ABDOMINAL WALL PLASTIC AND AESTHETIC SURGERY

«Version 2» nov 2015

Information delivered to : **Doctor :**

Patient's name :

Date :

This document has been created under the authority of **the French Society of Plastic Reconstructive and Aesthetic surgery** (*Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE*) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake abdominoplasty (also called «Tummy Tuck»).

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

DEFINITION AND FOREWORD

Abdominal skin and fat excess often alters self confidence. Liposuction during or proceeding abdominal aesthetic surgery has dramatically improved the outcome of this procedure by reducing the amount and the length of scars.

There are different types of abdominal plasty depending on the patient's physical condition. The following parameters will influence the surgeon's final decision: skin quality, amount of fat tissue, abdominal muscle tonicity and the patient's overall morphology and the wishes and expectations of the patient. The surgeon will decide the best thechnic to use in each individual case.

Usually, there are two groups of patients:
One requiring isolated liposuction and another requiring abominal plasty.

. Abdominoplasty

When there are significant skin lesions (lack of tonus, stretch marks scars) and or abdominal muscle damage (laxity, hernia, widening of the midline) isolated lipo suction will be insufficient and abdominal plastie is necessary.
Abdominal plastie remains a relatively serious plastic surgery operation, but it has undergone many technical improvements over the last few years:
Improvements in anaesthesia
Surgical technics such a «high upper abdominal tension» and «Surgical quilting» which fixes the skin in place helping to avoid the risk of collection of fluids between the layers of tissue.
Improvements in sutures and suturing techniques
Improvements in dressing and in post operative compressive garments.

These improvements have enabled a significant reduction of risks, facilitated the post operative period, greatly improved the quality of the final results and helped to keep scars as discreet as possible, this means that this type of surgery may now be offered to types of patient who would previously be demeaned unsuitable.

. Aims and Technics

The aim of this procedure is to remove the impaired abdominal skin (stretched skin, scars, and stretch-marks) and tighten the remaining surrounding skin.

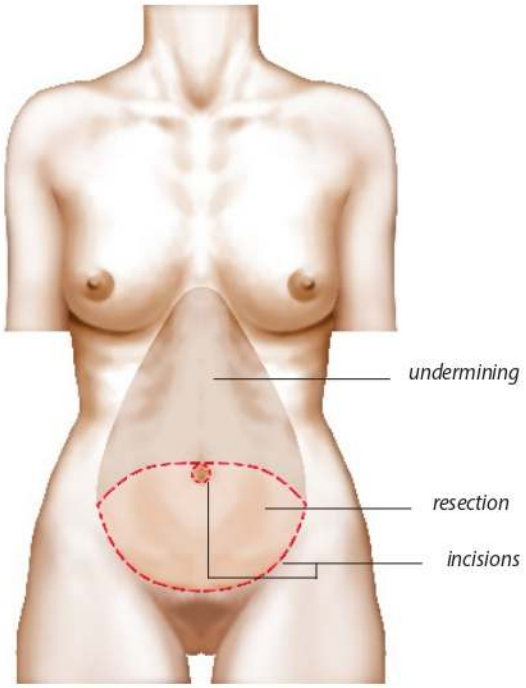
Localised fat excess can be removed during the same procedure by liposuction and impaired abdominal wall muscles may be treated too (midline hernia).

When there is an existing problem of obesity this should be treated as much as possible before (totally or partially) before Surgery (a contract of a weight loss before surgery).
The operation will be performed in better circumstances, risks will be diminished and results improved.

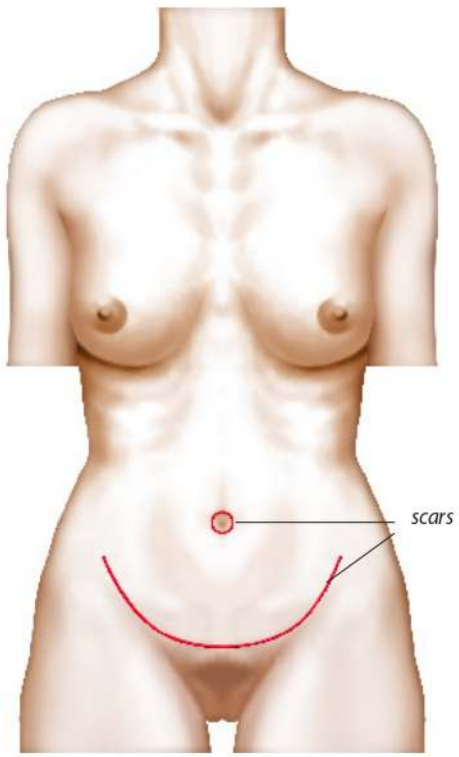
The standard abdominoplasty (Tummy Tuck) removes a large amount of redundant tissue (skin and fat) from the middle and lower abdominal wall, between the belly button (umbilicus) and the pubic region, according to preoperative planning.

The healthy skin from the upper middle part of the abdomen is then repositioned downwards in order to replace the removed impaired skin.

The belly button is preserved and put in its normal position through a hole cut and contoured in the newly draped skin.



This procedure leaves a scar. Its length and position may vary with the amount and location of skin to be removed. It usually extends from above the pubic hair to outwards to the folds in the groin region. Its length is determined during preoperative planning and the patient should be fully aware of it as the scar remains an inevitability that has to be accepted.



This type of abdominal wall surgery may sometimes under certain circumstances be covered by public or private health insurance.

Localised abdominal plastie.
When damage to the skin and abdominal wall is less important a form of more localised surgery may be possible.
This leaves a shorter scar.
It can under no circumstance be covered by health insurance.

ISOLATED ABDOMINAL LIPOSUCTION

This technic is used when in case of excess abdominal fat without any other adjacent problem.

Please read the document about LIPOSUCTION.

BEFORE THE OPERATION

A preoperative check-up is made according to your surgeon's recommendations.

The anaesthesiologist will be seen in consultation at latest, 48 hours prior to surgery.
It is very important to stop smoking for a minimum of 48 hours before surgery.
Smoking increases the risk of post operative complications in all types of surgery.
Stopping cigarettes for 6 to 8 weeks before surgery will eliminate this extra risk.
If you smoke please inform your surgeon and your anaesthetist.
It may also be necessary to stop oral contraception especially when other risk factors are present (overweight bad circulation, etc).
An Antiseptic soap skin preparation is usually recommended for the evening before and the morning of the operation (this is usually in the hospital if admission is on the morning of surgery).
It is mandatory to be fasting (no food or liquid or chewing gum) for 6 hours before surgery.

No medication containing aspirin should be taken for 10 days before surgery.

TYPE OF ANESTHESIA and HOSPITAL STAY DURATION

Type of anesthesia :

The type of anesthesia will be discussed between the patient surgeon & anesthetist.
Abdominoplasty is usually performed under general anaesthesia.
The patient is asleep through the entire operation.
However epidural anaesthesia may be suggested.

Hospital stay :

The duration of hospital stay is usually 2 to 5 days.

THE PROCEDURE

Every surgeon has his or her personal technical habits which he or she adapts to every new case, in order to obtain the best possible results. However, there are common principles:

The position of the skin incisions, which will correspond to the future scars, depends on the amount of skin to be removed. The more skin there is to remove, the longer the remaining scars.
The excessive fat is aspirated with liposuction and the stretched abdominal wall muscles are tightened.
Remaining skin will be (above the umbilicus) will be repositioned and may be fixed in place with invisible "internal quilting stitches) holding the skin in place against the abdominal muscles; improving skin tightening especially in the upper abdominal area and closing the undermined area to avoid a possible collection of fluid.

A "modelling "type dressing may be applied at the end of the procedure.
Depending on your surgeon and the amount of work needed to obtain a good result, the operation takes approximately 90 minutes to 3 hours.

AFTER THE OPERATION

There will be dressings on the wounds for about two weeks after surgery.
It is recommended to wear a pressure garment for 2 to 4 weeks, day and night. Your surgeon will decide from when it should be worn.
Pain and discomfort varies between people (abdominal tightness and muscle aches), but is usually supportable and will be controlled by adequate medication.
It is necessary to stop work for between 2 to 4 weeks.

The scar is often red during the first 2 or 3 months and becomes gradually paler from the third month onwards, and will continue to fade for 1 to 3 years.
The scar should be protected from sunlight and artificial UV tanning for at least 3 months.
Sport can be gradually restarted after 6 weeks (with the agreement of your surgeon).

THE RESULT

The results can only be judged one year after the procedure, during this period, it is necessary to be patient while scars slowly fade, and to collaborate with your physician for a regular follow-up consultation every 3 months for one year.

The scars are usually positioned so that they can be easily hidden by underwear or a "classical style of bathing costume.

You should know that they do fade away with time but never completely disappear. The surgeon does the sewing, but scarring depends on the individual patient.

However, as well as the appreciable and sometimes spectacular aesthetic improvement abdominal plasty enhances the patient's comfort, quality of life and self confidence, thus helping him or her to achieve better weight-control.

The aim of this surgery is to provide an improved.

To body shape but not to achieve perfection, when expectations are realistic and the idea of having a scar is accepted the results obtained usually give great satisfaction to the patient.

However it is delicate and serious surgery and despite an expert surgeon and a rigorous choice of technic imperfections or even complications cannot be ruled out.

IMPERFECT RESULTS

Almost always, a properly indicated abdominal plastie well carried out for the right surgical indication gives a satisfactory result which measures up to the patient's expectations.
Never the less certain localised imperfections are not uncommon they are not however real complications.
These imperfections mainly affect the scar.
-The scar can be a bit too visible, adherent or asymmetric. It can sometimes become widened, hypertrophic or bumpy (cheloid).
-The belly button may look unnatural.
There may be slight excess skin at the sides of the scar.
A "bumpy "appearance of the abdominal skin may persist.

-In some case, when there is excessive tension on the scar, the pubic hair can be raised upwards.

These problems can be corrected secondarily after 1 year under local anaesthesia or local anaesthesia with sedation, as a day patient.

POSSIBLE COMPLICATIONS

Abdominoplasty, even if performed for aesthetic reasons, is a genuine surgical procedure, with the consequent risks related to all medical acts, no matter how benign they might appear.

It is necessary to separate anaesthetic from surgical complications:

. Complication during anaesthesia

The anaesthesiologist will inform you about all the anaesthetic risks. You must be aware that anaesthesia can sometimes cause unpredictable body reactions that can be difficult to control. The presence of an experienced anaesthesiologist, in a surgical environment, means that the risks are statistically minimal.

In fact, techniques, products and monitoring methods have progressed considerably over the last twenty years, offering optimal safety, especially when the operation is elective and the patient is in good general health.

. Complications due to surgery:

By choosing a competent and qualified Plastic Surgeon, experienced in performing this procedure, you limit, but do not entirely eliminate, surgical risks.

In fact complications can occur after abdominal plasty which is the most serious of procedures in Plastic and Aesthetic Surgery.

Among possible complications, you must be aware of the following:

• **Thrombo-embolic accidents** (blood clot in the veins of the legs, pulmonary embolism) are relatively rare, but are extremely serious. Prophylactic measures such as standing and walking as soon as possible after surgery, wearing compression stockings, anticoagulant treatments (low doses of heparin injected under the skin) minimise the risks.

• **Blood clots** (haematomas) are quiet rare but can occur. They can be evacuated to prevent an impairment of the final aesthetic result.

• **Infection**, though uncommon, requires treatment with drainage and antibiotics and may affect the quality of the result. It is not uncommon to notice 8 days after surgery a collection of lymphatic fluid accumulating under the skin and seepage of fatty liquid. Compression and rest are the best methods of preventing this complication.
Such a collection may need to be drained (this will be done during a consultation and is not painful) and will dry up rapidly without after effects.
• **Skin necrosis**. Which is usually localised to small area large areas of necrosis is rare. They are more likely to occur if the patient smokes particularly is they not stopped smoking before surgery.
They can be avoided by a proper choice of type of surgery a cautious and well-executed operation, avoiding excessive tension on sutures.

• **Changes in sensation of the abdominal skin** are often observed, frequently in the lower parts of the abdominal wall. They are usually transient and most patients recover normal feeling after 3 to 12 months.

• In some patients with very damaged skin or skin with poor circulation, the healing process may be delayed and the post operative period prolonged.

SUMMARY

Plastic and aesthetic surgery of the abdominal wall has made dramatic progress which today allows us to offer a range of treatments. Liposuction, Mini abdominal plastie (localised abdominal plastie) Extended Abdominal Plastie that can solve the main aesthetic problems of the abdominal wall.

All things considered, the risks must not be overestimated, but you must be conscious that any operation will have its share of risk.

You can be assured however that by choosing a qualified Plastic Surgeon, he will have the experience and skills required to avoid complications, or to treat them successfully if necessary.

These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before you are anaesthetised.

PERSONNAL OBSERVATIONS :