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ABDOMINOPLASTY PRE-OP INSTRUCTIONS

The abdominoplasty or abdominal lipectomy is a procedure to remove the excess skin, excess abdominal fatty tissue, or skin with multiple striae (stretch marks) from the abdominal wall below the umbilicus ("belly button"). The patient who most commonly seeks this type of care has had wrinkling of the abdominal area, but also the umbilical area and the upper abdomen. This is particularly objectionable to the patient who is interested in wearing bathing suits, certain types of summer clothing with bare midriffs and other types of clothing which require a flat abdominal wall. There are many conditions which lead to this problem with the abdominal wall, but most common causes appear to multiple pregnancies or large weight gain. The problem also occurs in the individual who has had a moderate to large weight loss and is left with extra abdominal skin. This extra skin is frequently associated with striae, hernias, or diastasis recti (separation of the abdominal muscle.) A diastasis recti may be moderate or severe and may be accompanied by generalized weakness of the musculature and fascia of the abdominal wall. The diastasis recti may be corrected at the time of the abdominoplasty. The correction of the diastasis recti improves the tone and support of the abdominal wall and in turn improves the contour of the abdominal wall. This improvement is in addition to the improvement which is accomplished with the removal of excessive fatty tissue and skin. The necessity of repairing the separated muscle may result in increased post-operative discomfort, as one would expect from a procedure which involves suturing the deeper structures of the abdominal wall.

Some patients may not require a full abdominoplasty and might be helped with a combination of suction lipectomy and a small skin excision. This is called a Modified Abdominoplasty.

Modifications of the abdominoplasty are required at times when it is necessary to repair other problems of the abdominal wall, such as ventral hernias, incisional hernias, umbilical hernias, or scars from previous abdominal procedures, such as hysterectomy or bladder suspension procedures. The decision as to whether or not to perform another procedure, at the same time as the abdominoplasty such as a hysterectomy, is left up to the individual surgeon. The abdominoplasty frequently removes many of the lower abdominal scars which have occurred from appendectomy or a hysterectomy.

The average man or woman with a large full abdomen does not require surgery to correct this. Diet and exercise will do wonders for this type of a problem and with the melting away of excess fat and the toning up of abdominal musculature, the patient may entirely lose interest in the surgical correction. Frequently, we will advise that exercise and dieting be carried out prior to an abdominoplasty in order to determine if surgery can be avoided. It is important that the patient contemplating this surgery have a realistic expectation as to what can be expected from the surgical procedure.

PRE-OPERATION

To decrease the patient's chances of bleeding during surgery and post-operatively, the patient is instructed to discontinue the use of Aspirin, Ibuprofen, Motrin, Advil, Vitamin E, or Fish Oil for a period of 10 days prior to surgery and to avoid these compounds for 10 days after surgery.

DAY OF SURGERY

1. A responsible adult must transport you to the surgery center. There must also be a responsible driver to take you home upon discharge. This person should also be available to help you during

your full recovery at home following your physician's instructions which will be given to you when you are discharged.

2. Changing rooms are available, but you are encouraged to wear pajamas, robe and flat shoes. All valuables should be left at home. The surgery center cannot be responsible for jewelry, cash, contact lenses, or other important items. Cosmetics should be removed at home. Please do not wear make-up, finger nail polish, wigs, etc. Acrylic nails may be left on.
3. Following surgery, the patient will be returned to the recovery room after a suitable amount of time has been allowed for the patient to wake up from sedation given for the surgery. When the patient's vital signs (blood pressure, pulse and respiration) are stable and there is no evidence of complications, the patient is discharged home in care of a responsible person.

PROCEDURE

The abdominoplasty is usually performed under general anesthesia (patient is "put to sleep"). The surgery may be performed in a hospital or at a surgery center. The usual technique included a large, lower abdominal incision which extends laterally to the hip bones. This leaves a scar which is *usually* but not always concealed by a two piece bathing suit. The abdominal skin is lifted up to the level of the ribs. As the umbilicus ("belly button") is approached, the umbilicus is cut free from the skin at the abdominal wall and it is allowed to remain attached to the deeper tissues. It is at this time that any underlying defects of the abdominal wall are then removed. The umbilicus is then brought through the newly placed abdominal tissue and sutured into place. The large incision at the lower abdominal wall is then closed.

Suction Lipectomy is used in some cases to further contour the abdomen, hips, etc. at the time of the abdominoplasty. Suction lipectomy may be used instead of an abdominoplasty for some patients.

POST OPERATION

There will be scars on the lower abdominal wall extending from the upper hips across the pubic region. The scar is usually covered by a regular two piece swimming suit. The post-operative care requires firm abdominal support for a number of weeks. The abdominal wall is usually drained with small tubes which are brought out through small openings in the skin. These drains will usually be removed in the first five days following surgery. These drains are used to remove any accumulation of serum or blood that may occur following surgery, and hopefully prevent any excess accumulation of blood which is called hematoma. The patient should walk in a flexed position for at least one week to avoid placing a strain on the abdominal wound. The patient should then gradually attempt to stand and walk in a more erect manner.

The patient is asked to wear an abdominal binder or tight girdle for a varying period of time following surgery. The surgeon will gladly discuss with each patient the length of time that the binder will be necessary. The sutures (stitches) are removed in 2-3 weeks following the operation by the surgeon during post-operative visits.

The patient may begin routine light work after two weeks. The patient should avoid heavy lifting, strenuous exercises, and most sports for six weeks following surgery. The scars must be observed for changes which may require steroid medication or surgical revision in the future.

POTENTIAL COMPLICATIONS

Following the abdominoplasty, the patient may have one or more of the following complications: pulmonary emboli, deep venous thrombosis, infection hematoma (blood accumulation under the skin), dehiscence (separation of the wound), unsightly scarring, inadequate correction, or sloughing of the tissues (loss of the tissues along the wound edge). Secondary revisions of the scars are

occasionally necessary. If any of these complications do occur, they may increase the post-operative recovery period or even the length the hospitalization. If additional surgical procedures are required because of a complication, or for any other reason, additional facility and/or surgical costs may be incurred. The above description of complications is not meant to frighten or upset you. We simply want to insure that your decision to have this operation is not made in ignorance, but is one of informed consent.

NOTE: Since general anesthesia is going to be used, you should be aware that there are multiple potential complications. If you wish to know the potential hazards, please feel free to discuss them with your surgeon, as well as your anesthesiologist.

FEES

The fee will vary with the amount of surgery to be performed. In accordance with the suggestions adopted by the American Society of Plastic and Reconstructive Surgeons, Inc. it is customary to pay all fees for cosmetic surgery prior to operation. The surgeon's fee, The Surgery Center/Hospital fees, and the anesthesiologist fees, (if the procedure is performed under general anesthesia), will be discussed with the patient in advance of surgery and will depend on the procedures to be performed. Major credit cards are accepted. If additional surgical procedures are required because of complication, or for any other reason, additional facility and/or surgical costs may be incurred. If after reading this, you have questions that were not answered, please feel free to ask your surgeon or his staff.