

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services. www.bartshealth.nhs.uk/pals

Large print and other languages

For this leaflet in large print, please speak to your clinical team.

For help interpreting this leaflet in other languages, please ring 020 8223 8934.

Te informacje mogą zostać na żądanie przedstawione w formatach alternatywnych, takich jak łatwy do czytania lub duża czcionka, i w różnych językach. Prosimy o kontakt pod numerem 02082238934.

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اس معلومات کو متبادل شکل، جیسے، پڑھنے میں آسان یا بڑے حروف، میں دستیاب کرایا جاسکتا ہے، اور درخواست کرنے پر اسے متبادل زبان میں بھی دستیاب کرایا جاسکتا ہے۔ براہ مہربانی 02082238934 پر رابطہ کریں۔

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Patient information

Having an abdominoplasty



What is an abdominoplasty?

Abdominoplasty is also known as a 'tummy tuck' or as an 'abdominal resection'. An abdominoplasty is a major operation that involves removing an area of skin and fat from your abdomen and repositioning your umbilicus (tummy button).

An abdominoplasty will leave a scar from hip to hip and around your umbilicus. It is an operation that is performed under a general anaesthetic. During the operation the surgeon may also tighten your abdominal muscles.

Why am I having an abdominoplasty?

- An abdominoplasty reduces excess skin from your abdomen following major weight loss.
- It may also help to tighten abdominal muscles, which have become weakened over a period of time.

Are there any alternatives?

There are no alternative treatments which the plastic surgeons can offer you.

Are the risks associated with an abdominoplasty?

In the majority of cases this operation is carried out very successfully with good cosmetic results. However as with any operation, there is a chance of side effects or complications. Below is a list of complications that can occur following an abdominoplasty. This list of complications is not intended to put you off having the operation, but you need to be aware of any potential complications before you consent to having surgery.

and feel able to perform an emergency stop; this could be up to six weeks following surgery. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

You should not go back to work until instructed by your surgeon. This could be four to six weeks depending on your job. You will be given details on when you can resume activities. Please ask if you need a doctor's certificate for your work, should you need follow up certificates you should see your GP.

You may resume sporting activities approximately six weeks after your surgery; however you should stop if you experience pain or discomfort during the activity.

Sexual activities can be resumed once your bruising and swelling have subsided however you can discuss this with the surgeons before your operation.

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Follow up

Your dressings will be changed after seven to 10 days, in the Plastic Surgery Dressings Clinic, which is located on Stepney Way at the Royal London Hospital. Any staples or stitches will be removed in dressing clinic, usually within two weeks of your operation. You may have dissolving stitches that do not need to be removed. You will require dressings until your wounds have healed. Once your wounds have healed you should massage your scar regularly with a bland oily based cream such as E45 or Aqueous cream as this may help it to settle down and relieve itching.

You will be sent an appointment to see your consultant in the out patients department at approximately three months following surgery.

What else can go wrong?

It is normal to have some bruising, swelling and tenderness around your abdomen for several weeks following the operation. However if you suffer from any of the following symptoms after your discharge from hospital you should telephone the Plastic Surgery Dept. for advice, or the ward you were treated in:

- Persistent or increasing levels of pain
- Fever and increase in temperature
- A feeling of heat in your abdomen
- Redness or swelling of your abdomen
- Tiredness or fatigue that lasts longer than three weeks
- Shortness of breath or pain when you breathe in deeply.

When can I resume normal activities again?

You should not drive until you can wear a seat belt comfortably

Bleeding

During or soon after the operation you may experience bleeding from your wound, which can result in a collection of blood (called a haematoma) beneath the wound site. Should this occur you could experience excessive pain and swelling in your abdomen. Healthcare staff will assess this and will offer you painkillers to alleviate this. The collected blood may need to be removed in the operating theatre; this may mean having a small procedure.

Fluid collection beneath the wound

There is a risk that fluid may pool beneath your stitch line after surgery (this is called a seroma). A seroma can occur at any time after the operation. This fluid is usually re-absorbed by the body over a period of time. There are situations in which a doctor may need to remove the fluid using a small needle and syringe if the seroma causes pain and discomfort. In some cases the fluid can collect again so this procedure may need to be done more than once. This happens on occasion and the plastic surgeons will discuss the risks of a seroma with you before your operation.

Wound breakdown

Wound breakdown can occur following surgery. Often there is some delay in healing of the stitch line. However; in rare cases the stitch line may not heal properly and the wound may breakdown or gape open. As a result, dressings will be required for prolonged periods and a further operation maybe needed to hasten healing and/or minimise the distortion that this complication can sometimes cause.

Loss of skin from your abdomen

During the operation cuts are made through the skin and fat of your abdomen. This tissue always requires a very good blood

supply. Sometimes the blood supply to the skin is disrupted and becomes inadequate. This means some of your skin may not be viable causing another wound on the surface of your abdomen (this is called skin necrosis). Should this happen healing to your wound will be delayed and extra scarring may occur. You may also need further surgery to correct the problem; this may include a skin graft operation at a later date.

Umbilical necrosis

During the operation your umbilicus (belly button) will need to be repositioned. There is a small risk that by repositioning the belly button all or part of the skin of your belly button to die. If this happens healing will be delayed and you may need another operation to correct the problem.

Asymmetry of the umbilicus and scarring

During an abdominoplasty operation your surgeon will need to reposition your umbilicus (belly button). There is a risk that your umbilicus may not be placed centrally on your abdomen (as it was before your operation).

Some degree of asymmetry of your scar may also be evident. If you are concerned about asymmetry after your scars have had at least 12 months to settle you should discuss this with your surgeon.

Wound infection

A wound infection can occur at any time following surgery. If your wound becomes infected you may need treatment with antibiotics or you may require hospital admission for further surgery to drain and treat the infection. Signs and symptoms of wound infection can include increased swelling, redness, fluid leakage and increased pain in your abdomen.

attached to the tube. These drains will be removed once there is only a small amount of fluid collected over 24 hours. This can take several days.

Your dressing will normally be left in place for up to 10 days unless it becomes wet, in which case it may be changed earlier.

You are encouraged to get up on the day after your operation to help prevent the formation of any blood clots in your legs. You will be asked to walk in a 'stooped' position or with your back bent over for a few days to reduce the strain on your stitches.

How long will you stay in hospital?

Normally you can expect to be in hospital for three to five days after your operation; however this depends on when your drains are removed.

What happens when I go home?

You are normally prescribed a weeks supply of painkillers to take home. If you need a further supply you should contact your own doctor. (GP)

When you are discharged from hospital you should keep fairly mobile but avoid any movements that cause straining or stretching to your abdominal muscles and wound.

You do not need any special care at home, however if you have small children it may be advisable to arrange for someone to help you to care for them.

Please do not use a hot water bottle to relieve abdominal discomfort at any time after your operation, as there is a chance this can damage your operation site and can potentially leak very hot water onto your wound.

drinking for a period of time, the nursing staff will advise you of when this will be.

Please have a bath or shower before your operation. If you have any questions or concerns about your operation please ask a member of the nursing staff for assistance.

What happens after the operation?

The operation will take about one to two hours to complete however; you will be in the operating department for longer than this to allow time for recovery. When you wake up from your operation you will be lying in a 'jack-knifed' position; this means that you will have pillows under your knees, keeping your hips and knees bent to reduce the tension on your abdomen. You will be asked to sleep with your hips and knees in this position for several days following your operation to reduce the strain on your stitches.

You should not lie on your sides or stomach as this will cause discomfort and will put pressure on your stitches

The nurse looking after you will regularly check your wound, drains, blood pressure and pulse after you return from theatre. There will be bruising, swelling and discomfort following your operation however you will be offered pain relief either by injections, tablets or a patient controlled pain relief pump.

You may have a drip, usually in your hand or arm, to replace any fluid lost during your operation. You may lose blood during your operation; sometimes you may need a blood transfusion to replace this. Alternatively, you may be prescribed iron tablets to correct any associated problems.

You will also have a dressing over your wound and there will usually be a drain (tube) coming out of either side of your abdomen, these drain away any excess blood into a bottle

Excess or abnormal scarring

You will have a permanent scar which you will be able to conceal with clothing. Your scar can sometimes improve over a period of 12-18 months following surgery however; some people for unknown reasons develop raised, red and lumpy scars. Unfortunately this is largely beyond the control of the plastic surgeons. The chances of this occurring are greater if you have already developed thickened scars following accidents or operations elsewhere.

Anaesthetic risks and complications

Your operation will be carried out under a general anaesthetic. Your anaesthetist will give you more information about your anaesthetic and will discuss any risks and complications with you prior to your surgery.

Chest infection

A chest infection can occur following any general anaesthetic. You can help to reduce the risk of this happening by taking regular deep breaths following surgery and getting up and sitting out of bed as soon as you are well enough.

If you smoke you can reduce the risk of a chest infection by stopping smoking for at least a month prior to your operation.

Dog-ears

Once your wounds are healed you may notice an excess of skin at either end of the stitch line, these are known as dog-ears. If these have not settled down after 12 months, it is best to discuss further management with your surgeon. An operation may be necessary to correct this.

Altered sensation in your thigh and abdominal skin

You may experience some numbness in the lower part of your abdomen and thighs after this operation. In the majority of people this numbness reduces over a period of 12 months following surgery. Sometimes a small number of people may experience permanent numbness of their skin following abdominoplasty.

Deep vein thrombosis (DVT)

This is a blood clot that arises in the deep veins of the leg. A DVT can occur if your mobility is restricted or if you are inactive for a time following your operation. While you are in hospital you will be given injections that help to prevent this from happening.

You can reduce the risk of deep vein thrombosis by wearing the elastic stockings supplied during and after your operation and moving your legs about whilst you are in bed. Getting up and walking as soon as you are well enough may also reduce the risk of a DVT.

Pulmonary embolism (PE)

This is a portion of blood clot that has become lodged in a small blood vessel in your lung. It can cut off some of the blood supply to your lung causing shortness of breath or pain when you breathe in deeply. PE is a serious complication of surgery. You can reduce the risk of PE by following the advice for the prevention of DVT listed above.

Oral contraceptive pill

If you take the oral contraceptive pill or HRT you may be contacted by the hospital and asked to stop taking them. If you do stop taking the pill remember to use some other method of contraception to avoid pregnancy. If you do not hear from the hospital, then continue to take your medication as normal.

Before the operation

You may be asked to attend a pre-assessment clinic at the Royal London Hospital. At the pre-assessment clinic you will be asked questions about your health and investigations such as blood tests may be carried out. If you are not asked to attend the pre-admission clinic you will have any pre-operative investigations carried out on your admission to hospital.

Photographs may be taken of your abdomen for your medical records and you will be asked for permission for the photographs to be taken.

How do I prepare for my operation?

If you are overweight you will be asked to reduce your weight to within normal limits for your height. You will need to achieve this weight reduction before admission to hospital. If you need help to reach your target weight your GP may be able to refer you to a dietician.

If your GP prescribes aspirin, ibuprofen or other medications that can cause bruising or bleeding such as Clopidogrel or Warfarin, you may be asked to stop taking these for a period of time before your operation. These medications may increase the risk of bleeding during and after your operation. Your surgeon will advise you about this when you see him / her in clinic. If you do not hear from the hospital, then continue to take your medication as normal.

What happens when I come into hospital?

A doctor will make sure that you are informed about the nature of your surgery and the possible complications. He or she will ask you to sign a consent form agreeing to the surgery.

On the day of your operation you will need to stop eating and