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CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

Tummy tuck

Abdominoplasty
Full, mini and extended techniques

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This booklet explains a tummy tuck, 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 a tummy tuck (abdominoplasty), or you're about to.

It explains what the operation involves, the different types, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, 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 a tummy tuck is

Pregnancy and weight loss can leave loose, overhanging skin and stretched tummy muscles that no exercise will tighten. A tummy tuck removes the excess skin and fat from the lower abdomen and, where needed, repairs the separated muscles (rectus diastasis). The belly button is repositioned so it looks natural.

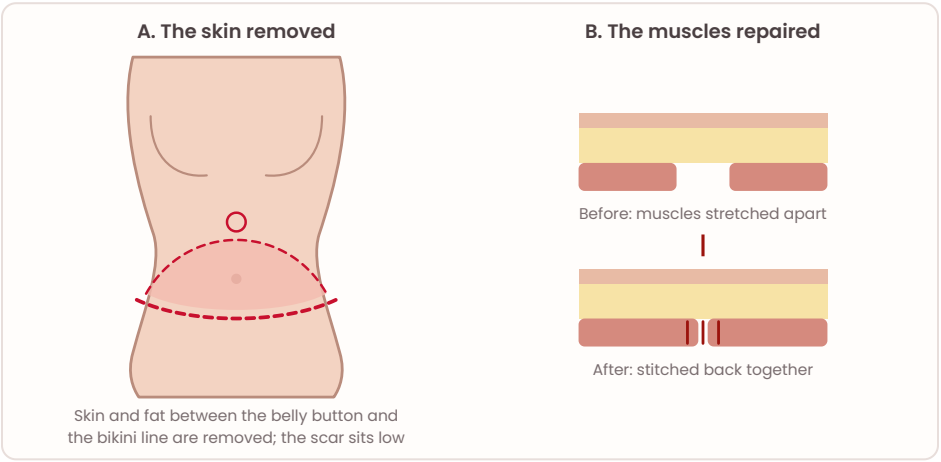


Figure 1. The skin removed in a tummy tuck, and how the separated muscles are repaired. A simplified drawing for guidance only.

Full abdominoplasty the most common

Removes loose skin above and below the belly button, repairs the muscles and repositions the belly button. The scar runs from hip to hip, low enough to sit under underwear.

Mini abdominoplasty small pouch below the belly button

A shorter scar treating only the skin below the belly button. The belly button is not moved.

Extended or fleur-de-lis after major weight loss

Longer or additional vertical scars to treat the flanks or the waist as well.

Liposuction of the waist and flanks is often added for a smoother contour. An existing caesarean scar is usually removed as part of the operation.

03 Is it right for you?

You're likely to be a good candidate if:

- you have loose skin or a pouch that won't shift with exercise
- you are at or near a stable, healthy weight
- you have finished having children
- you don't smoke, or can stop well before and after surgery

What the operation won't do

- **It isn't a weight-loss operation.**
- **It won't remove every stretch mark,** only those on the skin removed.
- **It won't treat fat inside the tummy** around the organs.

Please tell Mr Kumar if you have, or have had

- a blood clot in the leg or lung, or a family history of clotting problems
- the contraceptive pill or HRT, which raise the risk of blood clots
- a hernia, or previous surgery in the area, including a caesarean section
- plans to lose a lot of weight, or you use weight-loss injections
- previous weight-loss (bariatric) surgery
- plans for a future pregnancy
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

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

- weight loss and exercise, if you are some way from a healthy weight
- liposuction alone, if your skin is firm
- liposuction with skin tightening, for mild loose skin
- physiotherapy for muscle separation
- doing nothing for now.

05 What you can expect from the result

6 weeks
Back to most activities

3 months
Most swelling settled

12–18 months
Scar mature

- The scar is permanent; it is red at first and fades.
- A future pregnancy or weight gain will affect the result.

06 Getting ready

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

- **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- **arrange for someone to take you home** and stay with you for the first night
- **follow the advice you're given about the contraceptive pill or HRT.** You may be advised to stop them for a few weeks around surgery.
- **keep your weight steady**
- **have your compression garment ready**, or bring it on the day
- **avoid long-haul flights** for about 4–6 weeks after surgery
- **plan 2–3 weeks off work** and help at home with lifting and children

07 Anaesthetic and where it happens

A tummy tuck is done under general anaesthetic. Most people stay one or two nights.

08 The operation

Mr Kumar marks you standing. The operation takes about 3 hours. The skin and fat between the belly button and pubic area are lifted, the muscles are stitched together if needed, and the upper skin is pulled down. The excess is removed, a new opening is made for the belly button, and the wound is closed in layers. Small drains may be used. You wake up in a compression garment.

09 Straight afterwards

You will be sore and tight, and need to walk slightly bent forward for the first week. Painkillers help. Get up and walk with help on the day of surgery to reduce the risk of clots.

10 Recovery

When	What to expect
Days 1–3	Walk bent slightly forward. Drains, if used, are usually removed before you go home.
Week 1	Short, frequent walks. Shower after 48 hours. Garment day and night.
Weeks 2–3	Return to desk work. Drive once you can make an emergency stop.
Week 6	Return to exercise and lifting, gradually. Stop the garment.
3–12 months	Swelling settles; the scar softens and fades.

11 Risks and complications

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

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Tightness, swelling and bruising for several weeks.
- Numbness of the skin below the belly button, which can last months or be permanent in a small area.
- A long scar, which is red at first.

Other complications

- **Fluid collection (seroma)** ABOUT 1 IN 10
  A soft, fluid-filled swelling. It is usually drained with a needle in clinic, sometimes more than once.
- **Wound-healing problems** ABOUT 1 IN 20
  Slow healing, usually in the centre of the scar. Much more common in smokers. Usually heals with dressings.
- **Collection of blood (haematoma)** ABOUT 1 IN 50
  May need a return to theatre.
- **Infection** ABOUT 1 IN 30
  Usually treated with antibiotics.
- **'Dog ears' or uneven scars** UNCOMMON
  Small bulges at the ends of the scar; sometimes corrected later under local anaesthetic.
- **Problems with the belly button** UNCOMMON
  It may heal slowly or look different from what you expected.
- **Fat necrosis** UNCOMMON
  Firm lumps that usually soften.
- **Noticeable or thickened scar** COMMON
  The scar may stay red, raised or widen.

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** UNCOMMON
  Deep vein thrombosis or pulmonary embolism is one of the more important risks of body contouring surgery, and a clot in the lung can be life-threatening. Walking early, drinking plenty, stockings and any blood-thinning injections reduce the risk.
- **Skin loss** RARE
  Loss of a larger area of skin, mostly in smokers.
- **Injury to internal organs** VERY RARE
  More likely if you have a hernia or previous surgery.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. 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 procedure and kept in your medical records. They help Mr Kumar plan your treatment, 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 your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

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, 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 feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- redness that is spreading, warmth, discharge from a wound, or a temperature
- swelling that is increasing quickly, is much worse on one side, or feels like a soft, fluid-filled bag
- a wound opening up, or skin that becomes dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. 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

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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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