



Mini-Abdominoplasty (Mini-Tummy Tuck) Information Leaflet

- **Patient Information Leaflet – for use in clinic**

This leaflet explains what a mini-abdominoplasty involves, who it is suitable for, what to expect before and after surgery, benefits, alternatives, and the risks (including general anaesthetic risks, general surgical risks, and risks specific to mini-abdominoplasty). It is intended to support, not replace, a discussion with your surgeon and anaesthetist.

- **What is a mini-abdominoplasty?**

A mini-abdominoplasty removes a **limited apron of excess skin and fat from the lower abdomen** (usually the area between the pubic hairline and the belly button). The scar is typically a **shorter, low horizontal scar** similar in position to a Caesarean-section scar. In most cases, the **belly button is not moved**, and any muscle tightening (plication) is limited to the **lower abdominal wall** if needed. Liposuction may be added to improve contour. A mini-abdominoplasty gives a **smaller change** than a full abdominoplasty and is designed for **lower-tummy laxity** only.

- **Who is it for? (Indications & Suitability)**

You may be a good candidate if you have:

- **Mild–moderate excess skin and soft tissue limited to the lower abdomen**, especially after weight change or pregnancy.
- **Good skin quality** above the belly button and **no major upper-abdominal laxity**.
- **Near-stable weight** and **BMI in or near the healthy range**.
- **No plans for pregnancy** in the near term (pregnancy can undo the result).

A mini-abdominoplasty is **not** a weight-loss operation and does **not treat stretch marks** outside the skin that is removed. If you have **significant muscle separation (diastasis)** or **excess above the belly button**, a **full abdominoplasty** may be more appropriate. Your surgeon will examine you and advise the most suitable option.

- **Alternatives to consider**

- **Lifestyle measures** (nutrition, exercise, weight management).
- **Non-surgical body-contouring** (limited effect on skin excess).
- **Liposuction alone** (for fat reduction where skin quality is good).



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- **Full abdominoplasty** if excess is more generalised or the umbilicus/muscle gap needs full correction.
- **How the procedure is done**
 - **Anaesthetic:** Usually a **general anaesthetic** (you are asleep). Some cases use local anaesthetic with sedation. Your anaesthetist will discuss what's best for you.
 - **Incision & removal:** A **low, horizontal incision** is made; redundant lower-abdominal skin/fat is removed.
 - **Muscle tightening (if indicated):** The **lower rectus muscles** may be tightened to improve tone below the belly button.
 - **Liposuction (optional):** May be combined to refine contour.
 - **Drains:** Some surgeons use small drains temporarily; others use internal quilting sutures and no drains—your surgeon will discuss their routine.
 - **Closure & dressing:** The wound is closed in layers; sterile dressings and a **support garment** are applied.

Operation time: typically 1–2 hours. **Hospital stay:** day-case or 1 night, depending on your recovery and any additional procedures.

- **Recovery & aftercare**
 - **Mobilise early** (short walks) to reduce blood-clot risk, but avoid strenuous activity for ~4–6 weeks.
 - **Support garment:** usually worn day and night for **4–6 weeks**.
 - **Work & driving:** Many patients return to desk-based work in **2–3 weeks**; longer if your job is physical.
 - **Scar care:** Keep the incision clean and dry initially; once healed, consider silicone gel/sheets and sun protection for 12 months to support scar maturation.
 - **Final result:** Initial results are visible early, but swelling and scar maturation mean your **final contour develops over 3–6 months** and scars continue to soften up to **12–18 months**. Outcomes are best maintained with stable weight and healthy lifestyle.
- **Expected benefits and likely outcome**
 - **Flatter lower abdomen**, improved fit of clothing, and reduced skin overhang (“apron”).
 - **Improved comfort and hygiene** in the lower fold; some stretch marks in the removed skin may be eliminated.



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- **More modest change** than a full abdominoplasty; **upper-abdominal laxity will not be corrected** by a mini-procedure.

- **Risks and complications**

Every operation has risks. Your own risk depends on your health, BMI, medications, smoking status, and whether you have combined procedures (e.g., liposuction). Figures below are typical ranges reported for abdominoplasty in the literature; your surgeon will discuss your personalised risk.

1) Risks of general anaesthesia

Common, usually short-lived:

- **Sore throat, shivering, nausea/vomiting.**

Uncommon/rare but important:

- **Allergic reaction (anaphylaxis), breathing problems/chest infection, eye or dental/lip/tongue injury, confusion/delirium (more common with age), nerve injury, and very rare serious complications.** Your anaesthetist will explain how risks are reduced for you.

2) General surgical risks (apply to most operations)

- **Bleeding/haematoma** (may need return to theatre).
- **Infection** (may need antibiotics, dressings, or rarely further surgery).
- **Blood clots (DVT/PE)**—risk reduced with early walking, stockings, and medications where appropriate.
- **Poor scarring** (hypertrophic/keloid), **wound separation, delayed healing** (higher with smoking/diabetes).
- **Asymmetry or contour irregularity, numbness or altered sensation** near the scar.

3) Risks specific to mini-abdominoplasty

- **Seroma (fluid collection):** the most common abdominoplasty complication; typical expectations around **~10%**, with reports up to **~25%** in some series; may require needle aspiration on one or more occasions. Surgical techniques (e.g., quilting sutures/drains) aim to reduce this.
- **Skin or fat necrosis** (loss of skin/fat, more likely if smoking, high BMI, or tight closure). May prolong healing.
- **Dog-ears** (small puckers at the ends of the scar) or **need for scar revision.**



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- **Persistent fullness/laxity above the belly button** (mini-abdominoplasty does not address upper abdomen; some patients later choose a full abdominoplasty).
- **Unsatisfactory cosmetic result** despite a technically correct operation (shape, symmetry, expectations). Revision procedures are sometimes considered after complete healing.
- **Change in umbilical shape** (usually subtle stretch; the umbilicus is typically not repositioned in a mini).
- **Numbness or hypersensitivity** of lower abdominal skin—often improves with time but can be long-lasting.

Risk factors that increase complications: smoking or nicotine use, diabetes, high BMI, previous abdominal surgery, extensive liposuction at the same time, and poor mobility. Your team will advise optimisation steps (e.g., **stop nicotine at least 6 weeks before and after** surgery, weight stabilisation, control of medical conditions).

- **Preparing for surgery**
 - **Smoking/nicotine:** stop completely **≥6 weeks** pre-op and post-op.
 - **Medications:** provide a full list. You may need to stop blood-thinners or certain supplements temporarily (only on medical advice).
 - **Weight & fitness:** aim for a **stable, healthy BMI** and maintain activity (short walks).
 - **Diabetes & medical conditions:** ensure optimal control with your GP/specialist.
 - **Home set-up:** arrange help at home for the first week, prepare loose clothing, and plan for **no heavy lifting** (including children/pets) for several weeks.
- **On the day**
 - You will meet your **surgeon** (who will mark your abdomen and confirm the plan) and your **anaesthetist** (who will review the anaesthetic and pain-relief plan).
 - Photographs for your confidential medical record are usually taken.
 - Consent will be confirmed, and checks performed for safety.
- **After your operation**
 - Expect **tightness and discomfort** for several days; you'll receive pain relief.
 - You will be encouraged to **walk early** (bent slightly at the hips initially to reduce tension on the wound).



Mr Haitham Khashaba MBBCh, MSc, MRCS, EBOPRAS, FRCS(plast)
Consultant Plastic, Reconstructive & Aesthetic Surgeon

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- **Dressings and garment:** we'll advise when to shower and how to look after the incision.
- **Follow-up:** usually at 1–2 weeks, then as needed. Contact us earlier for **increasing pain, swelling, redness, discharge, fever, breathlessness, or calf pain.**
- **Consent, decision-making & expectations**

High-quality decisions come from understanding **benefits, limitations, and risks** that matter to you. We encourage questions and shared decision-making; written consent is a **process**, not a single signature.

- **Summary (key points)**
 - A **mini-abdominoplasty** targets **lower-tummy** excess with a **shorter low scar**; it does **not** correct upper-abdominal laxity.
 - Most patients go home the same day or after 1 night and wear a **support garment for 4–6 weeks.**
 - **Risks** include those of anaesthesia and surgery; **seroma** is the **commonest** abdominoplasty-related complication ($\approx 10\%$, up to $\approx 25\%$ in some reports).
 - **Results** evolve over months; maintain with **stable weight**, healthy lifestyle, and sun-safe scar care.
- **High-quality sources used in this leaflet**
 - **BAAPS** patient information on abdominoplasty and pre-op leaflet (British Association of Aesthetic Plastic Surgeons).
 - **BAPRAS** procedure guide (British Association of Plastic, Reconstructive and Aesthetic Surgeons).
 - **NHS** patient information (general anaesthesia; tummy tuck).
 - **Royal College of Anaesthetists**—risks of general anaesthesia.
 - **Peer-reviewed/clinical reviews** on seroma after abdominoplasty.
 - **UK hospital patient leaflets** (for typical aftercare timelines and practical advice).
- **Any questions?**

Please bring this leaflet to your consultation. We'll review your medical history, examine you, and confirm whether a **mini-** or **full abdominoplasty** (or a different approach) is the best option for your goals and safety.



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I, _____, hereby certify the following:

- 1- I have read through the entire patient information leaflet and risks and complications regarding **mini-abdominoplasty**.
- 2- I asked questions regarding the procedure.
- 3- I have understood the benefits, alternatives, risks, and complications of **mini-abdominoplasty**.
- 4- Mr Khashaba has explained thoroughly every point and has given me ample time to think and ask questions.
- 5- Mr Khashaba has checked my understanding and answered all my queries.

Name:

Date of Birth:

Signature:

Date: