

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

Liposuction

Aim of Surgery

This surgery involves aspirating excess fat from underneath your skin through small cuts (generally at least two ‘stab’ incisions of about 5mm in length per area aspirated). This is usually performed to aid in body contouring, often as part of, or as an adjustment after, surgery such as a tummy tuck (abdominoplasty). It has a limited effect on skin tightening and does not remove excess skin so is rarely performed alone. It can be useful for getting rid of stubborn fatty deposits in areas resistant to diet and exercise but it is not a substitute for weight loss. It works best in those who are close to their recommended weight for their height, with firm elastic skin. It is most commonly performed in the tummy, flanks, hips, thighs, upper arms, back and male breasts.

Types of Liposuction

Liposuction involves injecting a wetting solution into the area first and then sucking fat out of the area via small incisions that are then sewn up at the end of the procedure. Miss Hunter uses *manual liposuction* (hand harvested, whereby a syringe is connected to a hollow tube or cannula to aspirate fat) for small areas or for fat transfer; or *mechanically and suction assisted* for larger areas, utilising a custom device which actively breaks up fat cells and sucks out the fat.

What to Expect

Liposuction is performed under general anaesthetic, a general anaesthetic means that you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand, you may drink water only from 6 hours up to 2 hours beforehand. You will have a pre-op assessment where a garment will be fitted and sometimes blood tests are taken. Depending on what liposuction is combined with, it may be possible to return home the same day. Part of the surgery involves injecting fluid into the area which is worked on, to reduce bleeding, to help with pain relief and aid the aspiration of the fat, this means that you will be quite swollen after surgery. 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 after surgery. You should expect to take a few days off work and you will need to avoid heavy lifting or gym work for a month. You will need to check with your insurance company regarding driving but it may not be advisable whilst the wounds are healing. Usually, Miss Hunter will see you for a wound check the week after the 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, and then 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 in a white serif font.

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Post Op Instructions

You will be able to walk immediately but you need to avoid excessive strain to the area worked on, as explained above, for one month. 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 small scars which will be waterproofed with glue and covered with tape. 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 2 weeks - the wounds need to be completely healed first; you should avoid swimming also until completely healed. At your first clinic review, Miss Hunter will check the wounds and then may re-tape them, at this stage you can keep showering and drying 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 it is best to avoid scented moisturiser. After six weeks you no longer need to wear the garment. The results should be long lasting, as long as your weight remains stable. Miss Hunter will be overseeing your progress and advise you at each step.

Complications

Of the General Anaesthetic

It is possible that a blood clot may occur in the legs or lungs or that you may 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 occurring. 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.

Complications of any Operation

Bleeding: You will be quite bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding, if this happens, the affected area will swell up soon after the procedure or there will be excessive bleeding from the small scar. It is possible, although rare, that you would need to return to the operating theatre for this to be attended to.

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Scars: Scars are usually strategically placed to access the fat to be aspirated and so as to be inconspicuous but they are permanent scars, they will however be less than 1cm in length. 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 on 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, after this time, you may take them as and when needed. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

Numbness: As the area is swollen, it may also be quite numb for several weeks after surgery.

Specific to liposuction-

Asymmetry: No two sides of the body are identical to start with and there might be subtle differences between the sides afterwards too.

Damage to underlying Structures: Miss Hunter is very careful to stay within the fatty layers of your body, but the cannula used in theory could penetrate deeper layers, or damage an implant lying underneath.

Delay in the Results being visible: as outlined above, fluid is injected into the area before fat is aspirated and the area worked on swells up afterwards - this means it can take up to 4 months before the results are apparent.

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Contour Defects: Miss Hunter is careful to blend the boundary between areas that have had liposuction and those that have not but sometimes there can be some skin irregularity, or you may feel that too much or too little has been removed. Remember to reserve judgement until enough time has passed for the final results to be apparent. There are also limitations as to how much liposuction can do and it may be that another operation to remove tissue may be indicated.

Problems with massive volumes of Liposuction: Miss Hunter does not remove excessive amounts of fat in one sitting and does not always combine with her other procedures as this can lead to disturbances in your fluid and salt balance in your body or increase wound healing problems.

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