MR SIVA KUMAR

CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

# Lower body lift

Belt lipectomy, or 360 body lift, to remove loose skin around the waist after weight loss

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# Contents

This booklet explains the lower body lift, how to prepare, the risks, and what to expect as you recover.


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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 lower body lift, 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 lower body lift involves

After major weight loss, loose skin often wraps all the way around the body, not just the front of the tummy.

A lower body lift removes a belt of loose skin and fat all the way around the waist. The front part is usually a full tummy tuck, with the muscles tightened where needed and the belly button repositioned. As the scar is closed at the back and sides, the hips, outer thighs and buttocks are lifted.

**How it differs from a tummy tuck**

A tummy tuck treats only the front of the tummy, with a scar from hip to hip. A lower body lift continues all the way around, so it also treats the hips, lower back and buttocks.

**The scar**

The scar runs all the way around the lower trunk. It is marked with you standing so that it sits low enough to be hidden by most underwear and swimwear.

**Part of a wider plan**

Other areas, such as the upper back, arms, inner thighs and breasts, are usually treated in separate operations a few months apart.

## 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, or 12 to 18 months after bariatric surgery
- your BMI is close to your target, ideally under 30 to 32
- loose skin wraps around your hips and back as well as the front
- you are eating well, with enough protein, iron and vitamins
- you don't smoke or vape, or are willing to stop
- you accept a long scar and a recovery of several weeks

### What the treatment won't do

- It won't replace weight loss.
- It won't treat loose skin on the inner thighs, arms or upper back.
- It won't stop future changes if your weight goes up again.

**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. Depending on what bothers you, the alternatives include:

- a tummy tuck or extended tummy tuck, if the loose skin is mainly at the front
- a panniculectomy, to remove an overhanging apron only
- supportive underwear and good skin care to prevent rashes in skin folds
- 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 4 to 6 weeks away from work
- follow the fasting instructions you are given for your general anaesthetic

## 06 Anaesthetic and where it happens

A lower body lift is done under general anaesthetic in hospital. You usually stay two or three nights. You'll wear compression stockings and calf pumps, and are usually given blood-thinning injections to reduce the risk of blood clots.

## 07 The procedure

Mr Kumar marks the scar lines with you standing before the operation. You are turned during surgery, usually starting on your front or sides for the back, then on your back for the front.

The belt of loose skin and fat is removed and the remaining skin is lifted and closed in layers. The operation usually takes four to six hours. Small drains are often used for a few days, and you wear a compression garment afterwards.

## 08 Recovery

- **Days 1–3:** in hospital. You get up and walk with help on the first day, which lowers the risk of clots.
- **Weeks 1–2:** rest at home with help. Walk little and often, sleep slightly bent at the waist and wear your compression garment day and night.
- **Weeks 3–6:** wound checks. Most people return to desk work and driving from about 4 to 6 weeks. No heavy lifting.
- **8 weeks onwards:** a gradual return to exercise. Scars soften and fade over 12 to 18 months.

Swelling takes several months to settle. Keeping your weight stable protects the result.

## 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 wound healing** COMMON
  Small areas of the wound, especially at the back or where scars meet, can take several weeks to heal with dressings. In published studies this is the commonest complication of a body lift.
- **Fluid under the skin (seroma)** COMMON
  Usually drained with a needle in clinic, sometimes more than once.
- **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
  Scars can widen, become raised or move slightly. Most improve with time, massage or a small revision.
- **Uneven contour or asymmetry** COMMON
  Small irregularities or "dog ears", which can be corrected later.

## Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** COMMON
  Deep vein thrombosis or pulmonary embolism. After a body lift, published studies report clots in up to about 3 in 100 people, so preventing them is taken very seriously. A clot in the lung can be life-threatening. Walking early, stockings, calf pumps and blood-thinning injections 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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|---|---|
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