



## Information about abdominoplasty surgery (tummy tuck) Part 1 of 3

This leaflet explains abdominoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after a tummy tuck, see parts 2 and 3.

### What is abdominoplasty surgery?

Abdominoplasty surgery, commonly known as a tummy tuck, is an operation to remove extra skin, scars, stretch marks and fat from the tummy, and sometimes to tighten the tummy muscles.

### Why have a tummy tuck?

People have this surgery to take away extra skin and fat, or get a flatter tummy, often after pregnancy or gaining and losing weight. It can help rejoin the muscles of the abdominal wall if they have been pulled apart in the middle (known as 'divarification of the recti'). Stretch marks can sometimes be cut away or tightened to make them less obvious.

Ideally, your weight will be normal before the surgery. A tummy tuck is not for people who are overweight, or carried out in order to lose weight. For the right person, a tummy tuck can make a big difference to their confidence and quality of life.

### What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your tummy, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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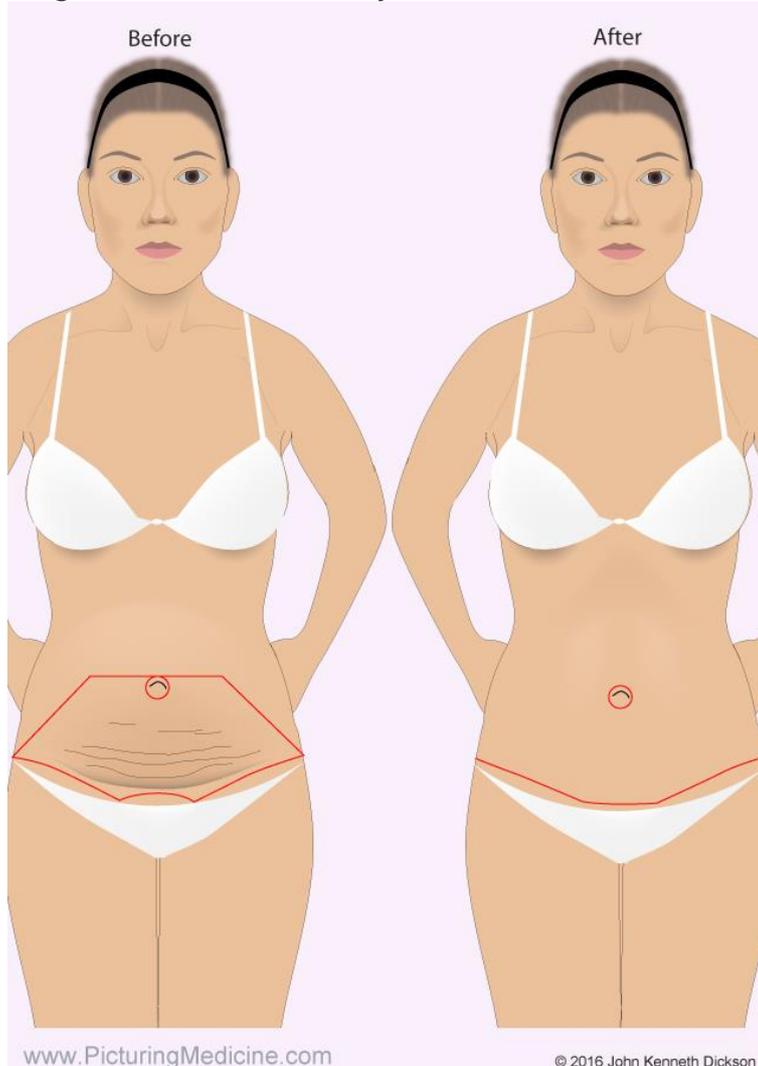


## How is the surgery performed?

### The standard tummy tuck (diagram 1)

This is the most common type of tummy tuck. A cut is made across the body from one hip to the other and around the belly button (umbilicus). The extra skin and fat are removed from just above the pubic hair up to the belly button. The muscles above and below the belly button are tightened. The skin is then sewn together to give a circular scar around the belly button and a long scar across the lower tummy.

Diagram 1: standard tummy tuck



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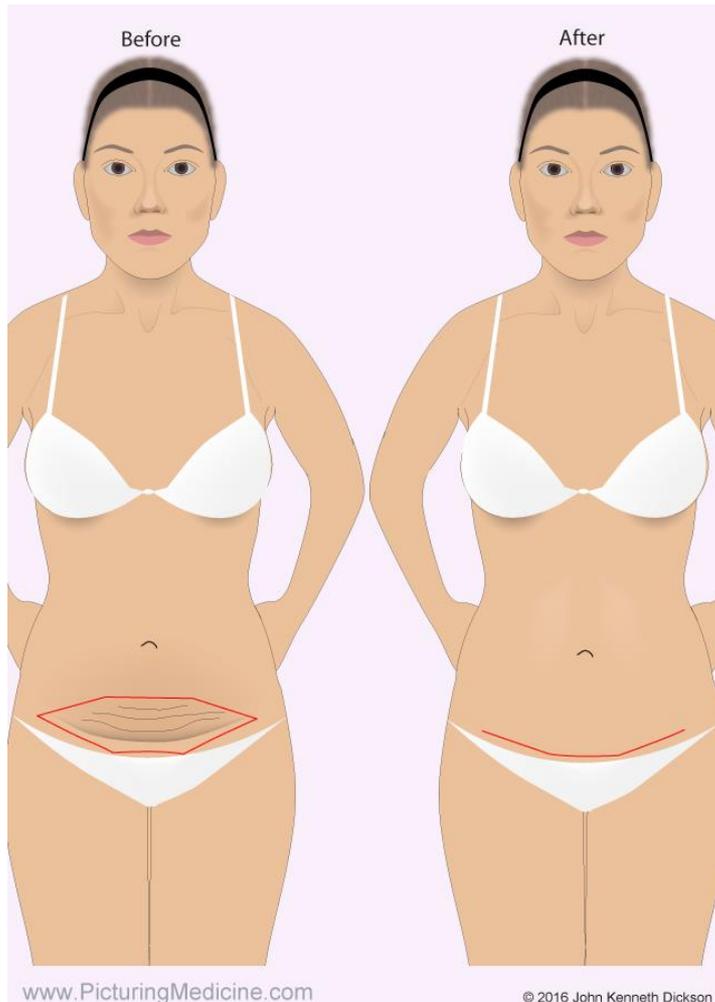




**The mini tummy tuck (diagram 2)**

Here, a smaller amount of skin and fat is removed from the lower tummy, though there will still be a long horizontal scar above the pubic hair. Sometimes the muscles will also be tightened. No scar is left around the tummy button, which may be stretched to become a different shape. A mini tummy tuck will give less of an effect than a full tummy tuck.

Diagram 2: mini tummy tuck



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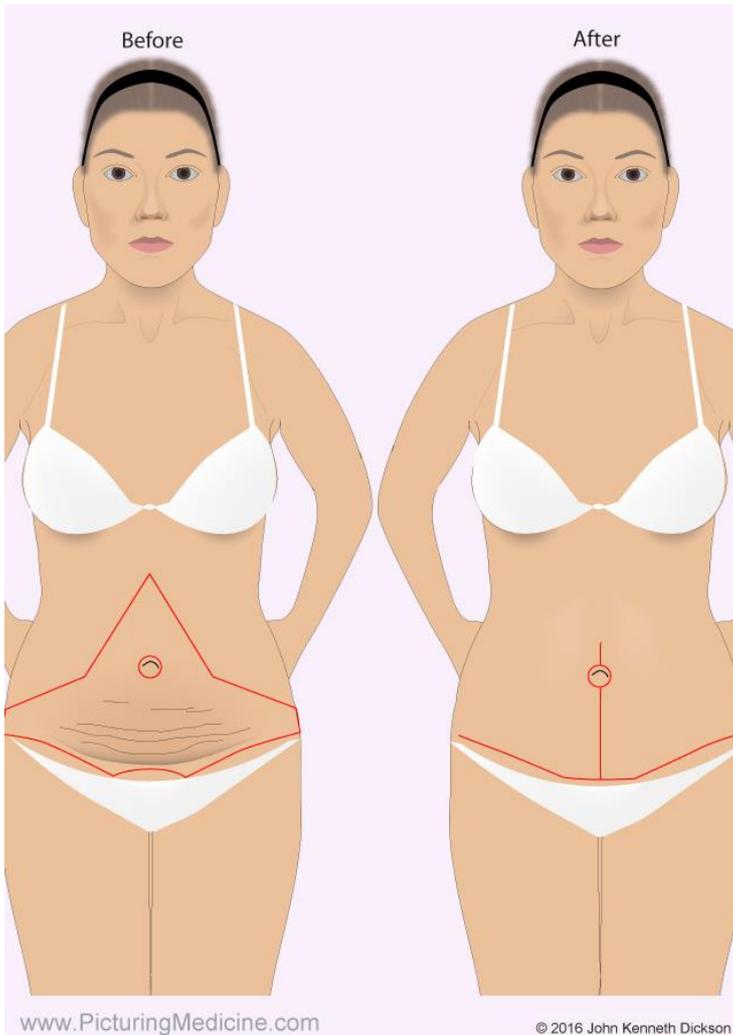




**The fleur-de-lis tummy tuck (diagram 3)**

For patients with lots of extra skin on the lower and upper tummy, a fleur-de-lis tummy tuck might be appropriate. Here, as well as the long horizontal cut of the standard tummy tuck, there is a vertical cut too, so the scar looks like an anchor.

Diagram 3: fleur-de-lis tummy tuck



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## **Other options**

You could also consider the following.

- Having liposuction (where fat is sucked out through a tube inserted into small cuts) before or after the tummy tuck, to thin the abdominal wall. This is helpful but the results can be unpredictable. Liposuction alone will have less effect than a tummy tuck.
- Having an extended tummy tuck, where extra skin and fat are removed from the lower back and above the hips. With this surgery, the scar goes around onto the lower back.
- An endoscopic tummy tuck, where the tummy muscles are tightened through a short sideways cut above the pubic hair. Skin is not removed, but liposuction can be carried out.
- An apronectomy, which is a modified mini tummy tuck for if you have a lot of skin and fat hanging down over the pubic area. Here, only the extra skin and fat are removed. This leaves a long, sideways scar.

If you have scars from previous operations, the usual tummy tuck may be modified to suit the scars.

## **Choosing a surgeon**

If you decide to have a tummy tuck, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent tummy tuck. If you are not given time to think about it, you should look elsewhere.

## **How can I help my operation be a success?**

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

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**To find out more, visit the websites below.**

**Contact us:**

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**British Association of Plastic, Reconstructive and Aesthetic Surgeons**  
(Address as above)

Phone: 020 7831 5161  
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**Information on cosmetic surgery**

[www.baaps.org.uk/safety-in-surgery](http://www.baaps.org.uk/safety-in-surgery)  
[www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery](http://www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery)  
[www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery](http://www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery)

**General Medical Council (GMC) plastic surgery specialist register**

[www.gmc-uk.org/doctors/register/LRMP.asp](http://www.gmc-uk.org/doctors/register/LRMP.asp)

**Anaesthetics**

[www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)

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**Date of review: August 2021** (produced August 2016)

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## Patient consent form for abdominoplasty surgery (tummy tuck)

### Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to a tummy tuck. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on the surgery, see part 1. For information on care after a tummy tuck, please see part 3.

### What is abdominoplasty surgery?

Abdominoplasty surgery, commonly known as a tummy tuck, is an operation to remove extra skin, scars, stretch marks and fat from the tummy, and sometimes to tighten the tummy muscles.

### What is the alternative treatment?

Losing weight and exercising to tighten up the tummy muscles may help. For some younger patients, liposuction (where fat is sucked out through a tube inserted into small cuts) can help. This can be done on its own, or with a tummy tuck.

### What are the main risks and complications of a tummy tuck?

As with all operations, there are risks involved in having a tummy tuck. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

### Complications associated with the surgery

- **Scars**

There will be scars from the surgery. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. The main scars are across the lower tummy and around the belly button. The shape of the scars will depend on the type of tummy tuck you had. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

- **Bleeding**

Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

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- **Seroma**  
This is where fluid collects in the abdomen. That fluid may need to be drained by having a needle through the skin, or by having another operation. This can affect the final result of the surgery.
- **Infection**  
If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery.
- **Swelling, bruising and pain**  
There will be some swelling and bruising of the tummy after the operation, and this can take months to settle. There may be long-term pain, but this is uncommon.
- **Feeling full and 'paralytic ileus'**  
You may find that you feel full after eating relatively small amounts of food. Rarely, a segment of bowel can 'switch off' for a few days, causing a swollen tummy, vomiting and constipation. This is rare and will settle, but it may delay your return to eating normally.
- **Healing problems**  
Sometimes, wounds take longer than normal to heal, or the edges come apart. Usually these problems are put right by dressing the wounds, but they can prolong recovery and make scars worse. Smokers are more likely to have healing problems.
- **Extrusion**  
This is where deep stitches poke out through the skin. These can easily be removed.
- **Increased or reduced sensation**  
After the surgery, most patients will get some alteration in the sensation in the skin of their lower tummy. Sometimes, the change in sensation may be permanent. . You may also experience a pricking sensation, discomfort and tender spots as nerves try to recover.
- **Asymmetry**  
The scars will not be exactly symmetrical and might have small bulges. The tummy wall above the scar is thicker than below the scar, so a fatty bulge may remain above the scar. Liposuction can help with this. Also, the belly button can be slightly off-centre.
- **Damage to deeper structures**  
Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles

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and the bowel (the part of the intestine below the stomach). This damage may be temporary or permanent.

- **Loss of blood supply to skin, fat or the belly button**

Some areas of skin, fat or belly button may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, which can affect the final result of the surgery.

There can be lumpiness where necrosis has happened.

- **Unsatisfactory result**

Sometimes, patients are not satisfied with the result of their tummy tuck. This may be to do with the look or feel of the tummy, or the shape of the tummy not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the look and feel you want, and whether this can be safely achieved with a good outcome.

- **Change over time**

The appearance of your tummy will change as a result of ageing or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the tummy tuck. Carefully exercising the muscles and keeping your weight steady will help to maintain the result of the surgery.

- **Allergic reaction**

Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

### Risks of anaesthetic

- **Allergic reactions**

You could have an allergic reaction to the anaesthetic.

- **Chest infection**

There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**

Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.

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- **Heart attack or stroke**

A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**

As with all surgery, it is possible to die as a result of the operation.

**Further risks specific to you or the procedure**

.....  
.....  
.....

**It is important that you have all of your questions answered before signing the consent form on the next page.**

**You can change your mind at any time, even after you have signed the consent form.**

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### Patient consent form – abdominoplasty (tummy tuck)

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex: Male  Female

Further procedures that may become necessary:

.....

Type of anaesthetic to be used:

General  Regional  Local  Sedation only

Consultant’s name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you? Yes  No

Have you been able to ask questions and raise concerns with the doctor? Yes  No

Have any questions you had been answered to your satisfaction? Yes  No

Do you understand the risks of the procedure and those specific to you (including scars, bleeding, infection, swelling, pain, healing problems, seroma, extrusion of stitches, increased or reduced sensation, asymmetry, damage to other structures, loss of blood supply to skin, fat or the belly button, unsatisfactory result, change over time, the need for a further operation)? Yes  No

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Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)? Yes  No

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure Yes  No
- Tissue taken from you being used for research Yes  No
- Photos being taken for diagnosis and treatment Yes  No
- Anonymous photos being used for teaching Yes  No
- Medical students being in the operating theatre for the purposes of learning Yes  No

Do you want to go ahead with the procedure? Yes  No

Patient's signature:..... Date:.....

Patient's name (in block capitals):.....

**Surgeon**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

**Anaesthetist**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Anaesthetist's signature: ..... Date:.....

Anaesthetist's name (in block capitals):.....

Phone number:.....

Job title:.....

**Interpreter**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Interpreter's signature:..... Date:.....

Interpreter's name (in block capitals):.....

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**Doctor's confirmation of consent** (to be signed on the day of surgery if this form was signed before then)  
Sign below to confirm that you have made sure that the patient has no further questions and that they would still  
like to go ahead with the procedure.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

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## Care after abdominoplasty surgery (tummy tuck)

### Part 3 of 3

This leaflet explains what to expect after a tummy tuck. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the surgery, and the risks and complications of a tummy tuck, please see parts 1 and 2.

### What to expect after the operation

Tummy tucks are usually carried out under a general anaesthetic (so you would be asleep). The operation usually takes about three hours, and you would usually spend up to three days in hospital.

When you wake up from your operation you may have a drip to give you fluid while you are not drinking. You might be given antibiotics to keep the wound clean. Also, you may have drainage tubes in your lower tummy to drain away any fluid or blood. These tubes will be taken out when the fluid or blood has stopped draining, usually before you go home.

Your tummy will feel tight and sore. Simple painkillers should be enough to keep you comfortable.

### Dressings

You will have some dressings on your tummy. You may need to wear a well-fitting support garment, usually for weeks after the operation. You will be asked to keep your knees and hips bent whenever possible to take the strain off your stitches.

### Recovery

You will be out of bed on the same day as your surgery, and doing light activities after two weeks. You should be back to normal exercise in six weeks.

While you are in hospital, you will be given blood-thinning injections, and support stockings, to reduce the risk of a clot in the leg (DVT) or the lung (PE).

Avoid strenuous activity for 10 to 12 weeks. Most patients take up to four weeks off work after the operation, depending on their job. Your tummy will be sore and swollen for weeks to months after the operation. Do not lift heavy things for several weeks, and avoid sex for at least three weeks. With all activities, start gently.

Do not drive until you feel safe and are comfortable wearing a seatbelt. Check your insurance documents if you are not sure.

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### **Seeing the results**

At first your tummy skin may seem too tight. This usually settles down within six weeks of the surgery. Most patients are pleased with the final result, but some find their new shape difficult to get used to. This may happen to you.

You may have more or less sensation in the skin on your tummy, and this can change over time.

### **Your aftercare**

To protect your body, and get the best result, look after yourself.

Avoid vigorous activities after your operation.

Protect your wounds as you are told to.

Putting on weight or being pregnant will affect the results.

Maintain a healthy weight and level of exercise.

### **What to look out for**

Bleeding after surgery can cause swelling, a change in colour, and pain, usually just on one side. The signs of an infection are pain, redness, swelling and pus in the wound, and you may also have a temperature.

A blood clot in the leg can cause swelling and pain in the calf. If the clot goes to the lung, you might be breathless or have pain in your chest.

If the wound is not healing well, it may be sore and weep.

If you have any worries after your operation, speak to a doctor or go to A&E.

### **Important contact details for your surgery**

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