

Abdominoplasty - The Tummy Tuck

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Abdominoplasty or "tummy tuck" is a cosmetic surgery procedure to reshape and firm the abdomen. It involves the removal of excess skin and fat from the middle and lower abdomen in order to tighten the muscles of the abdominal wall. This type of surgery is usually sought by women (who are not considering having anymore children) and individuals who have abdominal fat deposits which do not respond well to diet and exercise.

There are two broad varieties of abdominoplasty:

- Complete. Requires from about two to five hours

- Partial. Requires from about one to two hours

{mosgoogle}Indications for Abdominoplasty Surgery

For individuals who have excess skin or weakened abdominal muscles due to age, pregnancy or obesity. Abdominal muscle diastasis (a separation of the vertical abdominal muscles) can be corrected with plication [the tightening of stretched or weakened bodily tissues or channels by folding the excess in tucks and suturing] of the rectus abdominus sheath/fascia. Abdominoplasty surgery is beneficial in helping these individuals obtain a tauter, slimmer waist and flatter abdomen.

In some cases, abdominoplasty is not needed and only suction-assisted lipectomy can improve the fatty pooch of the abdomen. Also endoscopic abdominoplasty may be an option for those who need more than just abdominal liposuction.

Am I A Candidate For Abdominoplasty?

First and foremost, an individual must be in good health, not have any active diseases or serious, pre-existing medical conditions and must have realistic expectations of the outcome of their surgery. Communication is crucial in reaching one's goals. You must be able to voice your desires to your surgeon if he/she is to understand what your desired results are. Discuss your goals with your surgeon so that you may reach an understanding with what can realistically be achieved.

You must be mentally and emotionally stable to undergo a cosmetic procedure. This is an operation which requires patience and stability in dealing with the healing period.

There is sometimes a lull or depression after surgery and if there is already a pre-existing emotional problem, this low period can develop into a more serious issue. Please consider this before committing to a procedure. If the above describes you and you have the desire to rid yourself of loose sagging skin of the abdominal area, you may be a good candidate for Abdominoplasty.

Normally women seek this procedure after pregnancy # although it is advised to wait until you are finished having children to have this procedure as the skin and muscles can get stretched out again as well as the dangers of your newly taut skin, and incision line not being unable to accommodate another pregnancy.

Also, if you are considering losing weight you should wait until after your desired weight is met. You may need additional surgery to remove the excess skin after you have lost the desired weight which would mean that the money spent on the previous abdominoplasty would be wasted and your skin can only be stretched so much.

Incision Placements, Types & Their Resulting Scars

This is not a scar-free surgery; in fact the scars may be quite severe depending upon the amount of skin needed to be removed, your body's ability to heal, if you scar well, the skill of the surgeon and the technique utilized. Most surgeons choose to offer their patients lesser scarring techniques that leave a well-hidden horizontal or a slightly bowed scar which can be covered by a standard bikini. Some may feel the need to place your incision higher. In most patients with moderate to severe redundant skin, there will be a need for the creation of a new navel (called sometimes a "neo-navel"). If you are a candidate, perhaps only endoscopic incisions will be needed. or a small suprapubic incision (directly above the pubis). Be sure to discuss the incision types, techniques and placements with your surgeon at your consultation.

Endoscopic Abdominoplasty

Endoscopic surgery is becoming very popular, the same goes with less invasive endoscopic abdominoplasty. For those of you who have weakened muscles of the lower abdomen, excess abdominal fat, yet still have relatively tight abdominal skin, an endoscopic abdominoplasty may be an option for you. If you have loose skin, this procedure will not suffice in tightening the loose skin on your stomach.

An endoscopic abdominoplasty is performed with the help of small camera, called an endoscope, which is attached to the surgical instruments. The procedure is performed with the use of these instruments through a small incision, usually suprapubic incision (above the pubis) or in the umbilicus (navel). The muscles are tightened and sutured through this incision with the help of the endoscope guiding the surgeon's eye. The fat is also removed using liposuction and after a drain is placed, the incision is closed.

Although not as invasive as full abdominoplasty surgery, it does require recovery time and usually, a drain. A drain is left in the incision in case of fluid build up. When excessive fluid builds up in the abdomen, and if it can not drain properly this can cause complications which may require manual aspiration with a syringe or even additional surgery. You will still feel slight to moderate discomfort post-operatively and will experience swelling as well. This is all a part of the normal healing process involved in regaining a tighter tummy.

Just remember that you must think ahead for the future and potential for rectus muscle diastasis is more probable in women than in men. In men, rectus diastasis without skin laxity is more likely in men in their 40's. It seems that in some studies endoscopic abdominoplasty was more beneficial to male patients with rectus diastasis rather than women. However, regardless of your gender if you still have generally taut skin, but rectus diastasis, you may be a good candidate for endoscopic abdominoplasty. Please look at the diagram below, it will launch in a new window for your convenience. The first diagram depicts a cross-section of a normally-spaced rectus abdominus and its sheath. In the next diagram, the blue arrows depict what happens when rectus diastasis exists. The rectus muscles become farther apart due to the stretching of the sheath/fascia and are unable to regain its former tautness.

{mosgoogle}Mini-Tummy Tuck; Partial or Modified Abdominoplasty

This procedure is for patients who need skin and fat removal only and no "new" navel placement. Tightening of the muscles can be performed with the mini-tummy tuck incision but if this is done it is usually not considered a mini. You may hear of your abdominal muscles being referred to as "being blown" (stretched out to no return) but the patient has mild to moderate skin laxity. The mini tummy tuck is like a level between endoscopic and dermolipectomy. Just remember that the mini-TT usually results in a shorter scar.

Dermolipectomy

Dermolipectomy is the removal of redundant skin and excess fat but requires repositioning of a new belly button. The process of incision placement, fat removal and skin excision remains the same but there is no muscle tightening. It is for patients who have a higher level of skin laxity than mini-tummy tuck candidates.

Full Abdominoplasty

This technique is the most invasive and is generally reserved for patients who have very lax muscles and excess amounts of skin to be excised. Be warned though as there are many patients who need one of the above or a modified combination of the above with abdominal liposuction and NOT the full abdominoplasty. Be sure to consult around and to better determine all of your options.

In the full abdominoplasty a new navel will be made as the original one will more than likely be pulled down and that section of the abdominal flap excised. Some patients may need a vertical incision at the navel area in cases which require more than moderate, yet less than considerable laxity around the umbilicus.

There is more pain and swelling, as well as bruising in patients who have undergone this procedure due to the amount of work to be performed for proper correction. However all individuals are different and may experience varying degrees of discomfort.

Reverse Abdominoplasty

An uncommon procedure, the reverse abdominoplasty can be used in conjunction with breast reduction or mastopexy (breast lift) and for patients who have skin laxity above the umbilicus. The incision is made along the mammary fold in an inverted V fashion and pulled up as if you had waders on and sutured. Rectus diastasis may be tended to with reverse abdominoplasty but in cases where the umbilicus is left unanchored, a floating navel can sometimes be a problem. There are pros and cons to each technique (including floating umbilici) so check with your surgeon for what is best for you. Not many surgeons offer the reverse abdominoplasty.

Vertical Scar Abdominoplasty; or Fleur-de-lis

This technique combines the use of a lower abdominal transverse incision with a midline vertical incision up the abdomen. The vertical length varies from case to case and surgeon to surgeon. Some patients may need more skin excision, some less, However this technique is usually reserved for those who need substantial skin excision and waist tightening.

Your Consultation Appointment

Once you have researched several surgeons, you will make consultation appointments. The consultation appointment is ultimately designed to interview the surgeon and discuss, in his/her opinion, what your options are. Not all surgeons are going to offer the same techniques, have the same opinions, nor have the same aesthetic preferences. It is usually best to get at least 3 opinions.

At this appointment you will possibly bring a list of questions you have prepared to ask the surgeon, photos of what you like or do not like, and discuss any concerns you may have. You will also discuss the available anesthesia that the surgeon prefers for this procedure.

You will also discuss the available anesthesia that will be used for your procedure. Most abdominoplasty procedures are performed under either General or Light Sleep Sedation. Either way, discuss this beforehand as many people are not aware of the risks of Anesthesia. If you do go under Deep General, ascertain that the anesthesiologist is certified. Please read the All About Anesthesia Page # the risks regarding anesthesia should be considered for a fully informed choice.

You may or may not choose to book a surgery with this surgery but if you do, you are more than likely expected to place a deposit down to hold your surgery date. You will then possibly make an appointment for preliminary blood work, and probably even a pre-operative appointment.

Risks & Complications Associated With Abdominoplasty

Abdominoplasty is a pretty serious surgery. It has its wonderful benefits but not without risks. Firstly, Abdominoplasty must be performed while sedated or at least with some form of anesthetic. Anesthesia has its own set of risks so please read the Anesthesia Information section thoroughly.

There are more risks with this operation due to the fat and its surrounding tissues becoming necrotic (dead tissue). If the fat becomes necrotic from lack of blood supply, the fat tends to turn orange-ish clear and drain from the incision. Although this is very normal to have fluid this color drain from the incision. There will be fat damage, there will be fluid retention, and there will be blood-tinted drainage. Drainage and/or excess fluid will be a normal occurrence and is actually necessary for proper healing. So do not be alarmed by any drainage unless it has a very foul odor or is greenish-white or is draining excessively.

If the tissue becomes necrotic, that's a whole other issue. You must have the tissue removed before a major infection develops, possibly causing gangrene. Although this is very rare and there are precautions you can take, such as not smoking, proper wound care and proper surgeon selection. There is also the possibility of infection, excess fluid, hematoma and Thromboemboli.

Pulmonary Thromboemboli is quite rare but very serious. A thromboembolus is a blood clot and this blood clot can break free and travel to the lungs resulting in pulmonary Thromboemboli. This can put a patient into adult breathing distress and subsequently into cardiac arrest or coma - leading to the patient becoming 'brain dead' shortly thereafter or in a vegetative state from loss of oxygen to the brain. Pulmonary Thromboemboli can happen within three (3) weeks of the surgery but will most likely show symptoms of shortness of breath and fatigue within the first 72 hours. However, pulmonary Thromboemboli can occur suddenly, without warning. Most patients with P.E. (not to be confused with pectus excavatum) collapse and begin rapid deterioration after attempting to climb a flight of stairs. You can lessen the risk of Thromboemboli by beginning moderate exercise or at least walking as soon as possible. This prevents blood clots from forming.

"Dog ears" are also a possibility. This is when the suture line ends have little tags or triangles of skin from poor incision judgment. Sometimes this is prevented by suturing the patients incision while in a partial upright position. This can be remedied after the fact by removing the tags and re-suturing the smaller incisions. If this should occur, dog ear removal can be done under local only, in-office.

Sometimes Liposuction is also performed with Abdominoplasty. The risks are a little higher when liposuction is performed in conjunction with Abdominoplasty. Even with the ultrasonic technique, patients have been known to receive actual burns from the ultrasonic technique. The fat is actually melted within the body by 'exciting' the fat molecules with high frequency radio waves and is suctioned out.