

Miss Judith Hunter MA MB BChir MD FRCS (Plast)

Consultant Plastic Reconstructive & Aesthetic Surgeon

IMPERIAL PRIVATE HEALTHCARE

Charing Cross Hospital 15th Floor Thames View Fulham Palace Road London W6 8RF

PATIENT INFORMATION

ABDOMINOPLASTY

Aim of Surgery

An abdominoplasty or 'tummy tuck' removes excess skin and fat in the lower abdomen and tightens the rectus abdominis or 'six pack' muscle underneath, it may be done to take away lax skin and tighten muscles after having children or after having lost weight. It is not a substitute for losing weight and patients who do best are already at their ideal weight.

There are different types of abdominoplasty, all of which can be combined with tightening the six pack muscles underneath.

Standard Abdominoplasty

This is the most common and removes an ellipse of skin and fat from below the tummy button (or umbilicus) and pulls the remaining skin tight. Stretch marks below the umbilicus will be removed but those above the umbilicus will remain. The scar runs right across the lower abdomen in the bikini line from hip to hip and there is another scar around the tummy button.

Mini Abdominoplasty

This is a small melon slice of skin and fat from the lower part of the abdomen and leaves a scar along the bikini line. There is no scar around the tummy button but it may pull the tummy button down lower on the abdomen; it is only possible for a small amount of excess skin.

Fleur de Lys Abdominoplasty

This is similar to a standard abdominoplasty but with an added scar vertically in the front, it removes excess tissue across the abdomen as well as from the lower part, so in both horizontal and vertical directions. This procedure is more commonly needed after massive weight loss.



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Extended Abdominoplasty

This is similar to a standard abdominoplasty at the front and the scar extends further around the back but not all the way round, it is also more commonly needed after massive weight loss.

Full Body Lift or Circumferential Abdominoplasty

This is similar to a standard abdominoplasty at the front and the scar extends above the buttocks at the back and all the way around the body. This is needed after massive weight loss in some patients.

Liposuction can also be combined with an abdominoplasty for some patients and Miss Hunter will talk to you about this in your pre-operative consultations.

What to Expect

An abdominoplasty is performed under general anaesthetic and takes from around 90 minutes up to 4 hours, depending on the type of abdominoplasty needed; a general anaesthetic means you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand, you can drink water only from 6 hours up to 2 hours beforehand.

You will have a pre-operative assessment and sometimes blood tests are taken. Patients usually have drains placed and stay in hospital overnight, typically the drains are removed the next day and the patient returns home after review by Miss Hunter. You will be fitted with your pressure garment at the end of the operation and you will need to continue wearing this for six weeks, day and night. You will be walking immediately afterwards; you should expect to take 2 weeks off work and you will need to avoid heavy lifting, driving or gym work for 6 weeks.

Usually, we will arrange for you to be seen for a wound check at one to two weeks after the surgery and then Miss Hunter will oversee your healing until complete (potentially weekly for 3 - 4 weeks). Miss Hunter will also advise you regarding scar management and see you longer term for final results.

A black rectangular box containing the text "Miss Jude Hunter" on the top line and "FRCS (Plast)" on the bottom line, both in a white serif font.

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Post Op Instructions

You will be able to walk immediately but you need to avoid straining your abdomen for 6 weeks, as explained overleaf. You can remove your compression garment to shower but should otherwise wear it at all times, including sleeping in it at night. Usually Miss Hunter advises keeping the area dry for a week until your first post operative clinic review - a splash of water on the dressing does not matter but try to avoid soaking them. Miss Hunter will usually review the outer dressings at one week and leave the inner tape in tact, there will be dissolving sutures underneath the scars, which will be waterproofed with glue and covered with tape. After one week Miss Hunter will likely advise you that you can shower the dressings, after showering, pat the tape dry with a clean towel or dry it with a hairdryer on a cold setting. Do not soak in a bath for a minimum of two weeks - the wounds need to be completely healed first. You must avoid swimming and engaging in any gym work for 6 weeks. The tape is designed to stay on until all has healed underneath - if it starts to peel off, simply trim it. Once all the tape has come off, usually at 2 - 3 weeks - and all the wounds have healed, you can start to moisturise and massage the scars. This can be done twice a day with any moisturiser that suits your skin, though you should avoid scented moisturiser. Miss Hunter will be reviewing you at this point and will remove any remnants of tape and advise you that the scars are ready for moisturisation, she will then see you longer term to check your final results.

Complications

Of the General Anaesthetic

It is possible that either a clot may form in the legs or lungs or you may develop a chest infection after any general anaesthetic, although there is a low risk of this and we do everything that we can to prevent these problems. You will have compression stockings and calf compressors on during the operation and you should walk around as soon as you can after surgery.

Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.



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Complications of any Operation

Bleeding: You will be a little bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding, if this happens, the abdomen will swell up and be very bruised after the procedure. It is possible, although rare, that you would need to go back to the operating theatre for this to be attended to, this is one reason to keep you overnight for observation; it would be very rare to need a blood transfusion.

Scars: Scars are placed as outlined in the information above. Scars will be red and raised to begin with and can take up to 18 months to really settle down. Even when faded, they will always be there if you look closely enough. Moisturisation and massage helps to mature the scars but should not be commenced until the wounds are completely healed. It is possible to have problematic, lumpy scars, particularly if you have darker skin and you will be given advice regarding this.

Infection: We take all possible steps to avoid infection. You will have antibiotics around the time of the operation but you should not routinely need antibiotics to take home. An infection is unusual but very treatable if it does happen, redness spreading from the wound edge, pus coming from the wound, a bad smell from the wound or feeling flu-like and unwell may be signs that you have an infection and you should seek help.

Pain: Pain should be controlled with normal painkillers. You will be sent home with simple painkillers, which you should take regularly and some stronger ones which you should take only when you need to. Be aware that some stronger painkillers, as well as an anaesthetic, can make you very constipated, so we often give you laxatives too so you can avoid straining.

Specific to an Abdominoplasty-

Wound breakdown: Sometimes wounds can gape open a little, especially at the centre of the abdominoplasty wound where it is tightest, this usually just needs dressings and will heal up on its own without any need for further surgery.

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Asymmetry: Miss Hunter measures everything very carefully but no two sides of the body are ever identical and there will be some small asymmetries.

Umbilical Necrosis or Loss: The tummy button can be slow to heal because its blood supply is altered by the surgery, occasionally the tummy button dies completely, this sounds dramatic but your tummy button has no function, it is only a scar from where your umbilical cord was cut as a baby. If it does die, you will need dressings to the area and it will heal on its own, forming another scar, this may not look very different to your original tummy button.

Seroma: This is a collection of fluid between your skin and abdominal wall. Some fluid is a normal reaction to surgery but if there is a lot we may need to drain it in clinic using a needle; this is a simple procedure.

Numbness: Your tummy will be numb at first and it may take several months for the feeling to return. You need to be aware during this time that it is possible to burn your skin in hot water or with a hot water bottle if you can not feel things properly.

Dog Ears: you may have pleats at the ends of the scars, these usually settle but can take several months. If they do not settle, it is a simple procedure to trim these pleats or 'dog-ears' at a later date and can sometimes be done with just a local anaesthetic.

Recurrence of Abdominal Weakness or Divarication: You need to protect your abdominal muscles whilst they are healing so you should not drive or engage in any heavy lifting, straining or any abdominal work in the gym, such as abdominal crunches. It is possible to break through the repair if you do too much too soon and this may compromise your result.

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