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PATIENT INFORMATION

Surgery after weight loss

Removing loose skin and reshaping the body after major weight loss

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This booklet explains surgery to remove loose skin after weight loss, how it is planned, 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 loose skin after weight loss, or you're about to.

It explains the operations that can help, how they are planned and staged, how to prepare, 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 surgery after weight loss involves

Losing a large amount of weight is a huge achievement, but the skin often can't shrink back, leaving loose folds that rub, cause rashes and make clothes hard to fit.

This happens whether you lost weight after a gastric sleeve or bypass, with weight-loss injections, or through diet and exercise. Surgery removes the loose skin and some fat, and tightens what remains. Most people need more than one operation, planned area by area.

Tummy

A tummy tuck removes loose skin and fat from the lower tummy and repairs separated muscles. A fleur-de-lis tummy tuck adds a vertical scar to tighten the waist from side to side. A panniculectomy removes an overhanging apron of skin only, mainly to ease rashes and discomfort.

Lower body lift

Also called a belt lipectomy or 360 lift. Loose skin is removed all the way around the waist, lifting the tummy, hips, outer thighs and buttocks.

Upper body lift and bra-line back lift

Removes rolls of loose skin on the upper back and sides, with the scar along the bra line. It is often combined with a breast uplift.

Arms and thighs

An arm lift or thigh lift removes hanging skin, with the scar along the inside of the limb.

Breasts, chest, face and neck

A breast uplift, with or without implants, restores shape. In men, chest surgery removes loose skin. A neck lift, facelift or fat grafting can help a face that has become hollow or loose.

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
- you are eating well, with enough protein, iron and vitamins
- you don't smoke or vape, or are willing to stop
- you accept that the scars will be long, although usually hidden by clothing

What the treatment won't do

- It won't replace weight loss. You need to be close to your target weight first.
- It won't remove skin without scars.
- It won't stop future changes if your weight goes up again, or with ageing.

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:

- supportive or compression underwear, and good skin care to prevent rashes in skin folds
- strength training, which can improve shape but won't tighten loose skin

- skin tightening treatments, which help only mild looseness
- doing nothing

05 Planning your operations

Mr Kumar starts with the area that bothers you most, often the tummy. Some procedures can be combined safely in one operation, but larger combinations are usually staged, typically three to six months apart, so each operation is safe and you recover well in between.

You'll receive a written plan showing the order of operations, the likely time between them and a quote for each stage.

06 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
- follow the advice you are given about pausing weight-loss injections before your anaesthetic
- 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

07 Anaesthetic and where it happens

These operations are done under general anaesthetic in hospital. You usually stay one to three nights. You'll wear compression stockings, and may be given injections to reduce the risk of blood clots.

08 The procedure

Mr Kumar marks the areas to be treated with you standing before the operation. Loose skin and fat are removed and the remaining skin is tightened and closed in layers, with the scars placed where clothing or underwear usually covers them.

Operations usually take two to five hours, depending on the areas treated. Small drains are sometimes used for a few days, and you wear a compression garment afterwards.

09 Recovery

- **Week 1:** rest at home with help. Walk little and often, and wear your compression garment day and night.
- **Weeks 2–3:** wound checks. Most people return to desk work after 2 to 4 weeks.
- **Weeks 4–6:** a gradual return to driving and normal activities, with no heavy lifting.
- **6 weeks onwards:** return to exercise. Scars slowly soften and fade over 12 to 18 months.

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

10 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, especially where scars meet, can take several weeks to heal with dressings.
- **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)** COMMON
  Usually in the first day. It may need a return to theatre.

- **Noticeable or stretched scars** COMMON
  Scars can widen or become raised. Most improve with time, massage or a small revision.
- **Loose skin remaining or returning** COMMON
  Some looseness often returns over time, and a small tuck-up may be needed.
- **Uneven contour** UNCOMMON
  Small irregularities or "dog ears" at the ends of scars, which can be corrected later.

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** UNCOMMON
  Deep vein thrombosis or pulmonary embolism, more likely after longer operations such as a body lift. 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.

11 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.

12 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.

13 Costs and insurance

The NHS funds skin removal only in exceptional circumstances, with 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 for each stage. Guide prices start from £4,500 for a mini tummy tuck or arm lift, £7,500 for a panniculectomy, £9,500 for a full tummy tuck, £10,000 for an upper body lift, £11,500 for a fleur-de-lis tummy tuck and £15,000 for a lower body lift. Self-pay consultations cost £250 and follow-ups £150.

14 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.

15 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.

16 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.

17 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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