

ABDOMINOPLASTY

Abdominoplasty is the term referring to a plastic surgical repair of the abdominal wall. There are four basic causes of abdominal wall deformities, which may benefit from this type of operation. They are as follows:

- 1) Congenital developmental deformities with abnormal accumulations of fat and skin.
- 2) Deformities resulting from marked obesity with subsequent weight loss or resulting from huge variations in body weight.
- 3) Deformities from surgical trauma (previous operations) or other injury.
- 4) Deformities associated with the birthing of children.

The last group (Group 4) represents by far the largest number of patients requesting abdominoplasty. Although some people "bounce back" from childbearing with a nice taut abdomen and reasonably tight skin, others are not so lucky. Stretch marks may develop on the skin and sometimes can be horrendously unsightly and can add tremendously to excess skin in the region. These "striae" represent "breaks" in the leather layer of the skin, a condition that most commonly occurs with pregnancy, but may also be seen to a lesser degree in normal people during puberty, during excessive weight gain, and certain hormonal abnormalities - be they natural occurring or the result of hormone treatment.

The second problem resulting from childbearing is the stretching out of the supporting structures on the abdominal wall, both the muscles and the ligaments. In some people these structures may actually rupture. Although exercise after childbirth oftentimes will help restore normal muscle tone, in other people it is unsuccessful in restoring a normal "belly" wall. At this point a reconstruction is appropriate, and this is where the plastic surgeon "comes in".

Although an abdominoplasty normally involves both the repair of the skin excess and also repairs the underlying support structures of the wall, some patients may require only the part related to the skin and subcutaneous tissues.

When only the skin part is done the surgery would most likely be performed as an outpatient, although hospitalization, may be required for the reconstruction and repair of the deeper structures.

Sometimes fatty accumulations may be more simply reduced by fat suction techniques, but this does not deal with loose skin. Occasionally suction can be used in conjunction with abdominoplasty to further improve the result. In these instances the combined procedure, which entails extra expenses, will be planned in advance.

THE OPERATION

Usually the operation involves removing of the skin from above the umbilicus to the area of the pubic hair (except in certain Orientals where pubic hair is very scant). The width of the skin removal is from hipbone to hipbone. Normally the umbilicus (belly button) is saved, and used to make the "new" belly button. The remaining skin is then lifted up over the abdomen, up over the lower rib cage, and then pulled down like a window shade to cover the entire abdominal wall. A small opening is made in the middle of this huge flap of skin, and the preserved umbilicus (belly button) delivered into this opening. Excess fat is often trimmed at this time - occasionally suction reduction of fatty accumulations are helpful at this point in the operation. The skin is then sewn together. That is all that is required in the simpler operation where the underlying repair is unnecessary.

If the deeper abdominal wall also requires repair, then it is accomplished prior to closing the skin. When this is done the supporting structures are repaired from "stem to stern", from the pubic bone to the xiphoid process (breast bone), taking up the laxity. This is like a huge hernia repair of the entire abdominal wall, but the actual stomach cavity normally is not entered.

CONVALESCENCE

Usually a patient having only the skin-subcutaneous tissue work is pretty well back to normal within two or three weeks. No further restriction of activity is required. When the combined operation is done with the deep abdominal wall repair, the post operative period must resemble that of any abdominal operation. Straining and heavy lifting must be avoided for two months, and it is usually three weeks before a patient can return to normal activities and return to work.

If the skin repair is unusually tight, a period of time may be necessary for the skin to stretch out enough to stand up straight, comfortably. This normally happens within two to three weeks after surgery.

SIDE EFFECTS OF SURGERY

As with most plastic surgical operations, you give up something to get something else. In this case the real price paid is a scar across the lower abdomen and around the umbilicus or "belly button". There is often an area of numbness and sensation loss in the lower mid abdomen. The area of pubic hair may be drawn higher than preoperatively. Because of the tension from the huge amount of skin removed, the entire incision, which was planned so low, is drawn upwards. Often this scar will be exposed with the wearing of brief swimsuits and panties.

Scars are inevitably thick and red for a long period of time postoperatively ranging from 6 months to 3 years after surgery.

Usually they eventually shrink down to a small light line type scar, but this cannot be guaranteed. Occasional skin types will keep the scar active, thick, and red for many years - during which time the scar may burn and itch in addition to being unsightly. Rarely keloids can form when the scar continues to enlarge and grow, and never subsides.

As time goes by and the skin stretches, the scar drifts lower, but may stay higher than hoped for. The umbilicus or belly button may have a different shape than before surgery, and will not be totally normal in appearance, especially considering there is a scar around its periphery.

All in all, people with adequate indications for the operation generally find the postoperative alterations and inconveniences a minimal "price" to pay for the removal of so much excess tissue and the tightening of the supporting structures.

POSSIBLE COMPLICATIONS

Although good to excellent results are hoped for, they cannot be guaranteed, nor can complications be prevented in all cases. This operation represents a real surgical procedure requiring two or more hours of anesthesia, and as such entails all the complications possible from anesthesia, medication administration, and surgery. As such it involves some risk to life, health, and well-being. The risks are of course minimal in healthy young adults.

In the experience of Plastic Surgery, Center, Inc. over the past 15 years, complications have been very unusual, but for your information a list of more specific possibilities follows:

- 1) Hematoma - Bleeding into the dissected spaces. This could require surgical removal of the blood if plentiful. Other times aspiration with a syringe will be required. In most cases suction drains evacuate all postoperative bleeding and such additional procedures are unnecessary. The drains will normally remain 4-6 days after surgery.
- 2) Seroma – An occasional problem after this surgery is the collection of serous type fluid, which requires postoperative drainage. This is unusual, but when present requires tight wraps or corsets together with intermittent evacuation of the serous drainage until complete healing has taken place.
- 3) Infection - Whenever a cut is made in the skin there is a possibility of infection. Should infection develop specific antibiotics may be prescribed.
- 4) Skin Loss - The raising of large flaps, and the placing of the skin under tension raises a distinct possibility of compromise of the blood supply to some portions of the remaining abdominal skin. If blood supply is normal, and your skin behaves in a "normal" fashion this should not occur, however, the possibility of skin loss is a distinct possibility.

If gallbladder scars, or other abdominal scars are present on the abdomen, the blood supply to the skin "flap" will already be compromised to some degree and this raises the risks of complications in terms of skin loss. If skin loss did occur the effected skin would turn into a scab and leave an open "sore" type area, which would most likely require skin grafting at an appropriate time. This would add additional scarring of an undesirable nature should that complication occur.

- 5) Loss of Sensation - Some loss of sensation in the lower central abdomen is entirely normal. With the passage of time this area diminishes so that normally an area approximately the size of a quarter or silver dollar is all that remains without normal sensation. In unusual cases the residual areas of sensation loss could be larger.
- 6) Pain - Persisting postoperative pain is a rare complication for this type of surgery. There may be no successful method of treatment should this develop.
- 7) Pulmonary Embolism - Because of the immobility associated with this operation, pulmonary embolism has been reported postoperatively. This has never occurred to any of the patients treated at Plastic Surgery Center, however there is always a "first time". We think the movement of legs and feet postoperatively together with early walking and ambulation are the best preventive measures for this problem. Any past history of blood clots in the legs or pulmonary embolus is of extreme importance in planning the operation.
- 8) Excessive bleeding - Greater than normal blood loss during or after surgery represents a serious event, which can threaten life and can make blood transfusions essential. Rarely is this necessary, but it could become absolutely necessary. If this operation was done as an outpatient, hospitalization could be a technical requirement for blood administration.

Additional risks occur if transfusions are given and the risks would of course be weighed carefully against the risk of not giving the needed blood! Possible complications of blood administration will not be discussed preoperatively unless you specifically request that it be done.

COSTS

In addition to the charges which have been made to you for your operation, you will entail additional costs for your prescriptions, laboratory charges for the blood work, urinalysis, and chest x-ray when required. You may also be asked to purchase a corset type garment to wear postoperatively.

In the event of complications of hematoma, infection, skin loss, etc. no additional surgical fee will be charged. Expenses associated with the operating room and anesthesia would be charged additionally if applicable, as if the surgery were done at the hospital.

Should hospitalization be necessary to treat a complication, the patient would of course be responsible for all hospital bills, and associated costs from auxiliary services and consultants.

PREPARING FOR SURGERY

As early as possible, all aspirin containing medication should be stopped. The same goes for vitamin E. (They are both "blood thinners"). Multivitamin capsules or tablets should be stopped well in advance of the operation to counteract all the extra blood vessels vitamin B complex causes. Cigarette smoking should be stopped to make an easier aesthetic and recovery.

Alcohol consumption should be stopped or markedly reduced to put the liver in optimal condition.

The evening prior to surgery, an intense scrub of the abdominal wall and genital area with soap and water is in order. The upper pubic area should be carefully shaved, and any sores present should be reported. Your prescriptions should be filled prior to the morning of surgery. It is best to fill the prescriptions the day before or morning of surgery, since it is inadvisable to engage in this type of arm motion the first week after surgery.

It is of the utmost importance that NOTHING BE TAKEN BY MOUTH AFTER MIDNIGHT THE EVENING PRECEDING SURGERY! This applies to liquids and solids alike. FAILURE TO FOLLOW THIS RULE MAY RESULT IN A SERIOUS THREAT TO YOUR LIFE.

If you take high blood pressure pills or diabetes medication, special arrangements will be made. Please point it out if these medications apply in your situation.

The morning of surgery, wear a loose-fitting button-down-the-front dress, which will be easy to get in and out of. We suggest that you wear no brassiere the morning of surgery. All makeup should be removed prior to coming to the office. Leave all jewelry at home, as we cannot be responsible for it and have no good place to store it.

ABOUT THE SURGERY

Surgery usually involves a general anesthetic with sodium entothal induction. Local anesthesia may be used to minimize the amount of general anesthesia necessary and bleeding. You will be unaware of any discomfort during the operation. After surgery you may notice some discomfort, but pain medication will be available.

When the supporting structures of the abdominal wall has been repaired, oral intake of food may be delayed until such time as the normal peristaltic activity in the stomach has resumed - evidenced by "rumbles" and the passing of flatus ("gas"). You will notice that drains and a suction device have been placed and exit from your bandage.

This is done to reduce the chances of hematoma, and hasten your recovery. It is much better to have the blood outside of the wound than inside of the wound.

THE TRIP HOME

After surgery you will remain in the recovery room for several hours until you are ready to be transferred to your hospital room or to your home. If home you will be discharged into the care of some responsible adult unless special arrangements have been made for you to stay over at the hospital, or for extended care at the outpatient surgical facility. A car with a back seat large enough for reclining is desirable for the trip home. Occasionally a person may be a little dizzy and nauseated at the time of discharge than is optimal, and therefore the ability to recline is important.

IT SHOULD BE REMEMBERED THAT NASEA AND/OR PERSPIRING ARE THE FIRST SIGNS OF FAINTING, AND SHOULD BE CHECKED BY LYING DOWN (GETTING THE HEAD IN A HORIZONTAL PLANE WITH THE REST OF THE BODY, AND BY GETTING THE LEGS AND FEET UP).

Failure to follow this rule could conceivably result in cardiac arrest, or heart stopping. Thus, if the patient feels faint, nauseated, or suddenly starts perspiring, she should immediately assume a reclining position.

ACTIVITY

During the first week after surgery, the activity should be minimal. Being propped up on several pillows under the back and under the knees may be an aid to comfort. The feet should be dorsi flexed, drawing the toes towards the head forcefully as often as possible. Ambulation is desirable, although it may not be possible to stand erect for some while after surgery.

Driving is not recommended until you are sufficiently free of discomfort to require no medication. Heavy lifting must be avoided for 2-3 months after surgery.

RETURNING TO WORK

Some people return to work 1-2 weeks after surgery, especially if "skin only" type of procedures were done. However, 3 weeks vacation is usually a good idea if it could be arranged. The length of time that you take off of work depends upon, of course, the amount of activity required on your job assignment. If heavy lifting is required then additional time away from work may be necessary.

MEDICATIONS

It is essential that you take the medications prescribed for you. It stomach upset ensues, rather than stopping the medication, simply omit one dose and resume the medication schedule, taking the antibiotics after a small meal rather than on an empty stomach. Pain medication prescribed may occasionally cause nausea, and usually causes constipation. You may not require the full amount of relief afforded by pain tablets, thus in the event of nausea, you might try breaking the tablets in half and taking only half the dose of medication. A mild laxative such as milk of magnesia may be taken for constipation. A natural solution to the constipation usually occurs a day or so after the pain medication is stopped.

POSTOPERATIVE CARE

You will be asked to return to the office for a number of postoperative visits. Often times these are brief, and it is necessary for Dr. Flowers' nurse only to "check" you during these times. If in her opinion, she feels that the doctor needs to see you, then of course that will be arranged. You will also be asked to return for a six month, one year, two year, and five year checkups after surgery.

The major point of these visits is to make sure that the wounds are healing properly, and that no fluid or blood are accumulating, and that there is appropriate scar resolution, etc. It is a good idea to jot down any questions that you have that you feel should be answered. The costs of all of these postoperative visits are included in the surgical fee.

WARRANTY

All patients differ, and so do the results after surgery.

The only warranty offered is that your surgeon will put forth his best effort to achieve the best possible results.

No further guarantee can be made. It should be further understood that fees paid are for the performance of an operation and NOT for a guaranteed result, nor for an improvement, which can be guaranteed to last indefinitely. A modification of your abdominal operation may be required at some point in the future if additional excess skin develops, or in the rare case that some further relaxation occurs in the stretched out supportive tissues.

FINALLY

IF CONCERNS OR PROBLEMS RELATING TO THIS SURGICAL PROCEDURE DEVELOP, DO NOT HESITATE TO CALL THIS OFFICE AT ANY TIME!

The information contained herein is by no means complete, but is intended to re-emphasize the points already discussed during your initial consultation, and to provide documentation, which you may find convenient to refer to. We ask that upon completion of reading this brochure that you sign the informed consent page, letting us know that you have thoroughly digested the material contained herein, and return it to us, prior to the time of your operation.

POSTOPERATIVE ACTIVITIES AFTER ABDOMINOPLASTY

1. No heavy lifting or stretching for 2 months.
2. Showering is permissible after 6 days. No tub baths until all incisions and drainage sites are totally healed.
3. The patient may drive after 2 weeks if free of pain and OFF of all pain medications, and comfortable performing this type of activity.
4. Exercises of a mild nature may be begun at 1 month, but nothing vigorous. Vigorous exercises should be delayed 3 months.
5. JOGGING is permissible at 2 months.
6. GOLF and TENNIS is permissible at 3 months.
7. SCUBA DIVING is also permissible at 3 months.
8. BOWLING, JUDO, SNOW SKIING, WATER SKIING, SKY DIVING, HANG GLIDING, KARATE, TRAIL BIKE RIDING may all be done after 3 months postoperatively.
9. SWIMMING – One may enter the pool upon complete healing, but no swimming activities for 2 months postoperatively.
10. SEX – This should be avoided for 1-½ weeks postoperatively. (Sex itself is no problem, but increased pulse rate and blood pressure can cause wound bleeding).
11. Check with the doctor or nurse regarding any unusual type of sport or activity.