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## **Abdominoplasty**

### **Patient Information Handout**

#### **Abdominoplasty**

Abdominoplasty is a surgical procedure that aims to remove excess fat and skin from the lower abdomen and contour the waistline. It can be purely cosmetic or may have a functional elements, such as repairing separation of the rectus ('six-pack') muscles or removing functionally debilitating skin after weight loss. After pregnancy, there can be separation of the rectus muscles in the midline called rectus diavication. This is often associated with reduced core strength and pelvic floor dysfunction (manifesting with issues such as loss of bladder control). If present, rectus diavification can be repaired at the time of abdominoplasty. Liposuction is often used concurrently to tailor the silhouette.



#### **What will it Do for Me?**

Abdominoplasty is used to improve the contour of the abdomen as well as correct abdominal anomalies caused by pregnancy or significant weight loss. There are a different types of abdominoplasties which vary in the length and type of scar, whether any rectus diavification is repaired and whether the umbilicus is repositioned. In some cases, patients develop a large distressing apron of fat and skin which interferes with mobility. Removal of this is a functional operation aimed at improving quality of life and movement to aid further weight loss. This is referred to as an 'apronectomy' and is not the same as an abdominoplasty. The goals of abdominoplasty are to:

- Create a more aesthetically pleasing abdomen
- Address any diavification of the rectus muscles if present. Patients with separation of the rectus muscles often have functional impairment with reduced core strength and pelvic floor dysfunction
- Remove excess skin which often suffers recurrent breakdown in the folds, leading to rashes and infections

#### **Is it Right for Me?**

A thorough history and physical examination is important to ensure that the correct surgical plan is implemented. Abdominoplasty is personalised procedure. During your consultation, Mr. Bunker will evaluate your condition, overall health, and provide recommendations for a tailored treatment plan that best suits your specific goals. Abdominoplasty is not a substitute for weight loss but may benefit patients who:

- Are physically healthy and at a stable weight
- Have realistic expectations about what surgery can achieve

- Do not smoke (or quit at least 3 months ago)
- Are bothered by the feeling of a large abdomen
- Suffer skin irritation in abdominal skin folds
- Have rectus diastasis (this can sometimes be noted as a midline bulge when you attempt to do a sit-up)

Abdominoplasty may not be suitable for people who:

- Have not achieved a stable weight
- Are planning future pregnancies
- Are still significantly overweight (though these patients may benefit from an apronectomy)
- Patients with significant medical comorbidities or who are prone to bleeding or poor wound healing

### **Will I need Anaesthesia?**

Abdominoplasty is performed under a general anaesthetic. Modern anaesthetics are safe and effective but carry some risks, which you will discuss with your anaesthetist.

### **Will I need to stay in Hospital?**

Yes. The length of stay varies depending on exactly what surgical steps are necessary for your operation but is usually between 2 and 5 nights.

### **What are the Risks and Complications?**

All surgery has risks. There are general risks which apply to all operations as well as specific risks for individual procedures. General risks and complications of surgery may include:

- Bleeding
- Infection that may require treatment with antibiotics or further surgery in some cases
- Allergic reaction (to sutures, dressings or antiseptic solutions)
- The formation of a large blood clot (haematoma) or fluid (seroma) beneath the skin that may require drainage
- Pain, bruising and swelling around the operated sites
- Keloids and hypertrophic scars that are raised, red and thickened scars over the healed incisions. These may be itchy, annoying and unsightly but are not a threat to health
- Poor or slow healing
- Wound breakdown
- Short-term nausea following general anaesthesia and other risks related to anaesthesia

Specific risks and complications associated with abdominoplasty surgery include:

- Bruising and swelling which usually resolve in the first few weeks, often associated with any concurrent liposuction.
- Issues with blood supply to the abdominal skin leading to wound breakdown at the incision or loss of the umbilicus
- Asymmetry or contour irregularities
- Collections of fluid (seromas) under the skin of the abdomen which may require repeat drainage (usually done in the rooms).
- Numbness at the lower end of the abdomen which can be permanent.
- Tightness in the abdomen which can take some weeks to resolve.
- Injury to the internal organs.

### **Where will the Surgery take place?**

Your surgery will take place in an accredited hospital facility.

### **What do I need to do Before Surgery?**

- Due to the recent cosmetic surgery reforms, all patients in Australia undergoing cosmetic surgery are required to undertake a Body Dysmorphic Disorder Questionnaire.
- You will be asked to complete a full medical history. You must list all medications you take including dietary supplements such as fish oil which increase your risk of bleeding.
- Check with your surgeon about your medications as some may need to be stopped. Any additional tests required preoperatively will be arranged by Mr. Bunker or your anaesthetist.
- If you decide to have abdominoplasty, you will need to sign a consent form. Make sure you read the consent form carefully before signing. If you have any questions, please ask them prior to surgery.
- Purchase some 'high' tights which go as far up your abdomen as possible to wear after the surgery.
- Avoid any strenuous activity or exercise in the week before your surgery
- Organise a relative or friend to drive you to and from the hospital or clinic and arrange appropriate help at home including someone to stay with you for the first 24 hours. Think about the setup at home where you will recover – you may want extra pillows, fluids and a toilet nearby and it is useful to have a telephone within reach.
- Consider work arrangements. Most patients will remain off work for 4 - 6 weeks after abdominoplasty. A medical certificate can be supplied to your preoperatively if required.
- Take Vitamin C supplements 1 gram daily starting at least 2 weeks before your surgery, unless you are allergic or unable to tolerate.
- You will receive detailed preoperative and postoperative instructions. Follow them carefully.

### **What do I need to do After Surgery?**

- You can usually drink fluids and eat a light meal two or three hours after surgery. Postoperatively you may have a catheter to assist with passing urine and surgical drains to remove excess fluid. The catheter is removed while you are in hospital, whereas the drains usually stay until your first postoperative review.
- Initially you may feel 'tight' in the abdomen. The tight feeling usually resolves in the first few postoperative days. It is important you ask for help with getting out of bed and mobilising to the bathroom initially, as you do not want to strain muscle repairs.
- You can usually shower (with assistance) the day after your surgery.
- Someone should stay with you for the first few nights back home.
- You will receive medications for home (usually pain relief and antibiotics) as well as detailed postoperative instructions which include how to care for your surgical sites, signs which warrant concern, contact information and follow-up instructions.
- Some bruising and swelling is normal and may take up to a few weeks to disappear.
- You will usually have a garment to wear after abdominoplasty – this should stay on as much as possible.
- Avoid heavy lifting, strenuous exercise, swimming and sports for 6 weeks after surgery.

If you experience any of the following symptoms, notify us immediately:

- Heavy bleeding from the incisions or issues with the dressings (coming loose or soiled)
- Fever (>38°C) or chills
- Worsening redness, pain or a bad smell from around the incision sites

### Will I have Scarring?

Some visible scars are inevitable; however, Mr. Bunker will aim to make these as inconspicuous as possible. Usually an abdominoplasty requires a long scar low on the abdomen hidden under your underwear as well as another small scar around the umbilicus. For weight loss patients there may also be a vertical scar on the abdomen to deal with the additional excess skin.

### Will I need Revisional Surgery?

Revisional surgery may be necessary to correct minor irregularities.

### How much does Abdominoplasty cost?

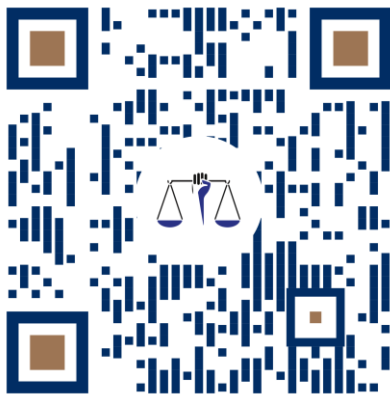
Cost is always a consideration in elective surgery and may include:

- Surgical fee
- Hospital or surgical facility costs
- Anaesthesia fees
- Prescriptions for medication
- Postsurgery garments
- Medical tests

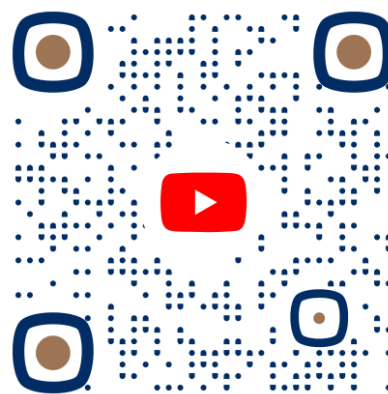
A quote for the surgical fee is provided to you prior to surgery. This also contains instructions on how to obtain quotes for associated fees as listed above. If you have any questions please contact Medibill on the information provided.

### Terms You Should Know

- **General anaesthesia:** Drugs and/or gases used during an operation to relieve pain and alter consciousness. When you are under general anaesthesia you are 'asleep'.
- **Necrosis:** Death of tissue usually as a result of impaired blood supply.
- **Rectus diavification:** Separation of the rectus muscles in the midline.
- **Liposuction:** The surgical removal of fat using a suction cannula



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