

## **ABDOMINOPLASTY**

An abdominoplasty is a procedure aimed at tightening redundant skin and restoring a flatter contour, especially beneath the naval. Occasionally it is combined with liposuction if there are fat deposits on the flanks. For individuals who have never had a “waist,” an abdominoplasty can give considerable improvement. The abdomen can be tightened in layers, depending on each patient’s needs. For young patients, or for those who have not had children, where there is excellent muscle tone, only skin needs to be removed. For those who have had a lot of weight loss or several children, both the muscle layer and the skin usually need tightening. The scar is variable in length and depends on skin excess. There almost always is a scar around the belly button, except in those patients whose skin excess is limited to beneath the belly button (in this case a mini-abdominoplasty is done). Sometimes there may be a short vertical scar extending up from the long scar above the pubic hairline. This needs to be done in cases where there is laxity of skin but not enough to completely excise the former “hole” around the umbilicus. Please ask Dr. Pautler to explain this if it seems unclear.

The surgery usually takes up to three hours and involves general anesthesia or deep sedation. Before performing the surgery, Dr. Pautler will draw the skin excision pattern on you while you are standing. Drains are always used, as is some form of compression such as a binder or a garment to wear afterwards.

After the surgery, you will need to sleep in a flexed “beach chair” position for several nights. You will also need to walk bent at the hips for the first week or so. This is because of tightness (which is good!), which will eventually loosen naturally as your skin and muscle layers relax. Pain and discomfort will be controlled with either oral (pills) or intravenous medication. Once you go home, only pills will be used. The drains are most often removed 1-3 weeks after surgery in Dr. Pautler’s office. The compressive garment is worn for about 4-6 weeks, and afterwards most patients can return to normal activities. Smaller abdominoplasties involve a quick recovery, while more extensive ones require more healing time.

## **BEFORE YOUR SURGERY**

Before you undergo an abdominoplasty, 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.

### **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 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 abdominoplasties, 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.

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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 abdominoplasty.

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 abdominoplasty 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 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.

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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.