

# Plastic Surgery after weight loss

Patient information leaflet

Plastic Surgery

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## Introduction

It is a tremendous achievement to have lost weight and then to maintain a new steady weight. Nowadays this is not only done through careful dieting and exercise, but increasingly through bariatric surgery, such as gastric banding or gastric bypass operations. For some people (and depending upon the amount of weight lost) the unfortunate side effect of weight loss, is that once the excess fat disappears, the stretched skin does not shrink back correspondingly. This can leave unsightly excess skin and stretch marks in a variety of areas on the body. This excess skin can be very distressing to live with, but fortunately, modern plastic surgery techniques are available to address these problem areas. Surgery following weight loss should be considered a journey, rather than a single procedure. For the reasons elaborated on below, it is normal to require more than one procedure, with possible additional revision procedures needed. If you are aware of this to begin with, your psychological approach will be more positive, and you will be better able to cope with the process. The end point of the journey is incredibly rewarding and transforms peoples' lives; so a comprehensive understanding of the process makes the journey much smoother.

Miss Kelemen created this booklet with the aim of informing anyone considering this type of surgery about the wider issues and nuances involved with post weight loss surgery as well as going into the specifics of different procedures. Despite the wide range of operations available, it is important to take a step back before considering what may be the most appropriate procedure (or procedures) for you.

First of all, it is vital to understand the effect of your initial weight gain and subsequent weight loss on your tissues, your skin and your healing ability. If you understand this, you will appreciate why surgery following weight loss differs from other plastic surgery operations. We have initially outlined some points that we feel are important to understand if you are planning to undergo post weight loss plastic surgery before discussing individual procedures.

## What should I think about prior to my consultation?

Before seeing Miss Kelemen, you should think about what you are hoping to achieve from your surgery. Points to consider may include:

- Is my weight steady or am I continuing to lose weight as part of a diet or weight loss programme? If so, it is better to postpone surgery until your weight has plateaued for around 6 months. This is especially important if you have had bariatric surgery (a gastric band or a bypass operation), in which case a longer period of being at a steady weight is recommended, as well as the involvement of a dietician. Please see below for a detailed explanation.

- Why am I thinking of having surgery at this time in my life? You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances. This sort of surgery should be considered as a major life event, so you should only go ahead if you are mentally, as well as physically prepared. If you have not finished your family and are considering trying to become pregnant in the near future, any abdominal and breast surgery is best postponed until your family is complete.

## Nutrition and post weight loss plastic surgery

Whether your weight loss was achieved through diet and exercise or by means of bariatric surgery, in order for you to have lost weight, the energy you spent must have been more than the energy that you consumed (i.e. take in as food and drink). This imbalance is needed for you to burn away fat and lose the weight. During the period of energy imbalance your immune system and your wound healing ability are affected. Therefore, it is unwise to perform surgery if you are still losing weight (as well as the fact that your result will not be as good as it could be). Once you have reached your target weight it is important for this to be kept steady for at least 6 months (longer in some cases). This allows the imbalance (of what goes in compared with what energy is spent) to be levelled - i.e. for you to maintain a steady weight; the energy (calories) that you eat must equal the calories that you burn on a day-to-day basis.

Once this balance has been achieved, your wound healing ability is improved, and the chances of a speedy post-operative recovery are increased. Therefore, Miss Kelemen recommends that all weight loss patients (especially massive weight loss patients) have plateaued at their target weight for at least 6 months (sometimes 12 to 18 months) prior to their plastic surgery.

## Weight loss and skin quality

One of the side effects of weight gain and weight loss is a negative effect on skin quality. This can be seen by the stretch marks (which are thin areas of skin resulting from the breakdown of collagen links - the building blocks of skin) and the reduced thickness of skin. Unfortunately, once skin quality has been reduced in this manner, it cannot be improved. This must be considered when understanding what can be achieved through surgery: your body contour will be significantly improved, the excess skin will be removed, but the remaining skin will be the same skin that you started with, of the same quality. If the remaining skin had stretch marks before you had surgery, these will remain afterwards.

## Weight loss and skin elasticity

Tied in with skin quality is skin elasticity, and how the skin behaves and responds to surgery. Using the example of weight gain on your thighs; imagine you were wearing a pair of stretchy leggings, which were the equivalent to your skin. When you gain weight, these leggings stretch and increase in size (circumference); however, when you lose weight, although your legs may shrink down in size, the stretchy leggings stay at their stretched-out size as they have lost their elasticity. This is effectively what happens to your skin with significant weight loss, and the same analogy can be applied to other parts of the body.

Furthermore, when other areas of the body are affected by stretching for other reasons (such as a tummy that has been subjected to multiple pregnancies), the skin in these areas will behave similarly. Much like a balloon or elastic band that has been overstretched; once skin is overstretched, it loses its elasticity and capacity to shrink back down.

Unfortunately, this is a permanent effect - even after post weight loss plastic surgery, the skin's elasticity will not improve (despite potentially removing large quantities of it). Therefore, even if your area of surgery is tight in the early post-surgical period, there will inevitably be skin relaxation in that area due to your skin's elastic properties being reduced with your change in weight - your skin will not remain "drum tight". It is important to understand this, to have realistic expectations of your future post-surgical result.

## Weight loss and wound healing

As mentioned above, the effects of losing weight (and burning more energy than you take in) can influence wound healing capacity. In addition, due to the reduced quality of the skin, and the skin thickness being reduced (because of stretching when being overweight) the wound healing ability of the skin is reduced even after your weight plateauing.

Therefore, minor wound breakdowns, delayed wound healing and minor wound infections are more common in plastic surgery following weight loss than in other situations. These issues are all surmountable but may require a period of dressings to certain areas of wounds or post-operative antibiotics to get things settled down and healed in certain cases. If you are aware of this possibility, you will be better placed to understand and cope with this situation should it occur to you following surgery. There are no guarantees of complication-free surgery in any area of plastic surgery, but in surgery following weight loss, the complication rates are higher. During your postoperative course you will be cared for and guided through any dressings or other requirements by Miss Kelemen's and their specialist team, meaning that you are in the best possible hands to get you to your result.

## Scars and post weight loss plastic surgery

Despite some of the problems outlined above, with time the scars from post weight loss surgery usually settle down very well indeed. All scars will go through a natural cycle of becoming red and thickened before they soften and pale. This process can take longer than normal in post weight loss plastic surgery, especially if there have been areas of delayed wound healing or infection of the wound. However, please be reassured that in most cases, the scars will improve, even if it takes a long time (over 2 years in some cases).

## The need for revision surgery

If you are considering surgery following weight loss, it is important that you understand the frequent requirement for revision surgery. This may be to “tidy-up” scars or irregularities such as “dog-ears” (this unfortunate term refers to puckering of skin at the end of the scar), or surgery to tighten up a related area of the body (such as the need to undergo a reverse abdominoplasty or upper body lift after a lower abdominoplasty). During your consultation, Miss Kelemen will outline the nature of the surgery they propose as well as the implications for revisions or further surgery. Most minor revision procedures can be carried out under local anaesthetic and will not usually be charged for. However, additional procedures that are operations will incur a charge (such as the example of the upper body lift given above). Please feel confident to have an open discussion with Miss Kelemen about these matters, as it is important that you know where you stand before embarking on your plastic surgery journey.

Despite the challenges outlined above, patients who have undergone post weight loss plastic surgery are some of the most satisfied of all plastic surgery patients. The positive impact on their lives because of their surgery can be felt every day. Clothes they wouldn't have dared wear beforehand become normal to wear, and their self-esteem and confidence is boosted significantly.

## Maintaining your post-surgical result

Whatever procedure you undergo, for the reasons outlined above, over time there is a chance for a gradual relaxation of the skin and tissues. Therefore, any input that can maintain your result is highly desirable. The following are a few general rules to help to keep your post-surgical result maintained for as long as possible:

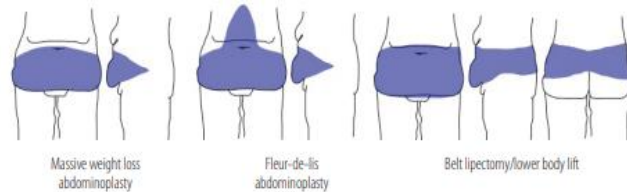
- Keep your weight steady by eating a healthy and balanced diet
- Regularly moisturise, especially your scars
- Undertake regular exercise, at least 3 times a week
- For abdominal surgery, maintain abdominal wall strength by exercise – sit-ups on a regular basis are ideal for this. They will ensure your internal abdominal muscle support is maintained and minimise the chance of laxity developing – this may compromise the shape of your abdomen after surgery.

## Plastic surgery operations following massive weight loss

Surgery to improve body contouring after weight loss has advanced considerably over the last 20 years. Procedures continue to be refined for all body areas and Miss Kelemen always ensures she performs the safest and most reliable procedures that can offer the best results. Procedures that are more frequently performed include:

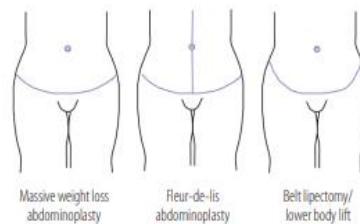
### Lower abdomen:

- Abdominoplasty (tummy tuck)
- Fleur de Lis abdominoplasty
- Lower body lift (belt lipectomy)
- Labiaplasty.



### Upper abdomen:

- Reverse abdominoplasty
- Back Upper body lift; back lift
- Lateral thoracic lift
- Breasts Mastopexy (breast lift)
- Augmentation-mastopexy (breast lift with implants)
- Breast reduction (male and female)



Arms: Brachioplasty (arm lift); Thighs: Thigh lift; Face and neck lift.

However, those listed above cover most procedures performed. The next section of the booklet goes on to expand on the procedures listed above. Below is a guide regarding the more commonly performed procedures mentioned above. Further detail about the procedures may be found in the specific patient information leaflets. Of course, there is no substitute for a careful clinical assessment and explanation by Miss Kelemen, so please be aware that the information below is not enough on its own to make decisions about proceeding with surgery. Miss Kelemen will provide you with a professional and honest assessment and discuss the areas that could be improved, as well as the limitations of any procedure. In some cases, she will not recommend surgery, as it will not provide the correct or best solution to the issue troubling you. She may also recommend seeing an additional specialist such as a gynaecologist, general surgeon, dietician or a psychologist in some circumstances.

## Lower abdomen

There are several operations described that can be used to improve the contour of the lower abdomen. All are variations on tummy tucks that differ in scar pattern and extent of tissue removed (and extent of scar). They all include a scar that goes at least from hip to hip and a scar around the umbilicus (belly button). Each has its place and the best operation for everyone should only be suggested after careful clinical examination, discussion about the options and then an understanding of what is involved. None of the options is minor surgery, therefore a full comprehension of what is involved, the recovery and the possible risks is vital.

Broadly speaking, the abdomen can be addressed with a massive weight loss (or extended) abdominoplasty; a Fleur de Lis abdominoplasty or a belt lipectomy (or lower body lift) as described on the next page. Differing scar patterns address the lower trunk in different ways.

- For example, the massive weight loss abdominoplasty only concentrates on the front of the abdomen, extending around to the side, so is suitable for those without skin redundancy and loosening on the flanks, the sides of the thighs and the buttocks.
- The Fleur de Lis abdominoplasty gathers skin in from a horizontal as well as vertical vector, so can achieve a good contour around the waist, but at the expense of a vertical scar (the final scar is shaped like an upside-down T).
- The belt lipectomy is the procedure that most comprehensively addresses the lower trunk all the way round and will not only improve the contour of the front, but also of the outside of the thighs and the buttocks. The scar will run from hip to hip at the front and around the umbilicus as well as around your back. The operations vary in the time they take and in the length of recovery.
- As part of all these procedures, tightening of the abdominal muscles (rectus plication) is performed to help to optimise the final contour and to strengthen the abdominal wall. This inevitably makes the abdomen feel very tight in the early postoperative period (rather than the skin being tight). Furthermore, all the procedures may be further enhanced with additional liposuction in certain cases, especially where there is a significant amount of fat remaining, along with the excess skin. As your abdomen has been tightened significantly, your tummy will not be able to expand outwards after meals in the way you are used to. Therefore, you may feel more bloated than usual after eating, as your stomach will only be able to expand inwards. This may result in you needing to have smaller meals than usual, whilst your body adjusts to its new shape. It is often a good idea to take



some mild laxatives for a few days after surgery to soften your stools - this will prevent the need to strain and put further pressure on your abdominal wall. If you are having difficulty in getting to the bathroom after your operation, it may be necessary to insert a temporary catheter.

On the next page is a table that outlines the differences between the procedures:

Procedure	Massive weight loss abdominoplasty	Fleu de Lis abdominoplasty	Belt lipectomy
<b>Strengths</b>	Removes tissues from the front of the abdomen, which is the main tissue	Good at contouring waist as well as removing the maximum amount of tissue from the front	Comprehensive procedure to address the trunk all the way around including flanks, buttocks and outside of the thighs
<b>Weaknesses</b>	Does not address flanks or buttocks, limited in contouring waist and limited in addressing upper abdominal rolls	Vertical scar up on the abdomen must be accepted, does not address flank and buttocks	Can be limited in addressing upper abdominal rolls in some patients
<b>Time of surgery</b>	3 hours	4 hours	5 hours
<b>Hospital stay</b>	48 hours	48-72 hours	72 hours
<b>Time back to light work</b>	3-4 weeks	4-6 weeks	4-6 weeks
<b>Time back to exercise</b>	At least 6 weeks	6-8 weeks	6-8 weeks



## Upper abdomen and back

Surgery to the upper abdomen and back is usually reserved as a secondary procedure, following surgery to the lower abdomen. This is because it is not always needed after lower abdominal surgery. However, in certain individuals, despite comprehensive surgery to the lower abdomen (and lower back in the form of a belt lipectomy) further surgery is required to address residual redundant skin. This needs to be assessed on an individual basis.

**A reverse abdominoplasty** is confined to the front of the torso, leaving a scar at the top of the abdomen, hidden underneath the breast crease.

**An upper back lift** is similar but confined to the back. This scar may either be transverse (“bra line”) or there may be two oblique (angled) scars to address the skin redundancy on the back. If there is skin excess on both the front and back, the two procedures may be combined as an upper body lift.

**A lateral thoracic lift** may be used as a tidy up procedure or combined with a breast/chest or arm lift to tighten the skin on the side of the chest wall.

## Breast surgery following massive weight loss

Depending on the effect of losing weight on your breasts, several options exist to improve their shape. **These include breast lifting (mastopexy), breast lifting with an implant (augmentation-mastopexy) and breast reduction.** The best procedure for you will be determined after considering your wishes and a careful examination. Due to the reasons outlined above regarding skin and tissue quality, it is usually preferable to avoid using a breast implant if possible (or use a small implant if one is needed).

Large breast implants are heavy and the support they need to maintain their proper position is absent in the tissues or skin of most people after massive weight loss. Furthermore, in time, a heavy implant will stretch the tissues and possibly result in a low-lying implant with emptiness in the upper part of the breast.

Whether the breast is being lifted, lifted and enlarged or reduced in size, the nipple needs to be moved to a new, higher position. This will result in scars around the nipple, vertically down to the breast crease, and usually also transversely in the breast crease. Whilst there are certain limitations in the massive weight loss setting, broadly speaking, the procedures are like those that are used in the non-weight loss situation. Therefore, please see the individual booklet on the specific breast procedure you are interested in for comprehensive information about the procedure.

## Surgery to the male chest after massive weight loss

With massive weight loss, the male chest may change in several ways. The nipple often lies too low, there is excess skin and there is loss of definition of the normal surface landmarks of the chest.

The male chest can be dealt with in several ways, but most techniques will require a scar to be left around the nipple/areola and a transverse scar either in the crease below the breast or either side of the nipple/areola. Occasionally it may be possible to leave a vertical scar down the side of the chest wall alone. If the nipples must be moved a long way, sometimes removing them, and stitching them on as grafts is required. Whilst there are risks that there can be wound healing problems (and at worst, failure of the nipples to “take”), this can be a far safer technique in certain situations than others.

The scar pattern and surgical technique that will be required can only be assessed after a careful clinical examination. The length of surgery varies, depending on the amount of skin excess and technique.

## Surgery to the arms (brachioplasty) after massive weight loss

Following massive weight loss most people are left with a significant amount of redundant skin on their upper arms. This can continue into the armpit and even onto the side of the chest wall. Techniques to reduce this skin require a carefully tailored approach. The resultant scar goes from the elbow, along the inside of the arm, into the armpit, and sometimes down the side of the chest wall.

The surgery takes around 2 hours and an overnight stay in hospital is often recommended.

## Surgery to the thighs (thigh lift) after massive weight loss

The skin of the thighs usually stretches considerably with weight gain but does not shrink back down again after weight loss. This leaves redundant skin on the inner thighs that can hang down and drape over the knees (please see above for comparison with stretchy leggings under weight loss & skin elasticity). Whilst it may appear that the excess skin can be pulled up (like a pair of trousers), it needs to be drawn in to the inside of the thigh, leaving a scar going from knee to groin, on the inside of the leg. Sometimes this scar will need to be continued along the groin or buttock crease, depending on the amount of skin excess.

Thigh lifts in the massive weight loss patient may take 2-3 hours, with an overnight stay in hospital.

## Surgery to the face and neck (facelift or neck lift) following massive weight loss

Although it appears that the issue is one of loose skin alone in the neck and lower face after massive weight loss, the problem is also one of loose muscle and supportive tissue (known as the SMAS). Therefore, to achieve an aesthetic and long-lasting result, the internal tissues must be repositioned and supported, prior to the skin being carefully re-draped and reduced. This is the principal behind all facelifts and neck lifts – please see the booklet on face- and neck-lift.

Facelifts may take 4-5 hours in the massive weight loss setting and may also require a small additional scar under the neck, to tighten the neck muscles from the front as well as from the sides. 48 hours stay in hospital is usually recommended, and drains are often used.

Although the specific postoperative instructions will vary from procedure to procedure (or combination of procedures), below is an outline of the principles about postoperative care in the massive weight loss patient.

- Following surgery you will be encouraged (and helped!) to get out of bed, either later the day of surgery or the following morning, again, depending on the procedure(s) you have had.
- If you have had surgery to your abdomen, it would normally be the following day, and the bed will be bent in the middle, so your hips are as flexed as possible to take the tension off the wound. Invariably, you will walk bent over as your abdomen will feel tight - it is important not to try and straighten up as this may put undue tension on the wound. Your posture will improve over the first week or so after surgery as your body adapts to its new shape.
- No matter what procedure you have had, short walks and “pottering around” are ideal to get the circulation flowing, which minimises the risks of blood clots (deep vein thrombosis, or DVTs). Plenty of fluid is encouraged, again to improve your recovery and minimise the risks of DVTs (please see the final section for more information). In addition, you will have compression stockings on your legs that will have been fitted prior to surgery - it is vital that you keep these on and continue to wear them for 2 weeks after your operation. Compression stockings are another factor that have an important role in minimising the chances of developing blood clots in the legs. You may also have pneumatic calf compression pumps fitted after surgery that will stay on until you get out of bed.
- During your recovery in hospital, the nurses will ensure that your postoperative garment fits properly if required, and you are comfortable taking it off and putting it back on by yourself, in preparation for discharge from hospital.

- If you have had surgery to your breasts, it is important to wear a supportive postsurgical or sports bra. This should be always worn, apart from showering, in the 6 weeks after surgery.

## When will I leave hospital?

Miss Kelemen will see you later the day of your surgery and again whilst you are in hospital. She will check the surgical site(s) is/are soft and not tender, as well as assess the amount of fluid in any drains that may have been used. Normally drains are removed 24-48 hours after surgery and you will go home once, they are out. Some people produce more fluid than others into their drains. If you are producing a lot of fluid, Miss Kelemen may discharge you from hospital with your drains still in, with a plan to take them out in another day or so. Should this be necessary, you will be advised thoroughly on how to look after your drains at home.

## What should I do when I get home?

Once you get home, you need to achieve a balance between resting (but not lying down and doing nothing!) and being up and about. Too much resting may increase the risk of certain complications, such as blood clots in the legs (DVT). You should take short gentle walks and make sure you drink plenty of fluids to further reduce the risks of developing DVTs. Your wounds will have been dressed in surgical tapes (apart from facelift wounds which are usually left open). These tapes are shower proof. You should therefore shower every day but ensure the shower hose is not directed towards the main wound (as this may encourage the tapes to come off too early). The easiest thing is to face away from the shower for most of your showering. If you have had abdominal surgery, the belly button is a common site of mild inflammation and therefore it is advisable to remove any dressing here prior to showering and gently shower into the belly button itself every day. This will help reduce the risk of infection developing in this area. All wounds/tapes may be dried by gently patting with a clean towel or kitchen towel, or alternatively a hair dryer may be used on a cold setting.

## What about wearing a garment or bra?

Miss Kelemen recommends the use of post-surgical garments for abdominal surgery, and always recommends a good, supportive bra after any form of breast surgery. Ideally your garment/bra should be worn day and night for the first 6 weeks after surgery. However, everyone is different, and some people vary the length of time for which they wear it. It is important that any garment is not too tight - it should be firm but comfortable. The purpose of a garment is to minimise seroma formation (see below for more information on seroma) and to ensure any swelling resolves as quickly as possible.

## What is the recovery period?

Your recovery will depend on what procedure you have had (or combination of procedures you may have had). As a rule, if you have not had any major wound healing issues, after 6 weeks you should be able to do most activities.

For the first 2 weeks you will need to take it easy, and between the 2 week and 6-week period, you may gradually build up your activity.

As outlined at the beginning of this booklet, it is not uncommon to have small areas of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may extrude of the wound. This is nothing to worry about, and if necessary, Miss Kelemen can remove these extruding stitches in the outpatient clinic.

Most people will be able to return to sedentary activity (i.e. an office job or light duties) at 2-3 weeks for operations such as brachioplasty or mastopexy, but it may take longer with the bigger procedures such as lower body lift. Overall, heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the abdominal wounds to heal properly.

Miss Kelemen and their team will see you throughout your recovery, so you will be guided through what is appropriate depending on your progress. If you have any wound problems, there will be some delays in starting certain activities.

## How long before daily activities may be resumed?

As outlined above, you should avoid all heavy physical activity and contact sports for at least 6 weeks following the surgery. Miss Kelemen and their team will be reviewing you regularly following surgery, so they will be able to guide you regarding this. Driving should be avoided for 4 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 6 weeks if your wounds are all healed.

## How can I get the best scar possible?

There are several strategies that can help scars to mature and soften quickly. The first, and most important of these is regular moisturising and massaging of the scar. This can usually be started from around 3 weeks following surgery. A non-perfumed moisturising cream, such as a vitamin E cream, should be used, and the scar should be massaged for a minimum of 5-10 minutes every day. If the scar feels firm, it is important to be firm with your massage. Miss Kelemen will discuss massage with you in more detail at the appropriate postoperative visit. In addition to massage, a few products are commercially available that help with minimising scarring. The most tried and tested are silicone products. These are available in either sticky-backed gel sheets, scar tapes or alternatively as gels that come in a tube or a lip-salve type stick. For these products to

work properly, they need to be used on the scar for 24 hours a day, every day for several months, apart from showering. There are other products and technologies emerging that show promise in scar care, but research on these is still on going.

## Can anything help the swelling and general recovery?

Following surgery some people experience tingling or occasional shooting pains due to the nerves regrowing. In addition, the surgical area may be swollen for several weeks. Deep tissue massage (lymphatic drainage massage) can be used to help relieve some of the discomfort and continued swelling that may be experienced in this area. Please ask Miss Kelemen for further information on this.

## How soon after the procedure may I have sexual intercourse?

Ideally you should wait until 4-6 weeks after surgery before having sexual intercourse, to minimise the risk of damage to the area of surgery. Please ask Miss Kelemen or her nurse, if you are uncertain.

DAY OF SURGERY	Review by Miss Kelemen for surgical planning and surgery itself, post-operative review
DAY 1 AFTER SURGERY	Review in hospital, start to gently mobilise Discharge from hospital (arm lift, mastopexy, breast reduction)
DAY 2	Review in hospital, discharge from hospital (MWL abdominoplasty, thigh lift, upper body lift)
DAY 3	Review in hospital, discharge from hospital (belt lipectomy, Fleur-de-Lis abdominoplasty)
WEEK 1 AFTER SURGERY	Nurse check of your wounds, surgical sites, general well-being
WEEK 2	Follow-up appointment with Miss Kelemen, Tapes on wounds removed - further tapes may be applied
WEEK 4	Start to moisturise and massage wound if not already doing so (should be continued until scars fade for at least 1 year), gentle

	exercise may start (e.g. light programme on exercise bike) if wounds all healed, may start to drive if wounds all healed
WEEK 6	Follow-up appointment ✓ Exercise/heavy physical activity may gradually be started if Miss Kelemen agrees after clinical examination ✓ May stop wearing support garment/post-surgical bra (although some people continue for a further 6 weeks)
BEYOND 6 WEEKS	✓ Longer term follow-up appointments will be arranged by Miss Kelemen to ensure you achieve the best possible outcome

## What you need to know about the possible effects of surgery and potential complications

### Early complications (within the first week of surgery)

#### Bleeding (haematoma)

If there is any suggestion that bleeding into the surgical site has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of the surgical site, increasing pain and the development of severe bruising.

#### Infection

Rates of severe infection in post massive weight loss body contouring surgery are low. However, as described above, minor wound infections or inflammation may occur. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible.



## Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after surgery, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If you are unfortunate and develop a DVT, you will need various investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment are instigated should this be suspected after your operation. Fortunately, PEs are unusual in this type of surgery.

## Intermediate complications (within 6 weeks of surgery)

### Delayed wound healing

As described above, wound healing in someone who has undergone massive weight loss is not usually as speedy as normal. Therefore, in some people the wounds take longer to heal than in others: this may also be compounded due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above or the need to return to theatre for further stitching or wound management.

### Suture extrusion

Stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. On these occasions, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness on the skin. Should this occur, it is nothing to worry about and can be dealt with simply in the outpatient clinic. Miss Kelemen can remove any sutures that are extruding of the wound in the clinic, and the wounds should then heal over these areas uneventfully.

### Seroma

Normally wound fluid (that comes out into the drain bottles if used) stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the surgical site, known as a seroma. If this occurs, you may experience discomfort and there is a chance that the fluid can become infected. Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the surgical site and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle). Miss

Kelemen may inject a small dose of steroid into the seroma cavity after aspirating (sucking out) the seroma as this has been shown to reduce the recurrence of the seroma in some situations. The aspiration may need to be repeated on more than one occasion depending upon your situation.

### Asymmetry

As described earlier, everyone has a degree of asymmetry between right and left halves of the body. Sometimes certain asymmetries that were present, but less noticeable preoperatively are revealed after body contouring surgery, particularly in respect to asymmetries in your underlying skeleton. It is important to be aware of this possibility prior to undergoing surgery. Regarding the scar, although every effort is taken to make scars as symmetrical as possible, the scar is often slightly different each side. This too must be appreciated prior to undergoing surgery.

### Late complications (after 6 weeks from surgery)

#### Scarring

The scars will fade, but this can take up to 1-2 years. Until then scars will be red and firm before they mature. As described above, regular scar massage and moisturising is important to help the scars mature and settle down as quickly as possible. Sometimes the scar can stretch wider than usual. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, Miss Kelemen will discuss with you the best ways of treating them.

#### The sub-optimal result

Despite removing the amount of tissue planned, some patients will feel their result is not exactly as they were hoping it would be. This may be due to residual stretch marks, residual excess tissue in areas, or recurrent laxity in the skin (as discussed at the beginning of this booklet). The limitations of the surgery and your initial starting position, mean that it may occasionally be necessary to undergo further procedures to improve the surgical result - these further operations may incur a further cost in most situations. Examples of further surgery include reverse abdominoplasty after a lower body lift or surgery to excise redundant skin at the side of the chest wall after breast lifting or reduction. Miss Kelemen will speak frankly to you at your initial consultations to discuss what limitations the procedure that is planned may have in your specific circumstances. It is crucial that you know what you can (and cannot) expect from post massive weight loss plastic surgery prior to undergoing surgery.

## Conclusions

Overall, most patients are delighted with the results of their surgery. Regarding surgery to the body and limbs, patients find they can wear clothes that they would never have dreamed of wearing beforehand (or could never have worn) and they can change their style of dress to show off their shape. Those who have had face and neck lifts look and feel refreshed and brighter. People who have had this form of surgery have a significant boost to their confidence and are less self-conscious about their body, having an overall improved body image. Surgery, however, is a significant undertaking and it is important to have read and considered all the information presented in this booklet in addition to your consultations with Miss Kelemen prior to embarking on your surgical journey.

Further information

[www.noemikelemen.com](http://www.noemikelemen.com)

***Thank you for taking the time to read this information leaflet.***

***Please sign below to confirm that:***

- I have read and understood the specific information leaflet provided to me by Miss Kelemen.***
- I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances***
- I understand that I will be required to sign additional consent forms during my treatment course***

***I consent and wish to proceed with the massive weight loss surgical procedure recommended by Miss Kelemen.***

***Name: .....***

***Signature:.....***

***Date: .....***