

Information about abdominoplasty surgery (tummy tuck) Part 1 of 3

This leaflet explains abdominoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after a tummy tuck, see parts 2 and 3.

What is abdominoplasty surgery?

Abdominoplasty surgery, commonly known as a tummy tuck, is an operation to remove extra skin, scars, stretch marks and fat from the tummy, and sometimes to tighten the tummy muscles.

Why have a tummy tuck?

People have this surgery to take away extra skin and fat, or get a flatter tummy, often after pregnancy or gaining and losing weight. It can help rejoin the muscles of the abdominal wall if they have been pulled apart in the middle (known as 'divarification of the recti'). Stretch marks can sometimes be cut away or tightened to make them less obvious.

Ideally, your weight will be normal before the surgery. A tummy tuck is not for people who are overweight, or carried out in order to lose weight. For the right person, a tummy tuck can make a big difference to their confidence and quality of life.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your tummy, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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Please bring this form with you on the day of surgery.

You can get further information and copies of this form from the website at www.baaps.org.uk

Your initials:

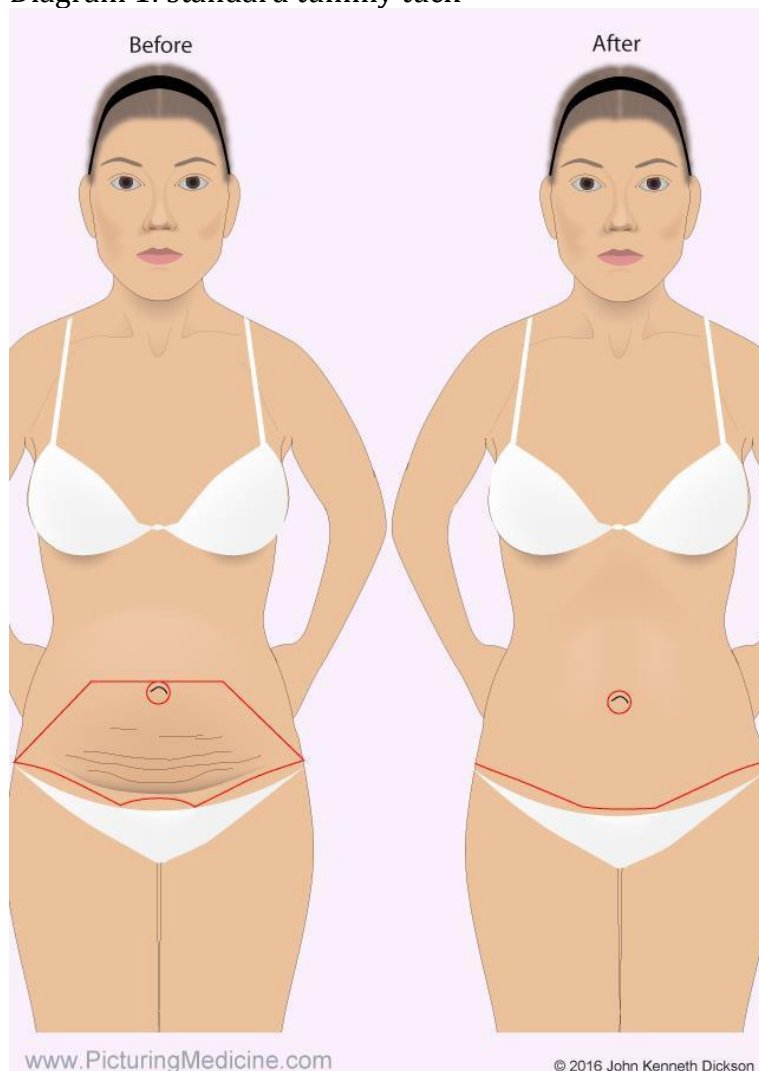


How is the surgery performed?

The standard tummy tuck (diagram 1)

This is the most common type of tummy tuck. A cut is made across the body from one hip to the other and around the belly button (umbilicus). The extra skin and fat are removed from just above the pubic hair up to the belly button. The muscles above and below the belly button are tightened. The skin is then sewn together to give a circular scar around the belly button and a long scar across the lower tummy.

Diagram 1: standard tummy tuck



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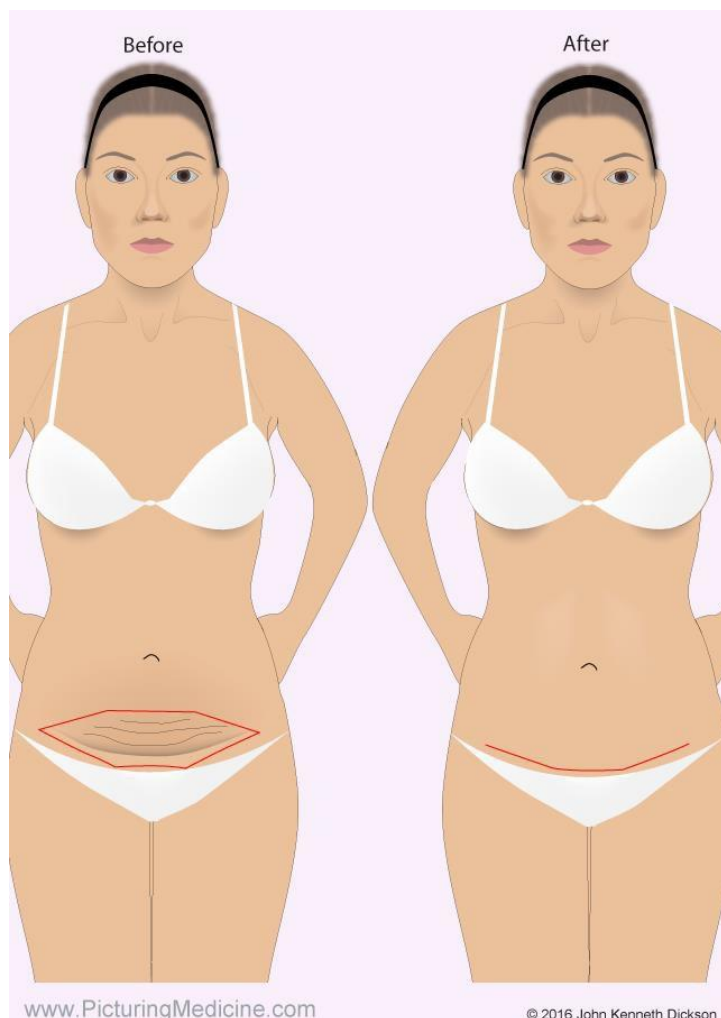
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The mini tummy tuck (diagram 2)

Here, a smaller amount of skin and fat is removed from the lower tummy, though there will still be a long horizontal scar above the pubic hair. Sometimes the muscles will also be tightened. No scar is left around the tummy button, which may be stretched to become a different shape. A mini tummy tuck will give less of an effect than a full tummy tuck.

Diagram 2: mini tummy tuck



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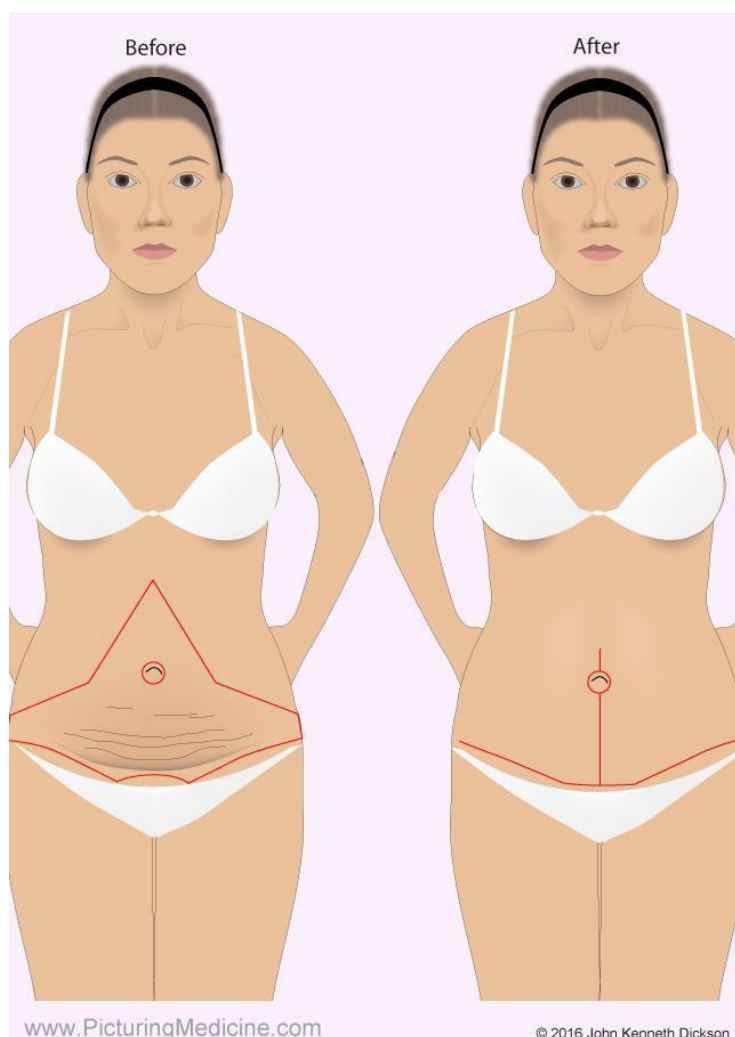
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The fleur-de-lis tummy tuck (diagram 3)

For patients with lots of extra skin on the lower and upper tummy, a fleur-de-lis tummy tuck might be appropriate. Here, as well as the long horizontal cut of the standard tummy tuck, there is a vertical cut too, so the scar looks like an anchor.

Diagram 3: fleur-de-lis tummy tuck



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Other options

You could also consider the following.

- Having liposuction (where fat is sucked out through a tube inserted into small cuts) before or after the tummy tuck, to thin the abdominal wall. This is helpful but the results can be unpredictable. Liposuction alone will have less effect than a tummy tuck.
- Having an extended tummy tuck, where extra skin and fat are removed from the lower back and above the hips. With this surgery, the scar goes around onto the lower back.
- An endoscopic tummy tuck, where the tummy muscles are tightened through a short sideways cut above the pubic hair. Skin is not removed, but liposuction can be carried out.
- An apronectomy, which is a modified mini tummy tuck for if you have a lot of skin and fat hanging down over the pubic area. Here, only the extra skin and fat are removed. This leaves a long, sideways scar.

If you have scars from previous operations, the usual tummy tuck may be modified to suit the scars.

Choosing a surgeon

If you decide to have a tummy tuck, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent tummy tuck. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

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To find out more, visit the websites below.

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Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery
www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery
www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

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Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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