

tummy tuck

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What is Abdominoplasty?

An abdominoplasty, often known as a tummy tuck, is an operation to cut away loose skin and fat on your tummy (abdomen) and tighten up the muscles. The aim of the operation is to produce a tighter, flatter tummy. The operation is not designed to be a way of losing weight.

There are two main types of tuck e.g. – the full abdominoplasty and the mini or partial abdominoplasty.

What does the surgery involve?

A full tummy tuck involves an incision (cut) near the pubic hairline across the tummy from hip to hip and also one around the navel (belly button). The mini tuck requires a much smaller incision and leaves the navel intact. If your muscles are very stretched, usually from pregnancy, they will be pulled together and stitched in place to tighten and flatten your abdominal wall. Finally, the skin and tissue are pulled down so that skin can be removed. In a full abdominoplasty, a new “hole” is cut for your navel, which is then stitched in place. Liposuction is sometimes carried out at the same time to obtain the best results.

The procedure takes between two to three hours to perform.

Generally, this operation is performed under a general anaesthetic and you will be fully unconscious during the procedure.

Abdominoplasty is a major operation and an uncomfortable one. However, pain killers are used to control this.

You are likely to stay in the hospital for one to two nights.



What are the alternatives to abdominoplasty?

In some instances, liposuction alone can be used. Your surgeon will advise you on what this procedure can achieve for you.

What are the risks and side effects of surgery?

Having cosmetic surgery can be a very positive experience. Complications are infrequent and usually minor. However, no surgery is without risk and it is important that you are given a clear picture.

Occasionally a collection of blood (**haematoma**) or collections of body fluid (**seroma**) can build up underneath the skin. Drains put in at surgery should limit this. Any late collection can often be treated by the consultant using a needle and syringe. Rarely, a return to the operating theatre is needed.

The **scars** that follow an abdominoplasty are covered by normal clothing. However, they are not invisible. Expect it to take up to a year for your scars to flatten out and lighten in colour. On occasions, the scars can become red, raised and lumpy or stretch.

Your abdomen will feel **numb** for up to six months following surgery. Occasionally, this numbness is permanent.

Poor healing leading to wound breakdown or infection can occur. This can result in skin loss which can on rare occasions require skin grafts. This complication, although uncommon, is more likely in people who smoke.

Rarely, the position of the tummy button may seem off-centre.

General risks linked with any operation can occur. Formation of a blood clot in the leg (known as a **deep vein thrombosis**) can occur which would require treatment although the risk of this happening is very rare. Part of these clots can also break off and move up to the lungs, causing acute shortness of breath and pain in the chest. This is known as a **pulmonary embolus** or P.E. (very rare but can be life threatening). Developing a **chest infection** is uncommon but more likely to happen to people who smoke.

All the risks will be discussed in detail at your consultation. However, if you have further questions or concerns, do not hesitate to discuss these with your surgeon. Decisions about cosmetic surgery should never be rushed.

How do I prepare for the consultation?

The surgeon will want to ask about your general health and past medical history, such as previous illnesses or operations, allergies, drugs you are taking and whether or not you smoke.

The surgeon will want to listen to your reasons for considering surgery and ask you to describe the changes you wish to make. They will want to know if you are planning to lose a lot of weight. You should wait until you have reached your target weight before you book surgery. If you plan on further pregnancies, you should consider delay of surgery as pregnancy will stretch the abdomen again.

The surgeon will examine you, looking at the condition of the tummy muscles, skin tone and the amount of excess skin.

After listening to your reasons for surgery, the look you want to create and examining your tummy, the surgeon will be in a position to discuss what surgery might be able to achieve.

All the limitations and risks will be discussed in detail at your consultation. However, if you have further questions or concerns, do not hesitate to discuss these with your surgeon. Decisions about cosmetic surgery should never be rushed.

How do I prepare for surgery?

A range of dates will be offered for your operation and you will be asked to choose the one that suits you best. Prior to your admission, you may be invited to attend the hospital for a pre-operative assessment with a nurse. At this appointment, the nurse will explain what to expect when you come into hospital. Depending on your age and general health, routine blood tests and a heart tracing (an electrocardiogram or ECG) may be taken. You will be given the opportunity to ask any questions you may have or raise any concerns.

You will be admitted to the Nuffield Hospital on the day of your operation. If you are having a general anaesthetic, you will be asked not to eat anything six hours before surgery. Black coffee, black tea and non-fizzy drinks (nothing containing milk) can be taken up to two hours before surgery. Chewing gum should also be avoided six hours before your operation.

If you smoke, you should consider giving up six weeks before your operation. The longer you give up beforehand, the better. Smoking reduces the amount of oxygen in the blood and can significantly increase the risk of healing problems after your operation. If you can't stop completely, cutting down will help.

It is important to inform your surgeon, anaesthetist and nurse of any medicines (prescribed and over the counter) you take including any recreational drugs such as cannabis or cocaine. Medicines containing aspirin should be avoided for two weeks before the operation since they increase the risk of bleeding during surgery. You may also be asked to stop taking the contraceptive pill or hormone replacement therapy for a short time. Your surgeon will advise.

Arrange for someone to take you home after surgery as you will not be able to drive yourself home.

What happens after the operation?

Once you have recovered from the anaesthetic, you will be encouraged to sit up in bed. Two pillows may be placed under your knees to support you in a more comfortable position

You may have an oxygen mask on your face until the anaesthetic wears off but some patients will have oxygen for up to 24 hours. You may feel drowsy following surgery. Expect to wake up and doze off for the remainder of the day.

A firm, supportive dressing or a corset will be in place around your tummy. Apart from bathing, this should stay in place for the first four to six weeks. It should help to reduce any swelling and generally make you feel more comfortable.

A small, plastic tube (a cannula) will have been placed into a vein in the back or your hand or arm. Through this tube, fluid can be given (called a drip or intravenous infusion) to make sure that you do not become dehydrated. This is usually removed the next morning.

Two small tubes (called drains) may be placed either side of your wound to drain off any excess blood or body fluid. These are usually removed before you go home.

You might also have a catheter in place after surgery to drain urine from your bladder. This means that you will not have to get up to go to the toilet. This would be removed the next day.

Special stockings and boots will be applied to your legs to help prevent any blood clots forming. The boots will be removed once you are up and walking about. However, you are advised to wear the stockings for up to six weeks although they can be removed for bathing purposes.

Your tummy will feel tight and fairly sore for the first few days. Naturally, you will be given pain relieving medicines to make you feel more comfortable.

Before you leave the hospital, you will be given a follow up appointment to see either the surgeon and/or nurse. You may have dissolvable stitches. Any permanent stitches will be removed seven to 10 days after surgery at the same time as your dressings are removed.

You will not be able to drive yourself home from hospital and ideally, you should have someone to stay with you for a few days to lend a hand.

What is the estimated time for recovery, absence from work and return to usual activities?

Recovery times vary from one person to another so use the times given as a guide only. If you have any concerns during this period, do contact the hospital team for advice.

In the first few days, it may feel tight when you try to stand up straight. However, it is important for you to be walking every two hours during the day and early evening. Staying in bed too long increases your chances of developing blood clots in the legs. Gradually increase your activity over the next few days.

When resting in bed, you may find it more comfortable if you place two pillows behind your knees for the first week or so.

Tension and pulling on the skin and muscles can make it painful to cough or use the toilet. It is likely that you will have some discomfort for about a week but pain killers should help with this. Drinking plenty of fluids and eating more fruit and high fibre foods will help reduce the chances of you getting constipated.

Depending on your job, you should be able to return to work three to six weeks after the operation.

You will only be able to resume driving once you are sure you are comfortable to perform an emergency stop.

Expect some loss of feeling in the tummy area. This should slowly return over the next few months. However, for some people, it may not return completely.

The scars will be red for a few months but then should begin to soften and fade. The scars are more sensitive to sunlight so keep them covered or protected with sun block for the next six months

Heavy lifting or vigorous exercise should be avoided for six weeks following surgery.

Abdominoplasty post surgery timeline

| Day 1 to 3 | Day 4 to 7 | Day 7 to 10 | At three weeks |
|--|--|--|--|
| Support corset in place. May feel tightness on standing up straight and uncomfortable if you sneeze or cough. Keep moving around to help prevent clots forming in the veins of the legs. | Keep taking your pain killing tablets. It is important that you begin to increase your level of activity. Keep a pillow to hand to hold against your tummy if coughing. | Standing more upright now and there should be much less discomfort. | May be able to return to work if job not too physical. Can drive if you can perform an emergency stop. |
| One month after | Two months after | Six months after | 12 months after |
| Expect to still feel loss of sensation in the tummy area. Easy to stand up straight now. May be able to remove your corset. Return to work. | Heavy lifting and more strenuous exercise can be resumed. | Scars softening and fading. The loss of sensation in the tummy area continues to improve. | Scars should have flattened out now and be lighter in colour. Final result can be judged. |

The final result – a flatter and less flabby stomach – can start to be judged from about six months

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For up to date information on Nuffield Cosmetic Surgery please visit our website at www.nuffieldcosmeticsurgery.com

This leaflet has been carefully reviewed by consultant plastic surgeons, consultant anaesthetists, members of the general public and patients who have undergone cosmetic procedures.

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We ensure that the content in this leaflet is reviewed regularly (at least annually).

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