

Abdominoplasty

Who is suitable for an abdominoplasty?

Abdominoplasty may be beneficial for anyone with slack abdominal skin or muscles who wants to improve the appearance of their abdomen. In women the problem is usually caused by pregnancy, but is greatly aggravated by weight loss. The muscles of the abdominal wall may be stretched and weakened by pregnancy and actually pulled apart in the midline (divarication of rectus muscles). This allows the abdomen to bulge forward.

Similarly, both men and women can be left with an excess of loose abdominal skin and weakened abdominal muscles after a significant weight loss. This is particularly common after gastric banding or bypass procedures.

In both pregnancy and weight gain the skin is stretched and may not shrink back to its previous size. This is especially so if stretch marks (striae) are present. Stretch marks are simply the scars which are left after extreme stretching of the skin. They are usually most apparent on the lower part of the abdomen. There is no specific treatment for stretch marks, but many of them may be removed as part of the abdominoplasty procedure.

One of the reasons abdominoplasty is so popular is because most of the problems described above are not correctable by exercise alone. It must be stressed that abdominoplasty is not a treatment for obesity, but rather a procedure to re-contour a specific area of the body.

What does the procedure involve?

Each person considering abdominoplasty will have different needs and concerns.

The different types of abdominoplasty Dr Boorer performs include:

The **“full”** or **“standard”** abdominoplasty involves making a horizontal incision just above the pubic region, extending in a gentle curve from one hip bone to the other. The excess skin and fat below the umbilicus (belly button) is then removed and the underlying muscles are stitched together in the midline, in order to tighten the abdominal wall. When necessary the fat layer is thinned. The skin at the level of the umbilicus is then brought down and stitched to the skin at the pubic level and the umbilicus is moved to a new position. Most of the stitches that Dr Boorer uses will dissolve. Liposuction is sometimes used to treat fullness in the flank area.

Although scars are inevitable with any procedure, Dr Boorer will make every effort to make them as inconspicuous as possible. In most circumstances the lower scar can be hidden inside the bikini line and the umbilical scar is usually not obvious. However, as scarring is an individual characteristic, they can vary from person to person.

In a **“mini”** abdominoplasty excess skin below the umbilicus is removed, leaving a low abdominal scar at the level of the pubic hair. The umbilicus is not disturbed. Liposuction may be carried out at the same time as to reduce the thickness of fat in the abdominal wall.

In an **“extended”** abdominoplasty excess skin and fat is also removed from the flanks and back. In this procedure the scar will extend from the front of the abdomen around each flank to the back.

Liposuction alone is indicated when there is excessive thickness of fat on the abdominal wall but there is little or no skin sagging. This procedure is usually performed in younger patients with good skin elasticity. The scars are hidden within the umbilicus.

Dr Boorer performs all of the above procedures in hospital under general anaesthesia. Your procedure will take 1-3 hours depending upon which technique is used. Drains tubes are often placed below the skin to remove excess fluid. These will remain in place for 1-3 days. You will be discharged from hospital 1-3 days after the procedure when you are moving around comfortably and your pain can be managed with simple pain medications.

Do the results last?

The beneficial effects of abdominoplasty are maintained over time. These effects will be optimised if you maintain a steady weight and regularly exercise your abdominal muscles. As pregnancy will stretch the skin again, Dr Boorer recommends that women complete their family prior to having an abdominoplasty.

The recovery period

Dr Boorer will see you regularly after your surgery and is happy to be contacted between visits if you have any concerns. Each person differs slightly in their recovery. You will be given advice specific to your circumstances. Below is a general guide:

Pain and discomfort:

Usually lasts between 7-14 days. Although most of the discomfort should have subsided within 3-4 weeks, feelings of tiredness may persist a little longer.

Dressings:

You will be required to wear adhesive tape over the scars for 4 weeks (you can shower with this). Following this you will be required to massage the scar and possibly use silicone gel strips for up to 3 months. Dr Boorer will provide you with a supportive abdominal garment to wear for 6 weeks after the surgery to minimise swelling and optimise healing and contour.

Time off work:

Dr Boorer recommends you take 2-3 weeks off from a desk job, and up to 6 weeks off from more strenuous physical work.

Driving:

In order to be able to drive you must be comfortable. You will be required to have ceased all strong pain relief and you should be moving freely. Most people are able to drive within 2-4 weeks after the procedure.

Sports:

Dr Boorer recommends gentle walking only in the first week following the procedure. You may progress to strenuous walking after 3-4 weeks, and you may recommence all other physical activity (with the exception of sit-ups and swimming) after 6 weeks. Most people have no restrictions upon their exercise regimen after 12 weeks.

Follow-up:

There are four scheduled follow-up appointments; at one week, one month, 3 months and 6 months after your procedure.

Final result:

The final result of surgery should be evident six months after the procedure. Your scars will continue to improve for at least the next 12 months

Is there a risk of unexpected outcomes?

The large majority of patients who have abdominoplasty performed by an experienced and well trained surgeon do not run into any unexpected outcomes. However, there is a risk of complications with all procedures.

Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise complications associated with your procedure. Dr Boorer will explain in detail the complications associated with abdominoplasty surgery during your initial consultation/s, and she will provide you with further information to take home to read and discuss with your significant others.

Following abdominoplasty most people experience some pain, bruising, swelling, minor bleeding, minor fluid collections, temporary numbness of the skin and temporary firmness of the treated area. Uncommon complications include infection, anaesthetic complications, blood clots in leg veins (DVT), excessive scarring, delayed wound healing, major bleeding, skin loss, asymmetry and contour irregularities. Some of these adverse outcomes may require a second procedure.