



Dr. Gaston-François Maillard, P.D.
Privat-Doctent à la faculté de Médecine
Chirurgie plastique et reconstructive FMH
Chirurgie esthétique, chirurgie de la main

Av. de la Dôle 17
CH-1005 Lausanne

Téléphone 021 323 66 66
No urgent 021 323 66 59
Fax 021 323 66 10
E-mail info@drmaillard.ch

ABDOMINOPLASTY – ABDOMINAL DERMOLIPECTOMY – “TUMMY TUCK”

This is a major plastic and reconstructive operation to correct the silhouette. It is not making a Twiggy out of a Fat Lady, but removing the “apron” of skin and fat between the navel and pubis that can be so functionally and aesthetically troublesome.

In 50% of cases there is also a slackening and rupture of the abdominal muscles - a sort of midline hernia - requiring surgical closure.

A horizontal incision is made in a lower abdominal skin fold from one hip to the other. This is a long incision, but easily hidden by panties. The navel is recentered on the newly tensioned abdominal wall. This surgery is often complemented by liposuction around the hips, and perhaps also the upper abdomen or pubis. Everything is done to obtain the best possible symmetrical silhouette.

The current trend is to slightly reduce the length of the scar and use more liposuction or ultrasonic liposculpture, especially around the hips.

A new technique is to reduce the fat by liposuction, wait for the excess skin to tighten, then, if necessary, to remove excess skin in a second, smaller operation.

These operations can be combined with breast surgery or liposuction of the thighs, knees or hips.

Local complications: Previously, local complications such as loss of skin between the navel and pubis occurred occasionally, but today such problems are rarely seen, except in exceptional circumstances. To avoid them, the surgeon must know when and where to operate. If they occur, these local complications can be corrected without too much difficulty, but do necessitate another operation.

The operations described above involve moderate blood loss, but do not need blood transfusion in most cases. Even when this may be advisable, we prepare in advance and collect blood from the patient for retransfusion. From 35 days before operation patients donate one or two bags of their own blood at a transfusion centre, and this blood is then retransfused after the operation, if necessary.

General complications: The main risk is pulmonary embolism due to thrombosis of the veins of the legs. This potentially dangerous complication can be reduced by a series of measures:

- Transfusion of one's own blood causes dilution of the circulating blood. The patient's blood is therefore thinner and less likely to clot during the operation.
- Patients are on their feet as soon as possible, with abdominal and leg bandages.
- Alternating positive pressure boots (Turbopulse or Flowtron) are used on both legs during the time in hospital.
- Anticoagulation treatment is used.
- "Anti-sludge" treatment is used to avoid red blood cells sticking together, thus helping capillary circulation.
- Chest physiotherapy improves ventilation of the lungs and assists venous return.
- etc.

Conclusion: Surgery of the silhouette of the abdomen is major surgery, not without risk. Nevertheless, these risks are very small today if the patient is well prepared and careful prophylactic measures are applied.

One condition is that smoking must be stopped completely for 15 to 20 days before and after the operation.



Dr G.-F.Maillard, Privat-Dozent