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ABDOMINOPLASTY

There are a variety of abdominoplasty, or tummy tuck, procedures available, and operations can be tailored to suit a patient's wishes and needs.

Generally speaking, however, tummy tucks are most commonly carried out to remove excess skin, unwanted scars, stretch marks and fat, and to tighten the stomach muscles.

The ideal patient is someone whose weight is normal, particularly those who have been overweight and have lost the excess weight. Abdominoplasty is not an operation for people who are overweight, or as an attempt at losing weight. In appropriate patients abdominoplasty can have a very marked effect and is associated with high patient satisfaction.

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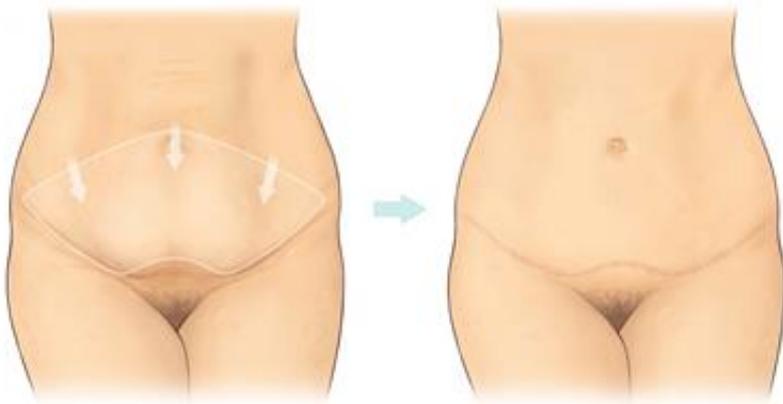
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Full abdominoplasty

For patients who have significant skin laxity, excess fat and separation of the muscles, a classic tummy tuck is the most common procedure. Performed under general anaesthetic, this operation can require patients to be in hospital for two or three days.

During the operation, an incision is made from hip to hip and around the umbilicus. The excess

skin and fat is excised from the umbilicus to just above the pubic hair. The muscles above and below the umbilicus are tightened. The skin is then sewn up to give a circular scar around the umbilicus and a long scar across the lower abdomen. Although this operation leaves a large scar, it does provide the greatest improvement in abdominal shape. Patients who are thinking about becoming pregnant should not undergo this procedure, and should wait until they are sure they are not having any more children.



All the skin and fat below the umbilicus can be removed in a standard abdominoplasty. This results in a scar across the lower abdomen and a scar around the umbilicus.

Mini abdominoplasty

For patients with only a small amount of excess skin a lesser abdominoplasty might be appropriate. A general anaesthetic is still needed.

During the operating, a wedge of skin and fat is excised from the lower tummy leaving a horizontal scar above the pubic hair. Sometimes the muscles will also be tightened. No scar is left around the umbilicus, which may be stretched slightly to become a different shape. A mini abdominoplasty will give a smaller effect than a full abdominoplasty.

Liposuction

Liposuction can sometimes be done at the same time as the abdominoplasty. However, liposuction can be recommended instead of an abdominoplasty for younger patients who have good quality, elastic skin and whose main problem is a localised excess of fat.

A general anaesthetic is most commonly used, but treatment can often be as a day case. During the procedure, small incisions are made, excess fat is removed and the wounds are then closed.

~~Some degree~~ of skin tightening or shrinkage can be expected as well, but the results of liposuction
By  s be unpredictable. Liposuction alone will have less effect than abdominoplasty.

Is this surgery available on the NHS?

Cosmetic abdominoplasty and liposuction are generally not available on the NHS so you will have to consult a plastic surgeon as a private patient and pay for the operation yourself. There are some exceptions to this rule.

In some parts of England the local health authority will allow consultations and operations for persons unhappy with the appearance of their abdomen in certain circumstances. These exceptional circumstances vary from region to region. In general, patients who have achieved massive weight loss, or have extensive abdominal scars and associated hernias might be considered exceptional. Your GP will be able to tell you about the local rules that apply for where you live. BAPRAS is unhappy that this type of postcode rationing occurs and has worked with the Department of Health in drawing up guidelines for **commissioning cosmetic procedures** on the NHS. However, at present, in England the decision is made locally as to what is available for the population in a particular area. Different rules also apply in Wales, Scotland and Northern Ireland.

Who will I see as a patient?

We would strongly advise that you consult your GP if you are considering abdominoplasty. They will be able to refer you to a local plastic surgeon to discuss your options. If you have access to NHS treatment this will be at a plastic surgery outpatient clinic in a nearby NHS hospital. Your GP can also refer you to a plastic surgeon as a private patient. Some patients will choose to approach a private hospital or clinic themselves. If you do this you should ensure that your initial consultation will be with the surgeon who will be doing the operation. You should expect to pay for this consultation. You should check in advance that the surgeon is on the specialist register of the GMC in plastic surgery.

At your first consultation you will be asked what is bothering you about your abdomen and about your expected outcome from the surgery. A patient's general fitness will also be evaluated, and surgeons will need to know about any previous abdominal surgery, pregnancies, leg or lung clots you may have had, plus any medication you are currently on, and whether you smoke or drink. You will be examined and some discussion will follow about which type of procedure might be

appropriate. If you are considered suitable you will be told about the operation, the expected outcome and possible risks and complications. For patients who are eligible, NHS treatment is entirely free.

Private patients should be given a 'cooling-off' period before booking surgery, and will usually have a second consultation. You will be sent a quote regarding the cost. You should avoid any deal in which you are asked to pay any form of non-returnable deposit. Most hospitals will offer a package price that covers the cost of treating any complications arising in the initial weeks after the operation.

What should I expect in terms of treatment, procedures and outcomes?

The surgical procedures described on this page are all best performed when a patient is fit and healthy. No special diet or exercise programme is required prior to an abdominoplasty, but you should be close to your ideal weight. You will be admitted on the day of surgery, and your length of stay depends on which procedure is done. With a full abdominoplasty you will have some dressings on your tummy and usually some drains (plastic tubes attached to suction bottles). The drains will usually be removed before you go home. You will be given instructions about your dressings and stitches when you go home. Most surgeons will use mostly dissolving stitches, but some stitches might need to be removed. Post-operative pain in these procedures is easily controlled. Patients will be mobile from day one and should be back to full exercise within six weeks. Patients are recommended to take at least four weeks off work immediately after the operation in order to ensure they recuperate fully. These timings are approximate and depend on what exactly is done; also some people recover quicker than others.

All abdominoplasties result in some scarring although the nature of the scars will depend on the technique that has been used. Scars tend to be quite red and raised in the first six weeks, changing over next six months or so and then fading to white. Most patients will form good quality scars over time, but occasionally and unpredictably some patients will get red lumpy scars that do not improve.

What complications can occur?

Whilst these operations are generally regarded to be highly successful, there are various negatives and complications that patients need to consider. A full abdominoplasty is a major

operation and you must be prepared for the process and recovery period. Most patients are delighted with the physical and cosmetic improvements that abdominoplasty brings. However, it is impossible to guarantee that every patient will be completely satisfied with the result.

There will be minor asymmetries in respect of the scars, and possibly residual bulges. Occasionally patients will bleed immediately after the operation and need to go back to the operating room for this to be dealt with. Wound healing problems can occur. Most wound problems are minor and can be managed with simple dressings, however more major wound problems can arise such as infections, skin loss, wound separation and delayed healing. Wound problems, if they occur, can delay your recovery and result in worse scarring. In some patients fluid will collect in the abdomen in the region of the operation. If this occurs it needs to be removed using a needle, this is done in the outpatient clinic. All patients can expect alteration in the feeling of the lower abdomen which is usually permanent. This operation carries a risk of blood clots in the legs and possibly the lungs. Various precautions are taken to limit this risk but if a blood clot occurs, treatment with blood thinning medication will be needed for several months. Blood clots in the lungs can be serious.

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