

LOWER BODY LIFT (Buttock or Outer Thigh Lift)

The lower body lift (LBL) is performed for those patients that require tightening of the outer thigh and buttock area (saddlebags). Typical candidates are those who have had massive weight loss or those with a lot of dimpling/cellulite who are otherwise relatively thin people. Liposuction can be combined with this technique if there are some fatty areas that need to be thinned. For complete circumferential body contouring, the LBL is usually combined with an abdominoplasty, but can be done alone.

Dr. Pautler will draw on your body several different lines to indicate where skin needs to be removed. This is done while you are standing. During surgery, which can take up to eight or nine (8 or 9) hours (longer if breast surgery is added) and always involves a general anesthetic, your position will need to be changed three times. Drains will be placed and these are removed in the office about two weeks after the procedure. A compressive garment is placed the day after surgery and will need to be worn up to six (6) weeks.

The scars go from the groin, angle up to the flank, then angle down as they cross the buttock. The right and left scars meet in the back in the vertical buttock crease. The recovery for this surgery is about four to six (4 to 6) weeks and because there are much longer incisions, positioning comfortably is somewhat difficult after the surgery (i.e., it hurts to sit down initially). For the first few days, you will need to position yourself with your legs about shoulder width apart, both for sleeping and for walking. With time, you will be able to bring your legs together comfortably. Most patients require about a two nights stay in the hospital, both for pain control and for help getting out of bed, etc. The pain is mostly incisional and relieved with oral narcotics. Initially intravenous pain medicine will need to be given, until you can adequately hold down fluids to wash down a pain pill. Things to bear in mind before and after your surgery are identical to those outlined for abdominoplasty.

BEFORE YOUR SURGERY

Before you undergo an LBL, Dr. Pautler will ask you to do the following:

1. **Modify your diet:** About 3 days before your surgery, eat high protein nutritious foods. Please avoid lots of raw vegetables, cabbage, and other foods that bloat. Prunes are a good source of fiber that will help alleviate constipation without bloating.
2. **STOP SMOKING:** If you are a smoker, Dr. Pautler will strongly urge you to cease as soon as possible. In many cases, she will prescribe a smoking cessation medication called Zyban, which is not always covered by insurance drug plans. It is important for you to try as hard as you can to stop smoking at least four weeks before and six weeks after your planned surgery. Cigarettes contain nicotine, a

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- powerful substance that decreases blood circulation especially in the areas that need it the most: surgical wounds. Wound healing is slowed, infection risk is increased, and recovery from surgery may be prolonged. Nicotine-containing chewing gums and patches are harmful as cigarettes, so please try not to use them. If you absolutely cannot curb your smoking, Dr. Pautler asks that you be honest about it and let her know because she may need to alter her surgical plan for you.
3. Vitamin C: This vitamin is helpful for collagen synthesis, which helps boost wound healing. It is available over-the-counter and is helpful to take two weeks before and two weeks after your surgery.
 4. Stop taking aspirin, ibuprofen or other nonsteroidal anti-inflammatory medications. This category of drugs can increase your risk of a bleeding complication, so avoid them. Aleve, Advil, Motrin, Naprosyn, Bufferin, Anacin, Toradol and Alka Seltzer all belong to this group. It is best to run your list of medications by Dr. Pautler to see what you can and cannot take if you are in doubt. TYLENOL is OKAY to take, as are the pain medications that Dr. Pautler will prescribe for you after your surgery. If you are on any blood thinners such as Plavix, Lovenox, or Coumadin, please let Dr. Pautler know, as these will need to be stopped as well.
 5. Discontinue the use of birth control pills three weeks before surgery if you are a current smoker or if you have a history of blood clots, high blood pressure, or heart disease. Resume the birth control pills three days after surgery or when ambulating.
 6. Special medications can be taken before and after surgery to decrease bruising and swelling and to promote healing.
 - ARNICA is available as SIN ECCH and is available without prescription. Please take as directed on the label. Call Toll-free: 1-888-746-3224 or go online to www.alpinepharm.com. ARNICA should be started before surgery.
 - BROMELAIN is developed from pineapples and it increases the rate of how quickly bruising is dissipated. GNC sells it as BROMELAIN 500 mg. Take one to two tablets daily. BROMELAIN should be started after surgery and continued for two to three weeks.

AFTER YOUR SURGERY

After your surgery, there are several things to keep in mind. They are:

1. Refrain from aspirin and ibuprofen, as well as other non-steroidal anti-inflammatory medications and blood thinners until at least two weeks after your surgery.
2. Diet: No restrictions, you can eat what you like provided you don't have an upset stomach from anesthesia.
3. Activity: Definitely refrain from any exercise or strenuous activity for the first two to three weeks after surgery. This includes housecleaning, vacuuming, and brisk walking. After about 10 days, it is okay to go out to dinner or a movie, or even a short trip to the store (but don't carry any

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heavy bags). In general, limit your lifting to no greater than 12 pounds. For those of you with small children, don't carry them. Instead, have someone else put them on your lap and you can hold them. By six weeks, for most patients, provided your incisions have healed, your restrictions are lifted and exercise can be resumed. For less extensive LBLs, this should occur before six weeks.

4. Compression: You should wear your compression garment daily and nightly at least for the first two weeks. If you've had muscle layer tightening, you'll need to wear it for up to six weeks.
5. Smoking: NO SMOKING FOR AT LEAST 6 WEEKS AFTER SURGERY. Dr. Pautler strongly advises that you stop smoking altogether for your overall health as well.
6. Bathing: It is okay to shower two to three days after your surgery. NO BATHS OR SWIMMING until your wounds are healed and it is okay with Dr. Pautler.
7. Scars: Once your incisions are healed, there are several options you have to try to improve the appearance of your scars. Inexpensive ones include cocoa butter and vitamin E oil. Mederma is a scar cream that is available over-the-counter but is a little pricier. Combined with massage, these emollients can help accelerate scar softening, fading, and maturation. Silicone preparations are also available, but costly, and more suitable for patients that have a known tendency to form poor scars. Bear in mind that the way you heal and the type of scar you form are depending on your genetic make-up, and despite the best surgical technique and scar management, some patients will have poor scars.

RISKS

The following is a description of the possible complications that could occur following an LBL:

1. Numbness: There will be some numb areas most of which will regain sensation in a period of about two months. As nerves heal, it is normal to experience shooting pains or "pins and needles" type of sensations.
2. Asymmetry: Dr. Pautler will do her best to make your scar as symmetric as possible. Some asymmetries may appear as parts of your LBL heal at different rates. Most of these are cosmetically insignificant, but if not, a scar revision can be considered.
3. Scars: These may be quite pink initially. With time, massage, and use of emollients they should improve and fade considerably. Although technique is important, scars are a function of the patient more so than the surgeon.
4. Tissue loss: Rarely, due to some compromise of circulation (which can happen with smoking, diabetes, steroid use, excessive tension or infection) to the abdominal skin and fat, there can be some tissue loss. Some of the nonviable skin or tissue may need to be removed in the office and dressing changes may need to be instituted. This is more of an inconvenience, requiring more time for healing. It may also mean that the scar may be

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- somewhat wider and pinker and necessitate scar revision in the future, but overall the contour of the abdomen should not be affected.
5. Dog-ears: These are little cones of excess skin that can form at the end of the scar. They usually show up after settling and healing have finished. If bothersome to the patient, they can be removed in the office.
 6. Hematoma or seroma: Rarely does a collection of blood or body fluid become large enough to necessitate aspiration or surgical removal. If so, it needs to be done to prevent infection or wound healing problems. Small collections are watched carefully until they absorb on their own.
 7. Belly button: With a full abdominoplasty, the naval stays in the same place but comes through a new opening in the abdominal skin. In rare cases it may be slightly off center, heal poorly, or suffer tissue death. Sometimes the naval has an odd shape to begin with, and with the tummy tuck, this oddness can be more seen than before the surgery. Revisional surgery of the belly button may need to be done.
 8. Recurrent laxity of skin: With certain skin types, and if weight loss occurs after the surgery, skin can seem loose long after the surgery despite it being snug and tight initially. This can be solved, if needed, with a minor skin excision.
 9. Fullness in the lower abdomen: Some patients complain that even though they have a flatter and more toned abdomen, they have a hard time buttoning certain pants. This is because of swelling, especially in the lower abdomen and it seems to be most notable at the end of the day, least notable in the morning. With time, and re-establishment of lymph drainage, this fullness eventually goes away.
 10. Blood clot in veins or in lungs: This is rare, but can happen with any surgical procedure that is over two hours long. It is treatable, but may require a prolonged stay in the hospital. Dr. Pautler tries to prevent this by using compression devices on your legs during and after surgery and encouraging early ambulation after the surgery.
 11. Infection: There is a slightly higher risk of infection with the LBL because it tends to be a lengthier procedure. You will receive antibiotics during and after the surgery to prevent this as much as possible.
 12. Prolonged swelling: This may occur at the waistline and take several weeks to subside. Because the incision goes all the way around, it is harder for lymph and body fluids to drain and they can collect at the waistline. Again this goes away.