

INFORMATION SHEET ABOUT ABDOMINOPLASTY AND VARIATIONS

INTRODUCTION

There are three main reasons for a woman's abdomen to become unsightly. These are pregnancy, gynaecological surgery (hysterectomy is the commonest), obesity and massive weight loss.

Pregnancy tends to over-stretch the skin above or below the belly button (umbilicus). Sometimes the skin simply becomes lax without stretch marks but in most cases over-stretching of the skin leads to stretch marks as well. There are some unlucky women who have stretch marks without ever becoming pregnant and this may be related to obesity or a sudden change in their hormones in teenage years and polycystic ovary syndrome.

Pregnancy can also over-stretch the internal muscles of the abdominal wall so that they separate "divaricate". The muscles fail to regain their tone so that the lower part of the abdomen tends to stick out like a pot belly, particularly when the person relaxes. Sometimes this can be corrected by vigorous exercises and toning up of the muscles but this is usually only successful in people whose muscles have not been stretched too badly.

Obesity, or being overweight, produces an over large tummy due to a build up of fat both inside the abdominal cavity (around the intestines) and on the outside of the abdominal cavity between the muscle wall and the skin. A lot of people think that one can get rid of this fat simply by sucking it out, but unfortunately, liposuction only gets rid of the fat between the muscle and the skin. The vast bulk of the fat, which is associated with being overweight, is inside the abdominal wall and will only be reduced by dieting – or by weight loss surgery (gastric banding or intestinal bypass operations).

Some people are able to diet quite easily and without emotional and physical distress. These are the lucky ones and successful dieting may result in marked improvement in the appearance of the abdominal wall but will never get rid of all of the loose skin and in these patients it is necessary to take away the spare skin, preferably from just above the pubic area where the scars won't show very obviously. NB: Some young people retain the elasticity of their skin so that it can shrink like a rubber band and spring back, but sadly the skin in most people can't shrink easily and therefore wrinkles and folds as the fat disappears.

There are some people in whom dieting manages to get rid of most of the fat from the rest of the body but fails to improve the appearance of the lowest part of the abdomen so that they still have a little pot belly. This is most embarrassing for them and they are often reluctant to wear a bikini or go swimming or take part in aerobics. This “diet resistant fat” is best removed by liposuction together with removal of any loose skin which is often possible by a mini-abdominoplasty.

Following a hysterectomy the skin and fat above the scar line of the hysterectomy sometimes fills up with fluid forming a gel which consolidates and leaves a permanent bulge just above the scar. This can be corrected by a combination of liposuction and skin removal, which is another form of mini-abdominoplasty.

Some women have vertical abdominal scars which run from the pubic hair up to or past the umbilicus. Occasionally these scars are very tight or swollen or itchy. These scars can sometimes be improved in appearance and in their tightness by adjusting the scar in some way. Occasionally the scar forms the base of a deep groove in the lower abdominal wall with the skin bulging out on either side of the scar. These cases can also be corrected by removal of the fat on either side of the scar and adjustment of the scar, or by removal of all of the skin below the level of the umbilicus thus removing the obvious vertical scar and introducing a new lower horizontal scar.

WHAT YOU CAN DO TO IMPROVE YOUR ABDOMEN

- 1) Try and lose weight and get down to your ideal weight for your height and age.
- 2) Stop smoking.
- 3) Tone up your tummy muscles with sit-ups, weights, leg raising and general exercise.

WHAT THE PLASTIC SURGEON CAN DO

There are several types of operations which can be done either alone or in combination. These include:-

1) Liposuction:

A special narrow steel tube is passed through a small hole in the skin and the fat is sucked out from between the muscle and the skin. The total amount that can be removed from the abdominal wall varies from half a kilo to 3 kilos. It is a mistake to think that liposuction alone will achieve significant weight loss. The most that can ever be removed by liposuction from an average person's body is 5 to 6 kilos which is an amount which could be lost by careful dieting in a month at no cost to the person. Liposuction should be used as a means of getting rid of fat which fails to respond to dieting.

Liposuction is also good at improving someone's figure who is not especially overweight and can be very good at narrowing the waistline in someone approaching middle age.

2) Tightening up or (Reefing) the Muscle Wall by Internal Stitching:

A weave of strong Nylon-type stitching is introduced in the outer layer of the muscle, thereby introducing an effective girdle in the front part of the abdominal muscle wall. It corrects the looseness of the muscle and any tendency of the muscles to separate (correction of divarication). It tends to make the muscle wall very stiff for a month or so afterwards. The stitches do not have to be removed and it is very rare for these type of stitches to cause trouble in the long term. It will tighten the belly so much for 6 months that pregnancy may be difficult because the tummy wall can't bulge forwards. This needs to be discussed with the Surgeon if the person wants to become pregnant again. It is usually possible for the person to have a pregnancy safely 6 months after an abdominoplasty.

3) Skin Removal:

(a) A Small Amount

Removal of the skin at the fold level at the bottom of the tummy wall can be done without undermining or mobilising all of the skin of the abdominal wall. It will tend to pull on the belly button in a downward direction but provided not too much skin is removed it won't distort the appearance of the tummy wall but will achieve smoothing out of any fold along the pubic crease.

(b) A Large Amount

This is the so-called standard abdominoplasty in which the skin above the umbilicus is draped downwards as far as the pubic hair. The umbilicus has to be fixed in its usual place in the middle of this redraped skin. This is a bigger operation than the mini-abdominoplasty because there is much more extensive dissection of the skin and the operation takes longer to perform. Recovery from this operation also takes several more days than following a mini-abdominoplasty.

4) Scar Removal (and/or Re-stitching):

Scars can sometimes be improved by removing them and re-stitching. This needs careful assessment by the surgeon.

NB: Every woman is different and the operation which will help her most will need to be tailored to her individual requirements. So some women will just need liposuction, others may need liposuction and a mini-abdominoplasty and others might need a full abdominoplasty with muscle tightening and liposuction.

LIPOSUCTION

Liposuction always leads to bruising because blood vessels are damaged in the process of sucking out the fat. Nerves are also damaged because they are stretched and so the tummy wall is often slightly numb in the area of liposuction. Although the blood vessels are bruised and may leak a little bit, it is rare for them to be ruptured and they continue to allow blood to circulate in the skin and so provided the blood vessels from the muscles to the skin remain intact, albeit bruised, the skin will survive. However, if the blood vessels are actually cut then this deprives the skin of its normal circulation and it is much more likely that the skin will suffer and this is particularly true in smokers. Nerves, if bruised, nearly always recover but sometimes take up to 6 to 12 months to recover fully.

Firm compression with a tight and well fitting corset or girdle is needed after the liposuction to reduce the swelling and the bruising for up to a month or more. A lot of bruising, which is seen as a purplish or yellow discoloration in the skin, can be expected and it often tracks down into the thighs even though the thighs may not have been touched surgically.

The bruising tends to last for a week or so and it is advisable to wear the corset for a whole month to prevent swelling. However, gentle exercises are permitted, even while wearing the firm compression garment. The Surgeon must give you advice about which type or style of garment should be bought. If you are in any doubt, the easiest garment to get is a tight swimsuit which covers the breasts as well as the belly, preferably with poppers in the genital area so that you can pass urine easily. Most of the hospitals where I work do not provide compression garments because such a wide variety would be needed that it is impossible to provide for everyone's needs without a massive store of garments which they can't afford to provide.

OTHER FORMS OF ABDOMINOPLASTY

In some cases it is not possible to remove all the skin below the umbilicus because the gap resulting will not close. In such cases one has to compromise and either leave a short vertical scar above the pubic hair, or raise the level of the horizontal abdominoplasty scar.

The vertical scar would be in addition to the normal transverse scar which runs across from one side to the other just above the pubic hair. In such a case an up side down 'T' shape scar results. The quality of this scar is usually satisfactory eventually because the scar fades with time, but the majority of women prefer to avoid it and would opt for a slightly higher horizontal scar.

In some women the standard or the mini-abdominoplasty operations are not appropriate and less conventional surgery is required. This might be because all the loose skin lies immediately around the umbilicus rather than elsewhere and in such cases I have solved the problem by leaving the patient with a long scar across the middle of the abdomen. I don't like doing this because it is much better to try and leave the scar in a place where it is going to be hidden by a bikini or panty but unusual problems sometimes require unusual solutions...

THE OPERATION

Nearly all abdominoplasties are done under a general anaesthetic. It is possible to do a mini-abdominoplasty under local anaesthetic if one confines the area of surgery and liposuction just to the area above the pubic crease. It is theoretically possible to do a full abdominoplasty under local anaesthetic using a spinal anaesthetic, but I have never tried to do it by simple infiltration of local anaesthetic agents.

Most patients undergoing a mini-abdominoplasty can have it done either as a day case or will stay in for one night after the operation and go home the next day. After a full abdominoplasty normally patients stay in for two nights. Most patients need one to two weeks off work and avoid strenuous activity if they have a mini-abdominoplasty. They need between four and six weeks off work and avoid strenuous activity if they have a full abdominoplasty. Patients vary enormously in their speed of recovery.

The way in which a full abdominoplasty is done has changed dramatically in the last few years. A Surgeon in South America called Saldanha pioneered a technique which was dependent almost entirely upon radical liposuction in which the skin that was in excess was simply removed at a very superficial level and the gap in the skin was simply closed because the liposuction enabled much easier stretching of the skin.

The traditional abdominoplasty procedure, which was in common use up until about 2010/2011 involved physical separation of the skin and fat on the underside of the skin away from the muscle wall resulting in division of all the arteries and nerves up as far as the ribcage margin. The skin was then stretched down and any surplus skin was trimmed away.

This proved very satisfactory as a method in the vast majority of cases, particularly in non-smokers, but it was not a safe technique in heavy smokers, particularly in those people who wanted to smoke in the healing phase immediately following surgery.

It has been appreciated in the last 3 or 4 years that the Saldanha technique is a much safer method in terms of the risks of complications.

In the next section of this information sheet I will be discussing some of the complications which can occur and will mention haematoma, seroma, infection and skin loss. The incidence of these complications has been reduced dramatically by the Saldanha method and I am now prepared to offer abdominoplasty to smokers by using the Saldanha method because the blood vessels to the skin are not divided.

One can summarise the main differences of approach between the traditional abdominoplasty and the Saldanha technique by saying that the traditional abdominoplasty approach undermines the skin from top to bottom of the abdomen and pulls the skin down like a shutter and one trims off the surplus. One carries out a limited amount of liposuction, particularly in the flanks where it is safe to do it but it is not safe to do liposuction of the upper part of the abdomen. By contrast in the Saldanha technique one does radical liposuction of the whole of the front of the abdomen, including the sides (flanks) and one does no undermining at all and simply trims off surplus skin at the surface leaving all the blood vessels intact.

SURGICAL DRAINS

It is usual practice to suck away the body fluid which accumulates in the area which has had liposuction or which has had skin and fat removed by cutting it out. This is achieved by leaving some very fine plastic tubes inside the wound which come out through the skin nearby the edge of the wound.

The tubes are connected to a small plastic collection bottle which can be carried attached to the waistband if necessary. The drains themselves don't hurt (and taking them out shouldn't hurt either). When it is time to take the drains out they are simply slid out by gently pulling on them.

In a traditional technique the drains may need to stay in for several days but with the Saldanha technique the drains are usually removed in less than 24 hours. With the traditional technique the amount of fluid drained can be very considerable and last for several days.

It is usually wise to leave the drains in place until the measured amount of fluid is less than about 50 ml over a 24 hour period. Early removal of the drains in the traditional technique is seldom a disaster but can result in unwanted swelling. With the Saldanha method the swelling occurs anyway but is dealt with by compression garments rather than by using drains.

With the traditional technique patients are often encouraged to go home while the drains are still in place and then return to the hospital after as many days as necessary to have the drains removed. The actual removal of drains should be a painless quick procedure. With the Saldanha method drains are nearly always removed within 24 hours of the operation and in some cases I have not used drains at all.

COMPLICATIONS OF SURGERY

Serious complications from abdominoplasty surgery are fortunately extremely rare. I have never known or heard of a patient who has died as a result of this type of surgery. In theory patients can suffer a deep vein thrombosis in their legs which can lead on to a pulmonary embolus which means a clot which goes up into the lungs and stops the lungs from working but this is fortunately very rare indeed and can be prevented for the most part by the use of special compression devices on the legs which squeeze the calves intermittently during the course of the operation and afterwards, rather like a massager of the legs, and this stops the blood from clotting in the deep veins of the leg. These devices are called Flowtrons and most patients find they are easily tolerated and are a helpful reassurance that they are not going to suffer this particular complication.

NB: There are exceptions in which patients are known to be prone to clotting and special precautions will need to be taken for such patients by way of anticoagulants, etc, and this must be discussed in advance of the operation.

The next very serious complication, but which is exceedingly rare (about 1 in 30,000 to 40,000) occurs when in liposuction the cannula goes through the abdominal wall and punctures the bowel. I am glad to say that I have never caused this complication but I have had to report about it by other Surgeons because it results in peritonitis which can be life threatening, although in fact I have never heard of a death due to this particular complication. If the liposuction is carried out sensibly and carefully it should never occur.

NB: It may be worth your reading my information sheet about liposuction.

Other Serious Complications

1) Skin loss/skin necrosis in which the skin dies because it loses adequate blood circulation:

This can happen if too much skin is removed causing an overtight wound closure and it is much more likely to occur in smokers who have the traditional abdominoplasty type technique. Smoking harms healing by two mechanisms:-

- (i) It reduces the actual amount of blood flowing in the blood vessels.
- (ii) It seems to interfere with the way that deep tissues and the skin can heal after the operation.

Thus, if you are a smoker you must give up smoking for the operation and for at least 2 weeks after the operation. When I was doing only the traditional technique of abdominoplasties, I simply refused to operate on smokers because I didn't want serious complications. Now I have changed my policy because I have found that the Saldanha technique is much safer in smokers but it still is sensible for smokers to stop smoking for a few days before the operation and for at least 2 weeks after the operation.

If the skin of the abdomen dies it will require replacement with a skin graft and this results in a very unattractive appearance and serious discomfort and so it is to be avoided at all costs. Thus the operation works best in people who have managed to lose excessive weight and who have managed to stop smoking.

2) Pain:

This can be very mild or quite severe depending upon the type of operation, the tightness of the skin and the individual person's reaction to surgery. (The same operation produces very different levels of pain in different people). Patients who have the rectus sheaf tightened up to correct a divarication (gap between the muscles) are more likely to experience pain lasting several days but it disappears and they feel that the extra slimness in their figure is worth it for the extra pain suffered. The pain can always be controlled by injections in the immediate 24 hours or so after the operation and so there is no need to fear pain because it can always be controlled. However, the injections may also make you feel sleepy and possibly slightly nauseated. Once you have left hospital the pain should be controllable by ordinary tablets although occasionally some patients who have had liposuction only, have pain which needs something stronger than an ordinary tablet.

NB: It is very important to avoid the use of Aspirin or Anti-inflammatory drugs, like Ibuprofen, for 2 weeks before the operation and for twenty four hours after the operation because Aspirin can increase the amount of oozing and bleeding.

Patients who have to wear a firm corset often find it is very uncomfortable in the first day or two following the surgery. I often advise patients to try out wearing a corset for two or three days before they have their operation so that their skin and body get used to it.

Most pain will ease within a few days of an operation and patients are able to walk around, turn in bed, go to the lavatory and dress themselves without too much discomfort.

TAP Block

A TAP block is a special kind of anaesthetic blockade of the nerves serving the skin of the front of the abdomen. It is a form of regional anaesthesia which can be very effective at controlling the pain associated with liposuction of the anterior abdominal wall. TAP stands for transversalis abdominis plane. Local anaesthetic is injected into the plane in which the nerves run towards the front of the abdomen. By injecting a relatively small amount of local anaesthetic, which is known to work for about 12 to 24 hours, it is possible to stop most of the pain of an abdominoplasty in the first 24 hours and so recovery is relatively comfortable. I use it routinely now in all my abdominoplasties.

Delayed Post-Operative Pain

If a person develops a new pain a few days after or a week or so after the operation, it is wise to mention this immediately to the Doctor or the Nurse for advice because it may signal the onset of a complication, such as infection or haematoma. It is certainly important to come back to see the specialist if after a discussion he is in any way worried that you might have one of the complications.

Stitches often irritate the skin and are sometimes a source of pain but usually once the stitches have been removed or dissolve the pain disappears. My own personal preference is to use buried dissolvable stitches so that no stitches have to be removed after the surgery. Occasionally, however, the knots of these stitches work their way up to the surface of the skin and can irritate the outside of the skin and cause a minor septic spot which is troublesome for the patient until it has broken and released the pus and possibly the knot which caused it. Fortunately, this problem doesn't happen very often.

3) Swelling

Swelling is very common after any operation on skin and usually takes a week or two to settle down. The swelling is controlled best by using a firm corset. Massage is unlikely to alter the swelling and exercise may in fact make it worse rather than better. The swelling is in large part due to a build up of fluid due to the internal injury. This fluid has to drain away and one of the ways it would normally drain away has been damaged by the surgery. It can take several weeks before new channels of lymphatics form to clear this fluid if it is not helped by compression. This is why it is worthwhile wearing a firm corset for several weeks. In some patients it comes as a great surprise to them that they can look more swollen than they were before they had the operation and they don't appear to have lost much weight. This is because of fluid retention in the area of surgery and it can take 2 months before the person gets to their final weight and shape. The test of when to stop wearing the corset is quite simple. If you find that when you take the corset off the skin swells noticeably then it is worth keeping the corset on for another week or so but if after removing the corset there is no swelling then there is no need of the corset.

In patients who may have had radiotherapy these drainage channels often never re-form and the swelling is permanent. Fortunately, radiotherapy for abdominal problems is rare and so it should not be a problem for a patient wanting cosmetic type surgery on the abdominal wall.

Corsets

It is my policy to leave it to the patient to get their own corset and the hospital does not provide patients with one because it would require an enormous range of corsets to have the right one for everybody and therefore it is better for the person to get one which they know is going to fit them. The basic principle is that the best corset is one which the person can get on fairly easily before they have the operation but mustn't be so tight that they have any difficulty getting it on because you need a corset which is going to provide modest compression but not excessive tightness. If it is a struggle to get it on before the operation then it is going to be much too tight to put on at the end of the operation because there is a lot of swelling at the end of the operation and the girth of the person may well be greater at the end of the operation than it was at the beginning. The best corset is a cheap one which is like a swimsuit with poppers and a flap to allow you to empty your bladder without having to take the corset off. The simpler the corset the better and if it can be seamless this is even better still otherwise one needs to turn it inside out so that all the seams are on the outside.

It is best that the corset covers the breasts so that there is no risk of the corset rolling down the tummy and folding in such a way as to cause a deep indentation across the skin in the middle part of the tummy. It is quite sensible to get more than one corset so that one can exchange corsets for washing purposes. It should be possible to get something like this from a lingerie shop or a sports wear shop or a big retailer, such as Marks and Spencers, or you can go on the internet and get a special liposuction garment but I have found that these are often rather complex garments with lots of seams and panels and therefore often quite expensive and unnecessarily so. My secretary may be able to suggest some names of pressure garment making companies and if you search the internet you will probably find at least 20 rival organisations selling pressure garments.

4) **Bruising**

Bruising means the discoloration of the skin, which is due to the escape of blood outside the normal tiny blood vessels in the fat underneath the skin. The bruising in its very early stages is, of course, red but it then takes on a purple colour within a few minutes. There may be a considerable build up of escaped blood underneath the skin in which case the blue or purplish bruising can last for several days. It usually starts to disappear within four to five days and in most patients will have disappeared altogether within three weeks, but it may go through a phase of yellow colour first.

The escape of blood often extends far beyond the part which was operated upon and so in the case of the abdomen it may track down underneath the skin into the thighs or into the buttocks. You don't need to worry about this particularly and you can be sure that it will clear up at just the same rate as the bruising in the abdominal skin.

Bruising is seldom a problem when straightforward cutting type surgery is performed but is usually dramatic and extensive after liposuction. Bruising after liposuction does not indicate that things have gone badly or been done improperly. However, some people bruise a great deal and some people bruise very little after surgery. If you happen to know that you bruise badly then you can expect to bruise after this type of surgery

5) **Oozing from the Outside of the Skin Wound**

All wounds tend to ooze a bit and to stain the dressings, first with the red colour of blood and then with the yellow colour of serum. The dressing which is put on the wound is usually of a type which absorbs some of the ooze and if the dressing is comfortable there is no need to change it, provided the oozing is not so great that it makes the dressing wet.

It may be worthwhile changing the dressing for a new one after a couple of days if there has been a lot of staining with blood and if you want to make the dressing look neat and tidy. It is often worthwhile smearing a small amount of antibiotic ointment along the line of the wound or simple Vaseline because this stops the next dressing from sticking and also helps to free up some of the crusts.

There are no hard and fast rules about when you can have a bath. As a general principle, it is not a good idea to soak the wound in a bath until it has sealed and healed so that water can't go into the wound. Different surgeons have different ideas about this. Exposure to water for a few minutes under a shower is probably a great deal safer than soaking in a bath and so I believe it is reasonable for somebody who has had abdominal surgery to have a shower on the third or fourth day and to use this opportunity to change the dressing then. Showers dilute your germs and wash them away; in a bath you are sitting in your own germs. If you are in doubt about it however, discuss the matter with the surgeon.

All skin wounds hurt at first. The small, circular wounds which are used to introduce the steel cannulae for the liposuction are very small and sting very little. They are usually covered with waterproof dressings and the two or three stitches used to close the wound are removed after a week or so.

The long abdominoplasty wounds which run across from one side of the lower abdomen to the other are often sore where the skin has been brought together quite tightly. This pain and tenderness eases off after a few days as the skin stretches.

6) **Infection**

Infection can occur in any surgical wound. Fortunately, the incidence of infection, i.e. the number of patients that suffer from it after cosmetic type surgery to the abdominal wall is very small. My personal preference is to give patients a dose of antibiotics at the time of the surgery because this reduces the risk of infection. Minor spots of infection around the stitches are quite common a week or so following the surgery and they occasionally crop up several weeks after the surgery when a stitch knot surfaces and irritates the wound.

Infection in any wound has to be treated seriously. It usually results in redness, tenderness, some swelling and eventually the formation of pus.

If you notice that you are developing a localised pain which seems to be getting worse rather than better, and if you are not already on antibiotics then it is very sensible to contact your doctor immediately to seek further advice. It is possible that he may give you a course of antibiotics straightaway just in case your problem is due to infection.

It is very rare for infection to spoil the result of surgery, except that it may cause some widening of the scars because it sometimes interferes with the speed with which the wound heals.

7) Bleeding and Haematomas

Some oozing and bleeding within the wound is normal after any operation but if it is excessive it leads to a build up of fluid or clotted blood which is called a haematoma. Fortunately, a haematoma is seldom serious in the sense that it is never life-threatening but it will probably delay healing and may cause a swelling or a lump which can take several weeks to disappear if it isn't removed. If a haematoma is diagnosed it is common practice to arrange to take the patient back to the operating theatre to undergo a short general anaesthetic to remove the haematoma.

It seldom delays departure from the hospital but may be associated with a lot more bruising than would otherwise have been expected.

I have yet to come across the complication of haematoma after the Saldanha technique but it occurs in about 1 in 20 cases of the traditional abdominoplasty method.

8) “Collections” (Seroma)

A collection is the 'polite' medical term given to a build up of body fluid which isn't blood but is the yellow serum which is due to a lot of oozing from within the wound. The collection is located between the skin and the muscle. It can also be called a "seroma". If the collection is left alone it may persist for a long time until it finally absorbs back into the body. It is sometimes worth sucking it out with a needle and syringe. If this has to be done it is usually completely painless but often has to be repeated. Collections form as a result of internal weeping when the wound surfaces fail to stick together quickly after surgery. There is seldom any reason to stay in hospital because there is a collection. It can nearly always be dealt with as an outpatient. Firm pressure with a girdle or corset may help to stop it from re-forming or from occurring in the first place. It is commoner in people who are overweight and so it pays to lose as much weight as possible before surgery.

Seromas occur in about 10% of routine traditional abdominoplasty techniques but with the Saldanha method I have only come across this as a minor problem in one patient out of 30 cases using this method.

9) Numbness

Some numbness in the skin is to be expected in nearly every case of fat suction or mini or standard abdominoplasty. Liposuction pulls on the nerves to the skin and damages them temporarily. An abdominoplasty operation will cut some of the nerves and will cause some permanent loss of feeling in the skin between the umbilicus and the pubic hair but this area of numbness tends to shrink in size with the passage of time. Fortunately, very few people find the numbness worrying.

In most people the loss of feeling is not troublesome in the early stages and patients only become aware of it a few days after the surgery. The feeling comes back slowly over a period of months and sometimes years and often patchily, but it is extremely unusual for people to actually complain about it in the long term.

10) Suction Drains

When skin has been removed from the abdomen there is an extensive internal wound on the underside of the skin. Internal weeping, which forms a collection of fluid, is to be expected and so this excess fluid has to be removed in anticipation. This is done through one or two fine plastic tubes which are called drains. The internal wound forms fluid for varying periods of time. In some people it is only for a day or so. In others it is for up to four, five or even six days.

While the drains are removing significant amounts of fluid it is wise to keep them in place until the leakage appears to “dry up”. (Approximately less than 30 - 50ml in a 24 hour period.) Having a drain in place is hardly ever painful and removing them (sliding them out) is also very seldom uncomfortable.

Some patients often get upset about the idea of having a drain. In practice, most people hardly notice them after the first day and they are simply a nuisance because they tend to get in the way. Most people can cope with going home even when the drains are still in place and I encourage this because it reduces the time spent in hospital. The person comes back to the hospital or has the district nurse into their home to have the drain removed.

It is usually a good idea to apply a small amount of pressure with a cotton wool dressing to the exit hole of the drain for a few minutes once the drain has been removed. This helps to seal it off. While the drain is in place it is less important to wear a corset but once the drains have been taken out it may be worth having firm compression to the abdominal wall to prevent a collection from forming if the drainage volumes have been high.

I have found that drains are not particularly useful after the Saldanha technique because if one inserts a drain after a Saldana method there is very little drainage.

11) Mobility

Any operation on the abdominal wall makes it less comfortable to walk around, bend or twist. After fat suction the abdominal wall tends to feel rather tender and after an abdominoplasty it tends to feel tight. Most patients find it more comfortable to walk in a slightly bent or hunch back position for a day or two. Fortunately, this discomfort lasts for only a few days and most patients are able to walk normally within a week.

There are a few unfortunate patients who experience a great deal of discomfort in the abdominal wall after liposuction alone. In some of these patients stronger pain-killers are required to help them get through this early period of tenderness.

12) Catheter

Patients who have had the standard abdominoplasty often find it very uncomfortable to get up to go to the lavatory or even just to sit up on a bed pan in bed to be able to pass urine, and so it is often helpful if they have a small catheter put into their bladder for the first 24 hours or so, so that they don't have to get up out of bed.

This means that the bladder is kept empty and the urine drained away comfortably and painlessly. Some women don't like catheters and so this is a point worth discussing with the doctor and the nurses before having the operation. Removal of the catheter hardly ever hurts.

13) Sickness and Vomiting

A general anaesthetic has different effects on different people. Some unfortunately, feel very sick, others not at all. The anaesthetist will discuss this with you before your operation and will probably give you something during the operation to try and prevent you from feeling sick afterwards. Even if you are sick it is unlikely to cause any harm to the success of your operation.

14) Massive Weight Loss Patients

Abdominoplasty surgery in patients who have recently lost a great deal of weight, ie more than three stone, is much more challenging than the standard abdominoplasty in someone who hasn't lost a lot of weight but simply has a floppy tummy from weight gain or from having children. There are a lot of extra problems in such massive weight loss patients and the results of surgery are never as good as in the simpler form of abdominoplasty. The main problem is that there is looseness of the skin all the way round the body, not just up and down. It is therefore necessary to work out with the patient whether they are prepared to have a vertical panel of skin removed which would leave them with a long vertical scar down the front of the belly or whether they are prepared to compromise and have a less than perfect result in terms of skin tightening. The method in which one removes a central panel of skin is called the "Fleur de Lys" technique (lily shaped) and this results in the inverted 'T' shaped scar which is a common shape of wound closure in breast reduction surgery.

If one has to try and hide this circumferential laxity it may mean taking the scar a long way further round the waist than is normal and even so there may still be puckering or irregularity of the skin and so called dog ears. In fact it may be necessary to carry out a complete circumferential removal of skin which will leave the person with a long scar all the way round which would be more difficult to hide in scant clothing.

Another difficulty which often arises is that it is much more difficult to judge how much skin to remove in doing this operation because the skin becomes loose high up on the chest wall where the breasts are and the breast skin can slide up and down rather like the loose pelt of an animal. If one pulls the skin very tight in a downward direction, it will pull the breasts down as well and this isn't always a good idea.

The result, therefore, can mean that the person still has a degree of folding above the pubis because the skin isn't quite tight enough to eliminate this and so again one is making a compromise in trying to avoid excessive removal of skin as opposed to under removal of skin.

If the Surgeon is super confident about this type of surgery, it probably means that he is not very experienced because he hasn't met with all the problems that can arise. Patients may have to accept that they could require more than one operation to get as good a result as possible and they may therefore have to pay extra because of this. This can either mean paying more up front or taking one's chance in acceptance that they may have to pay for a second operation if they are dissatisfied with the first.

Bariatric surgery or the surgery of weight loss is a relatively new field and isn't easy. You need to discuss it very carefully with the Surgeon in order that you can have realistic expectations rather than believing that it is no more difficult than routine abdominoplasty surgery.

15) Catheters (Drainage of the Bladder)

This means that the bladder is kept empty and the urine drained away comfortably and painlessly. Some women don't like catheters and so this is a point worth discussing with the doctor and the nurses before having the operation. Removal of the catheter hardly ever hurts.

16) Longer Term Problems

Appearance and feeling after liposuction

It is normal for the skin and abdominal wall to feel unusually hard or stiff in the areas which have had liposuction. This hardness and stiffness usually lasts for two to three months but then gradually softens over another three months or so until it is back to normal. If liposuction alone has been used, the skin may show some rippling or slight unevenness as the softening progresses. In the early stages this may be quite worrying but it nearly always smooths itself out in the long run. The area from which it is always most difficult to remove the fat is the part just around the umbilicus and this may still feel or look slightly more prominent than the rest of the abdomen for several months after the rest seems to have returned to normal. It usually settles down well enough in the long run.

Scars

The scars after an abdominoplasty are nearly always red to purple for several months but in most people they fade over a two to three year period and become much paler. If the skin closure was tight the tension causes the scar to stretch and to widen and may form a slight furrow. There is occasionally some slight swelling or bulging in the skin immediately above the scar for a few months but this usually flattens off with time, particularly if a firm corset is worn.

Hypertrophic Scars

Some unlucky people (approximately 1 in 15) notice that their scar stays redder than usual and starts to swell up and become very stiff and often very itchy about two to three months after surgery. This is known as hypertrophic scarring. Fortunately, it is a type of scarring which settles down eventually but it may take another six months or even longer to do so, the most troublesome aspect of hypertrophic scarring is often the itchiness. The itchiness and swelling can be treated by injections of steroids if necessary but local anaesthetic is usually needed first because the injection can otherwise be very uncomfortable. The application of a special silicone gel is another painless way of getting the scars to soften but the application of the gel may be very tedious and inconvenient for the patient and many patients feel it is more trouble than it is worth.

Hypertrophic scarring has very little to do with the way in which the wound was closed by the surgeon and if you happen to be one of these unfortunate people who develop hypertrophic scarring, and if you already know you are one of these people, it is wise to discuss the whole problem with the surgeon first. A lot of patients who have cosmetic surgery to their abdomen have never had any surgery done before and so they won't know whether they have this potential problem.

Keloid Scarring

Keloid scarring is one degree worse than hypertrophic scarring because it never disappears by itself. It is very unusual in white, Asian and Oriental people but is, unfortunately, quite common in people of African origin.

Keloid scarring needs special treatment if it occurs. People who know that they are liable to have this, because it has occurred elsewhere on their bodies, should discuss the matter very carefully before surgery because the type of surgery and the type of wound may have to be modified to take account of the potential problem. Occasionally the surgeon may choose to inject steroid at the time of the surgery in anticipation of the problem.

Exercise

In my experience, few people feel ready to take exercise within two weeks of surgery and most people don't try for a month or so. Fitness fanatics and keen joggers may do so two to three weeks after surgery. Using a position which avoids pressure or friction on the belly, sex can be resumed at almost any time.

Corsets/Girdles

I have mentioned the wearing of corsets or compression garments several times. It is worthwhile trying to purchase something suitable from either a lingerie shop, Marks and Spencer, or even a sports shop if you want a ready to wear garment. My secretary will be able to give you the name of special pressure garment manufacturers from whom you can buy a tailored design direct. It is worth practising using it for a day or two prior to surgery so that you know what to expect, and if you think you have found one which is going to be comfortable it is probably sensible to buy a second spare one so that you can wash the first as often or as soon as you wish.

The corset can, of course, be taken off for baths, shows, sex, etc, but it is probably worth wearing it in bed at night, unless it is particularly uncomfortable.

Other Problems

There are bound to be other things which I have omitted to mention. If in doubt, please ask.

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