WPRS

Warrnambool Plastic & Reconstructive Surgery

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this issue

Let us answer some questions you may have

- **What does Breast reconstruction involve?**
- **What are some of the myths and facts about Abdominoplasty?**

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Abdominoplasty: Myths and facts

Abdominoplasty ("tummy tuck") is often thought of and seen as a cosmetic procedure. Whilst it does have the benefits of improving the appearance of the abdominal wall it also has many other benefits for the patients.

Many patients presenting for an abdominoplasty present with discomfort from lower abdominal skin over hang, low self- esteem as they are unable to fit in to clothes they wish to wear, intertrigo, and weakness of anterior abdominal wall secondary to divarication of their rectus muscles. An abdominoplasty will not only rectify the excess of skin but will also tighten the underlying rectus muscles decreasing bulge and improving strength.

It is currently recommended that patients have a BMI less than 30 before undergoing an abdominoplasty as this decreases their rate of complications. However, some people are never able to achieve this BMI and most people up to a BMI of 35 would be considered as long as there weight was stable and had few medical commodities (e.g. non diabetic, non-smoker).

Liposuction is often considered as an alternative to abdominoplasty. Whilst liposuction is great for sculpting, it does not rectify the excess of skin or divarication of the rectus.

Recovery is variable amongst patients. Hospital admission post operatively is between two and three days. We ask patients to take the first week very easy and then gradually increase their activity. Most people would return to work and driving at four weeks and return to full exercise at six weeks

At WPRS we offer abdominoplasty at St John of God hospital. Unfortunately this procedure is not offered in the public due to prohibitive waiting lists and restrictions from the government with placement of these patients on public waiting lists.

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Breast reconstruction: what does it involve?

Breast cancer affects 1 in 9 women during their lifetime. Breast cancer affects women not only physically but also psychologically with issues regarding body image. Current figures suggest that 70% of ladies undergoing a mastectomy will have some form of reconstruction. Given that prophylactic mastectomy is becoming more common for BRACA positive patients, rates of breast reconstruction are increasing significantly.

The topic of breast reconstruction can become quite confusing when all the different options are considered. However, breast reconstruction can generally be broken down in to immediate vs. delayed and autologous (DIEP/TRAM flap, latisimus dorsi flap) vs alloplastic (Implant reconstruction).

Immediate reconstruction is generally reserved for patients with non-malignant disease (Prophylactic BRACA gene patients). Delayed reconstruction occurs for patients with malignant disease. Most commonly for patients with malignant disease wishing to have a reconstruction in the future, a tissue expander is placed in at the time of mastectomy to maintain a skin envelope. This results in a better definite reconstruction in the future once the oncological treatment has been completed. Hence, the need for an early consultation with a plastic surgeon pre-mastectomy.

The type of reconstruction is dependent on many factors; however it can generally be divided in two types. Alloplastic reconstruction with implants is still the most common form of reconstruction undertaken. However, this is not suited to some people especially if they undergo radiotherapy. Autologous reconstruction (TRAM/DIEP) flap is considered the gold standard by many. This however is dependant on the patient having adequate tissue on their abdomen to enable a breast to be created.

Over the coming newsletters, I will discuss in more detail the types of reconstruction and management pathways for breast reconstruction.

HAND THERAPY AT WPRS

At WPRS, we have qualified and experienced hand therapists working from our rooms 5 days per week. Working in conjunction with us to provide our patients with treatments for hand and upper limb problems to help achieve their best possible outcome.

Common conditions our therapists treat are:
Fractures and dislocations, Carpal tunnel syndrome, Trigger finger, Osteoarthritis, Dupuytrens disease, DeQerveins tendonitis, Mallet fingers and Burns and scars,