



Warrnambool Plastic & Reconstructive Surgery

Abdominoplasty

Abdominoplasty is a surgical procedure to remove excess skin and fat from the abdomen and to tighten the muscles of the abdominal wall. A variety of different techniques are used by plastic surgeons around the world to achieve the desired outcome and these techniques may be combined with other surgical procedures such as liposuction to achieve the best possible outcome.

The aim is to achieve an aesthetic abdominal wall shape with a well-hidden scar, not weight loss. In fact people with a Body mass index (BMI) >35 will be asked to lose some weight before they are considered for an abdominoplasty. Your weight should also be stable, as fluctuations in weight will alter the final outcome.

There are a number of abdominoplasty techniques that you may have read about. Some examples include:

- Extended abdominoplasty
- High lateral tension abdominoplasty
- Mini abdominoplasty

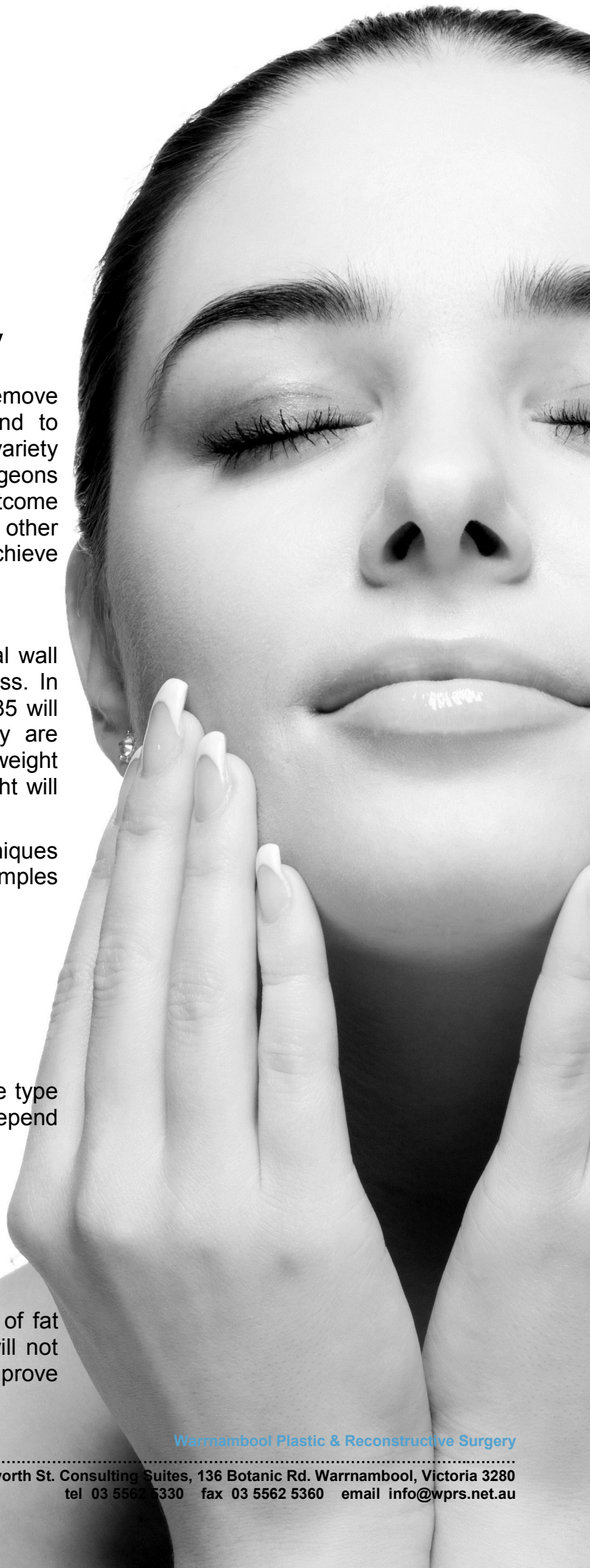
These all aim to achieve the same result. The type of abdominoplasty recommended to you will depend on your body shape.

Alternative Options to Abdominoplasty

Liposuction: is useful for localised deposits of fat in people with good skin tone. Liposuction will not improve skin tone, reduce excess skin or improve your abdominal wall strength.

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Post-Operative Course

Post operatively you will have a scar that runs from your hip bone on each side and in some cases you may have a small vertical scar. In addition if your umbilicus has been moved you will also have scar around it. There will be two drain tubes in your abdomen and you will have some compression on your abdomen.

You will sit out of bed and mobilise on day 1 post operatively and be asked to perform deep breathing and coughing exercises. Your abdomen may feel tight but this will improve over one to two weeks.

Pain post operatively will depend on the extent of the procedure and whether your abdominal wall has been tightened or liposuction has been performed. Your anaesthetist will ensure that you are comfortable. Pain will improve significantly as time goes on and you will be discharged with pain relief as required.

Your expected hospital stay will be 2-3 days depending on your comfort level. There will be some swelling and bruising post-operatively. This will continue to improve over time however it will take approximately 3 months to achieve your final result.

With regards to physical activity post operatively you will be required to rest for 2 weeks. After this period you may increase your activity level, however it will be 6 weeks before you can exercise or lift heavy objects.

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions or concerns we encourage you to ring WPRS to discuss these either with Mr Toma or the dedicated team of nurses at WPRS.

I have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Signed.....

Potential Risks of Surgery

- **Bleeding:** bleeding after surgery is usually minor. Rarely may you bleed enough to require a return to theatre to drain the blood and stop any bleeding.
- **Infection:** uncommon, however if it occurs antibiotics may need to be commenced.
- **Wound separation:** is uncommon, however small areas may break down and require dressing or revision surgery.
- **Scar widening/hypertrophy:** this can occur with any scar. At WPRS we will provide careful follow-up to monitor and manage any elevated or thickened scars.
- **Uneven scar & umbilicus:** Every effort will be made to ensure that you obtain an even scar, however small irregularities may occur.
- **Loss of umbilicus:** a rare complication that is avoided by not placing excessive tension on your umbilicus
- **Contour deformity:** Although we aim to obtain a perfect shape to match your body small irregularities may occur.
- **Seroma:** Fluid may collect under the abdominal skin. If this occurs it will need to be drained at WPRS.
- **Numbness on lower abdominal wall:** This improves over time, however a small area may remain numb permanently.
- **Fat necrosis:** may result in small firm areas on your abdominal wall. This often improves and resolves with time.
- **Anaesthetic complications:** sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.
- **Deep venous thrombosis (DVT)/pulmonary embolism (PE):** risk of a DVT is 1 in 100 with procedures such as an abdominoplasty. These rarely can be fatal if they become a PE. Special precautions are taken in hospital to avoid this including calf compression devices, anticoagulant injections and early mobilisation.

