

Thigh reduction/thigh lift

Excess thigh tissue may be the result of abnormal fat distribution, skin laxity, and being overweight. In some patients liposuction alone may be sufficient to correct the problem, in other patients especially in the inner thighs, a skin tightening procedure may be required. When skin tightening is undertaken the procedure is termed a thigh lift. Incision may be in the inner thigh crease alone or may include an extension downwards along the inner thigh. Occasionally in extensive thigh lift procedures the incision may extend all around the upper thigh, at the front being in the groin crease and at the back in the buttock crease. Thigh reduction/lift surgery requires a general anaesthetic and an inpatient hospital stay.

Preoperative advice

Smokers have a much higher risk of developing complications. It is therefore advised they should refrain from smoking for at least six weeks prior and for two weeks following surgery. Smoking significantly increases the risk of wound infections and breakdown. Aspirin and anti-inflammatories should be avoided for two weeks prior to surgery as they may promote bleeding. Patients on oral contraception (not HRT) should ideally stop the Pill for six weeks prior to surgery as there is a slightly increased risk of thrombosis. During this period alternative forms of contraception are required.

What happens before the operation: Patients are usually admitted on the day of surgery and prior to the operation will be reviewed by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr. Whitworth who will take pre-operative photographs as well as planning the operation by drawing on the thighs. Additionally some patients prior to surgery will require a blood test and will be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and reduce the risk of thrombosis.

Operative procedure: Thigh reduction and thigh lift surgery is undertaken under general anaesthesia. The operation takes between two to four hours to perform and involves usually combination of liposuction and skin excision. The exact details regarding the operative procedure will be discussed at the initial consultation. The wounds are approximated using deep stitches in the deeper layers. This is especially important in the thigh lift in order that the correction be maintained with the skin edges being approximated using self-dissolving sutures in most cases. Drains are usually employed.

What to expect following surgery: On return to the ward patients will have an intravenous drip to provide fluids for the first twenty-four hours following surgery. Drains are usually placed into each thigh, these allowing any oozing or bleeding to accumulate either into a small bag or bottle by the side of the bed. These are usually removed at forty-eight hours just prior to discharge. Thigh reduction and lift surgery may be quite uncomfortable postoperatively. If any pain or discharge is experienced, painkillers are given either by injection or as tablets. When the wound extends down the inner thigh, dressings are applied. With wounds in the groin crease, frequently dressings are not appropriate and the wound is either left exposed or is covered with a thin strip of tape. On occasions should patients find it very difficult to mobilise on the night of surgery, a urinary catheter is inserted, this being removed the following day.

Risks and complications

As with all surgery complications can occur. With thigh reduction and thigh lift surgery some bleeding may occur and on occasions this can accumulate under the skin resulting in a haematoma. This will usually occur within the first twenty-four to forty eight hours and may require a return visit to the operating theatre. As the wounds are in awkward areas and areas that are subjected to stress, small areas of wound breakdown are not an infrequent problem. A rare complication is of deep venous thrombosis. This is a clot in the calf veins of the leg. This can be a serious complication. Many measures are taken to try and reduce the risk of this occurring,

As with all cosmetic surgical procedures undertaken by Mr. Whitworth there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Follow up: After discharge patients require a wound check usually at seven days following discharge. This can either be by the nursing staff in the outpatients where the surgery is undertaken or by the General Practitioner (though agreement would need to be sought). Dressings will then be required for two to four weeks postoperatively. Appointments for the initial dressing change are made prior to discharge. You will also be reviewed by Mr. Whitworth at one and four months post-operatively. These appointments will be sent in the post.

Thigh reduction/thigh lift - Discharge Advice

Dressings and sutures: For wounds in the inner thigh crease frequently no dressings are possible or appropriate. The area needs to be kept as dry and as clean as possible. Wounds running down the inner thigh and around the buttock and outer thigh will be dressed at the end of surgery and will usually be changed prior to discharge. Dressings, if applicable, are usually required for between two and three weeks, these being changed on a twice weekly basis either by the outpatient nursing staff, the practice nurse or at home. In most cases the sutures used are self-dissolving. Appointments for dressing changes, wound checks and suture removal will be made prior to discharge.

Wound care/pressure garment: When liposuction has been undertaken in most cases a pressure garment will be provided and needs to be worn as much as possible day and night for six weeks. At six weeks postoperatively if the scar is becoming tight or red and lumpy, massage with a moisturizing cream two to three times daily for several minutes is recommended. Occasionally other scar maturation treatments may be required. Mr. Whitworth will advise on these at the first post-operative visit at one month.

Pain relief: Pain is not usually a major problem following this surgery though the wounds will feel tight especially in the inner groin crease. This is entirely normal. Simple pain relief is usually all that is necessary, initially on a regular basis for the first one to two weeks and then on an as required basis.

Restrictions: The wounds should be kept dry for at least ten days. Driving is discouraged for two to three weeks and whilst walking is acceptable, exercising and sporting activities should be restricted for between six and twelve weeks.

Follow up: Appointments for wound checks and dressing changes are made prior to discharge. Appointments to see Mr. Whitworth at one and four months post-operatively will be sent in the post.

Causes for concern: Minor wound problems such as mild stitch infections and small wound breakdowns are not uncommon because of the wound location and the inevitable wound tension. These usually respond to a short course of antibiotics and may require a longer period of dressings. More serious problems such as major wound infections or breakdowns or deep vein thrombosis will be discussed at the initial consultation. Should there be any causes for concern the hospital where the surgery was undertaken or Mr. Whitworth's secretary should be contacted.