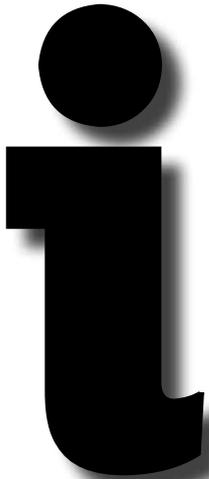


Abdominoplasty **(Tummy Tuck)** *(page 1 of 7)*



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

This leaflet has been written to help you understand your operation. It will explain what the operation is, why it is done, the risks and the possible complications after the operation. You should also make sure that you fully discuss the operation with your surgeon and that all your questions are answered so that you can make the choice, together, of the best type of operation for you.

What is it?

An abdominoplasty (often called a 'tummy tuck') is an operation that cuts away loose skin and fat in the abdominal (tummy) area. It can also tighten up the muscles in this area. It is a very big operation and is always done under a general anaesthetic.

It is not an operation to help with weight loss, but is a way of flattening the tummy.

This operation can sometimes be done at the same time as liposuction.

Why is it done?

There are several reasons why this operation is done. They are as follows:

- after losing a large amount of weight, the skin on the tummy loses its elasticity. This operation can remove the folds of unwanted skin.
- after a Caesarean section, the tummy can sometimes be left with lots of loose skin and ugly scarring. An abdominoplasty can remove this and make the tummy look more natural.
- scars from previous operations or from a major accident. The operation can leave the tummy looking flatter and with only one scar. This depends on which type of abdominoplasty is performed.

There is no alternative to this operation. It is the only way of removing excess skin and fat.

Before having the operation your GP or the Plastic Surgeon may ask you to lose weight. If you need help to lose weight please ask to see a dietician or go and see your GP for diet advice and help.

How is the operation done?

A cut, shaped like a triangle, is made on the lower part of the tummy (the bikini line). Another cut is made around the umbilicus (tummy button /navel) to free it from the skin around the area. The skin is then separated from the

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muscles underneath it. These muscles are sometimes pulled together to make them really tight and then stitched into place.

The skin is pulled downward and all the extra skin is removed.

The umbilicus is put back into a new position, so that it looks normal. The cuts are then stitched together. The operation takes about to 4-5 hours to perform, depending on the amount of tissue to be removed.

What are the benefits and risks of this operation?

The benefit of the operation is to have a tummy that looks flatter and to have tighter tummy muscles. Most people have some pain after the operation. This pain will start to get better when you start to get out of bed and walk around. Any pain that you might have can be controlled by a variety of different methods. You will be given pain killers and to make your tummy more comfortable you will have a 'Pain Buster' attached which gives local anaesthetic into the wound. If you are not comfortable and the pain is not controlled, please tell the nursing staff.

Risks

Scars: There will be scars from the operation. The number of scars will depend on which operation is performed. This will be discussed with you by your surgeon. Clothing, such as underwear, normally covers these. The pubic hairline might be higher than it was before. The scars will stretch from hip to hip. Sometimes they can become very 'raised' and look unsightly. They can also be red and itchy. This tends to reduce over time.

Umbilical and other changes: The umbilicus (tummy button) will look different after it has been stitched back into place. It will be a different shape from before the operation. You should discuss with your surgeon the type of tummy tuck you would like. There are several types of tummy tuck and each one will have a different effect on the tummy button.

Loss of sensation: There may be numbness around the tummy scars and the outer side of the thighs. This is because small nerves which carry sensation from the skin are cut during the operation. This usually improves after about 6 months; however, sometimes the numbness will be permanent.

Haematoma: Sometimes a collection of blood (haematoma) can form under the wound/skin. To help reduce the risk of this happening you will have a drain, which is a soft plastic tube, placed at each end of the wound. These drains will stay in place until the drainage stops. Despite the drains being in place this collection of blood can still occur. This is treated in different ways:

- you may require a small operation to stop the bleeding or:
- nothing will be done, but it will be very carefully checked by the nurses or the doctors. Your body will reabsorb this blood over the course of a few weeks. The risk of this happening is less than 10%

Seroma: This is a collection of fluid that builds up under the wound as a direct result of the operation. The drains should help to prevent this, but there is no guarantee that this will work. Either a nurse or a doctor using a needle and syringe can remove this fluid. It can be uncomfortable having this done. The risk of this happening is less than 5%.

If you do develop a haematoma or a seroma it might be necessary to apply a thick dressing, called a pressure dressing, to try to prevent it from increasing in size.

Excessive bleeding: This can mean having to have a blood transfusion and sometimes it can mean having to go back to theatre for another operation to stop the bleeding. The risk of this happening is less than 4%.

Infection and wound breakdown: Sometimes the wound may break down and not heal properly. This can be caused by infection and is usually treated successfully with antibiotics. However, in severe cases breakdown of the wound can mean having to have skin grafts.

Deep Vein Thrombosis (Venous Thromboembolism – VTE): This is caused by a blood clot forming in the leg veins. To help to prevent this patients are encouraged to be up and about as soon as possible. This is a very serious complication and if a clot 'breaks away' it can get into the lungs and cause a Pulmonary Embolism which can be fatal. To help prevent this from happening you may be given a daily injection called Dalteparin. This injection makes your blood take slightly longer than normal to clot which reduces the risk of a blood clot forming.

Coming into hospital

You will need to bring in with you:

- nightwear
- dressing gown
- slippers
- toiletries
- small amount of money for the phone/TV and newspapers
- fruit squash
- books / magazines.

Please do not bring in large amounts of money or jewellery.

Before your operation

Before coming into hospital, you may be sent an appointment for the Pre-admission Clinic (PAC). In the clinic, a nurse will examine you to make sure you are fit for a general anaesthetic. You will also have the following:

- blood tests
- swabs taken from your nose and groin to make sure you do not have MRSA (Methicillin Resistant Staphylococcus Aureus)
- photo taken of your tummy.

You may also need:

- chest x-ray
- ECG (heart tracing).

The nurse will explain the operation to you and will answer any questions you may have. (It is a good idea to write them down before you come in to the clinic).

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If you are not seen in the PAC, all of this will be done when you come into hospital for your operation.

You will be asked to sign a consent form. This form means that you are agreeing to the operation and have been told about all the risks and benefits. Read it carefully before you sign it. You will be given a copy of it for your own personal record. Remember you are free to change your mind about having the operation at any time.

Arriving on the ward

You will be admitted on the day of your operation unless you have any health problems requiring you to come in to hospital the day before. You will be admitted to the Surgical Admissions Lounge (SAL). From here you will be taken to theatre and after your operation you will be taken to the ward.

Before going for your operation you will see the surgeon who is doing the operation. Your tummy will be marked with a special marker. You will also see an anaesthetist who will talk to you about your anaesthetic. You will also have another blood test.

Eating and drinking

You will be asked to have nothing to eat for at least 6 hours before you go to theatre for your operation and nothing to drink for 2 hours before it.

If appropriate you may be given some high protein drinks to take in the hours before surgery as part of the enhanced recovery programme.

Going to theatre

Before going to theatre you will be asked to take off all your clothes and to put on a theatre gown, this does up at the back.

Any jewellery that cannot be removed will be taped to prevent it falling off during the operation. You will walk to the Operating Department. You will be brought back to the ward on your bed.

General anaesthetic

A general anaesthetic means you are very deeply asleep. You will not be aware of anything.

When you wake up, you will be in the Recovery area. You will stay here until you are awake enough to return to the ward. There may be a mask over your face. This is to give you oxygen to help you wake up.

You will also have a drip in your arm; this is kept in place until you are feeling well enough to eat and drink as normal.

What else?

There are several other things you need to know. They are:

Catheter This is a fine plastic tube going into your bladder, because you will find it difficult to get in and out of bed for the first couple of days. It drains away the urine. When you are finding

it easier to get in and out of bed it will be removed. Not everybody having this operation will have a catheter.

Drains These are very soft plastic tubes that are placed into the wound. A special bag is attached at the end of them to collect any fluid that is draining from the wound. There will be two of these and they will be removed when the drainage is at a level that the doctors are happy with.

Support garment This is a special garment that goes around your tummy. It helps with support and keeps you comfortable. You will need to buy a medium support panty girdle to support your tummy as it heals. You will need to wear this night and day for 6 weeks.

Wound dressing There may be a light dressing over the wound underneath the support garment.

Constipation It is very important that you don't become constipated. If you do, it will make you feel very uncomfortable and could cause strain on your tummy muscles. You need to drink plenty of water and other drinks throughout the day (about 2 litres) and eat a high fibre diet. If you would like more information about a high fibre diet please ask the nursing staff.

Back on the ward

On your return to the ward, the nursing staff will:

- frequently check your blood pressure and pulse. This is done to make sure that any early signs of bleeding or infection are dealt with as quickly as possible.
- make sure your drip is running to time and that you are being kept hydrated.
- check the wound areas to make sure there is not excessive bleeding and monitor the amount of drainage from the drains.
- make sure your pain is controlled. It will be controlled by different methods. If you are not comfortable and the pain is not being controlled, please tell the nursing staff.
- some people will be given extra oxygen to breath. The nurses will monitor the oxygen which may continue for a few hours or overnight.
- place a pillow under your knees to stop any strain on your tummy or raise the bed in a 'bent knee' position.
- let you start drinking and eating when you feel well enough.

Day 1

- the nursing staff will help you wash in bed.
- the doctors will see you.
- you will have a blood test to make sure there has not been too much blood loss during the operation. If there has, you may need a blood transfusion.
- if you are eating and drinking the drip will be taken down.
- your blood pressure and pulse will be regularly checked.
- if you were prescribed oxygen this will probably be stopped.

- medication will be given to control your pain.
- if you feel up to it, you will be helped out of bed and sit in your chair for a while. Getting out of bed and moving around helps prevent chest infections and blood clots.

Day 2

- you will be able to wash yourself with less help from the nursing staff.
- the doctors will see you.
- you will be encouraged to become more mobile and walk around the ward
- medication will be given to control your pain.

When you get out of bed you will not be able, or allowed, to stand up straight. You will be encouraged to be slightly bent forward – a bit like a banana shape!

- if you have a catheter this will be removed and you will be able to use the commode or be wheeled or walk to the toilet.
- your blood pressure and pulse will be regularly checked.

The dressing on your wound will be left in place. This will only be changed if it is soiled, or when the drains come out. It will also be checked before you go home.

Going home (discharge advice)

Once your drains have been removed and the doctors are satisfied with your progress you will be discharged home.

Appointments You will be seen in a Salisbury District Hospital Plastic Outpatients Dressing Clinic. The appointment will be with a nurse at approximately one week after discharge. If you live a long distance from Salisbury your first appointment will still need to be in Salisbury. Appointments after your first one may be able to be nearer your home. The only exception to this is patients from the Isle of Wight, where patients either go to the Consultant Clinic or the Outpatients Department at St Mary's Hospital. However, you may still need to come back to Salisbury for your first appointment.

Dressings Your dressings need to be kept dry until your Dressing Clinic appointment. Sometimes you may just have surgical glue across the wound.

Doctors Letter The doctors will write a summary of your stay in hospital for your GP. You will be given a copy of this. You will also be given details of any medications you are taking home. One of the ward nurses will do all this for you.

Fitness to Work (previously known as a Medical Certificate) If you need one, please ask before you leave hospital.

Lifting When you go home it is important that there is someone to look after you for a while to do any heavy domestic chores. Do not lift young children until your tummy is no longer tender - usually 6 weeks.

Driving We recommend that you wait until you feel well and comfortable enough before you start to drive again. This could take up to 4 weeks. You are not exempt from wearing a seat belt

whilst in the car. It is advisable to talk to your insurance company before you start to drive again.

Going back to work You will need to take at least 6-8 weeks off work. You will find that you tire easily for up to a month after the operation. When you should go back to work depends on the type of work that you do, your general recovery following your operation and what you agree with your GP.

Sexual activity This can resume once the scars have healed. Remember though that your tummy will be tender for several weeks.

Swimming / Sunbathing There is nothing to stop you swimming and sunbathing once the scars have healed.

If you have any worries or questions, please contact:

Plastics and Burns Unit on 01722 336262 ext 3507 evenings and weekends.

Plastic Outpatients 01722 345550 Monday to Friday during the day

We wish you a speedy recovery and thank you for taking the time to read this information.