

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). This procedure will NOT lift inner thighs or knees and will not enlarge the buttocks. Typical candidates are those who have had massive weight loss or those with a lot of dimpling/cellulite who are otherwise relatively thin. 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 this surgery you will be on your tummy and under general anesthesia. A compressive garment is placed the day after surgery and will need to be worn up to six weeks.

Things to bear in mind before and after your surgery are outlined below:

BEFORE YOUR SURGERY

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

1. **Modify your diet:** about three days before your surgery, eat high protein nutritious foods.
2. **STOP SMOKING:** If you are a smoker, Dr. Pautler will strongly urge you to cease as soon as possible. It is important for you to stop smoking at least three months before surgery and six weeks after your planned surgery. Cigarettes contain nicotine, a 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, patches, and electronic cigarettes are as harmful as cigarettes, so please do not 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 surgery.
4. **Stop taking aspirin, ibuprofen, or other non-steroidal anti-inflammatory medications** at least two weeks prior to your surgery. 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. Please refrain from taking any Vitamin E or fish oil for six weeks before your surgery!
5. **Discontinue the use of birth control pills and/or hormone replacement therapy** two weeks before surgery. Resume taking the birth control pills and/or hormone replacement therapy one week after surgery.
6. **Four weeks prior to surgery, stop all diet drugs, stimulants, appetite suppressants and recreational drugs.** This includes Phentermine.

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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 ten days 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. Any questions, please call us.
4. Compression: You should wear your compression garment daily and nightly for at least the first two 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. No sexual intercourse for six weeks!
8. Scars: once your incisions are healed, there are several options 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 dependent on your genetic makeup and despite the best surgical technique and scar management, some patients will have poor scars. Moving around and stretching your skin early after surgery can put tension on your incision and lead to widened, thicker scars.

RISKS

The following is a description of the possible complications that could occur following a 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.

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4. Tissue loss: Rarely, due to some compromise of circulation (which can happen with smoking, diabetes, steroid use, excessive tension, or infection) to the abdomen skin and fat, there can be some tissue loss. Some of the non-viable 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 lower body 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. Recurrent laxity of the 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.
8. Blood clots in the veins or in the lungs: This is rare but can happen with any surgical procedure that is over two hours long. It is treatable but may require a stay in the hospital and a three-to-six-month course of blood thinning pills. Dr. Pautler tries to prevent this by using compression devices on your legs during and after surgery and encouraging early ambulation after the surgery.
9. 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.
10. Prolonged swelling: This may occur and take several weeks to subside.s

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