



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. It is often the first procedure that is requested by patients following bariatric surgery or self-imposed weight loss as these individuals want to be able to wear T-shirts and tops of their choice whilst exposing their upper arms, in the summer months, without feeling self-conscious.

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 two weeks afterwards. Aspirin and related anti-inflammatories (ibuprofen, naproxen, diclofenac) 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, 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 2 hours and is under general anaesthetic. Patients usually stay for 1 night, although they may go home if they live locally.

What to expect following surgery: Drainage tubes are not usually required. Stitches are self-dissolving. Micropore tape is applied over the scars, which can extend from the elbow into the armpit. Soft but bulky dressings are used firmly to wrap up each arm from mid-forearm to shoulder. This can limit movement and may make eating with utensils and toileting awkward. The degree of discomfort is variable but managed with regular analgesia. Expect some mild puffiness to the hands and wrists for the first few days given the firmness of the dressings. 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 tap applied by the cosmetic nurse. Showering can resume after one week.

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.



TITUS ADAMS

PLASTIC SURGEON

Very rarely, there may be a degree of permanent numbness along the inner border of the forearm (lower arm). Another rare observation is that of a cord-like lumpiness along the inner upper arm below the scar. This can be an inflamed vein called phlebitis which resolves without treatment.

Follow-up: Patients are seen at one week for a wound check. An outpatient appointment is made to see Mr Adams at 6 weeks and 6 months.

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. 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 7-10 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 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 including eating and toileting. 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.

Restrictions and activities: Refrain from driving for 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 to be sent by email.

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