

Abdominoplasty

The operation aims to reduce the bulging of the lower abdomen which is caused by excess skin and fat, and may be made worse by a weakness of the abdominal musculature. The procedure takes about two hours and involves removing the excess skin and fat, and if necessary, tightening the abdominal musculature. Additional fat can be removed using liposuction.

Pre-operative Advice

Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for at least 6 weeks prior to, and for two weeks following surgery. Aspirin and related anti-inflammatories should be avoided for a similar time period. Patients on oral contraception (not HRT) should stop taking the pill for six weeks prior to surgery. During this period alternative forms of contraception will be required.

Before the operation you may require a blood test. You will be measured for a pair of stockings. These are worn to reduce the risk of thrombosis formation by improving the circulation while you are in bed. Photographs are taken before the operation.

What to expect following surgery

On return to the ward you will be nursed with your knees flexed, in a sitting position. Pillows are placed under your knees for support. This is to prevent tension on your stitch lines. Suction drains are used to help reduce fluid accumulation under the skin. Your blood pressure and pulse will be taken regularly following your return to the ward. You will have an intravenous infusion (a drip) which is usually removed after 24 hours once you are able to tolerate diet and fluids comfortably. If you experience any pain or discomfort following surgery painkillers are given either by injection or as tablets. These will enable you to move more comfortably. It is important because of your flexed position that you do take regular deep breaths and move your feet regularly to promote your circulation.

The day after surgery you will be encouraged to gradually increase your mobility. At first when walking try to maintain a flexed position. Assistance will be given with hygiene until you are able to manage independently. A firm girdle can be worn over your dressing to help reduce any swelling.

Your length of stay in hospital is variable and depends on many factors but is usually 2-3 days. The usual follow-up appointments are at 1 week and 3 months following surgery. Stitches are self-dissolving. When the stitch lines are completely healed they should be massaged with a plain cream (Nivea or Vitamin E cream). This will promote a good appearance and a supple stitch line.

Some patients also notice an accumulation of fluid in the lower abdomen. This is quite normal. If it becomes uncomfortable it may need to be aspirated in the out-patients department though usually it resolves without any intervention.

Risks & Complications

It usually takes between 6 and 12 weeks to recover fully. A sick certificate can be issued if required. You should restrict yourself to light activities for about 6 weeks and avoid heavy lifting and strenuous exercising (jogging, aerobics, tennis) for 3 months. Normal sexual activities may be resumed from about four weeks after surgery. Driving is usually possible from about four weeks after the operation.

Problems that may be encountered: Minor wound problems are not uncommon, most of the time these resolve spontaneously with dressings though occasionally a course of antibiotics is required. If the problem persists or if there are any other concerns, please contact my secretary.

Abdominoplasty - Discharge Advice

Wound care: Following the abdominoplasty procedure absorbent dressings are applied in the operating theatre. These dressings are usually left intact for 7 days following surgery unless they become messy, in which case they are changed prior to discharge. Patients are invited to re-attend 7 days post discharge for a wound check by the nursing staff and a change of dressings.

Pain relief: The abdominoplasty procedure can be quite painful and uncomfortable especially with the repair of the muscles. Regular pain relief is advised for the minimum of at least one week following surgery (usually a combination of anti-inflammatory medication and Paracetamol or Paracetamol/Codeine mixes). These will be prescribed prior to discharge from the hospital. Following the initial week pain relief should be taken as required.

Sleeping and posture: Most patients experience significant tightness in the abdomen resulting in an inability to straighten up. This will gradually resolve over the first one to three weeks following surgery. Some patients experience lower back pain as a result of this poor posture. Inadvertently straightening up will cause discomfort but should not damage any of the stitches or the wound. As a result of this inability to straighten up and also because lying the side is frequently painful (especially if liposuction has been undertaken) most patients will need to sleep on their backs slightly propped up for ten to fourteen days following surgery. Some patients find this very disturbing from a sleep point of view and should this be the case then a short course of sleeping tablets may be required.

Patients are advised to wear an abdominal binder for up to six weeks, day and night. The aim of the binder is to protect the muscle repair (which is essentially a hernia repair) especially during inadvertent straining such as when sneezing or coughing, the garment also helps the tissues to adhere and reduces fluid accumulation and scar build up and finally the binder helps mould the waist and tummy especially if liposuction has been undertaken. Patients are advised to wear the binder for six weeks day and night, however, if it becomes intolerable then this can be reduced to two weeks but wearing the binder for the further four weeks during the day. Should the binder become soiled it can however be removed for washing purposes and then be reapplied as soon as it is dry.

Clothing and underwear: Initially there is significant swelling which may take between six and eight weeks to resolve (patients frequently notice a generalized fluid retention and notice their weight has actually increased for several weeks following surgery). Many patients find that their clothes feel too tight and therefore looser clothing is required. Tight clothing and especially tight underwear that pinches and causes an indentation should be avoided for several weeks following surgery as this may interfere with the aesthetic result especially if liposuction has been undertaken. This is because the indentation will induce moulding of the fat and may leave a permanent contour defect.

Suture removal and follow up: In the vast majority of cases no sutures are required to be removed as they are self-dissolving. The follow up for the initial wound check is usually undertaken by the nursing staff within the hospital where the surgery has been undertaken though it can be undertaken by a practice nurse or in another clinical location. This will need to be organized prior to discharge. Follow up by Mr. Whitworth usually occurs three to four weeks following surgery and then three months later.

Activities: For the first two weeks following surgery patients should rest and convalesce. They should refrain from driving or from undertaking any light housework. After this two week period light housework and gentle activities can be undertaken, gradually building up over a six to eight week period. However, heavy lifting or any vigorous sporting activities (aerobics, tennis, badminton) should be avoided for two to three months following surgery. Sexual activities can resume when patients feel comfortable but usually no earlier than two weeks following surgery.

Other advice: Patients will find that because of the abdominal tightness they will need to pass water more frequently for the first few days following surgery. Some patients experience a degree of constipation. This latter can be helped by early mobilization, avoiding excessive amount of codeine containing medication and increasing the fibre content of the diet. However, heavy meals should be avoided in the first two to three weeks following surgery as they will cause abdominal discomfort.

Causes for concern: The two main problems following abdominoplasty are wound related problems and deep vein thrombosis. These should have been discussed in the initial consultation. Wound infections are uncommon and usually localized to one area and are manifest by redness, pain and a discharge. Should this occur medical advice needs to be sought either through the hospital or Mr. Whitworth's secretary. On most occasions it is treated with dressings and antibiotics but occasionally a further surgical procedure is required. The risk of wound infection is significantly reduced by keeping the area clean and dry and avoiding touching the wound. Avoidance of smoking in the several weeks following surgery is imperative as smoking not only increases wound infection and breakdown but also other complications that may be associated with postoperative recovery.

Deep vein thrombosis is a clot in the calf vein of the leg and can be a serious complication if the clot separates and goes into the lungs. The usual symptoms from deep vein thrombosis are painful swelling in one calf occurring several days postoperatively which may be associated with breathlessness, coughing of blood and pain on deep inspiration in the chest. Urgent medical advice should be sought if these symptoms occur. The risks of deep vein thrombosis is significantly reduced by early mobilization, avoidance of smoking and wearing the compression stockings that would have been provided in hospital until fully mobile (usually between two and three weeks postoperatively).

Should there be any concerns then the patient should seek advice.