

# **Miss Judith Hunter MA MB BChir MD FRCS (Plast)**

**Consultant Plastic Reconstructive & Aesthetic Surgeon**

**IMPERIAL PRIVATE HEALTHCARE**

**Charing Cross Hospital 15<sup>th</sup> Floor Thames View Fulham Palace Road London W6 8RF**

## **PATIENT INFORMATION**

### **Brachioplasty**

#### **Aim of Surgery**


This surgery involves removing excess skin from your upper inner arm above the elbow, sometimes extending into your arm pit, this is usually performed for patients who have lost a lot of weight and have folds of skin in this area. The scars can be tailored to the position of excess skin but usually they are long vertical scars in the inner aspect of your upper arm which will be hidden when the arms are held by your sides but otherwise will be visible however, the contour should be improved and sleeves should fit more easily. Miss Hunter may combine the excision with liposuction.

#### **What to Expect**

A brachioplasty is performed under general anaesthetic and takes 2 - 3 hours, a general anaesthetic means that you are fully asleep. A brachioplasty may be performed as a day case. 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. You will need supportive garments, which are fitted on the day of surgery and which you continue to wear 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 the week after surgery and then perhaps the following week, depending on wound healing. Miss Hunter will oversee these reviews and will also see you in clinic at around 6 weeks.

#### **Post Op Instructions**

You will be able to walk straight away but you need to avoid excessive upper body work as explained above for 6 weeks. You can remove your garment to shower but should otherwise wear it at all times, including sleeping in it at night. You may be able to shower straight away, there will be dissolving sutures underneath the scars which will be waterproofed with glue and covered with tape. Occasionally more bandages are placed and the area should be kept dry until the first dressing change - you will be advised on this before you go home. After showering, pat the tape dry with a



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clean towel or dry it with a hairdryer on a cold setting. Do not remove the tape - we will do this at your first clinic appointment a week after the surgery. Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first. You must avoid swimming for 6 weeks. At your first clinic review, Miss Hunter will remove outer layers of dressings and bolster any tapes as required, at this stage you can shower and dry as above; the tapes will then slowly peel off and can be trimmed if needed. 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. After six weeks you no longer need to wear the garment.

### Complications

#### *Of the General Anaesthetic*

It is possible for a blood clot to occur in the legs or lungs or to develop a chest infection after any general anaesthetic, although there is a low risk of this and we do everything we can to prevent this from happening. 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.

#### *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 affected arm will swell up soon after the procedure or there will be excessive bleeding from the suture line. It is possible, although rare, that you would need to return to the operating theatre for this to be attended to; it would be very rare to need a blood transfusion.

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**Scars:** Scars are usually placed in the least visible place in the upper arm but they are long permanent scars. 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. Moisturising and massage help to mature the scars but should not be started 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:** This should be controlled with painkillers. You will be sent home with some which you should take regularly for the first few weeks, afterwards you can take them as and when needed. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

#### *Specific to Brachioplasty*

**Asymmetry:** no two arms are identical to start with and there might be subtle differences between the arms afterwards too.

**Seroma:** A collection of fluid can occur in the arm after surgery, sometimes this will need to be drained with a needle in clinic, this is a simple procedure.

**Wound Breakdown:** It is not uncommon for wounds to gape open a little after surgery, especially with a brachioplasty, there is a delicate balance between a good contour and tight closure, resulting in some wound breakdown, this is a nuisance rather than a real problem and can mean that you will

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need dressing changes for a little longer than 2 - 3 weeks. Eventually, the wounds will all heal in well, although the scars may be a little lumpy.

**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 often be done with just a local anaesthetic.

**Nerve Damage:** There are superficial nerves close to where the operation takes place and these may be damaged by surgery, this can vary between a patch of numbness in your upper inner arm to shooting pain in and around the scar. Around your elbow, the ulnar nerve is close by, this is a major nerve to your arm and hand but it would be very unusual if this were to be damaged by surgery.

**Arm/Shoulder Stiffness:** Whilst you should avoid putting strain on the wound while it is healing and you should not raise your arms above shoulder level for 2 - 3 weeks, it is important after the scars heal (2 - 3 weeks post operatively) that you do some simple shoulder exercises to prevent stiffness.



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