

Tummy Tuck

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Your Questions Answered



STAIANO
PLASTIC SURGERY

Why Am I Qualified To Talk About Tummy Tucks?

I am a Consultant Plastic Surgeon with 20 years of experience. All plastic surgeons specialise in one particular area, although many still perform surgery on all parts of the body. During the last 6 years, I have focused on cosmetic breast surgery. I have performed countless tummy tuck procedures and have a well below average complication rate and an army of happy patients!

I run my own private practice, The Staiano Clinic, and we aim to be at the forefront of a new wave in plastic surgery with the focus on ethics and patient satisfaction. Everyone at the clinic is a specialist in their field and there are no advisers or salespeople.

“ I would like to take this opportunity to thank you once again for the fantastic result I have had, it has made such a difference to my sense of wellbeing and confidence. ”

DD – Patient testimonial from tummy tuck patient



Your Questions Answered

1. What is an abdominoplasty?

Abdominoplasty is the medical term for a tummy tuck and the terms can be used interchangeably. It is a procedure that involves removing the excess skin and fat from the lower abdomen in patients who have had the skin stretched in this area. The common reasons for this are either losing weight or having children because both of these things stretch the skin, either when weight is put on or when pregnant. When the stretching force goes, by either losing the weight or delivering the baby, the skin does not recoil sufficiently to return the abdomen to the same shape that it was previously. The effects are more dramatic in patients who have had multiple pregnancies and patients who have lost a significant amount of weight and it does vary from person to person. Often the abdomen has stretch marks which indicate that the skin has been damaged and has lost its elasticity. No amount of further weight loss or exercise can give the elasticity back to the skin. In fact, some patients find that losing more weight makes the problem worse as the skin becomes more deflated and it can accentuate the overhang.

2. Am I the right candidate/age?

The ideal candidate for a tummy tuck is someone that has had a stable body shape for at least a year and this means that it is at least a year since the birth of their last child or they have maintained and stabilised their weight for this time. The rate of complications is less at a lower weight and your BMI (body mass index) needs to be below 30 as this is associated with fewer complications.

There is no upper or lower age limit associated with a tummy tuck. However, younger patients should consider if they want to have children in the future as the skin may stretch again. While older patients should consider that it is quite a significant undertaking with scarring and a postoperative recovery phase.

Smoking is strongly discouraged. In fact, if you are unable to stop smoking, I would suggest that you should avoid surgery altogether as smoking is associated with more postoperative problems, particularly in terms of wound healing, which can be significant.

We treat everybody on a case by case basis and there are no set rules, particularly in terms of the BMI and your weight as everybody is individual and at different stages in their life. We assess each case on its merits and we will weigh up the potential risks and benefits with you to ascertain whether surgery is right for you.

3. Are there different types of tummy tuck?

There are several different types of tummy tuck depending on the degree of skin and fat excess.

- **Mini Tummy Tuck**

A mini tummy tuck involves a scar in the lower abdomen in a similar position to a full tummy tuck, although it is shorter. It is similar to the scar following a Caesarean section. This is the only scar as there is not a scar around the belly button. The recovery is quicker from a mini tummy tuck but the results are less dramatic and it mainly addresses fullness or a paunch above the pubic area and below the belly button. It does not do anything to contour the abdomen above the belly button or to the sides. Whilst there is not a scar around the belly button, sometimes the belly button is pulled down a bit and whilst it can sound attractive to many people, there are only a limited number of people who are good candidates for a mini tummy tuck due to the limited results that it can give in contouring the abdomen.

- **Full Tummy Tuck**

Full tummy tuck is the most common type of tummy tuck and involves a long scar in the lower abdomen that goes from hip to hip which we aim to be hidden in the underwear. There is also a scar around the belly button and these scars can be red and obvious for some months. A full tummy tuck will contour the whole abdomen up to the ribcage. It is also possible to repair the rectus abdominis muscles (the six-pack) which can become pulled apart (this is not possible in a mini tummy tuck).

A full tummy tuck is particularly good at recontouring the central abdomen and can give dramatic results. However, a tummy tuck in itself does not do anything to contour the hips and flanks although it can be combined with liposuction, a procedure sometimes known as a lipoabdominoplasty. A lipoabdominoplasty combines a tummy tuck with liposuction which is usually to the hips and flanks but it can also be to the mons area if there is fullness here.

- **Fleur-de-Lis Abdominoplasty**

A fleur-de-lis is more extensive than a full abdominoplasty and it leaves a scar in the lower abdomen in the same way that a full abdominoplasty does but there is also a scar in the midline extending to the breastbone in the shape of an inverted T. As with most things in plastic surgery, the more scarring that is created, the more skin that can be removed and the more dramatic the result. However, this has to be balanced against the more obvious scarring associated with the midline scar which is difficult to hide. There is also more potential for complications with a fleur-de-lis abdominoplasty, particularly wound breakdown at the T junction of the scar.

- **Belt Lipectomy/Body Lift**

A belt lipectomy involves a circumferential abdominoplasty where the scar is in the same position as a full abdominoplasty but continues all the way round the back and then joins to the front again. This is reserved for patients who have lost a significant amount of weight and have excess skin around the whole of their lower body. It gives impressive results but it is a significant undertaking and takes several hours in theatre and involves turning the patient during the surgery which adds to the level of complexity. It is the best way to contour the lower abdomen when there is laxity all the way round but it is a major undertaking with considerable input and nursing care required postoperatively to get the extensive incision healed adequately and there is an increased risk of wound healing problems.

4. Will I need a general anaesthetic?

My routine practice is to perform tummy tuck surgery under general anaesthetic which is when you are put to sleep. However, it is possible to perform the procedure under local anaesthetic with sedation in selected cases. This is something that we could discuss to suit your personal circumstances.

5. What should I expect postoperatively?

You will come back from the operating theatre sitting up with pillows underneath your knees to take the tension off the incision on your abdomen. You will also be wearing a compression garment around your abdomen. You will have stockings on your legs and inflatable pumps on both of your calves which will help to keep the blood circulating and prevent the risk of clots forming in your legs (DVT). We aim to get you up and walking as soon as possible and this is normally on the first postoperative day. When you first get up to walk, you will find it more comfortable to walk stooped over and this will be for about a week. You will have drains which are tubes connected to bottles and these will be removed before you leave the hospital. You will be discharged from the hospital when the drains have stopped draining and when you feel able to cope at home. On average there is a two night stay in hospital.

You will be given the contact details of the hospital with 24-hour access to medical and nursing support. There is also 24 hour access to the operating theatres if required. An appointment will be made for you to come back after a week to have the dressings removed and then your appointments will normally be at six weeks, three months, six months and then as often as necessary. All of your follow-up appointments will be with your surgeon.

It will be a week or two before you will be standing straight and the scar will be red and obvious for the first few months. There may be an alteration in sensation in your abdomen although this is usually not longstanding and it can take 6, 12 or even 18 months for things to fully settle.

6. Will I need to stay in hospital?

The operation itself takes 2 to 3 hours and so you would probably want to stay in hospital for the first night after the surgery. We get you up and walking on day one and if there is not a significant amount in your drains and you really wanted to go home, it would be a possibility that you may be able to go home on the evening of the first postoperative day. However, most patients stay two nights in order to be more mobile and to give the drains more time to drain. It is usual to go home on the second postoperative day, although occasionally people stay for three nights - it depends on the drainage and how you are feeling.

7. What will the scar look like?

There will be a scar going from hip to hip and also one around your belly button. You will have waterproof dressings over the scars when you first go home from the hospital and these dressings will be removed after a week after which you will probably not need any more dressings. All the sutures are dissolvable and do not need to be removed. The scar in the lower part of your abdomen will have buried sutures, so you will not be able to see these although you may see some sutures around your belly button but these will fall out over time. The scar is usually healed at the first postoperative appointment although it can take some months to gain full strength. It is initially a red line and it can become more red in the first few weeks after surgery as the tissues knit together. After around a month we advise that you start massaging the scar to help it to soften and to help the redness to fade, although things do not really start to fade until around three months after surgery. It can be 12 to 18 months before the scar fully fades although the timing is variable. Once faded, the scar will be skin coloured and whilst you will be able to see it if you look closely, it usually fades well.

8. Is there much swelling/pain?

It does feel tight initially and this is why you are in a flexed position in your bed with the head of your bed raised and pillows underneath your knees. We use local anaesthetic during the operation and so you should be relatively comfortable in the initial stages. However, we do supply you with painkillers to ensure that the pain is controlled. Often by taking the tension off your abdomen, the pain is improved which can be achieved by sitting up further or putting more pillows under your knees. Similarly when you are walking, it is more comfortable to walk in a stooped position for the first few days or weeks following surgery. You will gradually find it more comfortable to walk straight as the tissues soften and stretch.

There will initially be swelling and it is helpful to wear your compression garment day and night for a month. The swelling can take some months to fully settle.

9. How long will my result last/will it come back?

The tissue that is removed with a tummy tuck is removed permanently. The operation restores your abdomen to a better shape and contour and if you do not do anything to stretch the skin again, then the result should be long lasting. However, it does not protect you from the future, so if you were to do anything to stretch the skin such as having children or putting on weight, then there is a chance that you could get a recurrence of the laxity in your abdominal skin. The surgery does not make the remaining skin that is left behind any more elastic to withstand further stretching. For this reason it is recommended that your weight is stable and that you have finished your family before having a tummy tuck.

10. Can I just have liposuction?

In my experience, liposuction of the abdomen does not deliver pleasing results because it does nothing to remove the excess skin. There are certain areas where liposuction works well such as the hips, the outer thighs and the chest area, particularly in men (gynaecomastia). However, the abdomen is not one of those areas and I find that if the fat is removed from the central abdomen without removing the skin this can give more skin laxity and an unsatisfactory result. There are forms of liposuction which report to cause some skin tightening which are assisted forms of liposuction with ultrasound (VASER) or laser (SmartLipo) and these report to give some degree of skin tightening and so may be appropriate if there is only a modest amount of skin laxity in your abdomen.

I find that liposuction is particularly effective in the hips and the flanks at the same time as a tummy tuck procedure. It can also be used to reduce some heaviness in the mons area.

11. How long do I have to wait before I can have intercourse?

You will be quite uncomfortable in the first two weeks following surgery. However, after this things will start to improve and you will be able to walk more upright and move about more comfortably. However, it will probably be more like a month before you will be able to have intercourse comfortably and I normally advise people to see how they feel and start gently with any activities and listen to your body. If things are uncomfortable or your abdomen starts to swell then that is a sign that you should go easy. However, if you find that things are comfortable then you can gradually increase your activity.

12. Is a tummy tuck a good way to lose weight?

Tummy tuck is not a weight loss procedure and in fact, if you are overweight then this is a relative contraindication to surgery. An abdominoplasty is not an insignificant undertaking and there is a large wound to heal and the greater your weight, the greater the chances of wound breakdown or delayed wound healing. Furthermore, if you are unhappy with your weight and want to lose weight then you really should do this prior to having surgery in order to get the best result. If you were to have a tummy tuck and then lose weight following the surgery there is a possibility that there may be some residual laxity in the skin which could have been tighter had you lost the weight first.

13. Will a tummy tuck get rid of my stretch marks?

The skin from your belly button to your pubic area is all removed in a full tummy tuck, so any stretch marks in this area will be removed. However, any stretch marks above your belly button will remain although they will be pulled down. As you move to the side, progressively less tissue is removed and so if you have extensive stretch marks on the upper part of your abdomen, then these may remain. This is something we can discuss in the clinic as we can give you a good idea of the extent of skin that could be removed, so you can have a realistic expectation of how your stretch marks will be affected.

14. What won't a tummy tuck do?

A tummy tuck is particularly effective at recontouring the area in your central abdomen. However, it is less effective at the area to the sides of your abdomen and around your hips and flanks. It can be combined with liposuction in the form of a lipoabdominoplasty to help contour these areas and this can be done at the time of your tummy tuck.

Another area the tummy tuck does not address is the mons area just above the pubic bone as there is often fullness here, particularly following weight loss. Liposuction can help this to a degree but often there is skin excess which needs to be removed and sometimes this needs to be done as a second stage.

If there is skin laxity in your thighs, then this will not be improved during a tummy tuck although it could be improved with a thigh lift. This is a separate procedure which can either be done at the same time as your tummy tuck or later on.

A full tummy tuck pulls tissue from the upper abdomen down and gives a degree of tightening to the upper abdomen. However, if there is significant skin excess in your upper abdomen, this may remain following surgery which is mainly a problem for patients following massive weight loss. In order to address significant excess skin in your upper abdomen, a reverse abdominoplasty may be required, which could be considered at a later date.

15. What are the risks?

A tummy tuck is usually performed under general anaesthetic and there are risks associated with this such as a reaction to the anaesthetic drugs, chest infection and awareness, although these risks are small and you will have the opportunity to discuss them with your anaesthetist.

There are also specific risks associated with the procedure.

There is inevitably a scar which is red and obvious to start off with and this can take some months to fade. The wounds are normally healed in a week or two, but there is a possibility of delayed wound healing, particularly centrally and around the belly button and this may require prolonged dressings and very rarely further surgery. There is a chance of dog ears which are bumps at the end of the scar which usually settle, however, they can easily be revised at a later date if they do not. There may be numbness in the skin of the abdomen following this procedure which can be permanent although normal sensation usually returns but can take some months to do so.

The belly button is repositioned during a full tummy tuck and while great care is made to place it in an ideal position centrally in the abdomen, sometimes the scarring and swelling can pull it to one side or the other and it may not be perfectly central. It is important to note that often the belly button is not perfectly central in the abdomen naturally.

Any surgery carries with it the risk of DVT (deep vein thrombosis) or PE (pulmonary embolism) which are clots in the legs which can fly off into the lungs and the risk of this is increased with a tummy tuck because of the increased pressure on the abdomen. For this reason, we go to great lengths to minimise these risks and use TED (thromboembolic deterrent) stockings and Flowtron boots throughout the surgery until you are mobile to keep the blood circulating. We also encourage you to keep your ankles, your hips and your knees moving and aim for early mobilisation, usually on the first day after surgery.

16. What should I do to prepare for surgery?

It is essential to be mentally as well as physically prepared for surgery and I always encourage patients to come back to the clinic as often as they need to go over any questions or concerns they may have. It is always best to talk things over with your surgeon prior to surgery so that your expectations are realistic and in alignment with the surgeon. We will always go through with you the limitations and complications of the surgery. Once you are aware of these it is important to have a positive outlook and to be sure that this is the right decision for you. From a physical point of view you need to be stable at your ideal weight, preferably with a BMI of less than 30 and you need to be not smoking.

17. Do I need to do sit-ups a month prior to surgery?

It is important to be in a good physical condition before having surgery and a good diet and regular exercise is a major part of this. One of the problems that people face who require a tummy tuck is that the rectus abdominis muscles which form the six-pack can be pulled apart and cause a bulge in the central part of the abdomen above the belly button (so-called diastasis of the recti muscles). Improving your core strength by doing sit-ups will help with your stability and general health but it will not help to bring these muscles closer together if they are apart. I do not particularly recommend that you focus on exercising this area prior to surgery as if the muscles are pulled apart they will need to be repaired surgically and this is done routinely as part of a tummy tuck, if required.

18. Can I have a tummy tuck between pregnancies?

There is no problem with having a pregnancy after having a tummy tuck and it will progress uneventfully. However, the pregnancy will stretch the skin of your abdomen and so there is a chance that you may get a recurrence of the deformity in your abdomen that you had prior to surgery and so, ideally I recommend that you do not plan to have pregnancies following surgery. It is always possible to repeat the tummy tuck if the skin does stretch, but if you plan to have future pregnancies it may be better to postpone surgery until you have finished your family.

19. When can I go back to work/the gym?

During the first week postoperatively you will feel quite uncomfortable and will not feel like doing a great deal. In the second week you will start to feel better and will be able to be more mobile. However, I would not recommend any work at the gym for at least two weeks. After two weeks you can start gentle exercises with your lower body, such as the exercise bike or the stepper, although you should avoid strenuous arm activity. After two weeks you can also think about starting to drive although you should check with your car insurance company that they do not have any set rules. Two weeks would be the minimum and ideally three weeks before driving and therefore returning to work. It will be four to six weeks before you put any strain on your abdomen with regards to abdominal exercises and it is always advisable to listen to your body and if things are uncomfortable or if your abdomen swells then to ease off. Similarly, if things feel comfortable then you can gradually progress with them. If your work involves heavy lifting then you should avoid this for four to six weeks although you may be able to go back on light duties after three weeks. We would be more than happy to provide you with a fit note for work.

If you have a question which hasn't been answered here, feel free to get in contact with us. I'd be happy to answer your questions!

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Tweet: @DrJJStaiano (Last Monday of every month, Q&A with Dr. Staiano, 7-8pm. Hashtag #AskJJ).

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