



Abdominoplasty (Tummy Tuck) by Dr David Ross Plastic Surgeon

Abdominoplasty is a very beneficial procedure for patients with an abdominal contour deformity or extensive redundant skin and fat in the abdominal area. It is best to be at optimal body weight when undergoing this procedure as this will allow the most beneficial outcome in the long term.

Dr Ross offers three different abdominoplasty procedures, depending on the patient's needs. After a body contour assessment an appropriate procedure will be advised. The majority of patients presenting with abdominal contour deformities will be advised to undergo a complete abdominoplasty where the flanks are recontoured using liposuction, the muscle wall tightened and strengthened by plication sutures and redundant anterior abdominal skin and subcutaneous tissue removed by excision. Some patients will be appropriate for procedures with less cutaneous scarring such as mini-abdominoplasty or endoscopic abdominoplasty. Mini-abdominoplasty involves muscle tightening and strengthening but with less skin excision including floating and repositioning of the umbilicus (belly button). Endoscopic abdominoplasty is appropriate for women with ventral herniation (pot belly deformity) after pregnancies but no skin laxity. Incisions are made through either a suprapubic, periumbilical or through other existing scar (ie Caesar) with plication of abdominal musculature using the operating endoscope.

As indicated in a complete abdominoplasty procedure, usually three separate procedures are undertaken. Firstly suction assisted lipectomy is undertaken in the hip and flank area to improve the contour there. This is followed by removal of the panniculus (skin and subcutaneous fat) from below the umbilicus (belly button) and then tightening of the anterior abdominal muscle by suture plication. This technique we call the "internal girdle" as it can narrow the waistline by 15-20cm. Following closure of the wounds and transposition of the umbilicus, the wound is protected by a compression dressing. This procedure is usually undertaken in hospital and requires 2-3 hours. Most patients remain in hospital for 2-4 days following surgery, requiring bed rest to regain their strength. After commencing to mobilize you will be placed into a compression garment to prevent bruising and swelling and protect the healing wounds. It is best to mainly rest for the first two weeks following surgery to avoid swelling, bleeding and infection. Complications are not common in optimal surgical candidates but on occasions wound infections, haematoma, seroma, wound breakdown and poor scarring can occur, delaying recovery. As your recovery proceeds you will be able to increase your activities to be driving after three weeks and light exercise after six weeks. Due to the abdominal muscle repair it is recommended that you wear an abdominal support garment for at least three months following your abdominoplasty procedure. It may be four to five months before you are able to return to full sporting activities. Patients can expect to feel abdominal tightness, areas of sensory loss and reddened scars initially, but these will settle with time after the

procedure. Virtually all patients undergoing these procedures are very happy with their improved abdominal contour and recommend the procedure to their friends.

Please look at the outcomes of some patients who have undergone abdominoplasty surgery recently. If you would like to discuss this procedure in more detail or to clarify any issues mentioned here or determine which procedure might be best for you please contact our office to arrange a consultation.

Bayside Plastic Surgery

159 Church Street

Brighton VIC Australia

Ph: 03 9596 8888

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