

**INFORMATION SHEET**  
**“MODIFIED (MINI) ABDOMINOPLASTY”**

**INTRODUCTION**

There is not much which is mini about a mini-abdominoplasty because it can take as long and can be as complicated as a standard abdominoplasty but it has been given this name because less skin is removed in the mini-abdominoplasty than in the standard abdominoplasty. There is, however, a lot more liposuction done and so the extent of the surgery to the person is just as great as with a standard abdominoplasty.

**THE STEPS OF A MINI-ABDOMINOPLASTY**

**1. Marking the abdomen:**

This is done with the patient standing up in the patient's room before they go to the operating theatre. It is normal for about half the skin between the umbilicus and the pubic hair to be removed, in contrast to the full abdominoplasty in which nearly all of the skin below the umbilicus is removed.

**2. Signing the consent form:**

Most consent forms now emphasise all the risks and potential complications and it is very important that you should have read this information sheet and the one on abdominoplasty before you agree to have the operation.

**3. General Anaesthesia:**

I have never attempted to do a mini-abdominoplasty or a standard abdominoplasty under local anaesthetic. In theory it could be done under a spinal block but again, this is relatively rare and there aren't any major advantages as compared to a general anaesthetic. The anaesthetist will come and see you before you have your operation to discuss the features of the general anaesthetic and its risks. In general the mini-abdominoplasty is less uncomfortable than many types of standard abdominoplasty because internal stitching is seldom required in the mini-abdominoplasty.

- 4.** At the beginning of the operation fluid is infiltrated into the fat of the whole of the abdominal wall and the flanks and also the pubic area if appropriate. Anything between half a litre and 1½ litres may be infiltrated.

5. Liposuction of the whole area is then carried out and usually about the same amount of fluid is removed from the abdominal wall containing the fat as was injected, and so the size of the person at the end of the operation is not very different from what it was at the beginning. However, as time goes by the residual fluid disappears and then the new shape of the abdomen becomes apparent. (Slimmer!)
6. Following the liposuction the long ellipse of skin from the lower part of the abdomen, just above the inguinal crease and pubic area, is removed. The upper edge is then sewn to the lower edge of the wound with internal stitches and a drain is put in place to suck away surplus fluid as it accumulates underneath the wound.
7. The umbilicus is left alone and doesn't take part in the operation at all.
8. A dressing is applied to the wound and a moderately firm corset is put onto the abdomen to compress it.

**IMPORTANT FEATURES WHICH DISTINGUISH THIS OPERATION FROM A STANDARD ABDOMINOPLASTY**

1. The muscle wall is not affected and is not tightened. The skin above the umbilicus is not tightened and therefore, if it is wrinkled before the operation it will remain wrinkled afterwards.
2. There will be a long scar across the lower part of the abdomen which is about 2-3 times as long as a standard hysterectomy or caesarean scar, but still considerably shorter than a scar associated with a full abdominoplasty.
3. The abdominal skin does not feel as tight as in the full abdominoplasty but the wrinkles in the lower part should be almost completely flattened out.
4. Recovery is usually quicker than following a full abdominoplasty, in that there is less discomfort in the abdominal wall and people can be much more active sooner than after a full abdominoplasty.

5. The general complications of having an operation and being in hospital and having a general anaesthetic are just the same as for a full abdominoplasty.

### **COMMON COMPLICATIONS AND PROBLEMS**

1. The most important problem is that because this is a cosmetic operation it may not achieve everything that you hope for, and so it is vitally important that you should understand what it will and will not do.
2. Some patients take longer to recover than expected and I have known a few patients to take 5 or 6 weeks to recover, but most people are fairly active within 1-2 weeks of the operation.
3. The bruising associated with liposuction of the flanks can remain quite tender for several weeks.
4. There may be some persistent swelling of the skin immediately above the scar-line. In most people this disappears very rapidly, ie within the first month, but in a few people it can last 3-4 months. The swelling is due to interference with lymphatic drainage and this varies a lot between individuals.
5. There is a degree of numbness of much of the abdominal wall for several months but in most patients feeling returns completely to the whole area.
6. Everybody can expect to get some aches and pains in the first week or so and often shooting sensations and pins and needles as the nerves recover from their numbness, but this varies in severity tremendously between individuals.
7. There may be minor irregularities in the contour because liposuction is not a science but an art. Sometimes a little bit more fat is removed from one area than another without this being appreciated by the surgeon at the time because he can only go by appearance and feel and no measurement can be made.

8. Any tendency for the upper abdominal skin to wrinkle may be accentuated by this operation because the skin above the umbilicus is not tightened. If one takes the fat away without tightening the upper abdominal skin, as occurs in this operation, then folding or wrinkling in the upper abdomen can be more noticeable than before.

## **MORE SERIOUS COMPLICATIONS**

### **1. Major Infection**

Fortunately, this is very rare and occurs in probably only 1% of cases and I have never seen it in any patient of mine.

### **2. Minor Infections**

Minor infections along the stitch-line are commoner but seldom serious and are simply a minor nuisance causing a bit of tenderness and occasionally a small discharge and this may occur in 3% or 4% of patients.

### **3. Bleeding**

Fortunately, this is very rare and is more likely to occur in people who know that they are 'bruisers' or who have a long bleeding time. I have never seen a case of haematoma after a mini-abdominoplasty, but in theory it could occur. Patients are advised strongly not to take any Aspirin or Aspirin-like drug for the 2-3 weeks before the operation, and anyone taking Warfarin has to discuss this carefully with the surgeon because it may be one very strong reason for not doing the operation at all, if it is unsafe to stop the Warfarin.

### **4. Wound breakdown**

The wound occasionally splits open because of tension in the skin or simply because the patient is a bad healer.

### **5. Delayed skin healing**

This is uncommon but the occasional patient suffers from blistering along part of the wound edge, which usually settles down within a few days.

6. **Deep Vein Thrombosis (and Pulmonary Embolus)**

Fortunately rare and we do everything to try and prevent this by giving the patient special stockings to wear during the operation and pneumatic compression cuffs on the calves while they are in hospital.

7. **Chest infection or Urinary Tract infection**

Some patients develop infection while they are in hospital, which they were going to get anyway, but obviously these are much worse if they have just had an operation but can usually be brought under control with antibiotics. Most patients don't need to be catheterised if they have a mini-abdominoplasty but some prefer to be catheterised simply so that they don't have to get out of bed to pass urine immediately after the operation. This is something to discuss with the surgeon.

**EXPECTED STAGES OF RECOVERY**

Most patients stay in hospital for one night after surgery and go home to rest for the next 2-3 days and then become more active over the next week or so.

Most patients need to keep their drains in for 3-7 days depending upon how much fluid drains, and this is measured on a daily basis. The patient is shown how to do this before leaving hospital. It can sound very worrying if the person has never experienced this before but in fact it is very simple. It is worth having a drain in because without a drain some patients accumulate a lot of fluid at the operation site.

Most patients benefit from wearing a firm, elasticated corset which covers the whole abdomen. It is best to get one of these before the operation and so this has to be discussed with the surgeon. A leotard or very high support tights or an all-in girdle encompassing the breasts is the very best thing to wear so that the pressure is applied to the upper abdomen as well as the lower abdomen and there is no tendency for the garment to roll down and form a tight ridge or band around the middle of the abdomen.

A pressure garment is best worn for 24 hours a day for a month, except for the necessities of life. If a corset is not worn many patients get away with it without any problems at all but some will swell up and take longer to recover than if they had worn a corset.

It is impossible to know which patients have to have a corset and those that don't need one. Patients can judge whether to continue with a corset by taking the corset off for 24 hours and seeing if they swell up. If they don't, they probably don't need the corset.

The lower abdomen is often very numb to the feel for the first month or so and then gradually recovers its sensation over a period of 3-6 months. Most people are encouraged to take two weeks off work if they have a light job, but may need to take anything between 3 and 6 weeks off if they have a heavy job.

### **SO WHO BENEFITS FROM A MINI-ABDOMINOPLASTY?**

1. People who have excess fat on the abdomen but don't have much surplus skin, ie don't have extra rolls of fat but in whom if all the surplus fat were liposucked out they would end up with lots of wrinkles or mini rolls, and so they need some degree of tightening of the skin because it isn't elastic enough to shrink in by itself.
2. It is best for people who would like liposuction only but in whom liposuction will leave a poor result because the skin has lost its elasticity with age.

In summary, therefore, a mini-abdominoplasty is best for a woman over the age of 35 who may have had either no children or only one child, and who has a slack lower abdominal skin but not so much slack skin above the umbilicus.

A mini-abdominoplasty costs about the same as a full abdominoplasty but different hospitals quote different prices and so you will have to ask the surgeon at the time. In 2005 the quoted price varied between £3,000 and £4,500. Patients often ask for liposuction to be done elsewhere on the body, ie the thighs, arms, flanks, neck etc and this can usually be accommodated but requires extra operating time.

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