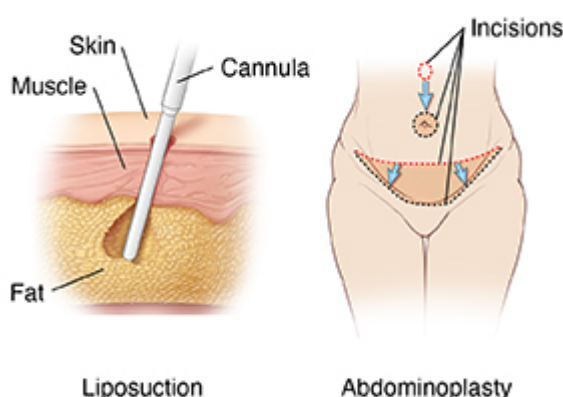


Abdominoplasty with Liposuction



Changes to the skin and muscles in the belly can happen due to aging, pregnancy, or a large amount of weight loss. Cosmetic surgery can help restore the belly skin and muscles to their natural shape and position. Abdominoplasty and liposuction are two cosmetic procedures. Abdominoplasty is also called a tummy tuck. They can be done together to improve the look of your waist and belly. During a tummy tuck, extra fat and skin can be removed from your belly (abdomen). And certain muscles can be repositioned to improve belly weakness. Liposuction removes extra fat from under the skin. It allows for greater fat removal and contouring (shaping) than can be done with a tummy tuck alone.

Be aware that, for lasting results, you will have to control your weight. And for some areas of the body, these procedures can't be combined. Talk with your surgeon about your cosmetic goals and the choices available to you.



Preparing for surgery

Get ready for the surgery as you have been told. In addition:

- Tell your surgeon about all prescription and over-the-counter medicines you take. This includes herbs and other supplements and any illegal drugs. It also includes any blood thinners, such as warfarin, certain anti-inflammatory medicines, such as aspirin, and clopidogrel. You may need to stop taking some or all of them before surgery.
- Follow any directions you are given for not eating or drinking before surgery. If you have been directed to take medicines, take them with a small sip of water.
- Don't smoke before surgery. Smoking reduces the blood flow in the skin and increases the risk for wound healing problems. Nicotine from any source (cigarettes, e-cigarettes, patches, chewing tobacco) slows healing. Your healthcare provider may delay your surgery if you are smoking. Join a stop-smoking program to improve your chances of success.

The day of surgery

The surgery takes about 2 to 4 hours. You may go home the same day. Or you may stay overnight in a hospital or outpatient surgical center.

Before the surgery begins

- An IV (intravenous) line is put into a vein in your arm or hand. This line delivers fluids and medicines.

- You will be given medicine to keep you pain free during surgery. This may be general anesthesia, which puts you into a state like deep sleep. (A tube may be inserted into your throat to help you breathe.) Or you may have sedation, which makes you relaxed and sleepy. If you have sedation, local anesthetic will be injected to numb the areas being worked on. The anesthesiologist will discuss your choices with you.

For liposuction

- During traditional liposuction, a special fluid is injected into the belly so that it's firm and swollen. This makes it easier to remove fat. The fluid also contains medicine to numb the belly and to reduce pain and bleeding caused by the surgery.
- One or more tiny cuts (incisions) are made in the lower belly. Or they are made near the bellybutton (navel). You and your surgeon will discuss the incisions to be used before the surgery.
- A thin metal tube called a cannula is placed through the incisions to reach the fat layer under the skin. The cannula is attached to a small vacuum or syringe. As the cannula is moved back and forth, it suctions excess fat from the belly and waist. Other tools may be used as well. These use ultrasound, laser, or mechanical power to help loosen or remove fat.
- Incisions are closed with stitches, surgical glue, or both.

Your surgeon may discuss other types of liposuction that are available.

For the tummy tuck

- A cut (incision) is made in the belly from hipbone to hipbone. This is often along the lower part of the belly just above the pubic hairline. You and your surgeon will choose the exact incision site before surgery. An incision is also made around the bellybutton.
- The skin and fat beneath are lifted to expose the abdominal wall beneath. The abdominal wall includes fibrous tissue and muscles.
- If needed, the belly muscles are pulled together to tighten the abdominal wall. Stitches are used down the middle of the belly to hold the muscles in their new position.
- After the abdominal wall is tightened, the skin and fat are pulled back down. Extra fat and skin are then removed from the belly.
- Once the skin and fat are pulled down, the bellybutton may be covered up. In such cases, an incision is made so the bellybutton can be brought back through the skin. The skin is then sewn into place around the bellybutton.
- Small tubes (drains) may be placed near the incisions. These drain excess fluid that may build up as the wound heals. You will be given directions on how to care for drains at home.
- Any incisions made during the surgery are closed with stitches, surgical glue, or both. If stitches are used, they may dissolve on their own. Or they may need to be removed by the surgeon at a later date.

After the surgery

You will be taken to the postanesthesia care unit to be watched as you wake up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used during your surgery, your throat may be sore at first. You will be given medicine to help prevent infection and manage pain. You will also likely be given compression garments to wear. These reduce swelling and help form a smooth shape. If you need to stay overnight, you will be moved to another room. Once you are ready to go home, you will be released to an adult family member or friend. Have someone stay with you for the next couple of days to help care for you as your healing begins.

Recovering at home

Once home, follow any directions you are given. Your surgeon will tell you when you can return to your normal routine. During your recovery:

- Take any prescribed medicines exactly as directed.
- Don't smoke. Smoking reduces blood flow and slows wound healing.
- Walk slightly bent at the waist, if suggested by your surgeon. Stay in a flexed position when you sleep. This helps protect the abdominal wall as it heals.
- Care for your incisions and the dressing (bandage) over them as directed by your surgeon.
- Don't shower for 48 hours after surgery, or as directed by your healthcare provider. Don't swim, take a bath, use a hot tub, or do other activities that cause the incisions to be covered with water until your surgeon says it's OK.
- If advised by your surgeon, use a cold pack wrapped in a thin towel to relieve discomfort and control swelling. It's important not to leave the cold pack on for too long, or your skin could be damaged. Put the pack over your bandages for **no more than** 20 minutes at a time or as directed by your provider. Then, leave it off for **at least** 20 minutes or as directed by your provider. Repeat this as often as needed during waking hours until swelling starts to improve. Don't fall asleep with the cold pack on. If you're not sure how to safely use the cold pack, ask your surgeon.
- When you shower, gently wash your incision sites. Then pat the incisions dry. Don't apply lotions, oils, or creams to the incisions until after they are fully healed.
- Don't lift, push, or pull anything heavier than 10 pounds for at least 14 days.
- Don't do strenuous activity. Exercise as directed. Talk with your surgeon about light exercise, such as walking that you can do to maintain your weight until you're fully healed.
- Wear compression garments as directed. Doing so is important for a good cosmetic result.
- Walk at least a few times daily. But don't push yourself too hard.
- Don't drive until you are no longer taking prescription pain medicine and your surgeon says it's OK. When riding in a car, carefully position the seatbelt so that it doesn't compress your belly.

When to call your healthcare provider

Call your surgeon/healthcare provider right away if any of the following occur:

- Fever of 100.4° F (38°C) or higher, or as directed by your healthcare provider
- Irregular heartbeat
- Symptoms of infection at an incision site, such as increased redness or swelling, warmth, pain that gets worse, or foul-smelling drainage
- Pain not relieved by medicines
- Not urinating within 24 hours
- Pain, swelling, redness, or warmth in your leg, calf, or thigh

Call 911

Call 911 if you have chest pain or trouble breathing.

Follow-up

You will have follow-up visits so your surgeon can see how well you're healing. If needed, stitches or drains will be removed at one of these visits. During these visits, you and your surgeon can discuss the results of your surgery. Let your surgeon know if you have any questions or concerns.

Risks and possible complications

Risks and possible complications include:

- Bleeding or infection
- Blood clots
- Fat clots
- Excessive scarring
- Poor wound healing, which may result in open wounds
- Changes in sensation, such as numbness or pain
- Skin discoloration
- Abnormal collection of fluid (seroma)
- Death of fat cells deep in the skin (fat necrosis)
- Injury to nearby nerves, blood vessels, muscles, and organs
- Contour (body shape) irregularities
- Not happy with cosmetic results
- Risks of anesthesia. The anesthesiologist will discuss these with you.

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