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PATIENT INFORMATION

Fleur-de-lis tummy tuck

Tightening the tummy and waist from side to side after major weight loss

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This booklet explains the fleur-de-lis tummy tuck, how to prepare, the risks, and what to expect.

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01 Why you have this booklet

You've been given this booklet because you have talked to Mr Kumar about a fleur-de-lis tummy tuck, or you're about to.

It explains what the operation involves, how to prepare, the risks and the 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 fleur-de-lis tummy tuck involves

A standard tummy tuck tightens the tummy from top to bottom. After major weight loss, the skin is often loose from side to side as well.

A fleur-de-lis tummy tuck removes an extra wedge of skin down the middle of the tummy as well as the usual skin from the lower tummy. This leaves a vertical scar from just below the breastbone to the low horizontal scar, in the shape of an upside-down T. The muscles are tightened where needed and the belly button is repositioned.

Who it suits

People with loose skin in both directions after major weight loss, and people who already have a scar down the middle of the tummy from previous surgery, which can often be removed.

The trade-off

A narrower, smoother waist, at the cost of a vertical scar that shows in a bikini.

03 Before you decide

You're likely to be a good candidate if:

- your weight has been stable for at least 6 to 12 months, close to your goal
- your BMI is ideally under 30 to 32
- the skin of your tummy is loose from side to side as well as top to bottom
- you don't smoke or vape, or are willing to stop
- you accept the extra vertical scar

What the treatment won't do

- It won't avoid a visible scar.
- It won't remove fat inside the abdomen, around the organs.
- It won't treat loose skin on the hips and back, which needs a lower body lift.

Please tell Mr Kumar if you have, or have had

- you have had bariatric surgery, and which vitamins and supplements you take
- you take weight-loss injections such as semaglutide or tirzepatide
- you take blood thinners or have a bleeding disorder
- you or a close relative have had a blood clot
- diabetes, heart or lung problems, or a weakened immune system
- previous tummy operations or a hernia
- allergies to medicines, plasters or latex
- you smoke or vape

04 Other options

You don't have to have surgery. The alternatives include:

- a standard tummy tuck, with a shorter scar but less tightening across the waist
- a lower body lift, if loose skin wraps around the hips and back
- a panniculectomy, to remove an overhanging apron only
- doing nothing

05 Getting ready

Before your operation you'll have a pre-operative assessment, often with blood tests to check your iron, protein and vitamin levels. You'll also be asked to:

- ✓ stop smoking, vaping and nicotine replacement for at least 6 weeks before and after surgery

- eat a balanced diet with plenty of protein, and keep taking any supplements you have been advised to take after bariatric surgery
- tell Mr Kumar and your anaesthetist if you take weight-loss injections, and follow the advice you are given; don't stop or change them without speaking to your prescriber
- stop aspirin, anti-inflammatory painkillers and supplements such as fish oil, garlic and vitamin E, usually 1–2 weeks beforehand. Don't stop a prescribed blood thinner without checking first.
- arrange help at home for the first week or two, and plan 3 to 4 weeks away from work
- follow the fasting instructions you are given for your general anaesthetic

06 Anaesthetic and where it happens

A fleur-de-lis tummy tuck is done under general anaesthetic in hospital. You usually stay one or two nights. You'll wear compression stockings, and are usually given injections to reduce the risk of blood clots.

07 The procedure

Mr Kumar marks both scar lines with you standing before the operation. Loose skin and fat are removed, the muscles are tightened where needed, and the skin is closed in layers with the belly button brought out in a natural position.

The operation usually takes three to four hours. Small drains are sometimes used, and you wear a compression garment afterwards.

08 Recovery

- **Week 1:** rest at home with help. Walk little and often, slightly bent at the waist, and wear your compression garment.

- **Weeks 2–3:** wound checks, with particular attention to where the scars meet.
- **Weeks 3–6:** most people return to desk work and driving from about 3 to 4 weeks. No heavy lifting.
- **6–8 weeks onwards:** a gradual return to exercise. Scars soften and fade over 12 to 18 months.

09 Risks and complications

Most people recover without any serious problems. But like any treatment 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 treatment. 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.

- Swelling, bruising and tightness for several weeks.
- Numb skin around the scars, which usually improves over months.
- Tiredness for a few weeks, especially after longer operations.

Other complications

Complications are more common after major weight loss than after other cosmetic surgery, because the operations are larger and the skin and tissues are thinner.

- **Slow healing where the scars meet** COMMON
  The skin where the vertical and horizontal scars join has the weakest blood supply. It may take several weeks to heal with dressings.
- **Fluid under the skin (seroma)** COMMON
  Usually drained with a needle in clinic.
- **Infection** COMMON
  Usually treated with antibiotics.
- **Collection of blood (haematoma)** UNCOMMON
  Usually in the first day. It may need a return to theatre.
- **Noticeable or stretched scars** COMMON
  Either scar can widen or become raised. Most improve with time, massage or a small revision.

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** UNCOMMON
  Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, stockings and any injections you are given reduce the risk.
- **Loss of skin or fat** UNCOMMON
  An area of skin or fat can lose its blood supply and need dressings or further surgery. Smoking makes this much more likely.

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.

10 Further treatment

A small further procedure is sometimes needed to tidy a scar, remove a "dog ear" or tighten skin that has loosened again. This isn't usually considered until things have fully settled, often 12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

11 Photographs and records

Photographs are taken before and after your treatment 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.

12 Costs and insurance

The NHS funds skin removal after weight loss only in exceptional circumstances, under strict local criteria such as a stable, healthy weight and significant medical problems. Your GP can tell you your area's policy. Health insurance doesn't usually cover it.

If you are paying for yourself, you'll receive a written quote after your consultation, setting out what is included. Self-pay consultations cost £250 and follow-ups £150.

13 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.

14 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.

15 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.

Contact us promptly if you have

- redness that is spreading, warmth, discharge from a wound, or a temperature
- a wound opening up, or fluid leaking from it
- one area becoming much more swollen, tight or painful
- bleeding that doesn't stop with 20 minutes of firm pressure
- pain, swelling or redness in your calf, or breathlessness or chest pain

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

16 What happens next

Before your treatment, 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 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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