

GENERAL INFORMATION

Abdominoplasty is a surgical procedure to remove excess skin and fat tissue from the middle and lower abdomen, and to tighten the muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight and you should be at a stable weight. There is a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgeries, including liposuction.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the areas of loose skin and fat deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fat deposits in an individual of normal weight. Diet and exercise programs may also be beneficial for reducing excess body fat and improve body contours. Risks and potential complications are also associated with alternative surgical forms of treatment.

SPECIFIC RISKS OF ABDOMINOPLASTY SURGERY

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. For most patients, the changes in sensation improve with time. However, diminished (or loss of) skin sensation may not resolve entirely after an abdominoplasty.

Skin-Contour Irregularities:

Contour and shape irregularities, as well as depressions may occur after abdominoplasty. Visible and palpable wrinkling of the skin can occur. Residual skin irregularities at the ends of the incisions, or “dog ears,” may occur, as does skin pleating, when there is excessive residual skin. This may improve with time, and can be surgically corrected.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery **and even hospitalization** may be necessary.

Umbilicus:

Malposition, scarring, unacceptable appearance, or loss of the umbilicus (navel) may occur.

Pubic Distortion:

It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatments including surgery may be necessary.

Scars:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scars may be asymmetrical (appear different on the right and left side of the body). These scars may become raised, red in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars i.e., prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Injury to Deep Vital Structures:

There is an inherent risk of injuring deeper vital structures including, but not limited to the bowel, muscles, nerves, vessels, and other intra-abdominal structures. This can result in severe infections, bleeding, breathing difficulties, organ failure, and possibly death. These injuries may require additional surgical procedures and hospitalizations.

Liposuction in General:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications.

Fat/Air Embolism:

Rarely, during or after liposuction and/or fat grafting, fat particles or air can enter the vascular system and can travel to the heart, lungs, or brain. This can result in significant complications including death.