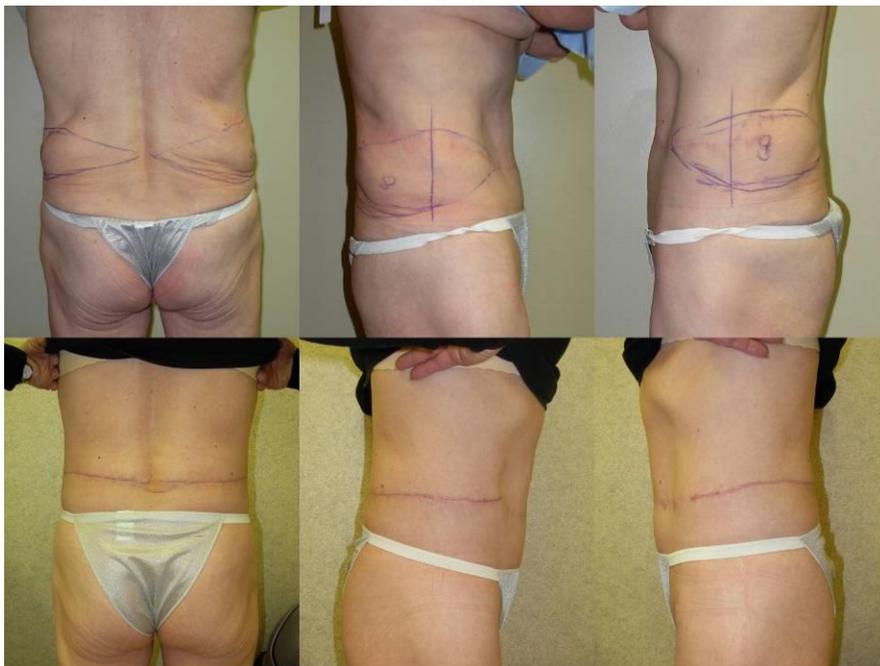
This patient already had a vertical scar above her abdomen so a full vertical scar was added in order to correct some of the side-to-side excess skin. The bottom photos were taken one year after the surgery. Note that the abdominoplasty surgery only treats the abdomen and that the back rolls are not corrected with this type of surgery.



Abdominoplasty surgery only corrects the abdomen and not the back, buttocks or thighs. This patient lost over 100 pounds and is unfortunately left with loose skin in multiple areas of her body. The abdominoplasty surgery has only corrected the loose skin in the front of the abdomen. The after photos were taken at one year.



Sometimes the scar position needs to be adjusted if a patient has previous scars that will interfere with blood supply. This patient had a transverse scar above her navel so the abdominoplasty scar needed to be placed in a similar position.



Note that she had loose skin still in her back and this was removed in a second operation (“backplasty”).



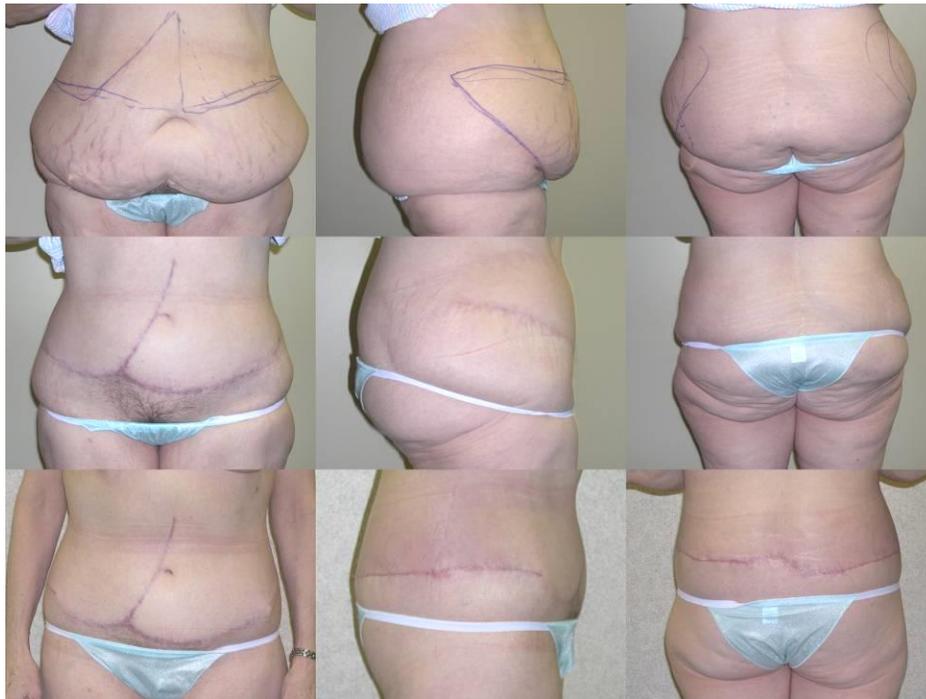
This patient had lost 200 pounds and required two separate procedures to remove both excess skin in the abdomen and excess skin in the back. Although there is a definite improvement, skin excision in massive weight loss patients is often less than satisfactory. These photos are shown at 6 months apart.



This patient had a high scar in the upper left of her abdomen which precluded the use of a standard abdominoplasty scar. This photo shows a much higher scar shown at one year after surgery. Note that the abdominal surgery did not correct the back rolls.



This patient had a high scar in the upper portion of her abdomen which also meant that the scar needed to be placed high and asymmetrically to preserve blood supply to the skin.



This patient had an angled scar from gall bladder surgery which meant that her abdominoplasty scar needed to be angled. There was some delayed healing at the corner but it eventually closed but with a thicker scar. 6 months after the abdominal surgery she had the excess skin removed from the back as well. These scars often end up looking somewhat uneven.



Wound healing problems are not uncommon with abdominoplasty surgery but usually they heal without a problem. Sometimes the scars are a bit more prominent and a scar revision may improve the appearance.



This shows a different patient who underwent a second operation to correct the scar.



This patient also underwent a scar revision at a later date.



This patient had some delayed healing in the scar. She is shown at one month after surgery and again at 2 years. No scar revision was needed.



This patient had an area of delayed healing that resolved without treatment. The upper right photo is shown at 3 weeks after surgery. The lower left is at 6 weeks and the lower right is at 10 months. It can take a couple of years for the redness in the scar to settle down.

It is important to review the informed consent documents and ask any questions you might have well before the surgery. You will have five separate documents to read:

1. this patient information handout
2. the patient instruction handout for both before and after surgery
3. the informed consent documents
4. the medications to avoid list
5. the payment policies

The nurses can answer any questions that are not in the binder.

We will have time just before the surgery to discuss level of scar placement etc. We take photographs and do the skin markings either just before the surgery or sometimes the day before – depending on your arrival time.

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