

ABDOMINAL REDUCTION

Introduction

Any plastic surgery operation is a very personal choice and understandably there are a number of questions that naturally arise. This brochure has been produced by the Institute Teaching Consultants as a helpful introduction if you are considering surgery.

The skin and muscles of the anterior abdominal wall are stretched during pregnancy and whilst in some people this returns to normal, in the majority of cases some loose skin and some abdominal wall muscle weakness will remain. In some cases the deep layers of the skin are over-stretched resulting in stretch marks or striae. Whilst exercise and diet help some cases can only be improved by surgery both to tighten the underlying muscles and to remove the excess skin.

Secondly as part of the normal ageing process there is a redistribution of fat often resulting in fat deposits around the umbilicus and hips. In some cases this can be removed by fat suction alone, or in combination with an abdominal reduction.

In severe cases the apron of skin may well hang down over the pubic area and cause minor skin infections, particularly in hot weather. It is important to realise that abdominal reduction is not an operation to cure obesity and nor is it a quick fix for a slightly protruding abdomen. A protruding abdomen may be caused by excessive fat within the abdominal cavity, which is frequently the case with obese patients. Secondly the central stomach muscles (rectus abdominus) may have become weak or separated (divaricated) through lack of exercise or pregnancy and no longer compress the contents. This may be accentuated by poor posture. Thirdly there may be an excess of fat lying superficial to the muscles under the skin; this is the fat that can be removed by liposuction.

The classic operation of abdominal reduction involves removing a melon slice of skin and fat from the lower abdomen between the pubic area and the umbilicus. This results in a scar above the pubic area which is easily covered by underwear or a bikini. The umbilicus is retained in its original position on the new abdominal wall and therefore has a scar around it.

In some patients a so-called mini abdominal reduction may be undertaken. The midline rectus abdominus muscles are repaired and a small excess of lower abdominal skin is excised leaving a limited lower transverse abdominal incision. The umbilicus in this operation remains unchanged, but sometimes it is drawn an inch or two down if an ellipse of skin is excised. This divarification (separation) of the abdominal muscles often follows a large pregnancy and is called a ventral or paraumbilical hernia. Both of these conditions would be covered by private health insurance if they are to be repaired surgically.

Of all the cosmetic operations undertaken this has the most prolonged recovery time. Some mini abdominal reductions can be done as a day case but if the recti muscles are repaired then frequently you may need to stay one or two nights in hospital. It will take at least two weeks for you to fully mobilise and heal and at least six weeks before you are back doing strenuous exercise.

Information Post Consultation for Patients undergoing Abdominal Reduction

Abdominal reduction or tummy tuck is an operation designed to improve the appearance of the anterior abdominal wall. Following discussion with me I hope you will now realise that it is not only an operation on skin and fat, but also in many cases on the underlying muscles of the abdominal wall. It is not an operation for generalised obesity. It needs a fit well-motivated patient and the operation itself is individualised depending upon what the presenting problem is.

Once we have decided on the type of operation, then pre-operatively you should take no Aspirin or medicine containing Aspirin for two weeks. If you smoke you should cut

down for one week before surgery and stop smoking completely three days before surgery to try and minimise the post-operative complications of a general anaesthetic. You should take Arnica for one week pre-operatively and three days post-operatively to try and help with post-operative swelling and bruising. Please consult your pharmacist with regards to dosage, as product dosages will vary according to the manufacturer.

Normally you are admitted to hospital either early in the morning, in which case you should have nothing to eat or drink from twelve midnight the night before, or, if you are to be operated on in the afternoon you will be admitted at around midday and you should have nothing to eat or drink after a light breakfast at six o'clock that morning. You should have somebody drive you to the hospital.

After you are admitted to hospital, I shall come and see you in your room, sign the consent form with you and draw on your stomach. You will be able to ask me any last minute questions and draw my attention to anything that you so wish at this time.

Surgery is undertaken under general anaesthetic except when very small procedures are undertaken on the lower abdomen, usually revising old scars. In limited abdominal reductions, it is occasionally done as a day case but in most cases where the abdominal muscles are tightened, it will require one or two nights in hospital before you will be fully mobile. Your stomach will be covered with Elastoplast and often an abdominal binder or corset. There will normally be two drains inserted at the time of surgery and these are usually removed the following day.

The stitches are all dissolvable under the skin surface, except for around the umbilicus which are removed approximately ten days after surgery. Whilst scars are visible, the finest possible mark is produced in the skin crease. You should arrange for someone to drive you home from the hospital and stay with you for a couple of nights following your discharge from hospital. You will be provided with a pressure garment. This can be taken off for a few hours after the first week to allow it to be washed.

Initially mobilisation is slow and painful. If a lot of skin has been removed it may take at least a week before you can stand up fully. Sometimes you will find it more comfortable when you lie in bed to have your legs supported on a couple of pillows. It is very important in this period early after your operation that you set yourself a daily walking exercise programme. You will be supplied with painkillers from the hospital, and sometimes antibiotics, and it is important that you do not take any painkillers containing Aspirin as this reduces clotting and makes it more likely that you will bruise.

Long-term Results

As with any operation there are the possible complications associated with a general anaesthetic and this is particularly so with abdominal reduction. Early mobilisation and the wearing of anti-thrombosis stockings are important in trying to prevent deep vein thrombosis and chest infections, both of which are recognised rare complications of this operation.

Frequently patients are left with a numb area in the supra-pubic region above the scar towards the umbilicus. This area of numbness will get smaller with time, over six months to a year, but it never completely recovers.

Swelling above the transverse scar and lower abdomen may be noted to a minor extent for up to six months after surgery. The swelling is caused by the lymph drainage channels being divided and it takes a variable period of time for the new channels to develop and drain the tissues of the lower abdomen. The scar line itself is usually fine and in a well-concealed position but as with any scar on the abdomen the colour takes about one year to fade.

In very fat patients there may be occasional problems with wound healing. Some of the superficial fat or skin may die. Provided this is properly treated it is not usually a major problem and can often be managed as an outpatient with daily baths and dressings. Swelling in the upper part of the abdomen does occasionally also occur. This is partly because the fat is very fibrous and is a poor area for liposuction. It can take a long time

for scarring to soften in this area. You should also try and make sure that the top of your pressure garment does not cause a ruck or tight band in this area.

Just occasionally you can get a collection of fluid (seroma or haematoma). In most cases this is easily removed by aspirating with a syringe and needle. Remember this is not painful because your stomach will have reduced sensation. This may have to be repeated on several separate occasions and will prolong the wearing of a pressure garment.

Often this operation is part of a weight-loss programme. We can advise you on diets and it is important in the early post operative period you do not gain weight. In the early post operative period if you have any abnormal swelling, redness of the skin or feel unwell as if you have flu, then please get in touch with a member of my staff.

Abdominal reduction for many patients makes a major contribution to improving a patient's confidence and self esteem.

If there are any problems or anxieties post-operatively, please get in touch with The HealthXchange Clinic on 736699 or out of office hours Dr J G Curran on 265797 or mobile 07781 165797.