MR SIVA KUMAR

CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

Panniculectomy

Apronectomy: removing an overhanging apron of skin for comfort and hygiene

Mr Siva Kumar Veeramani
Consultant Plastic, Reconstructive and Cosmetic Surgeon
MBBS BMedSci MRCSEd MBA FRCSEd (Plast.) · GMC 6114710

The Ü Clinic
Sevenoaks & Oxted

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This booklet explains panniculectomy, how it differs from a 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 panniculectomy, 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 panniculectomy involves

After major weight loss, an apron of skin and fat, called a pannus, can hang over the lower tummy and pubic area.

A panniculectomy removes the apron through a low scar across the tummy. Its main aim is to ease rashes, infections, hygiene problems and discomfort, rather than to change shape.

How it differs from a tummy tuck

In a panniculectomy the tummy muscles are not repaired, the skin above the belly button is not tightened and the belly button is usually left where it is. A tummy tuck does all three, to improve shape.

NHS funding

The NHS funds a panniculectomy only in exceptional cases, under local criteria. These typically include a stable BMI under 30 for at least a year after major weight loss, an apron hanging at or below the pubic bone, and serious problems such as recurrent skin infections. Criteria vary between areas.

03 Before you decide

You're likely to be a good candidate if:

- an apron of skin causes rashes, hygiene problems or discomfort
- your weight has been stable for at least 6 to 12 months
- any rash under the fold has been treated and has settled
- you don't smoke or vape, or are willing to stop
- if you have diabetes, it is well controlled

What the treatment won't do

- It won't repair separated tummy muscles.
- It won't tighten loose skin above the belly button.
- It won't help you lose weight.

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:

- good skin care, keeping the fold clean and dry, and treating rashes with your GP
- supportive underwear
- a full or fleur-de-lis tummy tuck, if you want to change shape as well
- waiting until your weight has settled further

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 2 to 4 weeks away from work
- ✓ follow the fasting instructions you are given for your general anaesthetic

06 Anaesthetic and where it happens

A panniculectomy 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 the area with you standing before the operation. The apron of skin and fat is removed and the wound closed in layers.

The operation usually takes two to three hours. A drain is sometimes used, and you wear a compression garment afterwards.

08 Recovery

- **Week 1:** rest at home. Walk little and often, and wear your compression garment.
- **Weeks 2–3:** wound checks. Many people return to desk work after 2 to 4 weeks.
- **Weeks 3–6:** driving from about 3 to 4 weeks. No heavy lifting.
- **6 weeks onwards:** return to exercise. The scar fades 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 wound healing** COMMON
  More likely with a higher BMI, diabetes or smoking. Usually heals with dressings over a few weeks.
- **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.
- **Scars and "dog ears"** COMMON
  Small folds of skin at the ends of the scar, which can be tidied later.
- **Loose skin remaining** COMMON
  The skin above the scar is not tightened, so some looseness remains.

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 a panniculectomy only in exceptional cases, under local criteria, and often needs an individual funding request. Your GP can tell you your area's policy. Private health insurance rarely covers it, although some insurers may consider it where there is a clear medical reason.

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.

Telephone	020 3026 9695
Email	info@theuclinic.com
Sevenoaks	The Ü Clinic, 74 London Road, Sevenoaks TN13 2DN
Online	mrsivakumar.com

Mr Siva Kumar Veeramani is a Consultant Plastic, Reconstructive and Cosmetic Surgeon. GMC 6114710.