TITUS ADAMS
PLASTIC SURGEON

Abdominal contouring:

The ideal abdominal profile is smooth with no excess skin or bulges. Female and male profiles differ. Each patient has their own idea as to what they wish or like. Whilst these wishes are to be accommodated, it is very important for patients to understand what realistic expectations are likely to be achieved through surgery, and depends on both their body frame and pre-operative size. The abdominal contour changes with age, weight, lax muscle tone and following pregnancies. Many patients complain that they have tried hard to return their tummy wall to its youthful state with exercises and weight loss, but to no avail. Surgical approaches to this problem have to be carefully considered and individualised to each patient. Below is a summary of the techniques used.

Types of abdominal contouring:

Abdominal liposuction: This is a relatively straightforward procedure that leaves few if any scars. The recovery time (downtime) is reasonably quick. However the effect of liposuction alone can be limited (when addressing extremely excessive fat) and can have no significant effect on skin tightening or if muscle laxity is poor. As an adjunct to skin removal procedures (see below), it can prove to be a more powerful technique employed around the abdomen to smooth out well-established, resistant contours. Liposuction can cause unforeseeable irregularities under the skin or contour deformities following the procedure if performed aggressively or inconsistently.

Mini abdominoplasty: In patients who present with a discrete area of excess skin in the lower abdomen (which can also be exacerbated by a caesarian section scar), a mini abdominoplasty may be appropriate. In this procedure, skin and underlying fat is removed from the lower tummy leaving a relatively limited scar in the bikini line. The belly button is left alone during this procedure; again, limiting any scarring. A limited repair of the lower abdominal muscle can be made. Liposuction to other areas of the abdomen can be performed. The operation is faster (1 to 1.5 hours) than a standard abdominoplasty and the recovery is quicker. Nonetheless, the best results are often reserved for a limited number of patients. This procedure is not a useful substitute for an abdominoplasty. It is an infrequent operation in my experience, as the effect is confined to the lower abdomen, and there is little change to the upper portion of the abdomen. Hence an incongruous result can occur, which can lead to disappointment.

Abdominoplasty: In this procedure, a large ellipse of skin and fat from the lower abdomen is removed leaving a slightly longer scar in the bikini line. The belly button has to be re-sited through a new opening in the contoured skin. Improved access gives the opportunity to tighten the whole of the musculature of the anterior abdominal wall and improve skin contouring through direct fat removal and indirectly through liposuction. The procedure has

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a high patient satisfaction rate and excellent results can be achieved in 2-3 hours. It is worth noting that a longer but well positioned lower tummy scar is entirely acceptable over a short scar which does not conform well to shape, profile or contouring of the hips and flanks.

Apronectomy: This operation is restricted to post–bariatric (weight-loss) patients where there is a massive overhang of skin and fat. The scar can extend around the complete lower half of the body on occasion. Additional scars may be employed. This can take up to 5 hours and the recovery can be prolonged.

The most appropriate procedure will be discussed with patients pre-operatively and the nature and risks of the procedure(s) are explained in detail. There are some techniques that can be employed involving a number of features described above. A surgical plan will be tailored to specific requirements in a safe and predictable fashion. Photographs are available for viewing.

Other useful information:

Pre-operative advice: You should avoid Aspirin and related anti-inflammatory medication (such as ibuprofen, naproxen or diclofenac) for two weeks prior to surgery as they can promote excessive bleeding or bruising. Smokers also have a higher risk of complications, and this habit should be avoided for 4 weeks before and after surgery. The contraceptive pill or HRT should be stopped for 4 weeks pre-operatively.

On admission: Patients are admitted on the day of surgery and checked by the nursing staff. The anaesthetist will see you as a general anaesthetic is required. Mr Adams will take photographs and consent will be obtained.

The operation: The details of the procedure will have been discussed. A combination of fat and/or excess skin is removed. The wound is closed with self-dissolving stitches and tape is applied. Surgery around the belly button uses absorbable stitches which fall out. Following abdominoplasty operations, a drain (or two) is mandatory and exit discretely in the pubic area. Liposuction alone does not require drains. AN ultrasound-guided local anaesthetic block is given during your operation. Your bladder is emptied and a binder is fitted before you wake up.

What to expect following surgery: There will be swelling and bruising in the hours and days following surgery. A binder (support garment) should be used at all times for 4-6 weeks. . This can be removed to wash and shower etc. Patients who have liposuction sometimes stay for one night; those with drains tend to stay two nights, and go home after the drains are removed. Bruising may last for up to 2-3 weeks. Pain along the scar line is not a significant feature of these operations. However, the most significant pain is that of the tightening procedure performed on the fascia above the rectus muscle (“six-pack”) which

aims to improve the contour by correcting the diastasis (divarication of the recti muscles). However, standard analgesia will be provided at discharge and should be taken regularly for up to 2 weeks on a reducing course. Laxatives should also be used to prevent constipation.

Follow-up: Patients return to the hospital at one week for wound inspection and to replace dressings as necessary. Patients are seen by Mr Adams at 6 weeks and 6 months in clinic; appointments sent by email.

Risks and complications: As with all surgery complications can occur, including bleeding or infection. In the initial stages, there is a very small risk of bleeding which might manifest itself by greater than expected oozing in the drains. There can be spotting of old blood on to the occlusive dressings. The main concern relates to delays in wound healing (especially in smokers or those with uncontrolled blood pressure or diabetes). Bruising can take 3-4 weeks to settle. Swelling can take several months to resolve. The scar will often remain red for up to18 months. Numbness above the scar line is to be expected and will take time to resolve. There may always be a degree of reduced sensation above the final scar line. A seroma (collection of straw-coloured fluid) can develop a few weeks after an abdominoplasty, and whilst often not a problem, it may become noticeable and require intermittent drainage using a syringe in the clinic. Seromas usually settle spontaneously over time, but in rare cases this can be prolonged. Wound infection can present with redness and a hot skin surface with or without a gap in the wound where discharge might be present. Antibiotics may be required and the wound usually resolves spontaneously. Occasionally, some scar asymmetry or skin excess may be observed, which might require surgical correction.

What happens after I leave Hospital?

Wound Care: Micropore tape is applied directly to the scar in theatre. An occlusive opsite© dressing is placed over the tape. A binder (see below) is fitted. Dressings can be inspected or exchanged before leaving the hospital. Drains, if present, will be removed on the second postoperative day before leaving the hospital. The dressings (and scar) should be kept dry for 7 days. Showering is mandatory after you have seen the cosmetic nurse in the dressing clinic at one week. The brown micropore tape gets wet (it is not waterproof) and dries on the skin as before. The tape provides support and can be changed intermittently for four weeks and then stopped. Soaking in a bath should be avoided until all wounds have sealed (at about 4 weeks). Dressing changes may be required once or twice per week for 2-3 weeks and will be arranged by the cosmetic nurse. The belly button is often the longest to heal. Massage to the scar can take place from 4 weeks onwards once all the tape has been removed.

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Stitches: The stitches are self-dissolving under the skin. Occasionally, stitches can migrate to the surface of the scar (as “stitch splinters”) which can look like red patches along the scar line. Sometimes the stitches can be felt instead. They are usually left to dissolve on their own with tape applied over them for comfort, and the scar can be massaged from 4 weeks once the tape is removed.

Pain relief: The abdominoplasty procedure can be quite painful and uncomfortable for the first week. This is especially so after the tummy muscles are tightened as described above. Regular pain relief should be take for 1-2 weeks, and include Paracetamol or Paracetamol/codeine mixes in combination with other anti-inflammatories. These tablets will be prescribed prior to leaving the hospital, along with laxatives.

Sleeping and posture: Most patients will feel significant tightness in the lower tummy and will not be able to stand completely straight. This will resolve over 1-2 weeks. Some back pain may be felt because of this change in posture, but this too will tend to resolve as mobility improves. Lying on the side can also be uncomfortable. The best sleeping position is on the back with plenty of pillows to maintain a propped-up position, with a pillow under the knees. This will relieve both the back and the lower abdominal tightness and scar.

Binder/support garment: This garment is measured pre-operatively and fitted at surgery. It should be worn day and night for 6 weeks. The aim is to protect the muscle repair when straining or coughing, and it helps to bring the tissues together and minimise the risk of a seroma (body fluid) collection under the skin. It also helps to mould the tummy skin, especially if liposuction has also been employed. Occasionally, the binder becomes intolerable, and this may be a sign to loosen it during episodes of swelling (later in the day, or following a meal etc.). The binder can be worn over a T-shirt, for example, if it become intolerable on the skin surface itself. The binder should be removed and washed if it gets soiled, and must be removed before showering. You are given two garments whilst one can be washed.

Clothing: Swelling should be expected for 6-8 weeks. Avoid tight clothes for a few weeks, as this can inadvertently mould the tummy incorrectly. A tight-fitting belt may also cause a problem.

Follow-up: The cosmetic nurse will see Patients at one week following the operation for scar inspection, change of dressings and stitch trimming. Other nurse appointments may be made accordingly. Mr Adams will arrange out-patient appointments for 6 weeks and 6 months to be sent by email.

Activities: Rest at home with gentle mobilisation about the house for 2 weeks. Patients are NOT advised to stay in bed for lengthy periods of time because this will increase the thromboembolic risks (see below) and make stiffness worse. Light activities are

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permissible after 2 weeks, building up to normal activities by 6-8 weeks. Vigorous sports and heavy lifting should be avoided for 12 weeks.

Other advice: Patients may experience a degree of constipation as a result of both reduced activity and the analgesics that are used following the operation. Laxatives are useful to help reduce straining when opening the bowels. Increasing the fibre content of the diet will also be useful. Heavy meals should be avoided.

Causes for concern: The main problems following abdominoplasty operations are related to wound healing problems and deep vein thrombosis. These should be discussed pre-operatively. Wound infections and delays in healing are relatively common. Increasing age, Diabetes and smoking increase these risks. Wound infections may occur centrally at the point of maximum tension on the scar. The wound may split open and a little discharge is possible. In the absence of cellulitis (red, hot surrounding skin) with no feelings of being unwell, then these wounds are dressed regularly and kept clean. Spontaneous resolution is expected after a period of delay. Patients are likely to require antibiotics if signs of cellulitis are present. Medical advice should be sought either through the hospital, GP or Mr Adams' secretary. Avoidance of smoking is critical during this time.

Deep vein thrombosis (DVT) is a clot in the veins of the calf or pelvis and can be a serious complication if the clot separates and goes into the lungs. The usual symptoms of DVT are a painful swelling in one calf occurring several days after the operation, which may or may not be associated with breathlessness, coughing of blood or pain on deep breathing. Urgent medical advice should be sought if these symptoms occur. This condition is rare. The risks of DVT are significantly reduced by early mobilisation after the operation, avoidance of smoking and wearing the compression stockings provided by the hospital until patients are fully mobile once more (between 2-3 weeks post-operatively).

Patients must seek advice if there are any problems or questions related to this.