

# Katherine Hein MD

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## Surgery of the Abdomen: Abdominoplasty

Abdominoplasty, known more commonly as a “tummy tuck,” is a major surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdomen wall. The procedure can dramatically reduce the appearance of a protruding abdomen. But bear in mind, it does produce a permanent scar, which, depending on the extent of the original problem and the surgery required to correct it, can extend from hip to hip.

If you’re considering abdominoplasty, this will give you a basic understanding of the procedure - when it can help, how it’s performed, and what results you can expect. It can’t answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don’t understand.

### The best candidates for abdominoplasty

The best candidates for abdominoplasty are men or women who are in relatively good shape but are bothered by a large fat deposit or loose abdominal skin that won’t respond to diet or exercise. The surgery is particularly helpful to women who, through multiple pregnancies, have stretched their abdominal muscles and skin beyond the point where they can return to normal. Loss of skin elasticity in older patients, which frequently occurs with slight obesity, can also be improved.

Patients who intend to lose a lot of weight should postpone the surgery. Also, women who plan future pregnancies should wait, as vertical muscles in the abdomen that are tightened during surgery can separate again during pregnancy. If you have scarring from previous abdominal surgery, your doctor may recommend against abdominoplasty or may caution you that scars could be unusually prominent.

Abdominoplasty can enhance your appearance and your self-confidence, but it won’t necessarily change your looks to match your ideal or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

### All surgery carries some uncertainty and risk

Thousands of abdominoplasties are performed successfully each year. When done by a qualified plastic surgeon who is trained in body contouring, the results are generally quite positive. Nevertheless, there are always risks associated with surgery and specific complications associated with this procedure.

Post-operative complications, such as infection and blood clots are rare but can occur. Infection can be treated with drainage and antibiotics but will prolong your hospital stay. You can minimize the risk of blood clots by moving around as soon after the surgery as possible.

Poor healing, which results in conspicuous scars, may necessitate a second operation. Smokers should be advised to stop, as smoking may increase the risk of complications and delay healing.

You can reduce your risk of complications by closely following your surgeon’s instructions before and after the surgery, especially with regard to when and how you should resume physical activity.

### Planning your surgery

In your initial consultation, your surgeon will evaluate your health, determine the extent of fat deposits in your abdominal region, and carefully assess your skin tone. Be sure to tell your surgeon if you smoke and if you’re taking any medications, vitamins or other drugs.

# Katherine Hein MD

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Be frank in discussing your expectations with your surgeon. He or she should be equally frank with you, describing your alternatives, and the risks and limitations of each.

If, for example, your fat deposits are limited to the area below the navel, you may require a less complex procedure called a partial abdominoplasty, also known as a “mini-tummy tuck,” which can often be performed on an outpatient basis. You may, on the other hand, benefit more from partial or complete abdominoplasty done in conjunction with liposuction to remove fat deposits from the hips, for a better body contour. Or maybe liposuction alone would create the best result.

In any case, your surgeon should work with you to recommend the procedure that is right for you and will come closest to producing the desired body contour.

During the consultation, your surgeon should also explain the anesthesia he or she will use, the type of facility where the surgery will be performed, and the costs involved. In most cases, health insurance policies do not cover the cost of abdominoplasty, but you should check your policy to be sure.

## Preparing for your surgery

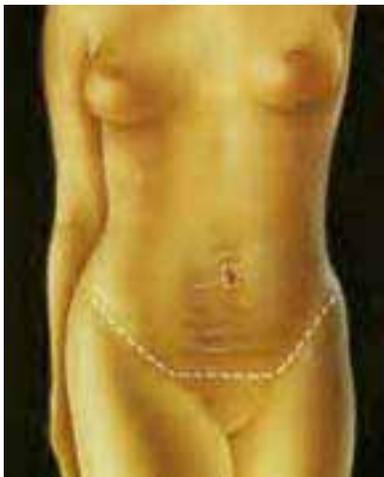
Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications.

If you smoke, plan to quit at least one to two weeks before your surgery and not to resume for at least two weeks after your surgery. Avoid overexposure to the sun before surgery, especially to your abdomen, and do not go on a stringent diet, as both can inhibit your ability to heal. If you develop a cold or infection of any kind, your surgery will probably be postponed.

Whether your surgery is done on an outpatient or inpatient basis, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two after you leave the hospital, if needed.

## Where your surgery will be performed

Many surgeons perform both partial and complete abdominoplasties in an outpatient surgical center or an office-based facility. Others prefer the hospital, where their patients can stay for several days.



## Types of anesthesia

Your doctor may select general anesthesia, so you'll sleep through the operation.

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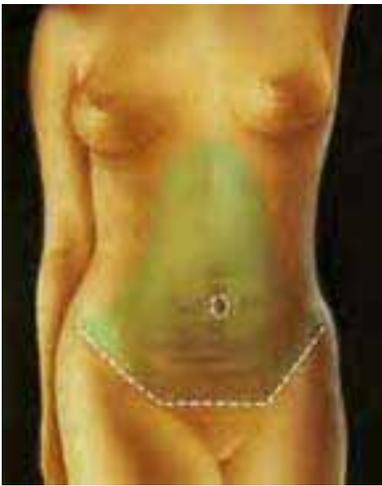
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Other surgeons use local anesthesia combined with a sedative to make you drowsy. You'll be awake but relaxed, and your abdominal region will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.)

## The surgery

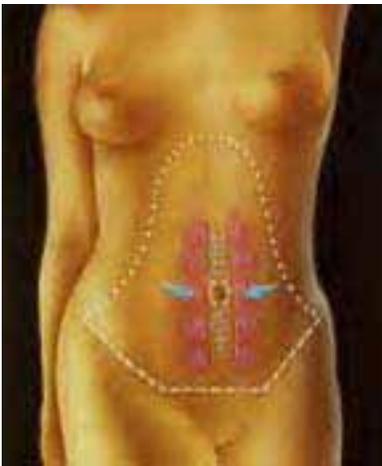
Complete abdominoplasty usually takes two to five hours, depending on the extent of work required. Partial abdominoplasty may take an hour or two.

An incision just above the pubic area is used to remove excess skin and fat from the middle and lower abdomen.



Most commonly, the surgeon will make a long incision from hipbone to hipbone, just above the pubic area. A second incision is made to free the navel from surrounding tissue. With partial abdominoplasty, the incision is much shorter and the navel may not be moved, although it may be pulled into an unnatural shape as the skin is tightened and stitched.

Skin is separated from the abdominal wall all the way up to the ribs.



Next, the surgeon separates the skin from the abdominal wall all the way up to your ribs and lifts a large skin flap to reveal the vertical muscles in your abdomen. These muscles are tightened by pulling them close together and stitching them into their new position. This provides a firmer abdominal

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wall and narrows the waistline.

The surgeon draws underlying muscle and tissue together and stitches them, thereby narrowing the waistline and strengthening the abdominal wall.



The skin flap is then stretched down and the extra skin is removed. A new hole is cut for your navel, which is then stitched in place. Finally, the incisions will be stitched, dressings will be applied, and a temporary tube may be inserted to drain excess fluid from the surgical site.

In partial abdominoplasty, the skin is separated only between the incision line and the navel. This skin flap is stretched down, the excess is removed, and the flap is stitched back into place.

Abdominal skin is drawn down and excess is removed. With complete abdominoplasty, a new opening is cut for the navel. Both incisions are stitched closed.

## **After your surgery**

For the first few days, your abdomen will probably be swollen and you're likely to feel some pain and discomfort that can be controlled by medication. Depending on the extent of the surgery, you may be released within a few hours or you may have to remain hospitalized for two to three days.

Your doctor will give you instructions for showering and changing your dressings. And though you may not be able to stand straight at first, you should start walking as soon as possible.

Surface stitches will be removed in five to seven days, and deeper sutures, with ends that protrude through the skin, will come out in two to three weeks. The dressing on your incision may be replaced by a support garment.

## **Getting back to normal**

It may take you weeks or months to feel like your old self again. If you start out in top physical condition with strong abdominal muscles, recovery from abdominoplasty will be much faster. Some people return to work after two weeks, while others take three or four weeks to rest and recuperate.

Exercise will help you heal better. Even people who have never exercised before should begin an exercise program to reduce swelling, lower the chance of blood clots, and tone muscles. Vigorous exercise, however, should be avoided until you can do it comfortably.

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Your scars may actually appear to worsen during the first three to six months as they heal, but this is normal. Expect it to take nine months to a year before your scars flatten out and lighten in color. While they'll never disappear completely, abdominal scars will not show under most clothing, even under bathing suits.



## Your new look

Abdominoplasty, whether partial or complete, produces excellent results for patients with weakened abdominal muscles or excess skin. And in most cases, the results are long lasting if you follow a balanced diet and exercise regularly.

If you're realistic in your expectations and prepared for the consequences of a permanent scar and a lengthy recovery period, abdominoplasty may be just the answer for you.

After surgery, the patient has a flatter, trimmer abdomen. Scars are permanent but will fade with time.

For more information about Tummy Tuck (Abdominoplasty) visit:

<http://www.plasticsurgery.org/Cosmetic-Procedures/Tummy-Tuck.html>