

Arm Reduction (Brachioplasty)

Arm reduction surgery has become more popular over the last few years as a result of both improved techniques and an increase in the number of people wishing to improve their upper limb contouring following significant weight loss or following (bariatric) surgery. The operation aims to both remove fat and redundant skin through a combination of liposuction and surgical removal of tissue. This is a very effective surgical procedure but does leave a scar along the inner aspect of the upper arm. This scar is well concealed when the arm is held in its normal position. Following the operation, women have greater confidence in wearing short-sleeved clothing of their choice, and are very accepting of the scars.

Other useful advice:

Preoperative advice: The aims and expectations of surgery will have been discussed with patients at consultation. Smokers have an increased risk of wound healing problems, and therefore should refrain from smoking for 4 weeks before surgery and for four weeks afterwards. Aspirin and related anti-inflammatories should be avoided for a similar period of time. The contraceptive pill or HRT should be stopped for 4 weeks pre-operatively.

Before the operation: Patients are admitted on the day of surgery for pre-op checks by the nursing staff and seen by the Anaesthetist to discuss the general anaesthetic. Mr Adams will take photographs and draw on the arms, and take consent. Leg stockings will be provided to reduce the risk of venous thromboembolism. These are worn until patients leave hospital.

Operative procedure: The surgery takes about two hours and is under general anaesthetic. Patients usually stay for 1 night.

What to expect following surgery: Drains are occasionally placed into each arm to reduce oozing and swelling following the procedure. These are usually removed the following day. Stitches are self-dissolving. Micropore tape is applied over the scars, which can extend from the elbow into the armpit. Soft dressings are applied. The degree of discomfort is variable but managed with regular analgesia. Patients should not drive for 1 week. Work should be avoided for 2-4 weeks. Sporting activities may need to be curtailed for 6-12 weeks. The dressings are removed at one week and tape is placed directly over the scars for 4 weeks. The scar appearance will often look peculiar, with ridging and puckering during the initial 4 weeks of surgery. This is entirely normal, and the scars will eventually flatten.

Risks and complications: As with all surgery, complications can occur. In the initial stages, the main risks are of delays in wound healing or infection. A long-term risk is a lumpy or stretched scar. The scars do take up to one year to fade in colour. Asymmetry of scars may be evident. Whilst numbness may be noted both around the scar and into the forearm, this resolves over a few weeks. A burning sensation has also been described for a few weeks but this tends to resolve. Very rarely, there may be a degree of permanent numbness along the inner border of the forearm (lower arm).

Follow-up: Patients are seen at one week for a wound check and change of taping. An outpatient appointment is made to see Mr Adams at 6 weeks and 6 months. Mr Adams can be seen as often as is necessary during this time.

What Happens when I leave Hospital?

Dressings and Stitches: Stitches are hidden under the skin and self-dissolve. Micropore tape is placed directly over the scars/wound at the time of the operation. Absorbent gauze, wool and crepe dressings are applied firmly. These can be exchanged before leaving hospital. At one week follow-up, the dressings are removed and tape re-applied over the scars for 4 weeks.

Wound care: The wounds need to be kept dry for 10 days. Occasionally a knot of buried, dissolving stitch can make it self known along the scar line. These are best left alone to separate unless they are causing problems. After 4 weeks, the tape can be removed and the scars massaged with a vitamin E containing cream. If the scar becomes very red and lumpy, then other treatments can be employed (steroid injection or silicone gel sheeting or cream).

What to expect/pain relief: Patients should expect a degree of discomfort for one week to 10 days post-operatively. The arm will be tight and is largely due to swelling. The discomfort and dressings will limit some movement and therefore daily activities. Some numbness around the scars is to be expected, and will resolve over time. If a wound infection is present, this can delay the healing time and may have an affect on the quality and nature of the scar. Delays in wound healing are most common up under the armpit and heal spontaneously.

Restrictions and activities: Refrain from driving for 1-2 weeks. Depending on the nature of your work, you may require 2-4 weeks off. Avoid any activities that pull or stretch the scars or upper arms. Avoid vigorous sports for 8-12 weeks.

Follow-up: Patients will be seen by the cosmetic nurse at one week following your operation, and then as required. Mr Adams will arrange out-patient appointments for 6 weeks and 6 months.

Causes for concern: The main concern with arm reduction surgery is wound infection and breakdown. Should the wound become red, hot and very swollen, or discharge is evident, then please contact the hospital or contact Mr Adams' secretary for advice.