

Surgeon: Mr Anthony Clough

Procedure: Abdominoplasty

Before the Procedure:

1. If you are a smoker, attempt to cease smoking for six weeks prior. Smoking increases the risk of wound infections and wound breakdown
2. Don't shave the pubic area with a razor when surgery is coming up. Ingrown hairs may cause pustules which will predispose to infection. It is fine not to shave at all
3. Keep the underneath of the "apron" clean and have any infections treated with anti-fungals or other medications as per your GP
4. Blood thinning agents such as warfarin, plavix, iscover or clopidogrel should be stopped prior to surgery after discussion with your surgeon

After the Procedure:

1. You will be in hospital for two to three nights. Initially you will be mainly resting in bed with your back and head propped up to avoid tension on the healing wound. A catheter will be in place in your bladder for comfort during this time. An abdominal binder will be placed around your abdomen to help prevent stretching the abdominal muscles.
2. Once home you should ensure that you engage in walking and gentle activities but avoid strenuous physical activities of all sorts for up to four weeks. This includes sports and work that involves lifting or other physical activities. Most people take about a month off work. Avoid driving for two weeks at least. Gym attendance and more intensive sports should be avoided for at least six weeks.
3. Avoid making spontaneous physical movements which may stretch the skin of the abdomen—a big yawn and stretch is a good example!
4. At one week after discharge you should attend your surgeon for a wound review and dressing change.
5. After two weeks your dressings can usually be removed and you can gently shower or wash the wounds as part of your usual routine. The binder should no longer be necessary
6. After a month or so you can elect to use a wound cream such as a silicone based scar reduction cream or sheeting (e.g. Scar Fx)

What to watch out for:

1. Increasing smelliness, redness, pain or discharge from the main wound or umbilical wound. This may indicate infection—seek advice from your surgeon ASAP
2. Boggy swelling underneath the abdominal skin. This usually represents body fluid accumulation (seroma). This can be left alone or drained in the office by the surgeon if large.

Operative Issues:

1. Abdominoplasty surgery removes the loose apron of skin and

replaces it with a long low scar at the lower waist. It is often necessary to reposition the umbilicus which will be then surrounded by a thin circular scar.

2. Defects in the underlying muscle contour are called hernias. If hernias are encountered at abdominoplasty surgery they will be repaired which will require sutures and often mesh to be placed.
3. If you have had gastric banding surgery, it is possible to re-position the access port deeper down underneath the muscle layer for a better cosmetic result. This comes at the cost of increased discomfort during port access however.
4. A general weakness of the upper abdominal muscles is common and is termed rectus diastasis. If present, it is usually “tightened” with sutures which remain inside
5. Sometimes further suturing of the muscles on the sides of the abdomen may be useful if there is excessive laxity
6. It is occasionally necessary for a small vertical scar in the middle down the bottom to remain as well as the long horizontal scar. Vertical components are necessary when the tension is too great to allow enough of the lower skin to be removed with re-positioning of the umbilicus

Complications to be aware of:

1. The main wound is subject to areas of breakdown and sometimes infection. This is mainly due to the length of the wound and the tension which is on it
2. Bleeding and bruising under the abdominal skin can uncommonly occur. In the worst case scenario it will disrupt the healing of the abdominal skin and a return to operating theatre may be required
3. Seroma – this is collection of body fluid under the new abdominal skin/fat layer. It is mostly just a nuisance and may be drained in the office if large.
4. If previous scars are present on the abdomen, for example, from gallbladder surgery, some parts of the skin may have a poor blood supply after the operation leading to skin loss and further scarring in some cases
5. Cosmetic dissatisfaction. This may be due to perceived lack of symmetry, too much fat bulging in the middle or upper abdomen, poor scar healing, hypertrophic scarring, dog ears at the sides, prominent lateral fat pads or dissatisfaction with the position of the umbilicus. It occurs in around 5-10% of cases. It may or may not be possible to improve results with further surgery
6. Complete loss of the umbilicus – may rarely occur. It may be possible to construct a “neo-umbilicus” if this is the case
7. Sensation in the lower abdominal skin may be reduced or changed. This usually improves with time
8. Complications such as clots in the legs or lungs, heart attack, pneumonia, stroke may occur with any surgical procedure and normal relate to your age and underlying medical conditions

If there are any concerns or questions please contact the clinic first on 9895 7624. After hours seek advice from your GP or call the surgeon directly on 0407 335 085