

PATIENT INFORMATION

Liposuction with skin tightening

BodyTite, FaceTite, Renuvion and Argo Plasma
For the face, neck and body

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This booklet explains liposuction combined with skin tightening, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about liposuction combined with skin tightening, or you're about to.

It covers what the operation involves, the different skin tightening technologies, who it suits, the other options open to you, and the risks and recovery. It covers both the face and neck and the body.

It won't answer every question, and it isn't a substitute for talking things through with him, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What the operation is

2.1 Liposuction

Liposuction removes stubborn areas of fat that haven't responded to diet and exercise. Through small cuts of 3–5 mm, the area is first filled with fluid containing local anaesthetic and adrenaline, which numbs it and reduces bleeding. A thin tube called a cannula is then passed back and forth under the skin to loosen the fat and draw it out by suction. The fat cells removed don't grow back.

2.2 Why skin tightening is added

Skin needs some elasticity to shrink down once the fat underneath has gone. In younger people with good-quality skin it usually does, but as we age, after weight loss or pregnancy, or in areas such as the neck, arms and inner thighs, the skin may not shrink enough and can be left loose or uneven.

Skin tightening technology uses controlled heat under the skin, through the same small cuts, to make the network of fibrous tissue under the skin contract. This aims to help the skin fit the new shape better, and to avoid or reduce the need for operations that cut away skin, with their longer scars.

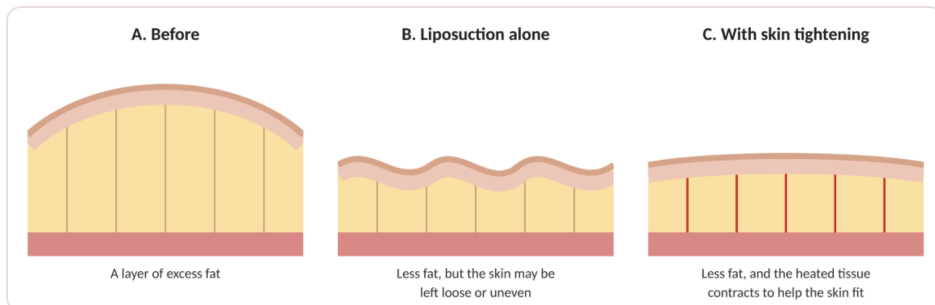


Figure 1. Why skin tightening is combined with liposuction. A simplified drawing for guidance only. The amount of tightening varies from person to person and is often modest.

2.3 The skin tightening technologies

Mr Kumar will recommend the technology that suits the area being treated and your skin. They all work by heating the tissue under the skin, but in different ways.

BodyTite and FaceTite radiofrequency-assisted liposuction

A probe under the skin and an electrode on the surface pass radiofrequency energy between them, heating the fat, the fibrous network and the underside of the skin in between. The device measures the temperature of the skin and the tissue continuously and cuts out if it gets too hot. BodyTite is used on the body, and FaceTite on the smaller areas of the face and neck. The same energy also helps to loosen the fat.

Renuvion helium plasma

A fine probe under the skin uses radiofrequency energy to turn a stream of helium gas into plasma. This delivers very brief, concentrated heat to the tissue just under the skin, which contracts it while the surrounding tissue stays cooler. It is used after liposuction, or on its own where there is loose skin but little fat to remove.

Argo Plasma argon plasma

This works in the same way as Renuvion but uses argon gas instead of helium. It is newer, and fewer studies of it have been published.

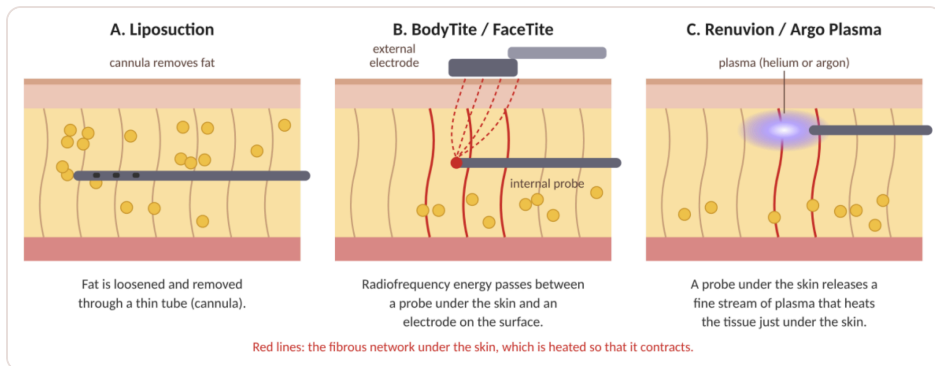


Figure 2. How liposuction and the skin tightening technologies work. A simplified drawing for guidance only, not to scale.

2.4 What the evidence shows

These are newer technologies, and it's important that you know what is and isn't proven before you decide.

- Most of the published studies are case series without a comparison group, and many have been supported by the manufacturers. Few studies directly compare liposuction with and without the tightening device, and independent reviewers have questioned how much extra tightening the plasma devices add.
- In the best-designed study of Renuvion, a trial of 65 people having treatment of loose skin under the chin and neck, independent assessors judged the skin to be improved in about 8 in 10 (82.5%) at six months.
- Renuvion has since been cleared by the US Food and Drug Administration (FDA) for loose skin of the neck and under the chin, and for use under the skin after liposuction for body contouring.

Mr Kumar will discuss with you how much improvement is realistic for your skin, and whether a tightening device is likely to add to what liposuction alone would achieve.

2.5 Areas that can be treated

- **Face and neck:** under the chin, the jowls and jawline, and the neck. FaceTite and Renuvion are most often used here.
- **Body:** the upper arms, tummy, waist and flanks, back and bra roll, hips, inner and outer thighs, knees, and the male chest.

Liposuction for lipoedema needs a different approach, so please ask for specific information if this applies to you.

What the operation won't do

- **It isn't a weight-loss treatment.** It works best when you're at or near a healthy, stable weight and have particular areas that won't shift.
- **It won't remove large amounts of loose skin.** If there is a lot of loose or overhanging skin, for example after major weight loss or pregnancy, an operation to remove it, such as a tummy tuck, arm lift, thigh lift or neck lift, will give a much better result.
- **It doesn't treat the fat inside the tummy.** Fat around the internal organs can't be removed by liposuction.
- **It doesn't cure cellulite or stretch marks,** although some people see an improvement.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have areas of fat that you can pinch, which haven't responded to diet and exercise
- ✓ you have mild to moderate loose skin in the area
- ✓ your weight is stable and close to a healthy range
- ✓ you're in good general health
- ✓ you don't smoke, or you can stop well before surgery
- ✓ you have a clear and realistic idea of what you'd like to change.

Please tell Mr Kumar if you have, or have had

Some conditions need extra care, or may mean surgery isn't advisable.

- a blood clot in the leg or lung, or a family history of clotting problems
- the contraceptive pill or hormone replacement therapy (HRT), which raise the risk of blood clots

Please tell Mr Kumar if you have, or have had (continued)

- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic or ginkgo
- heart, lung or kidney disease, or diabetes
- a hernia, including at the belly button, or previous surgery in the area, including a caesarean section or previous liposuction
- a pacemaker, defibrillator or other implanted electrical device, or metal implants in the area. These matter with radiofrequency devices.
- plans to lose a lot of weight, or you use weight-loss injections
- plans for a future pregnancy, or you are pregnant or breastfeeding
- a tendency to keloid or thickened scars
- body dysmorphic disorder, an eating disorder, or hopes that surgery can't realistically meet.

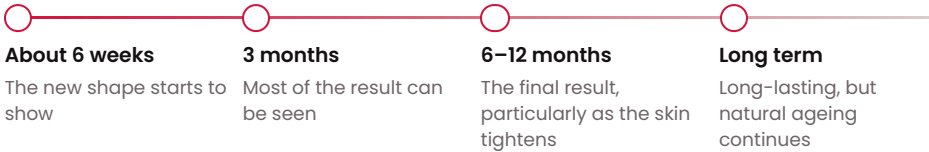
04 Other options

You don't have to have surgery. Depending on what bothers you, the alternatives include:

- changes to diet and exercise, if you are still some way from a healthy weight
- non-surgical fat reduction, such as fat freezing, and skin tightening treatments applied from outside the skin. These need no anaesthetic and have little downtime, but the changes are generally much smaller.
- liposuction without a skin tightening device
- an operation to remove loose skin, such as a tummy tuck, arm lift, thigh lift or neck lift, which leaves longer scars but removes far more skin
- deciding not to have any treatment for now.

05 What you can expect from the result

Most people are pleased with the improvement in their shape. No surgeon can guarantee a particular result. Swelling hides the result at first:



Please bear in mind:

- Skin tightening is gradual and usually modest. It helps the skin fit better, but it won't match the effect of cutting away loose skin.
- The fat cells removed don't come back, but the remaining fat cells can still grow. If you put on weight after surgery, it may go to other areas, and the treated area can enlarge again.
- Small irregularities and slight differences between the two sides are common, and some may remain once the swelling has settled.
- The results are long-lasting, but surgery doesn't stop the natural ageing process, and the skin will continue to slacken with time.

06 Getting ready for surgery

Before your operation you'll have a pre-operative assessment. This includes your medical history, an examination, an assessment of your risk of blood clots, measurements and photographs, and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking and vaping nicotine**, ideally for at least 4–6 weeks before and after surgery, because nicotine slows healing and raises the risk of skin damage
- ✓ **stop aspirin, anti-inflammatory painkillers, other blood thinners and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually about a week beforehand. Mr Kumar will tell you exactly what to stop and when. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the advice you're given about the contraceptive pill or HRT**. You may be advised to stop them for a few weeks around your operation and use another form of contraception.
- ✓ **keep your weight steady**

- ✓ **arrange for someone to take you home** and stay with you for the first night
- ✓ **have absorbent pads or old towels at home**, as the small cuts leak a lot of fluid for the first day or two
- ✓ **avoid long-haul flights** for about 4–6 weeks after surgery, because of the risk of blood clots
- ✓ **plan your time off work**: usually a few days to a week after face and neck treatment or a small area, and 1–2 weeks after larger areas of the body.

07 Anaesthetic and where your operation happens

Small areas, including the face and neck, can often be done under local anaesthetic, sometimes with sedation to help you relax. Larger areas, or several areas at once, are usually done under general anaesthetic or deep sedation, and your anaesthetist will explain the risks of that separately.

Most people go home the same day. If a large area is treated, you may be advised to stay overnight.

08 The operation

Before starting, Mr Kumar will mark the areas to be treated with you standing, so that he can see how the fat and skin hang. He then makes small cuts of 3–5 mm, placed where possible in skin creases, the belly button, or under the chin and behind the ears.

The fluid containing local anaesthetic is injected, and the fat is removed by liposuction. The skin tightening device is then passed under the skin through the same cuts. With BodyTite or FaceTite, the electrode on the surface is moved over the skin as the probe moves underneath, and the temperature is monitored throughout. With Renuvion or Argo Plasma, the probe is passed in many fine lines just under the skin.

The cuts are closed with a stitch or left open to drain, and the compression garment is put on before you wake up. Sometimes a small drain is left in. The operation usually takes from 1 hour for the neck to about 3 hours for several areas of the body.

09 Straight after the operation

The treated areas will feel sore and bruised, rather like after a hard workout or a fall. The small cuts leak pink, watery fluid, sometimes quite a lot, for the first 24–48 hours. This is the anaesthetic fluid draining out and is expected.

You may feel light-headed when you first stand up, so get up slowly and have someone with you. You'll be given painkillers, and you and the person looking after you will be given written aftercare instructions and a number to call if you're worried about anything.

10 Recovery

- ✓ **Get up and walk around regularly** from the day of your operation, and drink plenty of fluids. This helps to prevent blood clots.
- ✓ **Wear your compression garment as instructed**, usually day and night for the first few weeks and for about 6 weeks in total. For the neck, the chin strap is usually worn full-time for the first week and then at night. The garment reduces swelling and helps the skin settle onto the new shape.
- ✓ **You can usually shower after 48 hours**. Pat the cuts dry and replace the dressings as advised. Any stitches are removed after about a week.
- ✓ **Swelling and bruising are usually at their worst in the first week**. Most bruising fades within 2–3 weeks, but some swelling can come and go for several months.
- ✓ **The treated areas often feel firm, lumpy or tight** for several weeks, and longer after skin tightening, because of the heat. This gradually softens. Massage or lymphatic drainage may be recommended to help.
- ✓ **Most people are back at work after a few days to 2 weeks**, depending on the areas treated. Walk from day one, return to light exercise after 2 weeks, and build up to full exercise, including heavy lifting, by about 4–6 weeks.
- ✓ **Don't drive until** you can wear a seatbelt comfortably, make an emergency stop, and you're not taking any painkillers that make you drowsy.
- ✓ **Protect the treated areas and the small scars from the sun** for the first few months.
- ✓ **Keep your weight steady** to protect the result.

11 Risks and complications

Most people recover from liposuction without any serious problems. But like any operation it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure below. Where they don't, we've used the standard terms:

COMMON more than 1 in 100	UNCOMMON 1 in 100 to 1 in 1,000	RARE 1 in 1,000 to 1 in 10,000	VERY RARE fewer than 1 in 10,000
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In a study of over 31,000 cosmetic liposuction operations, a major complication needing treatment occurred in about 1 in 140 (0.7%) when liposuction was done on its own. The risk was about five times higher when liposuction was combined with other operations, and it rises with body weight.

The skin tighteninging devices add some risks of their own, mainly burns and fluid collections. Your own risk may be higher or lower depending on your health, the areas treated, how much fat is removed and whether other procedures are done at the same time.

11.1 What almost everyone experiences

These aren't really complications. They're a normal part of healing after this kind of surgery.

- Swelling and bruising, which can spread below the treated area, for example from the tummy down to the thighs.
- Leakage of fluid from the small cuts for the first day or two.
- Soreness and aching for 1–2 weeks.
- Numbness or altered feeling in the treated skin. This is very common after skin tightening, affecting over 8 in 10 people in the Renuvion neck trial, and usually recovers over weeks to months.
- Firmness and lumpiness under the skin while it heals.
- Small scars at the cuts, which usually fade well.

11.2 Other complications

● Uneven contour, rippling or dents **COMMON**

Some unevenness is often seen while swelling settles. If it remains after 6–12 months, it can sometimes be improved with a further small procedure or fat

- **Loose skin remaining, or less tightening than hoped** **COMMON**

The response of the skin varies, and some people go on to have an operation to remove skin.

- **Asymmetry** **UNCOMMON**

The two sides look different once healed.

- **Fluid collection (seroma)** **ABOUT 1 IN 30**

Uncommon after liposuction alone, but more common with skin tightening devices. In the largest published series of argon plasma treatment, of 594 patients, about 1 in 30 (3.4%) developed one. A seroma feels like a soft, fluid-filled swelling, and is usually drained with a needle in clinic, sometimes more than once.

- **Burns** **ABOUT 1 IN 37**

A risk with all the skin tightening devices, and with the friction of the cannula at the entry cuts. In the same argon plasma series, about 1 in 37 (2.7%) had a heat injury. A burn may affect the skin, or the fat under it, causing a hard lump. Most heal with dressings, but some leave a scar or a dent. This is why the temperature is monitored and the settings are chosen carefully.

- **Temporary weakness of the lower lip**

After treatment of the neck and jawline, the small nerve that moves the corner of the lower lip can be bruised, making your smile look uneven. This happened in about 1 in 200 (0.5%) after neck liposuction in a large series, and in about 1 in 16 (6%) in the Renuvion neck trial. In both, it recovered fully, usually within weeks to a few months.

- **Collection of blood (haematoma)** **ABOUT 1 IN 670**

About 1 in 670 (0.15%). It may need draining.

- **Infection** **ABOUT 1 IN 1,000**

About 1 in 1,000 (0.1%). It is usually treated with antibiotics.

- **Long-lasting firmness, numbness or pain** **UNCOMMON**

Firm areas can take several months to soften, and a patch of numbness or sensitivity can occasionally persist.

- **Skin discolouration** **UNCOMMON**

Bruising can leave a brown stain in the skin, particularly if exposed to the sun, which usually fades over months.

- **Thickened or noticeable scars at the cuts** **UNCOMMON**

The scars occasionally become dark, raised or tethered.

11.3 Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung (deep vein thrombosis or pulmonary embolism)**

ABOUT 1 IN 1,700

About 1 in 1,700 (0.06%) after liposuction alone, and more often when it is combined with other operations. A clot in the lung can be life-threatening. Walking early, drinking plenty, and any blood-thinning injections or stockings you're given all reduce the risk.

- **Lung complications** ABOUT 1 IN 1,000

About 1 in 1,000 (0.1%). These include fluid on the lungs, pneumonia, and, very rarely, fat entering the bloodstream and travelling to the lungs (fat embolism).

- **Injury to deeper structures** VERY RARE

The cannula or probe can pass through the muscle wall and injure the bowel or other internal organs, or the lining of the chest. This is more likely if there is a hernia or previous surgery in the area, which is why we ask about these. It needs urgent treatment.

- **Gas in the tissues or blood vessels with plasma devices** RARE

With Renuvion and Argo Plasma, the gas can occasionally collect under the skin, which feels crackly and usually settles by itself. There have also been reports of gas collecting in the chest, around the lungs or in blood vessels, some of them life-threatening.

- **Full-thickness burn or loss of skin** RARE

A deep burn, or loss of the blood supply to an area of skin, may need dressings for several weeks or surgery, and leaves a scar.

- **Death** VERY RARE

Usually from a blood clot, fat embolism or an unrecognised injury to the bowel.

11.4 Complications of the anaesthetic

The local anaesthetic in the fluid used for liposuction is very safe in the doses used, but too much can be absorbed if large areas are treated, which is why the total amount is carefully limited. It occasionally causes an allergic reaction, and sedation carries its own small risks. If you have a general anaesthetic or sedation, your anaesthetist will discuss the risks with you separately.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example to treat an area of unevenness or remaining fat, or to remove loose skin that hasn't tightened enough. Because swelling and skin tightening take time to settle, this isn't usually considered until at least 6–12 months after your operation. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your operation and kept in your medical records. They help Mr Kumar plan your surgery, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering the operation, anaesthetic, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. You will need to provide your own compression garment.

At least two weeks to decide

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries during your recovery, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- severe or worsening pain in your tummy, especially with a swollen tummy, a high temperature or vomiting
- confusion, unusual drowsiness or a rash of tiny red spots, especially in the first few days
- feeling faint or collapsing.

Contact us promptly if you have

- a painful, swollen calf
- blistering, or an area of skin that becomes white, dark, purple or black. These can be signs of a burn or of the skin losing its blood supply.
- redness that is spreading, warmth, discharge from a wound, or a temperature. These can be signs of infection.
- swelling that is increasing quickly, is much worse on one side, or feels like a soft, fluid-filled bag
- bleeding that doesn't stop with 10 minutes of firm pressure
- weakness of your lower lip or an uneven smile after treatment to your neck.

Out of hours, our emergency contact number will be given by the treating hospital.

18 What happens next

Before your operation, Mr Kumar will take your written consent at that appointment. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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