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Abdominoplasty (Tummy Tuck) information leaflet

This is a factsheet document that has been prepared to help inform you about abdominoplasty surgery, its risks, and alternative treatments. It is important that you read this information carefully and completely.

General Information

Abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective surgeries.

Alternative Treatments

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement, however this may not address any loose skin, another option is to wear abdominal binders or garments that can mask the loose skin. Other alternative methods including skin tightening treatment including lasers or cooling therapy, but these have their limitations regarding the amount of skin tightening they produce. If you are interested in other options other than a surgical tummy tuck, please do not hesitate to ask your surgeon about these options.

What is a tummy tuck (Abdominoplasty)?

It is a procedure that excises (surgically remove) the excess skin and fat of the lower tummy to tighten the skin of the tummy and gives it a more youthful look.

When is it indicated?

Tummy tuck is indicated when a person loses weight and this results of loose excess skin in the lower tummy, or after pregnancy or multiple pregnancies and the woman develops excess skin.

What do I expect during my consultation?

You will be seen by your surgeon; he/she should listen to you and to your concerns. You are encouraged to tell your surgeon your expectations and desires, this will help you both reach a realistic and achievable results after discussion. You are encouraged to research the surgeon and the surgery itself. You are encouraged to ask questions and ask about outcomes, risks, and complications. Your surgeon will gather more information from you, including medications,



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allergies, social habits, family and social history, current medical problems, and previous surgeries. You are strongly advised to be open with your surgeon and answer truthfully. Your surgeon will examine you with presence of a chaperone, and your surgeon will take medical photographs. Medical photography is essential for you and your surgeon to be able to discuss together the surgery and reach common expectations.

Your surgeon will then explain the surgery, he/she may give you leaflets to read and will offer you a cool-off period where you can have sufficient time to assimilate the information, and weigh your options, and decide on your surgery. Your surgeon will not pressure you at any point to reach a decision, but he/she may guide you towards suitable options if you feel the need for guidance.

Your surgeon will discuss risks and complications associated with your surgery, the aim of which is not to scare you off, but rather to put you in perspective and to explain associated risks with the procedure. Risks and complications are a part of surgery, and they do happen. It does not mean an error of your part or of your surgeon. Risks and complications are monitored closely from different professional bodies across the UK, and if complications are not documented or happen in increased numbers for a particular surgeon, regulatory bodies in the UK scrutinize the work of the surgeon and may stop him/her from practicing if necessary or if found negligent.

Nevertheless, your surgeon will discuss thoroughly with you what will happen in case of complications, and how he/she will mitigate it and make it right.

What does a tummy tuck require and recovery period?

A tummy tuck requires general anaesthetic (where you got to sleep) for 3-4 hours. You will be asked to starve at least 6 hours prior to the procedure. You will wake up with an abdominal binder or a corset (that you may be provided with or asked to buy). You may have two drains hanging out, the purpose of which collecting fluids and blood from inside (below your skin). You will be staying in hospital for a day or two at most, and you will be asked to get out of bed and start walking as soon as possible. You will be given adequate pain relief to keep you comfortable and you may be given or asked to take laxatives to help your bowels. The recovery period is 8 weeks in 3 phases.

Week 1-2: you will have dressing changes by end of week 1 and 2, you can have showers but try to keep dressings dry and clean, and you shouldn't have a bath. You should have time off work for 2-3 weeks. You shouldn't do any house chores, and you should abstain from heavy exercise, driving or sexual activity. You will be given oral antibiotics for the first week. In most cases, paracetamol and/ or ibuprofen should be enough for pain relief for the few days after surgery.



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Week 3-5: You can go back to work with amended duties, and you can start driving if you can make an emergency stop with no pain. You should continue wearing your supportive garment, and provided your wounds have healed well, you can have baths. You are allowed to do gentle exercise and return to light housework.

Week 6-8: You can return slowly to normal daily activity, and gently introduce weightlifting, exercise, or heavy housework, and you can travel or fly abroad provided you have healed uneventfully. You are advised to continue wearing your supportive bra during this last stage, and you can take it off after 8 weeks.

Results are usually appreciated between 6-9 months after surgery. If you require any further surgery for correction or residual deformity, this is usually done 9-12 months after the original surgery to allow your tissues to settle and for you to fully recover.

How is the surgery done?

Surgery is done by creating a surgical cut in the lower part of your tummy usually at the panty line or lower, and then elevating the lower abdominal skin all the way up to your chest wall, this is then pulled down and the excess skin is surgically removed. Your belly button is re-introduced through a hole in the skin. Your surgeon will aim to thoroughly stop your blood vessels from bleeding by a process called coagulation. Your surgeon will then close your cut using surgical sutures, usually buried inside. Your surgeon may elect to insert one or two drains to collect excess fluid and blood. Commonly, tummy tuck procedures are combined with liposuction.

Risks Of Abdominoplasty Surgery

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although most patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you completely understand all possible consequences of an abdominoplasty.



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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. Diminished (or complete loss of skin sensation) may not totally resolve after an abdominoplasty.

Skin Contour Irregularities Contour and shape irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Major Wound Separation Wounds may separate after surgery. Should this occur, additional treatment including surgery 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 treatment including surgery may be necessary.

General Complications of Surgery

Bleeding It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection Wound infections usually appear in the immediate postoperative period. Subacute or chronic infections may be difficult to diagnose or occur later. Should an infection occur, treatment including antibiotics, additional surgery or local wound care may be necessary. Infections can lead to compromise of the final result of surgery.

Scarring All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from



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sutures. In some cases, scars may require surgical revision or treatment. Scars can be lumpy, red and painful (**keloid scars / hypertrophic**), or can extend beyond the wound as a excess cone of tissue (**dog-ears**).

Healing Issues Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, colour changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anaesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Firmness Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

Skin Contour Irregularities Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.



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Skin Sensitivity Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Delayed Healing Wound disruption or delayed wound healing is possible. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Seroma Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Damage to Deeper Structures There is the potential for injury to deeper structures including, nerves and blood vessels muscles during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Sutures Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Surgical Anaesthesia Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

Shock In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Deep Venous Thrombosis, Cardiac and Pulmonary Complications Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. Should any of these complications occur, you



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may require hospitalization and additional treatment. *If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.*

Pain You will experience pain after your surgery and can be of varying intensity and duration may. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching. For surgery on limbs then a specific type of long-term pain called CRPS (complex regional pain syndrome) can occur and cause long-term effects that needs intensive therapy and or medications to help manage.

Allergic Reactions In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Long-term results Long-term results are difficult to predict and depend on many factors such as lifestyle, weight and genetics.

Unsatisfactory result You may be disappointed with the results of surgery. Asymmetry, unsatisfactory surgical scar location or displacement may occur. It may be necessary to perform additional surgery to improve your results.

Medications and Herbal Dietary Supplements There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding, as can any non-steroidal anti-inflammatories. It is very important not to stop drugs that interfere with platelets without discussing with the surgeon and prescribing doctor. Be sure to check with your own doctor about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery please be aware that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Additional Surgery Necessary There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary and can be unpredictable as the practice of medicine and surgery is not always an exact science. Although good results are expected, there is no guarantee or



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warranty expressed or implied on the results that may be obtained through the hospital does have specific terms and conditions which they should supply separately. Even though risks and complications occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

Patient Compliance

Follow all post operative instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

Female Patient Information

It is important to inform your plastic surgeon if you use birth control pills, oestrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may affect the preventive effect of birth control pills, allowing for conception and pregnancy, so please use alternate contraception until discussing with your family planning doctor.

Intimate Relations After Surgery

Surgery involves coagulating blood vessels and increased activity of any kind may open these vessels leading to a bleed, or haematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Health Insurance

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery.

Financial Responsibilities

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anaesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending



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on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered.

The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

Changing your mind

You can change your mind at any stage and there is no obligation to have any procedure. This may be to discuss the procedure in more detail or to withdraw from the treatment completely. Please bring up any concerns as soon as you have them, and I can attempt to address them.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications such as skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

If you smoke, you must refrain from smoking at least 6 weeks before surgery, and 4 weeks after. The hospital routinely performs nicotine blood and urine test prior to surgery, and if traces of nicotine is detected, unfortunately your surgery will be postponed, and you may incur a cancellation fee.

Mental Health Disorders and Elective Surgery It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from elective surgery, effects on mental health cannot be accurately predicted.

Additional Surgery Necessary (Re-Operations).

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body



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structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. This may require multiple surgical sessions to produce a final outcome.

Covid

Private healthcare providers review the covid situation on a regular basis. Unfortunately, there is a risk associated with acquiring covid during any hospital admission. However, the hospital takes several reasonable precautions and only people screened negative proceed with general anaesthetic procedures. There is reduced emergency and ICU capacity within the NHS due to covid and therefore there is a risk that, in the rare event that you need ICU, access to this may be delayed. All patients are screened and only proceed to surgery if negative; I am also swabbed. You have already had consultations where we discussed potential complications as well as receiving my own consent form/fact sheet and the above is additional information. Should you wish to defer your operation I fully understand. If you wish to discuss the specifics of this letter, I would be happy to do so.

Disclaimer

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.