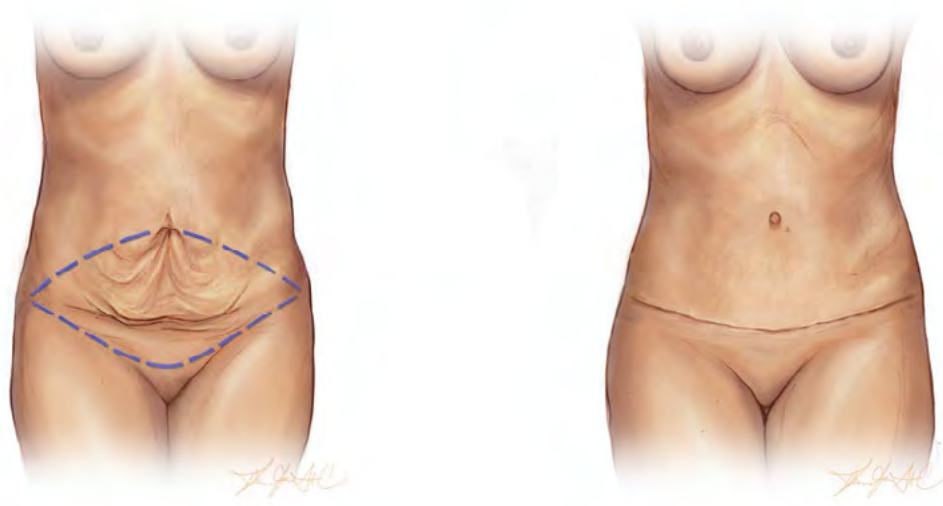




# Tummy Tuck (Abdominoplasty)

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*The most common body contouring operation, aside from liposuction, is abdominoplasty, or Tummy Tuck.*

## Tummy tucks usually involve three or four elements

- Removal of excess skin
- Tightening the abdominal muscles
- Relocating the belly button (umbilicus)
- (Optional) liposuction removal of fat in the upper abdomen and sides (flanks)

In this chapter, we will help you understand what is involved with planning for and going through with one of the most successful operations in cosmetic surgery.

Fitness and the appearance of fitness has become an obsession in our culture. Our torso shapes are revealed in form fitting clothing, in athletic garments and in the minimalist swimsuits for which there are little in the way of alternatives. Since mass produced clothing took the place of made to measure, we have been forced to wear clothing which is standardized, whereas our bodies are not. I call this the "tyranny of prêt-a-porter" (ready to wear).

*A full video of abdominoplasty with liposuction is available to view.*

<https://www.youtube.com/watch?v=9iTNdwJVJrw&t=16s>



## ***Why do I Need to Have That Scar?***

After Liposuction was developed in the 1980s, operations to shorten the incision of a tummy tuck followed. But for most patients a short scar operation gives a disappointing result. The skin excess and muscle looseness after pregnancy or major weight loss needs more. Similarly, attempts to tighten muscle separation from pregnancy with exercise (just do more crunches!) are frustrating and doomed to failure. Coolsculpting® and similar non-surgery treatments always disappoint patients and are very costly. In fact, the most common abdominoplasty I use is not a lesser procedure, but in some ways is more extensive, because I do more to get best results. Just like with small incision breast lifts, the scars fade over time, but if the contours aren't improved dramatically, a shorter scar is no advantage. Most patients come to see me with skin looseness ("laxity") and many with excess abdominal fat. Typical patients have had pregnancies or previous surgery and need a full abdominoplasty with a traditional incision.

**Scars are better planned than they used to be, and the scar fades with time while inadequate surgery produces lasting disappointment.**

The incision plan considers your bathing suit and undergarment lines. I go over this at the time of consultation with patients and suggest we mark the incision with her standing and wearing undergarments prior to surgery.

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## ***Anaesthesia***

Surgery is done under general anesthesia (completely asleep). We add local anaesthetic by injecting it at the start of and during surgery which helps to minimize post-operative pain. There are some surgeons who advocate doing tummy tucks under local anaesthesia with sedation ("twilight"). This may sound attractive, but I think a modern well run general anaesthetic administered by a qualified anaesthesia specialist provides a patient with the best possible experience.

## Procedure

Once you are put to sleep, and the torso has been washed with antiseptics and surrounded with sterile towels, the operating team has done a final "time-out" **safety checklist**. [http://www.who.int/patientsafety/safesurgery/ss\\_checklist/en/](http://www.who.int/patientsafety/safesurgery/ss_checklist/en/).

If liposuction is going to be done, we do it first, through small incisions, usually within the skin area that is going to be removed. (see liposuction chapter for details).



**The incision** is now created and the skin of the abdomen is separated from the underlying muscle layer, first up to the belly-button, which is next separated from the surrounding skin and left in place. Surgery continues into the upper abdomen and right to the start of the breast bone. We do as little separation of the skin from beneath as possible, to preserve circulation and sensation.

**The muscles of the abdominal wall** are now visible, and the rectus abdominis muscles (the ones you use to do "crunches" and "sit ups") are nearly always separated after pregnancy (diastasis recti). I bring the muscles back together with a series of stitches (I usually do this in two layers):





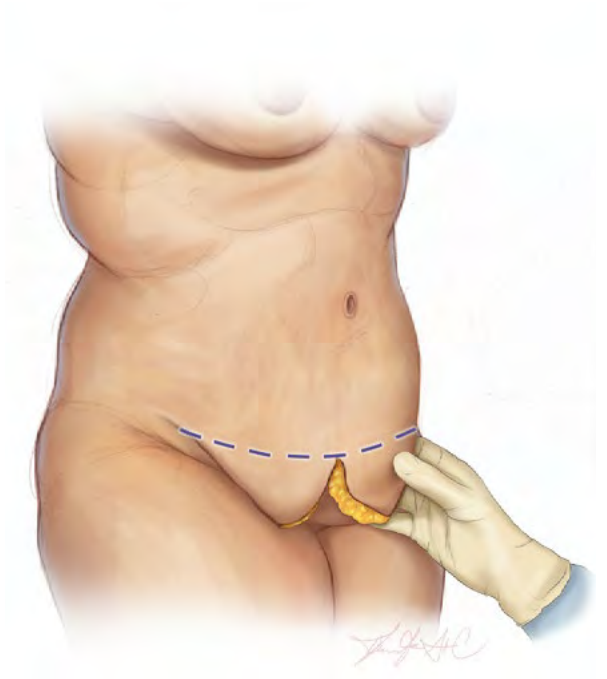
## *Skin Removal (Resection) and Repair:*

*Here's where I get to be a tailor,  
a disappearing craft in our culture.*

Traditional abdominoplasty involved removing all the skin from the top of where the belly button was to the pubis. This required folding the operating room table and the to flex the patient's hips and waist to an extreme, just to bring those edges together. This often left patients unable to stand up straight for weeks and weeks. It also put a lot of strain on the incision repair, and led to all sorts of healing problems and widening of scars. I think it increased the risk of deep vein thrombosis (blood clot), a feared and potentially lethal complication.

Tummy tucks no longer rely on skin tension for getting good results. Dr. Ted Lockwood, who practiced in Kansas city, revolutionized body contour surgery with his careful study of anatomy. He applied his knowledge of the superficial fascial system (SFS) to put tension on the tissues than can really support the repair and leave little tension on the skin. I was fortunate to hear Dr. Lockwood in my early practice years and to later watch him operate. His ideas and techniques struck me as profound. They fit together with similar ideas which had come earlier in facelift surgery.

Using his ideas, we first estimate the amount of skin removal with gentle flexing of the OR bed. We then proceed to use a series of "basting" stitches in the deeper layers to further refine that estimate. Finally, the skin removal and repair take place with minimal skin tension.





## ***Drains: “To Drain or not to Drain”***

Surgical drains are soft silicone or rubber tubes which are used to suction out fluid (blood or serum) from under the skin after surgery. When the incision is repaired, there is a space between the skin-fat layer and the underlying muscles. Fluid can build up in this space, especially if we do liposuction with the tummy tuck. This is called a **seroma** <https://en.wikipedia.org/wiki/Seroma> There are several things done to prevent seroma formation. We often use stitches between the two layers (quilting stitches). The most common preventive measure is leaving a drain in place to remove the fluid as it forms, and allow the two layers to stick together until they begin to heal closed. This usually takes a week or so. Some surgeons no longer use drains, they are somewhat uncomfortable, and certainly a bit of a nuisance, but I believe in them. I use two drains when I have done liposuction and one when I haven't. My seroma rate is very low, but not zero, as with all surgeons. Sometimes I need to treat one, several weeks after the drains are removed. This may involve just a needle and a syringe and some freezing and rarely, putting a new drain in for a few days.

Drains are connected to a fist sized collection device, the “reservoir”. The reservoir applies suction when air is squeezed out through an opening which is then plugged. You empty this usually twice a day and when the “output” drops off to minimal amount, we remove the drain.

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## ***Risks***

- Infection
- Bleeding
- Seroma
- Venous thrombosis (Blood clots) and pulmonary embolus
- Wound healing complications (necrosis, etc)

Abdominoplasty, and the related body contouring operations, all share similar risks and possible complications. Like all surgical procedures, bleeding or infection can occur, although both are unusual. If they do occur, they may require surgical treatment, hospitalization, or may be managed with lesser measures in some cases. Infection, when diagnosed early and not severe, may respond to antibiotics by mouth, for example.

Seroma is discussed above under the use of drains.

Problems with poor or delayed healing of the incision can occur, leaving areas with widened scars after crust formation. This is a many times greater risk in smokers. **All smokers must quit for this surgery.**



**Blood clots** can form in the legs (thrombophlebitis), with possible passage of a clot to the lungs. While rare, this is potentially a *lethal* problem. At one time, abdominoplasty patients were routinely kept on bed rest for several days after surgery. Today, patients are routinely up and walking within a day or so after surgery. Early mobilization has always been felt to be one of the best preventive measures against thrombophlebitis, and we believe it to be of value in all body contour surgery. However, several years ago I attending a safety course at the American Society for Aesthetic Plastic Surgery (ASAPS) annual meeting. There was strong evidence in favour of putting all tummy tuck patients on post-op blood thinners and I have done so ever since. I have been fortunate in that I have never had a patient develop an embolus or even clinically evident venous thrombosis. BUT our prevention routine is:

- All patients must stop birth control pills and hormone replacement therapy
- All smokers must quit
- All cases have pneumatic compression devices on their legs during and after surgery
- All major body contour surgery patients are treated preventively with blood thinners (fractionated heparin)

Skin loss (wound necrosis) may be minor, with a little scab formation in small areas, or major (especially in smokers or previously radiated skin). This is very uncommon. In most cases if there is some skin loss it should be allowed to heal spontaneously.

We encourage early mobilization and ambulation.

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## ***Aftercare and "Recovery"***

I keep my tummy tuck patients overnight. Most of my patients have small kids at home and it is impossible to get started on recovery properly when, naturally, they want your attention. But even when that's not the case, going home immediately after a tummy tuck is not easy, no matter what pain relievers are used or whether there is a local anaesthetic "pain pump" used. Spending a night in clinic is never a waste. You are in expert hands with professional, experienced nurses and I think this enhances the recovery. Intermittent venous compression pumps are used to keep blood flow in the legs until you are up and moving about. The nurses give post-op teaching especially about our preventive measures for venous thrombosis, and I see my patient the morning after surgery.

The drains come out at somewhere between six and eight days after surgery, on average. In the first week, walking about is a little uncomfortable and this changes quickly after drains are removed so you can stand up straight.

Most patients are back to work in two weeks. We begin exercise with walking early, and progress rapidly during the time from two to six weeks. Most tummy tuck patients are beginning to do some core exercises by four weeks, although *everyone's recovery is different*.



As with any scars, abdominoplasty scars reach a maximum thickness in a few weeks, "plateau" for a while, then begin to fade. The fading (what we call *maturation*) process varies from person to person, but runs anywhere from six months to twenty-four months depending your skin.

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## Summary

Abdominoplasty can achieve dramatic and long lasting restoration of body contour after pregnancy and weight loss. As with any surgery, good preparation including having a thorough understanding of the risks and benefits will help achieve your goals.





## *Meet the Doctor*

***Benjamin Gelfant, MD FRCSC***

*Dr Gelfant is a member of the Canadian Society for Aesthetic (Cosmetic) Plastic Surgery (CSAPS), as well as the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS).*

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