

ABDOMINOPLASTY SURGERY

Abdominoplasty surgery, also known as “tummy tuck” involves the remodeling of your lower abdomen to correct either the changes resulting from pregnancy or from weight loss.

During pregnancy a hormone called “relaxin” is released which acts to relax the ligaments of the pelvic floor, the pelvis and the anterior and lateral abdominal walls. With sustained pressure from the baby, particularly in the third trimester, this hormone allows for stretching of the ligaments of the anterior and lateral abdominal wall. In addition, the skin overlying the lower abdomen is also forced to stretch. After you deliver your baby, (particularly your third or fourth baby), the skin and the anterior abdominal wall may not return to the pre-pregnancy state, resulting in excessive skin in the lower part of the abdomen and loss of the normal hour-glass shape to the lower abdomen.

Similarly, when one gains a large amount of weight and then loses this weight, the skin over the lower abdomen is stretched and may not return to its original tone.

It is possible to correct these changes after pregnancy or weight loss, through a combination of repairing and reinforcing the musculature of the lower abdominal wall and through a tightening and re-fashioning of the skin of the lower abdomen.

What is involved with abdominoplasty surgery?

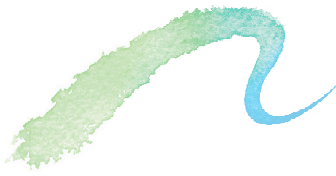
Many techniques have been described to do this but all essentially involve these two elements, that is, a tightening of the abdominal musculature and a tightening of the skin of the lower abdomen. Depending on the degree of tightening of the skin that is required, the umbilicus may or may not need to be moved.

To repair the abdomen, a fine incision of approximately 10 – 30cm is made across the lower skin crease of the abdomen. Through this incision the surgeon is able to access the muscles of the lower abdominal wall and tighten them where required. Following this the skin is re-tightened and the wound is closed, using dissolving sutures. On top of the suture line a series of Steri Strips, gauze and a waterproof dressing is normally applied.

This operation takes approximately two hours and normally would involve you being admitted to hospital for at least overnight or even for two nights.

It is usual that very thin, soft silicone drains are inserted into the space in front of the muscles and underneath the skin to collect any fluid that may accumulate. Initially this fluid is a pinky-red colour and gradually would change to a straw colour over the ensuing 2-3 days.

When this change in the drainage fluid has occurred the drain tubes are removed and you can be discharged home. Once the drain tubes are removed most surgeons would utilize a binder or support garment of some type to re-enforce and support your lower abdomen in the early postoperative period. During this time it is critically important that you rest and allow time for your wounds to heal. This is probably the most important thing you can do to aid in the your wound healing and to achieve the best possible cosmetic result.



Recovery from surgery

The surgery itself is usually not particularly painful and as long as people rest in the postoperative period, abdominoplasty is extremely well tolerated. On average, most people require somewhere between 4 and 6 weeks off work, particularly work which involves heavy physical activity or exercise. Gentle walking is normally suggested after a week to ten days and it is recommended that you don't return to gym or swimming for a period of six weeks.

What you should know about abdominoplasty

Abdominoplasty is a very good operation and provides a very consistent and reliable way to address the changes occurring in your abdomen following pregnancy or weight loss. This been said, however, it is a major surgical operation which requires that you rest in the postoperative period. The most common mistake we see patients making is that they don't sufficiently involve family and friends to help them in the early postoperative period and continue to try and look after young children or continue about their activities of daily living without giving their body time to rest and heal.

Because of this, it is not unusual for most nursing staff and carers to suggest that you don't drive for a six week period as this is a very effective way of ensuring that you adequately rest postoperatively. If you continue to exercise without giving your body a rest, you may find you get a collection of fluid or a seroma surrounding your lower abdomen. This can significantly impair your cosmetic result and is therefore drained in the rooms as an outpatient procedure. The fluid will continue to collect until the patient adequately rests and hence once we find a collection forming we would be emphasizing that you must further slow down.

Risks of surgery

The decision to undergo a surgical procedure is based upon the risks of surgery versus the benefits of the procedure.

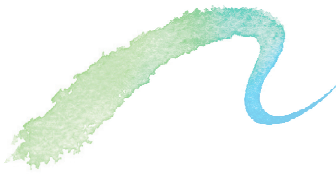
Abdominoplasty is conducted under general anaesthesia. Whilst it is possible to minimise the risk of anaesthesia through the use of fully trained specialist anaesthetists, state of the art hospitals and equipment, there are important risks of which you must be aware.

1. Allergic reactions to anaesthetics

Allergic reactions to anaesthetic are extremely rare, especially in patients who have had an anaesthetic before. However, they can occur, and can be life threatening. If you have a history of allergy, it is important that you discuss this with your anaesthetist and with A/Prof Ashton

2. Deep Venous Thrombosis and Pulmonary Embolism

There is a small risk that blood may accumulate in the large veins in the lower legs and may clot once the patient starts to move and walk post surgery. These clots may then move from the calf into the lungs where they may cause severe problems with breathing or occasionally death. The oral contraceptive pill and hormone replacement therapy can increase the risk of deep venous thrombosis. If you are taking such medication, you should discuss this with A/Prof Ashton and your anaesthetist prior to surgery.



3. Poor wound healing

Occasionally, despite an uneventful operation and normal postoperative course, you may experience problems with the healing of your abdominal wound. We know that patients who are diabetic and patients who continue to smoke are more likely to experience wound healing problems. We also know that people who do not adequately rest also are more likely to have delayed healing. It is most important therefore that you don't smoke and allow sufficient rest after your operation.

In most instances the areas of delayed wound healing are treated with simple dressings, which we change here in the rooms. If the wounds are more severely affected, or if there is tissue damage, we may need to take you back to the operating theatre for further surgical repair.

4. Smoking

Because cigarette smoke constricts the small blood vessels within the tissue, smokers have a higher incidence of wound healing problems. In particular, smokers are much more likely to develop wound breakdown. For this reason, it is extremely important to stop smoking before the operation and for 6 weeks postoperatively.

5. Bleeding and haematoma (bleeding into the tissues)

Sometimes despite using drains, fluid and blood may collect in your wound. Rarely this may require a return to the operating theatre or even a blood transfusion. Aspirin, as well as other non-steroidal anti-inflammatory agents taken up to 2 weeks prior to surgery, even as a single small dose can increase the risk of bleeding. Multivitamins can also alter your bleeding profile. It is important therefore not to take aspirin or multivitamins in the 2 weeks prior to surgery.

6. Other risks

There are other rare risks of abdominoplasty that you and A/Prof Ashton will discuss during your consultation.

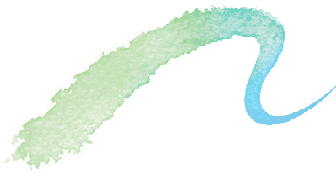
If I decide to proceed, what can I expect?

Hospital and Admission

Everyone performs surgery differently.

We perform our surgery at **Frances Perry House**. This is a tertiary referral hospital, co-located on the campus of the Royal Women's and the Royal Melbourne Hospital, in Parkville Victoria. All rooms are private rooms with your own ensuite and bathroom facilities. There are three state of the art operating theatres with the latest anaesthetic machines and the latest theatre equipment. There is onsite Intensive Care, High Dependency Unit and access to almost every medical speciality. There is 24 hour onsite medical emergency care.

Our abdominoplasty surgery is performed on Level 6 at Frances Perry House, a unit specializing in gynaecology and plastic surgery. We conduct all forms of plastic surgery on this ward. Abdominoplasty surgery is usually performed in the morning and involves you being admitted to hospital between 7 and 8 o'clock in the morning. You would normally have fasted from 12.00 midnight the night before. All paperwork is normally forwarded to



you in an information pack some 3-4 weeks prior to your operation so that any questions you may have can be answered well before your admission.

Surgical Procedure

The surgery normally takes between 90 and 120 minutes and is conducted in one of the three operating theatres. It is conducted under a general anaesthetic by a fully accredited specialist anaesthetist. In addition to the general anaesthetic your abdomen is infiltrated with local anaesthetic to minimize the amount of blood loss and also to ensure that when you wake up after anaesthetic you don't have any pain. All wounds are sutured using a dissolving Monocryl suture to avoid the need for removal of sutures in the postoperative period. Gentle gauze bandages and waterproof dressings are applied to your wounds, which means that you can shower after your operation.

Postoperative Care

Following surgery and recovery in the Post Anaesthetic Recovery Unit you will be returned to the ward where you will normally spend the next 24 hours in hospital. This allows us to ensure that you have excellent medical care and supervision, that we can monitor the amount of drainage coming out of your drains and that we can ensure that you don't have any postoperative pain.

After your stay in hospital overnight and following review by me the next morning you would be free to be discharged. The nursing staff would change your dressing to ensure that everything is progressing smoothly. You will be discharged home on antibiotics and will have an appointment to come and see us in our rooms, which are also located within the Royal Women's Hospital complex at approximately one week following surgery. After this you would normally return to see us again two weeks after surgery. During this period we will monitor your recovery and your progress and precisely advise you as to how much activity or exercise you should undertake and also advise you on things we may need to change in your postoperative management.

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