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Tummy Tuck (Abdominoplasty)

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Abdominoplasty is also known as a tummy tuck.

Abdominoplasty aims to re-contour an abdomen that has been affected by pregnancy or significant weight loss. The procedure removes excess skin and fatty tissue from the middle and lower abdomen and tightens the muscles of the abdomen.

An abdominoplasty will be recommended by your surgeon in preference to liposuction if there is an excess of skin on the abdomen and if there is muscle laxity.

The major advantage of an abdominoplasty is the improved appearance in clothes. Dresses hang much more attractively and the "tummy" is no longer pushed up over the top of pants or jeans. The appearance in a one piece bathing suit is improved and a 2 piece bathing suit may be worn if the scar is adequately concealed.

You should consider abdominoplasty carefully if you are overweight because there are risks involved with the procedure. If you are overweight your surgeon may recommend that you should postpone abdominoplasty surgery until you have achieved and maintained your weight loss.

Abdominoplasty can improve body contour in both women and men who are bothered by a protruding abdomen.

Keep in mind that while a tummy tuck will enhance your figure, it's not likely to change your life or the way people treat you.

There are a variety of different techniques used by surgeons performing abdominoplasty; the scar may be horizontal, vertical or a combination of both. The surgery can be combined with other forms of body contouring surgery, such as thigh lift and liposuction.

Abdominoplasty involves an incision around the belly button and another incision that runs hip- to-hip starting above the pubic hairline.

Abdominoplasty helps to flatten the abdominal area and also contour the hip and waist area.

The abdominal wall is tightened with permanent sutures, and the excess skin and fat is removed. This procedure may be combined with liposuction to the hips and upper abdominal area.

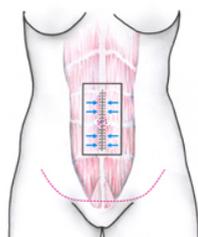
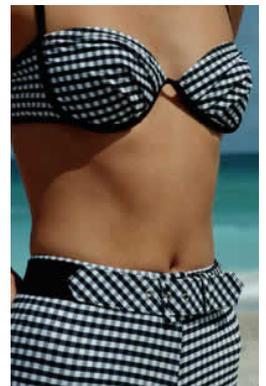
The long-term results of abdominoplasty can be affected by weight gain or loss, pregnancy and other factors unrelated to the abdominal surgery.

The Procedure

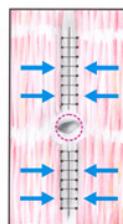
An abdominoplasty is performed in hospital under a general anaesthetic. The length of your stay will depend on the extent of the surgery. The surgery usually takes between 2-4 hours.

At the time of surgery any tissue removed may be sent to pathology for testing. Costs incurred for this service will be the responsibility of the patient.

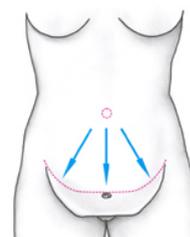
The most commonly performed technique is a complete abdominoplasty which involves an incision made from under one hipbone, running across the lower abdomen just above the pubic area, to under the other hipbone. Another incision is placed around the umbilicus. The muscle is tightened by sutures as required. The naval is left attached to the underlying abdominal muscle. The excess fat and skin is removed.



An incision is made in the lower abdomen and the muscles are tightened.



Close up of muscle tightening and small scar around belly button.



Excess fat and skin is removed and a scar is left in the lower abdomen and around the belly button.

Liposuction may be required to contour the hips and upper abdomen. Drain tubes are used to eliminate fluid build-up.

A firm compression dressing and sometimes a garment are then applied to restrict fluid build-up and to support and mould the skin.

Surgical Incisions

The incisions will vary as to the type of abdominoplasty performed and you may wish to discuss the location of your incisions with your surgeon. Bringing in your swimsuit or undergarments on the day of surgery may help to plan incisions and final position of scars.

A day or two after surgery the dressings are taken down and the drains are removed. A compression dressing or garment may be applied. You may be required to wear a support garment/girdle for up to six weeks to ensure optimum healing and contour.

Pain is moderate and walking straight without stooping may be difficult for the first few days

Strenuous activities should be avoided for 6 weeks after surgery.

Some tightness and hardness as well as numbness or loss of sensation can be felt in the abdomen for up to three months.

The scar will appear initially quite red and slightly raised. This will fade slowly and flatten over several months.

Alternative Treatments

Alternative treatment consists of not having surgery.

A surgical alternative to abdominoplasty is liposuction. Liposuction has best results in people of normal weight who have not had children, have good skin tone and localised abdominal fat.

Diet and exercise programs may be of benefit in the overall reduction of excess abdominal and body fat.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.



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All surgery is associated with some risk

It is important that you understand that there are risks involved with any surgery.

Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery.

With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself. Informed consent process.

Before any surgery, your surgeon should explain to you the risks of the procedure and the possible complications. The informed surgical consent web site will help you to understand the risks that your surgeon has already discussed. It may also bring up other issues that will require a second surgical consultation to clarify. You should not feel that you are being an inconvenience by seeking another consultation and clarification of any questions that you may have.

You should take the opportunity to read this informed surgical consent website carefully and at your own pace. The questionnaire at the end will help to clarify your understanding. There is also opportunity to make note of specific concerns and issues that may be relevant to you. Discuss these concerns with your surgeon.

Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases further surgery. Infrequently, complications may have a permanent effect on your final result.

Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery. Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk.

Smoking greatly increases all risks and complications of surgery.

What else?

Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.



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What results can I expect?

As is the case with most cosmetic surgery, the final result that can be reasonably achieved with an abdominoplasty is very much dependant on your initial

appearance.

In order to obtain an accurate idea of possible results please click on the photograph that looks most like you at present.



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Scars

The scars following abdominoplasty may be asymmetric, irregular or wide. Other scar complications (as for all operations) may occur.

Displacement of pubic hair

The pubic hair may appear higher after abdominoplasty due to an upward shift of the pubis.

Skin contour irregularities

Contour irregularities and depressions may occur after abdominoplasty. This may appear as an indentation in the scar above the pubic region.

Dog Ears

"Dog ears" or puckers at either end of the abdominal wound may occur. Small dog ears usually resolve with time. Further surgery to correct persistent or larger dog ears may be required.

Asymmetry

Symmetrical body appearance may not result from abdominoplasty due to factors that contribute to normal asymmetry of the body such as skin tone, fatty deposits, bony prominences, and muscle tone. Although every care is taken to make the scars symmetrical, varying tension from one side of the abdomen to the other often results in some asymmetry of the scars.

Seroma/pseudobursa

Fluid accumulations (seromas) occur infrequently. The incidence is in the order of 5%. Should a seroma form, repetitive needle drainage and a compression dressing will be required. A seroma that is not recognized or not drained may result in formation of a pseudobursa (or enclosed cyst) that will require surgical treatment.

Umbilicus/belly button/naval

Mal-position, asymmetry, scarring, unacceptable appearance or loss (necrosis) of the umbilicus may occur. The umbilicus may undergo contracture and become very small or may bulge out after a period of being pulled in. Additional surgery may be required for correction.

Delayed healing due to wound complications

Wound disruption or delayed wound healing is possible. Some areas of the suture line (commonly central) may open up and then take a long time to heal. Wound tension and reduced blood supply to the suture line (from infection or smoking) may result in tissue death (skin / fat necrosis) and delayed healing (weeks to months) requiring regular dressings and removal of dead tissue. Further surgery (including the possibility of skin grafting) may be required to achieve wound closure. The risk of skin necrosis is in the order of less than 3%, but may be higher in smokers. Upper abdominal scars (eg, for removal of the gallbladder), increase the risk of poor wound healing due to the interruption of some blood vessels to the lower abdominal skin. Poor scars will result following wound healing problems and may require additional surgery.

Skin loss (necrosis)

The risk of skin necrosis is in the order of less than 3%, but may be higher in smokers.

Permanent numbness of lower abdominal skin

Altered, diminished or loss of skin sensation in the lower abdominal area commonly occurs after abdominoplasty. In most cases normal skin sensation will return after a period of time. Return of sensation may take as early as 3 months or as long as up to 2 years. Uncommonly numbness or loss of skin sensation will be permanent.

Injury to deeper structures

Bowel injury may occur during abdominoplasty if an un-recognised hernia is present. Other intraabdominal organ injury is rare.

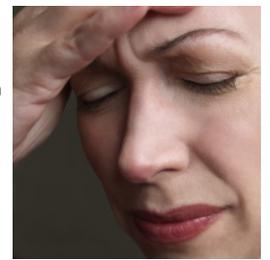
Overweight

If you are overweight you should consider delaying abdominoplasty surgery until you have lost weight. If you are overweight, you are at increased risk of wound complications such as infection, skin/fat loss, wound breakdown and delayed healing. You are also at increased risk of general complications such as deep vein thrombosis and chest infections.

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Discomfort and pain

The severity and duration of post-operative pain varies with each individual. Mild to moderate discomfort or pain is normal after any surgery and can be expected after abdominoplasty. If the pain becomes severe and is not relieved by pain medication you may have a complication and you should contact your surgeon.



Nausea and vomiting

Nausea and vomiting typically relate to the anaesthetic and settle quickly. Persisting nausea and vomiting may relate to pain relieving medication or other medications like antibiotics. You may need to contact your surgeon if nausea and vomiting persist.

Swelling and bruising

Moderate swelling and bruising are normal after any surgery and can be expected after abdominoplasty. Severe swelling and bruising may indicate bleeding or possible infection. Discolouration from bruising may take several weeks to resolve.

Bleeding and haematoma

Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze or a collection of blood under the skin. Small collections of blood under the skin usually absorb spontaneously. A large collection of blood (haematoma) may produce pressure and complications to healing of the skin. Most haematomas occur in the first 24 hours and may require aspiration or surgical drainage in an operating room and a general anaesthetic to drain the accumulated blood.

The presence of a haematoma, even if evacuated, may predispose to infection and antibiotics are often recommended.

Infrequently haemorrhage can happen up to 10 days following operation. Possible factors for late bleeding include infection, extreme physical exertion, aspirin ingestion or an unrecognised bleeding disorder.

Aspirin, anti-inflammatory tablets and mega doses of certain vitamins (vitamin E) can influence blood clotting and cause excessive bleeding. Do not take any aspirin, similar drugs like cartia, astring or non-steroidal anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding, bruising, swelling and infection. A single tablet is enough to increase the risk of bleeding.

If you take an anticoagulant like heparin or warfarin, you will need to discuss these medications with your surgeon prior to your surgery. Hypertension (high blood pressure) that is not under good medical control may also cause bleeding during or after surgery.

Inflammation and infection

Infection may occur after any surgery. Most infections occur within 3 to 5 days after surgery and cause swelling, redness and tenderness in the skin around the suture lines. A surface infection may only require antibiotic ointment. Deeper infections will require treatment with antibiotics. Some deep infections and development of an abscess (collection of pus) will require additional surgery under anaesthetic to drain the abscess and remove dead tissue in an operating room.



Infection may cause wound breakdown or skin slough (loss). Both wound breakdown and skin slough will result in delayed healing. Additional surgery to deal with wound breakdown and skin slough will be required. More scarring and further surgery can be expected in the long term.

Some surgeons will prescribe prophylactic (preventative) antibiotics to be used around the time of the surgery.

Crusting along incision lines

Crusting along suture lines should be prevented with frequent and regular washing of your suture lines and application of antibiotic ointment if required.

Numbness

Small sensory nerves to the skin surface are occasionally cut when the incision is made, or interrupted by undermining of the skin during surgery. The sensation to those areas of skin gradually returns - usually within 3 months as the nerve endings heal spontaneously. Return of sensation may sometimes take up to 2 years.



Itching

Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturisers and massages are frequently helpful. These symptoms are common during the recovery period and may persist for several weeks after surgery.

Wound separation or delayed healing

Any surgical wound, during the healing phase may separate or heal unusually slowly. This can occur as a result of inflammation, infection, wound tension, excess external pressure and decreased circulation. Some people may experience slow healing due to unrelated medical problems. Smokers have a greater risk of skin loss and wound healing complications.

Wound separation may also occur after suture removal. Wound separation will require frequent wound dressings and healing will be delayed. If delayed healing occurs, recovery time will be prolonged, (weeks to months), and the final outcome of surgery may be affected. More scarring can be expected. Further surgery may be required to remove any non-healed tissue and to obtain wound closure. Skin grafting may also be required to achieve wound closure.

Increased risk for smokers

Smokers have a greater chance of infection, skin slough (loss), underlying fat loss (necrosis), and poor wound healing, because of decreased skin circulation. Bleeding and haematoma formations are more common in smokers than non-smokers. Smoking also predisposes to life threatening complications like deep vein thrombosis (DVT), pulmonary embolism, pneumonia or massive infection. Smoking should cease 4 weeks prior to and 4 weeks after your surgery.



Sensitivity or allergy to dressings and tape

Skin or localised allergies may occur to topical antiseptic solutions, suture materials, soaps, ointments, tapes or dressings used during or after surgery. Such

problems are unusual and are usually mild and easily treated. Please advise your surgeon of any skin irritation, itch or redness that may develop beneath your tapes. Allergic reactions may require additional treatment.

Suture complications

Suture reaction or local infection may occur when subcutaneous sutures (sutures under the skin) are used. Exposed sutures will require suture removal for local healing to progress. Skin sutures may become buried under the skin during healing and subcutaneous sutures may not dissolve (stitch granuloma). Additional surgery may be necessary to remove buried sutures or granulomas. Suture marks in the skin can occur if skin sutures or staples are used to close surgical wounds.

Skin scarring

All surgical incisions produce scarring and although scars are inevitable, some are worse than others, and the quality of the final scars is unpredictable and not entirely under the control of the surgeon. Some areas on the body scar more than other areas, and some people scar more than others. Your own history of scarring should give you some indication of what you can expect. Please ask your surgeon about scar management.

Red and discoloured scars

While the scar at the end of surgery is a fine line, its subsequent appearance alters during the various stages of wound healing. Scars become more red and somewhat raised and excessive between six weeks and three months. After six months the scar will start to fade and this process is usually complete between twelve to eighteen months after surgery. Scars on the breast or body may take up to 2 years to fade completely. A brown discolouration in a scar usually settles with time. White scars are permanent and there is no known satisfactory treatment.



Abnormal scars

Abnormal scars may occur even though careful surgical techniques are used and uncomplicated wound healing occurs after surgery. Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched, depressed, or of a different colour to the surrounding skin. An abnormal scar may have visible suture marks. Abnormal scars may occur both within the skin and the deeper tissues.

Abnormal scars occur more commonly in some skin types, in the younger patient or if there has been a delay in healing due to infection or wound breakdown. Most scars improve with time but some may require additional treatment. Thick scars may respond to taping, placement of silicone sheeting onto the scars, serial injection of steroid into the scars or surgical scar revision. Wide scars may require scar revision surgery to improve their appearance. Surgical scar revision may be disappointing especially in the younger patient.

Asymmetry

The human body is normally asymmetrical. Despite surgical allowance for correction, the normal variation from one side of the body to the other will be reflected in the results obtained from your surgery and perfect symmetry may not be attainable.

Injury to deeper structures

Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

Post-operative fatigue and depression

It is normal for people to occasionally experience feelings of depression for a few days after surgery, especially when the early postoperative suture line, swelling and bruising is seen. The post-operative emotional low improves with time. Physical recovery from an operation and anaesthetic is gradual.

Undesirable result

The undesirable result occurs due to limitations of the human tissues and skin. Your expectations may leave you dissatisfied with the results of surgery, despite having an adequate surgical result. Additional surgery may or may not improve the results of surgery.

Unfavourable result

The unfavourable result may relate to under correction, asymmetry, recurrence or scar related problems. Additional surgery may be required to improve your results.



Need for revisional surgery

Every surgery has associated risks and complications that you need to be aware of. Should a complication occur, additional surgery or other treatment might be necessary. Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

If revisional surgery is required, you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility; so careful financial planning is required before you embark on any form of surgery.

Private Health Insurance is strongly advised for any surgery. Please speak to your surgeon regarding the costs of treating complications.

Chronic pain

Following surgery, abnormal scarring in the skin and deeper tissues may trap nerves and produce pain. Uncommonly, persistent or chronic pain that is of an unknown or ambiguous cause may develop and may be difficult or impossible to correct.

Long term effects

There are many variable conditions that may influence the long-term result of your surgery. Subsequent alterations to your body



contour may occur as the result of aging, sun exposure, weight gains or weight loss, pregnancy, illness or other circumstances not related to your surgery. Additional surgery or other treatments in some cases may be required to maintain or improve the results of your operation.

Deep Vein Thrombosis

A deep vein thrombosis is a blood clot occurring in the deep veins of the legs/calves. It causes pain and swelling in the affected leg and is potentially life threatening.

Treatment for deep vein thrombosis is essential and involves blood-thinning agents. Complications of a deep vein thrombosis includes clots spreading from the legs to the lungs or heart which may cause shortness of breath, chest pain or death.

Your risk of DVT will be automatically calculated by this web site, and shall be presented to you later in this presentation.

Anaesthetic related risks

Anaesthetic complications, although uncommon, do occur and should be discussed thoroughly with your anaesthetist prior to your surgery.

Life threatening complications

Life threatening (or fatal, in some circumstances) complications like pulmonary embolism, cardiac arrhythmia, heart attack, stroke or massive infection are rare. These complications will require additional treatment.

Pulmonary (lung) complications

Pulmonary complications may occur secondary to either a blood clot starting in the legs (pulmonary embolism), aspiration of stomach secretions or partial collapse of the lungs after general anaesthesia.



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Before Your Operation

Organise yourself for after your surgery

- Organise how you will get to and from hospital.
- Arrange to have someone at home with you for at least 2 or 3 days after you leave hospital.
- Organise help with your shopping, laundry, housework, pets, lawns, etc.
- Get all your pre-operative tests.
- Arrange leave from work and any financial chores as required.



Your Health

Surgery and anaesthesia impose stress on your body. The state of your health will determine how well your body will cope with this stress. It is important that you maximise your general health by exercising, not smoking and having regular checks with your GP, so that conditions such as hypertension, diabetes etc can be controlled.

Smoking

Smoking increases the risk of post-operative complications after surgery. You should stop smoking for 4 weeks prior to your surgery and for 4 weeks after.

If you need help to give up smoking, speak to your G.P. who can prescribe medication to help you, speak your chemist who can advise you about nicotine replacement therapies. Or call the national QUIT LINE on 13 18 48.



Hospital

With an abdominoplasty, it may be in your best interest to stay overnight. When in hospital you may have a urinary catheter, drains, a drip for fluid and pain relief and in some cases an epidural catheter for pain relief. Tubes and dressings will be removed before you are discharged from hospital.

Fasting, fluids, food

Fasting for surgery means that you cannot eat any food, or drink any fluid, after midnight the night before your surgery. A stomach full of fluid or food will mean that your anaesthetic may be dangerous and your procedure will be cancelled.

You should have nothing solid to eat, and drink no milk-containing fluids for 6 hours prior to an operation. You may have up to 1 glass of water per hour up to 3 hours prior to surgery.

If you are in hospital a sign over your bed will read "fasting", "nil by mouth" or "NBM". If you take medications in the morning, these should be taken as normal on the morning of your operation with a sip of water at 6 am. NB. Diabetic tablets and insulin should be withheld while you are fasting. When you brush your teeth in the morning, spit out any water rather than swallowing it.

Medications

You will be required to list all your medications by writing down the name, the dose and the day each medication is taken. If this is too difficult for you, ask your regular doctor to make a list of your current medications for you. It is important that you also bring all your medications to hospital with you.

Continue to take all your routine medications up to the time of admission to hospital EXCEPT blood thinning tablets like warfarin/coumadin. These medications must be stopped 5 days before surgery. You should discuss these medications with your surgeon.



Tablets like aspirin, astrix and cardiprin, and tablets for arthritis, rheumatism and gout, like brufen, Clinoril, feldene, indocid, orudis and voltaren must be stopped 10 days before surgery.

Other medications

Antibiotics and small doses of blood thinning agents may be prescribed prior to your surgery.

Diabetes mellitus

If you have diabetes you must tell your surgeon prior to your admission date. You must also tell the staff at the time of your admission. Special arrangement will be made for you as necessary. Your blood sugar levels will be monitored from the time you start fasting until normal eating resumes. Do not take any diabetic tablets on the morning of your surgery.



Skin preparation

You may be required to shower at home with an anti-bacterial soap such as sapoderm or gamophen prior to your surgery. The same soap can be used after your surgery as well.

You may be required to have a shower with an antiseptic solution before your surgery. You may have to have hair on your body shaved for your procedure. Do not attempt to shave yourself before coming to hospital.

A responsible person

A responsible person may be required to accompany you home after surgery. A responsible person is an adult who understands the postoperative instructions given to them and is physically and mentally able to make decisions for your welfare when appropriate.



Travel

A suitable vehicle is a car or similar. A taxi is only acceptable if someone OTHER than the taxi driver accompanies you. Public transport such as a bus is NOT acceptable.

General exercise

It is important that you maintain your fitness. Continue normal activities prior to your surgery. If time permits you may try to increase your fitness level gradually. Your fitness will be of benefit to your overall recovery after surgery. Walking is an excellent way of improving fitness and is recommended.



Bowels

If you normally take medication for bowel problems you will need to bring these medications to hospital with you. It is common to develop constipation after surgery that may require treatment.

Pain relief in hospital

It is expected that you will have pain and discomfort after your surgery. The amount and severity of pain will vary from person to person.

Narcotics (morphine, pethidine, fentanyl) are used to relieve pain. Narcotics are not addictive in the amounts required to relieve pain.

You may be given a PCA (Patient controlled analgesia). A PCA allows you to regulate the amount of medication that you need to control your discomfort. This is achieved by pushing a button to administer a pre-prescribed dose of narcotic through your intravenous drip.

It is important to limit the amount of discomfort that you have, so that you are able to do your breathing and general exercises as directed.

Any initial severe pain and discomfort will be managed with intravenous medication such as morphine, pethidine or fentanyl. Removal of tubes and drains usually results in a significant reduction of pain. The PCA machine is usually replaced with pain relieving tablets before discharge from hospital.

Pain relief at home

Pain, aches and discomfort may still be present when you leave hospital and may continue for several weeks. It is important when you are at home to maintain control over your pain, aches and discomforts.

Drugs for pain relief vary in strength and can "generally" be related to pain severity, BUT remember also that individuals have differing responses to pain and pain relieving medications. As a guide and for your knowledge, the range of medication by drug strength from weakest to strongest is as follows:



Mild pain relief will be required for mild pain. Such pain relieving medication includes panadol, paracetamol, panamax and panadeine. Moderate pain relief may require medications such as digesic, panadeine forte, tramyl, endone or oxycodone. You need to be aware that some pain relieving medications may contribute to persisting nausea and vomiting and will contribute to constipation in the post-operative period.

Anti inflammatory drugs such as vioxx, celebrex, brufen, naprosyn and indocid will contribute to effective pain relief when taken with mild pain relieving tablets.

If you have persistent unrelieved pain you may need to be seen by a doctor to exclude another cause for the pain.

Constipation

Prevention of constipation begins on the day of surgery and continues until the bowel returns to "normal" function, which is usually once the need for pain medication ceases.

Medications for constipation such as coloxyl and senna or lactulose can be purchased from the local chemist without a prescription.

Eat fresh fruit and vegetables, take extra fibre and increase your exercise. Drink plenty of water, providing you are not on restricted



fluids for any reason.

Other

It is important that you try to retain your identity as a normal person whilst you are in hospital. Make sure that you ask plenty of questions about what is happening to you.

Feel free to share your concerns with the nurses, doctors, and other professionals that are involved in your care.



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After surgery

On waking

You can expect to have some discomfort when you wake up after surgery. You will be placed in a position where your head is elevated and your knees are bent with pillows under the knees. This position helps to take the tension off the suture line on the abdomen.

You will need to remember to move your legs to keep circulation flowing and to take deep breaths to expand the lungs.

Care should be taken when moving around in bed. Rolling side to side is preferable to lifting your body as this will cause stress on the abdominal muscles.



T.E.D. stockings

You will be fitted with TED stockings before your surgery and you to surgery with the stockings on. TED stockings should be worn whilst you are immobile. The stockings help to prevent blood clots from forming in the legs. You may be required to wear the stockings for up to 2 weeks following surgery.

Pain relief

Avoid aspirin or aspirin based products, as they will promote bruising and bleeding. The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panmax, digesic, and endone. These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen. Make sure that you understand what the medications that you have been given at the time of your discharge are designed to do for you.



Sleeping tablets

One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.

Other medications

A course of prophylactic (preventative) antibiotics may also be prescribed.

Nausea and vomiting

Nausea and vomiting may be due to the anaesthetic or post-operative medication (like pain killers or antibiotics). Apart from being unpleasant, vomiting will cause pain and may disrupt the abdominal muscle repair. Medication to prevent nausea and vomiting may be required. If prolonged, it may be related to a complication like infection. You need to inform the surgeon of prolonged nausea and vomiting.

Garment

You may wake up wearing a garment. The garment may be a girdle, an abdominal binder or other support garment. The garment provides support for the tummy and helps to reduce swelling and pain post surgery. The garment is worn day and night for about 2 weeks after surgery. It may be removed to allow you to have a shower. Depending on the advice of your surgeon, the garment may have to be worn during the day for 4 to 6 weeks following your operation. For continuing support, comfortable abdominal support underwear may need to be worn for up to 3 months following surgery.

Catheter

A bladder catheter is often used to allow you to rest in bed without the need to get up to go to the toilet. It is usually removed after 1 to 2 days.

Coughing

Coughing, sneezing, laughing or straining should be avoided. If you need to do any of the above it helps to place both hands over your abdomen and press to support your abdomen.

Walking

Initially walking will be more comfortable if it is slow and you are hunched over. With time you can straighten out to walk.



Travel

An abdominoplasty can be performed as day surgery. If you are going home after day surgery, a family member or friend must drive you because you have had an anaesthetic. When at home someone should stay with you overnight. If you have any questions about these matters, please speak to the nursing staff.

Anaesthetic effects

The effects of an anaesthetic may still be present 24 hours after your procedure, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged.

Do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The risk of this is very low. The most common cause is nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding or infection.

Bleeding

There may be ooze of blood from any of the suture lines or from the drain tube holes. Any ooze usually resolves after 24 to 48 hours. Persistent or offensive ooze should be reported to your surgeon.

Swelling

Swelling can occur after any procedure and for some procedures may take up to 12 months to settle. Please ask your surgeon how long your swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

Bruising

Bruising of the body after surgery is usually maximal approximately 48 hours after surgery. Most bruises will resolve by 2 weeks. Gentle massage with a moisturising lotion (sorbolene) may help to dissipate bruising.

Ice packs

At home a mouldable cold pack or a small bag of frozen peas wrapped in a tea towel can be applied to the area of surgery (for 20 minutes every 1 to 2 hours) in the first 48 hours after surgery to help minimise swelling and bruising. After a few days gentle daily massage with a bland moisturising cream will help to resolve bruising and any lumpiness.

Dressings

Dressings are specific to the procedure you have had done. Please ask your surgeon how long the dressings need to stay on. Steristrips or tapes may be present on the suture line and will need to be changed regularly.

Activity

Too much activity too soon will risk delays in healing or development of complications. Try to walk in a stooped manner. Sleeping head up and with pillows beneath the knees should continue for two weeks after surgery. Try to avoid any straining or rushing around. You may go to the bathroom, walk around the house sit and watch TV, etc., but no matter how good you feel do not clean the house, engage in heavy manual work, go to the gym etc. for 4 weeks following your surgery. This also applies to sexual activity.

Sutures

Sutures may be beneath the skin and will absorb with time. The aim of absorbable sutures beneath the skin is to provide wound support for a longer time than skin sutures, so that scar stretch can be minimised. Occasionally the body will want to extrude the sutures. A sore or a pimple on the suture line may indicate an underlying suture trying to break through the skin. This suture can be removed as soon as it breaks through the skin. Antibiotic ointment or betadine may be required along with a small dressing until the area heals. Infrequently a lump forms related to a suture that has not dissolved (a stitch granuloma). This may need to be excised.

Sutures or staples may be present in the skin. These sutures or staples will require removal at some stage after your surgery. The normal time frame is anywhere between 5 days to 14 days depending on the surgery and the location on the body. Suture removal is usually arranged with the doctor.

Cleaning

Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings (and drains) have been removed. An antibacterial soap (sapoderm, gamophen) may be recommended. You will need to pay attention to washing the suture line and drying it. If your suture line has steristrips or tape, wash over the tape and dry it. Occasionally the suture line may become red and ooze. If this occurs tapes are usually removed and antibiotic ointment or betadine may be required. Your surgeon may prescribe antibiotics as well. Some surgeons will prefer you to keep your wounds dry. Please check with your surgeon.

Sport

Your body will dictate whether you are able to safely recommence your exercise program. Walking for exercise or gentle swimming may commence after 3 weeks. More strenuous exercise like aerobics, running, can commence after 6 weeks. Localised sore areas are not uncommon and are usually due to the sutures at the sites of muscle repair.

Diet

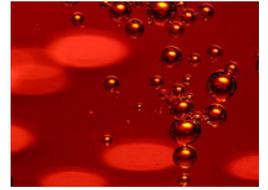
Your post-operative diet should consist of fluids initially then soft food that is easy to prepare. You will tend to feel fuller sooner after your surgery so small frequent meals will be more suitable and comfortable following abdominoplasty.

Smoking

Smoking reduces capillary blood flow to the skin and may result in delays to wound healing or complications of your abdominoplasty. Smoking not only affects wound healing, it also increases the risk of post-operative chest infections and coughing that may disrupt the muscle repair. Smoking also increases the risk of developing a clot in the legs that can travel to the lungs. It is advisable not to smoke at all 4 weeks prior to your surgery and 4 weeks after.

Alcohol

Medications and alcohol may interact with the residual anaesthetic. Avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month.



Driving

It is recommended that you do not drive for a certain period of time after your surgery depending on the type of surgery that you have had. You must have full use of your reflexes to drive, and any post-operative discomfort will inhibit your reflexes. In the interest of safety whilst driving, and legally, you must wear a seat belt across the chest. You may resume driving when you feel you are able, but it is advisable to check with your doctor or road traffic authority first.



Recovery time

You must allow yourself adequate recovery time. You will have restriction to mobility for up to 2 weeks. Too much activity too soon will increase the risk of complications such as seroma (fluid beneath the abdominal skin), bleeding, infection and delayed healing. You must also allow time for your body to recover from the effects of surgery.

Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post operative recovery.

Following instructions

It is important to follow the instructions given by your surgeon and the nurses. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery. It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.



Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst. You may be teary. It is not uncommon to experience a brief period of "let-down" or depression after any surgery. You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.

As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Complications

Complications fortunately are infrequent. You will be assisted in every way possible if a complication occurs. Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible.

Appointments

It is very important that you follow the schedule of appointments established for you after surgery. Appointments to see the nurse or doctor should be made before or immediately after discharge from hospital. If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment.

If you have any concerns, please let the surgeon or staff know.

If need be, you can be seen prior to any arranged review appointment to sort out any concerns.



Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing. Avoid mega dosing on vitamins prior to surgery.

Sun exposure

If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if you are planning to tan as some areas of your body may be temporarily numb after surgery and you will not "feel" a sunburn developing.

Support from family and friends

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.



Revisional Surgery

Surgical procedures are not magic. They are specific detailed procedures designed to improve specific aspects of your health. They can do no more than that.

Whether you are happy with the results of your surgery will depend largely on how well you communicate to your surgeon, and how well the surgeon communicates to you what a surgical procedure can and cannot do toward alleviating the problem.

The results of any surgery may never be totally perfect. Some of the factors involved in producing the result (such as your healing characteristics) are not within the control of your surgeon and therefore, it is impossible to warrant or guarantee the results of your surgery.

How predictable the result of your surgery will depend on a number of factors such as the condition of your body and general health, the nature of the surgery required, as well as hereditary influences.



Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation. If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available. They keep updated by attending, national and international aesthetic conferences and seminars regularly.

The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

Learn how to [choose your plastic surgeon](#), meet our [support team](#), and find out more about the [procedures performed by Dr Hertess](#).

Our Qualifications

