

## FREQUENTLY ASKED QUESTIONS - TUMMY TUCK - ABDOMINOPLASTY

### 1. What is Abdominoplasty or tummy tuck operation?

The Abdominoplasty or tummy tuck operation is designed to rejuvenate the abdomen and flanks. It removes the excess fat and skin of the tummy as well as tightens the inner musculature and the fascial envelope of the tummy.

### 2. Are you a candidate for Abdominoplasty?

Following are generally good tips to know if you may benefit from abdominoplasty surgery.

If you have a 'flabby tire' in your lower tummy

If you have developed lower abdominal bulge and/or skin laxity especially after child birth/s.

If despite exercising and weight reduction programs, you are finding it difficult to lose this fatty lower abdominal bulge.

### 3. When is the right age for Abdominoplasty?

There is no "usual age" that a patient requests an abdominoplasty. Patients requesting abdominoplasty belong to a wide age group range of 30's to 60's. More and more women after child births are now requesting abdominoplasty. Dr Dilip Gahankari strongly advises patients to wait if they could for at least 6 months and preferably 12 months before seeking abdominoplasty surgery. This allows the physiological effects of pregnancy on the skin and abdominal muscles to subside.

### 4. What happens at consultation?

Let me start off by saying that abdominoplasty like all cosmetic surgery procedures is about achieving YOUR goals.

Document your goals as objectively as possible.

If you happen to be over weight, it is a good idea to lose weight before the tummy tuck surgery. The results of this surgery are much superior if your desired weight loss is achieved before surgery. Calculate your BMI- Body Morphologic Index. It is calculated by dividing your weight in kilograms by the square of your height in meters. Normal range is 20 to 25. 25-30 is acceptable while more than 30 is obese. It is important to note that complications from surgery are more in overweight women.

When you meet with Dr Dilip Gahankari, please mention your goals to him and also make him aware of your efforts to lose weight if this is the case with you.

### 5. How is Abdominoplasty performed?

This operation involves a long curvilinear incision at the lower aspect of the abdomen. The abdominal skin-fat apron is then dissected up to the rib cage free of the inner fascial layers. The Umbilicus connection to the skin is severed. The finished scar from the operation is usually along the initial line of incision and extends out at least from one hip bone to the other. The scar may be longer in some circumstances. Umbilicus is brought out through a separate opening. Every attempt is made to keep the scar around the umbilicus as inconspicuous as possible. . Liposculpture is often used as an adjunct to other body contouring procedures: Dr Gahankari commonly uses Liposculpture as an adjunct with abdominoplasty.

## **6. What are different techniques of Abdominoplasty?**

The conventional abdominoplasty addresses the skin laxity in the entire abdomen. In some younger women, the limited laxity of the lower abdomen may be addressed by more conservative resection of the skin and fat with or without the tightening of the fascial layer. This is often termed as a mini-abdominoplasty and may use slightly smaller incision. Again this can be combined with liposculpture of the rest of the abdomen if required. Abdominoplasty operation in women with other abdominal scars such as a gall bladder scar may demand modified technique to perform the operation safely. Dr Dilip Gahankari is familiar with all the modern techniques of the abdominoplasty and will be happy to advice you the most appropriate technique suited to your desire and expectations.

## **7. Post-operative recovery?**

Although, there is normally no extensive pain related to the abdominoplasty operation, pain medication is prescribed before hand. You may feel a degree of numbness in the abdominal skin that will normally clear within a period of 6 months.

It is natural to be concerned with the presence of bruising and swelling. This is very normal and secondary to the stretching and cutting of the tissues deep to the skin. The swelling will begin to disappear within the first couple of weeks. Many patients return to work at about two to three weeks post-op.

Things to be alarmed about:

- Temperature elevation greater than 101 F degrees
- Sudden swelling or sudden discoloration of skin
- Hemorrhage
- Increasing redness and tenderness of the wound edges indicating infection
- Allergic reaction to drugs

## **8. When do the sutures come out?**

The drain tube, if used, will be removed in approximately 2-3 days. The dressings may be left on until about day 5. There after regular follow up appointments will be conducted until the wound is healed. The long abdominal wound is usually closed with the dissolvable sutures.

## **9. What kind of scars should you expect?**

Some scarring is inevitable. Most of the scarring is usually concealed by the undergarment. The surgery and the extent of the scars also depend on your individual procedure. Dr Gahankari will discuss the technique that he would use with you before the surgery.

## **10. How long should you expect to be out of work?**

You can expect to resume regular activities in about 2-3 weeks. It really is individual. There is often some bruising and Dr Gahankari advises a pressure garment or an abdominal binder as a support to be worn continuously to support the repair of the fascial laxity and also to accelerate reduction of the swelling.

## **11. When will you be able to see the results?**

You will notice the difference almost immediately after the surgery. However it may take three to six months to fully appreciate the results of the tummy-tuck procedure.

## **12. What are the risks of Abdominoplasty?**

**Following are the usual risks that you should be familiar with in case of the tummy-tuck procedure**

- a. Scars: The operation always leaves behind a long gently curvilinear scar just above the pubic hairline to the hip

- on either side. Like all surgical scars it may be initially noticeable. It may take up to 6 months for the scars to improve. Occasionally, the scars may be persistently red, itchy, lumpy or keloid like for a long time and they may need some treatment for improvement. Generally speaking, taping the scar for the first 4-6 weeks after the surgery and avoidance of the over-activity and straining would allow the scars to mature early.
- b. Pubic hairline- Because of the tension on the pubic skin while closure, the pubic scar may be raised by a couple of cm's.
  - c. Failure of the operation: Despite careful planning, occasionally, it may be impossible to close the skin with a linear horizontal scar as planned. In such circumstance a lower vertical scar may be added to achieve the wound closure. The skin circulation of the abdomen is also affected if the abdomen has other scars such as from an open gall bladder operation. Some part of abdominal skin may die (necrosis) because of the circulation problem. This is rare but possible complication and patients may need further reconstructive surgery at a later date.
  - d. Position of the Umbilicus: The umbilicus is always skeletonised (with little tissue around) on a tiny pedicle in abdominoplasty operation. Rarely the navel may die after the operation which is a recognized although rare complication of this operation. The risk of this happening is slightly more in patients who have scars from other operations around the navel including the laparoscopic procedures. If the level does necrose, further minor operation may be needed to recreate a navel-like scar. The level of the level cannot be predicted with absolute certainty as it depends on the stretch of the skin around it.
  - e. Abdominal wall fascia and muscles: Dr. Gahankari normally will incorporate the tightening of the muscles of the abdominal wall in the midline. In the early post-operative period, this procedure may cause some muscle soreness or feeling of tightness in the tummy. He also advises wearing of abdominal binder for a period of 6-8 weeks to support the muscle sutures as well as preventing sudden pain that some women may experience with lifting of heavy objects in the early post-operative period.
  - f. Sensory Changes: Abdominoplasty operation normally would cause numbness in some parts of the abdominal skin. This is because of the cutting of some of the nerves during the operation of lifting the skin off the abdominal wall muscles. The sensations normally return within 6-9 months. Occasionally there may be residual numb areas. These however have hardly ever been reported to be any concern.
  - g. Seroma formation: Seroma is collection of the fluid under the skin. It is not an uncommon complication after the abdominoplasty, because the large area of the skin is lifted off the muscles. Application of abdominal binder reduces the risk of this complication but does not completely avoid it. When it occurs, it may need aspiration during follow up visits on a few occasions or rarely a surgical drainage if there is infection.
  - h. Complications: Most of the general and specific complications are listed above. Patients on certain drugs such as aspirin, Warfarin, oral contraceptive pills, steroids, anti-arthritis medications etc may be prone to more complications than others. It is therefore crucial to reveal all the medications as well as the habits such as smoking to Dr. Gahankari prior to the operation. Dr. Gahankari or any of the other specialists or GP may advise stopping of some drugs (even contraceptive pills) before the operation. Smoking markedly affects the circulation in the skin and hence increases the risk of skin necrosis or wound healing problems after the surgery. Ideally Dr. Gahankari advises cessation of smoking (even patches) at least 3 weeks before a planned operation. Please feel free to discuss your individual case with Dr. Gahankari.

The complications of abdominoplasty occur in approximately 5-10% of cases and most of these fortunately are relatively minor such as minor skin wound healing problems.

### **13. Is there some thing you could do to improve results?**

Dr Gahankari will discuss how to prepare for your operation. In general following measures can be helpful.

- Giving up smoking at least 2-3 weeks before surgery as smoking increases the risk of infection and slows the healing of wounds, as well as increasing the risk of blood clots in the legs. It also increases the risk of skin and tissue slough.
- Stop taking medicines such as aspirin and anti-inflammatory medicines two weeks before surgery as they increase the risk of excessive bleeding.
- After the surgery keep your head up and wear the pressure garment. This will help reduce the abdominal swelling quicker.