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INFORMATION BROCHURE

ABDOMINOPLASTY

INTRODUCTION & DEFINITIONS

Imperfections of the abdominal wall may be particularly distressful, both functionally and psychologically. To correct them, several techniques exist, and the one chosen for your case will depend on several factors, including your skin condition, the extent of the fat and skin excess, abdominal muscle tone and general morphology. Globally, they include: Isolated liposuction

Liposuction removes excess fat. The advent of liposuction has transformed plastic surgery of the abdominal wall :it has reduced invasiveness and scarring.

Please refer to the information brochure on liposuction for more information.

Abdominoplasty (tummy tuck) & dermolipectomy

In the case of significant skin damage (sagging, loss of tone, distension, stretch marks, scars, etc.) or muscle wall alterations (relaxation, diastasis, hernias, etc.), isolated liposuction will be insufficient, and abdominoplasty or dermolipectomy will be necessary.

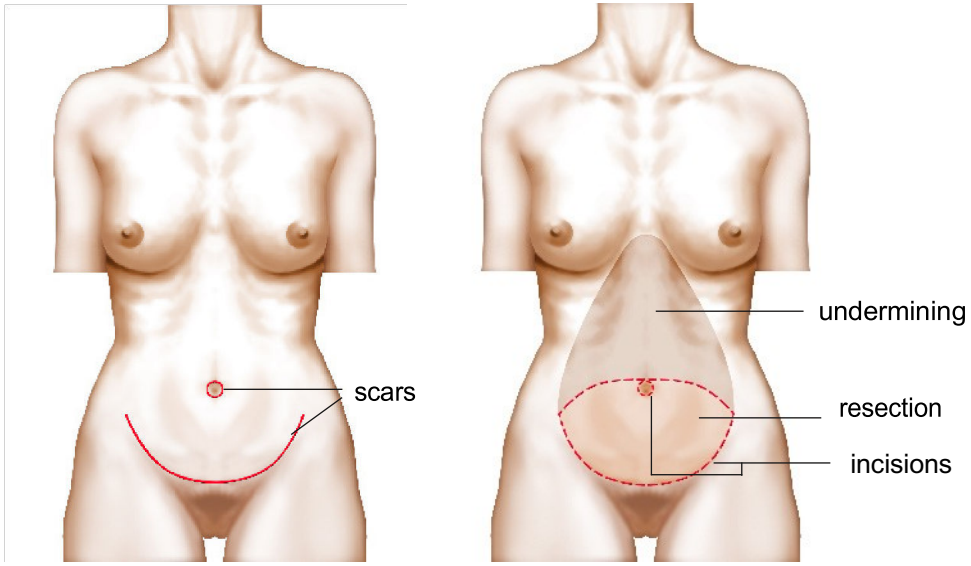
Abdominoplasty aims to remove excess and damaged skin and fat and to tighten the underlying muscles and surrounding skin to create a more toned look.

Dermolipectomy removes skin and fat from the abdomen but does not tighten the muscles. It is indicated for slender women who have wrinkly or excess skin but good muscle tone. The scar is the same as an abdominoplasty.

ABDOMINOPLASTY

Although it is a fairly heavy intervention, it has fully benefited from many technical improvements in recent years, including: lighter anesthesia, high-superior-tension techniques, suturing perfection and progress in dressings and garments. This know-how has significantly reduced the risks of the surgery and its postoperative effects, and has improved the quality of the results including scar discretion. These improvements have opened up the possibility to treat lighter cases which, in the past, could have been more challenging.

Abdominoplasty can be combined with additional procedures during the same operative time, such as liposuction (which is frequently the case) to treat localized fat overload or specific interventions to correct lesions of the underlying abdominal muscles (diastasis, hernia).



If there is overweight, it should be corrected as best as possible (partially or totally) prior to the surgical procedure (concept of weight contract). This will improve both the safety of the operation and the quality of the results.

Surgical techniques

Although each surgeon adopts a technique that is unique to him or her and that is adapted to each case for best results, some common principles concerning the different abdominoplasty techniques can be retained:

Classic (or extended) abdominoplasty

This is the most commonly performed abdominoplasty and it involves removing a large paddle of all or part of the region between the umbilicus and the pubis. The distended muscles are put back in tension. The skin located above the umbilicus is then draped downwards to rebuild an abdomen of quality skin. A “padding” technique can be performed, which involves reattaching this new skin on the underlying muscular wall. This improved tension (especially in the upper region) and decreases the space between tissues thus limiting the risk of effusion. Concerning the umbilicus, it is preserved during the surgery and replaced to its normal position through an incision made in the lowered skin.

This surgery always leaves a scar which varies in length and discreetness depending on the extent and location of the tissue paddle removed. Generally, the scar is located along the pubic hairline and extends in varying degrees into the groin folds. Its length and location is predictable before the operation, and since the scarring ransom remains one of the main drawbacks of the operation, the patient will be fully informed about it.

An extended abdominoplasty may be covered by health insurance in certain cases and under certain conditions.

Mini (or localized) abdominoplasty

If the paddle of tissue to be removed is less significant, we can sometimes offer a localized abdominoplasty where scar ransom is reduced. In this case, the umbilicus is not transposed, but slightly lowered.

Health insurance does not cover this procedure.

BEFORE THE OPERATION

Consultation

A consultation and a careful physical examination will be carried out by your surgeon to note all important parameters that need to be taken into account before the operation. You will discuss and agree on the operation strategy. Your surgeon will also explain the likely outcomes and potential complications (see below). Finally, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

Preparation

In preparation for the intervention, a preoperative blood test may be required. You will also have a consultation with the anesthesiologist, at the latest 48 hours before the operation.

You should avoid taking aspirin within 10 days of the operation because it can increase bleeding. You should also stop smoking.

Stopping any oral contraception may be required, especially in the event of associated risk factors (obesity, poor venous condition, coagulation disorder).

A skin preparation using antiseptic soap will be recommended the day before and the morning of the procedure.

It is essential to have an empty stomach (do not eat or drink anything) 6 hours before the operation.

Smoking : Scientific data is currently unanimous on the harmful effects of smoking in the weeks surrounding surgery. These effects are multiple and can lead to major scarring complications, surgical failures and promote implant infection. For procedures involving skin manipulation such as abdominoplasty, breast surgeries or neck and face lifts, tobacco can also be the cause of serious skin complications. Apart from the risks directly related to the surgical procedure, tobacco can be responsible for respiratory or cardiac complications during anesthesia. With this in mind, the community of plastic surgeons requests complete smoking cessation at least one month before the operation and during the healing phase (usually 15 days after the operation). This also applies to electronic cigarettes.

THE OPERATION

Hospitalisation modality

Classic abdominoplasty requires 2 to 3 days of hospitalization, while mini-abdominoplasty requires 24 hours, sometimes on an outpatient basis.

Type of anesthesia

Classic abdominoplasty will require general anesthesia during which you sleep completely. A mini-abdominoplasty can be done under either general or local anesthesia with sedation.

Duration of surgery

Classic abdominoplasty typically lasts between 1.5 to 3-5 hours, while mini-abdominoplasty typically lasts 1.5 to 2.5 hours.

Dressings & Garments

At the end of the operation, a modeling dressing will be made, associated with a compression garment.

AFTER THE INTERVENTION

Dressings should be worn for a fortnight after the operation, and the compression garment for a recommended 3 to 6 weeks, day and night.

Postoperative pain will be variable, but generally bearable with appropriate treatment. It will most likely be felt as abdominal cramps with discomfort on deep inspiration.

It will be necessary to plan a leave off work for 2 to 4 weeks. Physical activity may be resumed gradually from the 6th postoperative week.

The scar will often be pinkish for the first 2 to 3 months. It will then start to fade after the 3rd month and continue to do so gradually over the next 1 to 3 years. Avoid exposing scars to the sun or to U.V. for 3 months.

THE RESULT

The result cannot be fully appreciated until a year after the operation. Therefore, it will be necessary to have patience the time the scars heal and to attend your follow up consultations which will take place approximately every 3 months for 1 year.

You can expect the scar to be easily hidden by classic underwear or swimsuits. Indeed, while scars fade over time, they do not disappear completely. In this regard, although it is the surgeon who performs the sutures, the patient is the one that creates the scar.

Beyond the aesthetic improvement, abdominoplasty provides patients with a marked improvement in physical function, comfort and psychological well-being. These may in turn help the patient adjust their weight balance.

The goal of this surgery is to improve, and not to achieve perfection. If your wishes are realistic and you are ready to accept the scarring ransom, you should be very satisfied with the result.

Result imperfections

More often than not, a correctly indicated and performed abdominoplasty provides a very satisfactory result in accordance with what was expected. However, this surgery remains important and delicate, for which neither the quality of the indication nor the rigor of the operative gesture can in any way protect from possible imperfections or complications.

Localized imperfections are possible and not uncommon; however, these do not constitute real complications:

- The scar, which is sometimes a little too visible, adherent, asymmetric or ascendent, and can, in some cases, become enlarged or even keloid.
- The umbilicus may be imperfectly exteriorized and may have lost some of its naturalness.
- A small excess skin laterally
- Finally, in the event of excessive tension at the edges of the suture, pubic hair may rise.

These result imperfections can generally benefit form a surgical touch-up under local anesthesia or local anesthesia deepened with sedatives on an outpatient basis but usually only after the 12th postoperative month.

POSSIBLE COMPLICATIONS

Abdominoplasty, although performed for partly aesthetic reasons, is nonetheless a true surgical intervention. Therefore, like all operations, whether major or minor, it involves risks and potential complications. Indeed, surgery remains particularly subject to the hazards associated with living tissue, the reactions of which are never entirely predictable. Fortunately, serious complications remain rare and the postoperative effects are generally straightforward. Complications may be related to the anesthesia or to the surgical procedure.

Complications related to anesthesia

The anesthesiologist will inform the patient of the anesthetic risks during the compulsory preoperative consultation. You should be aware that anesthesia induces certain reactions in the body that are sometimes unpredictable and more or less easy to control. However, having a competent anesthesiologist in hand and a qualified surgical context, the risks of complications are statistically very low. It should be kept in mind that the techniques, anesthetics and monitoring methods have made immense progress over the last thirty years, offering optimal safety,

especially when the intervention is performed in an elective setting and in a healthy person.

Complications related to the surgical procedure

These risks are limited when your plastic surgeon is qualified and competent and has had adequate training for the specific operation. In practice, the majority of abdominoplasties do not experience complications, the postoperative effects are well tolerable, and patients are fully satisfied with their results. However, abdominoplasty remains one of the heavier surgeries in plastic surgery and will never be completely free from possible complications, so you should still be aware of them:

- Thromboembolic accidents (phlebitis, pulmonary embolism) : Although generally quite rare, are among the most serious. Strict preventive measures must be followed to minimize their incidence, such as compression stockings and early mobilization. An anticoagulant treatment is also frequently instituted.
- Hematoma : Although quite rare, if it does happen, it may need to be evacuated in order to avoid secondary deterioration in the aesthetic quality of the result.
- Infection : Infrequent but will require surgical drainage and antibiotic treatment if it occurs. It can sometimes leave aesthetic consequences.
- Effusion : It is not uncommon to observe by the 8th postoperative day effusion associated to lymphatic flow and fat oozing. Compression is one of the best ways to prevent its occurrence. Effusions must sometimes be punctured, and they usually dry up without any consequences.
- Delayed wound healing : This phenomenon may occur, and in particular in patients whose skin is very damaged or scarred. Delayed wound healing will lengthen the postoperative period.
- Skin necrosis : It is sometimes observed, but, as a rule, remains limited and localized. Significant necrosis is rare. Necrosis is much more common in patients who smoke, especially if smoking cessation has not been strictly followed. Prevention of necrosis is based on a well-defined indication and on carrying out an appropriate and careful technical gesture to avoid any excessive tension at the level of the sutures.
- Alterations in the sensitivity, in particular in the subumbilical region, is frequently observed. Normal sensitivity most often reappears within 3 to 12 months after the abdominoplasty.
- Finally, if liposuction or a cure for diastasis or umbilical hernia were performed, a few extremely rare cases of digestive perforations have been reported in the international literature.

CONCLUSION CONCERNING PLASTIC AND AESTHETIC SURGERY OF THE ABDOMINAL WALL

Plastic and aesthetic surgery of the abdominal wall has made decisive progress which today makes it possible to propose an adapted therapeutic strategy to resolve, either by a simple liposuction or by a mini or classic tummy tuck, the main aesthetic problems of the abdomen of many patients.

All in all, we should not overestimate the risks but simply be aware that even a seemingly simple surgical procedure will always involve potential complications. Choosing a qualified Plastic Surgeon assures you that he or she has the training and competence required to know how to avoid them or to treat them effectively if necessary.

The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If any new questions arise, we are available to discuss them during another consultation, by phone, or even on the day of the intervention.

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SWISS PLASTIC SURGERY

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