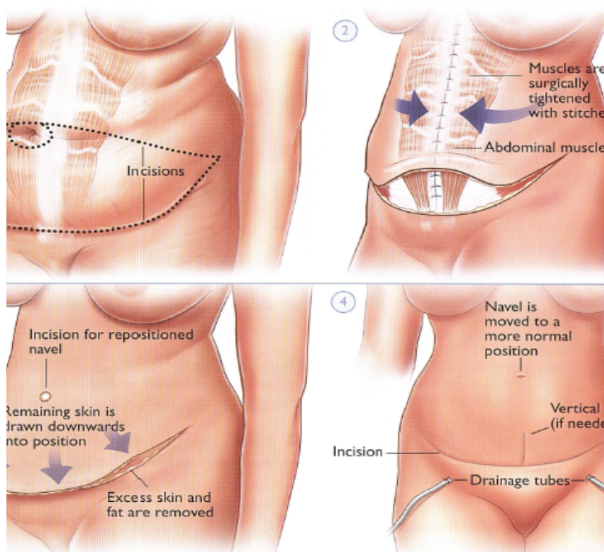


## WHAT IS ABDOMINOPLASTY?

Abdominoplasty is a procedure aimed at removing excess skin and fat from the abdomen and tightening the muscles of the abdominal wall. The surgical aim is to achieve an aesthetic abdominal wall shape with a well-hidden scar. A variety of different surgical techniques are used by plastic surgeons around the world and abdominoplasty may be combined with other surgical procedures such as liposuction to achieve the best possible outcome. The type of abdominoplasty recommended to you will depend on your body shape.

Abdominoplasty should not be considered as weight loss surgery. 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.



## WHAT TO EXPECT?

Your expected hospital stay will be 2-3 days. You will sit out of bed and mobilise on day 1 post-operatively, performing deep breathing and coughing exercises. Your abdomen may feel tight but this will improve over the next few weeks. 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. If your umbilicus has been moved you will also have scar around it. There may be drain tubes in situ and you will have a support garment providing compression on your abdomen.

Post-operative discomfort will depend on the extent of the procedure and whether your abdominal wall has been tightened or liposuction has been performed. Any discomfort will improve significantly over a few days and you will be well managed with pain relief as required.

There will be swelling and bruising post-operatively. This will continue to improve over time however it will take up to several months to achieve your final result.

You will be required to rest for 1 week, after which you may increase your activity level, however it will be 6 weeks before you can exercise or lift heavy objects. You can drive at 1-2 weeks, depending on your level of comfort.

## WOUND CARE

You will attend your first wound care review approximately one week after your hospital discharge. Your wound will have a dressing which has been carefully selected to provide optimal healing. This dressing will remain in place until adequate healing has occurred, which can be up to 3 weeks. You will be able to shower over your dressing and gently pat it dry. You should avoid swimming and exercise until all wounds are well healed. You will be provided with education regarding wound care and scar management.

# POTENTIAL RISKS OF SURGERY

**Bleeding:** bleeding after surgery is usually minor. Rarely may you bleed enough to require a return to theatre to stop any bleeding.

**Infection:** uncommon, however if it occurs you may be required to commence antibiotics

**Wound separation:** is uncommon, however small areas may break down and require dressing or revision surgery.

**Scar widening/hypertrophy:** Your wound will be carefully closed however some people may develop widened or elevated scars. WPRS monitor for this and provide information to avoid this potential complication.

**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.

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.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

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

I consent to WPRS using my images for presentations and educational purposes.

Yes ..... No .....

Signed:.....