

BEFORE YOUR OPERATION

Abdominoplasty — *the tummy tuck*

After pregnancy or significant weight loss, the abdominal skin is stretched and the two vertical muscles have often separated. No amount of exercise closes either.

Abdominoplasty removes the loose skin and stitches the muscles back to the midline.

What it changes



The loose skin goes

Skin stretched by pregnancy or weight loss does not shrink back. The excess apron between the navel and the pubis is removed altogether.



The muscles are closed

The separation down the midline — diastasis — is stitched together. This is what flattens the profile and restores core support.



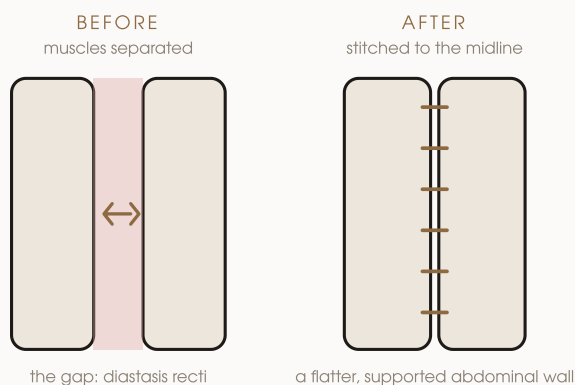
The scar sits low

The incision is placed below the bikini line, hip to hip, so it is covered by underwear and swimwear.

How the operation is done



What is removed, and where the scar sits



The muscle repair — the part that flattens the profile

01 Anaesthetic

A general anaesthetic. The operation takes two to four hours, longer if liposuction of the flanks is added.

02 The incision

A low curve from hip to hip, kept below the underwear line, plus a small opening for the navel.

03 Muscle repair

The separated muscles are drawn together and stitched down the midline. This is the step that tightens the waist.

04 Closing

The skin is redraped, the excess removed, the navel brought out. Fine drains are left for a few days.

Which operation suits you

Mini

Skin below the navel only, shorter scar, no navel repositioning. For limited laxity.

Full

The standard operation: skin from navel to pubis, full muscle repair, navel repositioned.

Extended

The incision carries around the flanks. For significant weight loss, often with liposuction.

AFTER YOUR OPERATION

The first three months

This is a bigger recovery than most cosmetic operations, and the first week is the hardest. Almost all of it is predictable, and walking — gently, from day one — is the single most useful thing you can do.

DAY 0-3**Bent and slow**

You walk slightly bent at the hips, and sleep propped up with knees bent. Drains are measured and emptied. Pain is at its worst in the first 48 hours and is managed with medication.

DAY 4-14**Drains out**

Drains usually come out between day three and fourteen, once output falls. You straighten up over this period. Compression garment worn day and night.

WEEK 2-3**Back to desk work**

Most patients return to office work at around two weeks, and to driving once off strong painkillers and able to brake sharply.

WEEK 4-6**Exercise returns**

Light cardio from four weeks; core work and heavy lifting from six, and only with clearance. The muscle repair needs that time.

MONTH 3+**The shape settles**

Most swelling has gone by five to six weeks; the last of it takes three months. The scar keeps fading and flattening for one to two years.

Before the day of surgery

- Stop smoking and all nicotine at least four weeks before and after. Nicotine is the leading cause of wound breakdown in this operation — it is not negotiable.
- Be at a stable weight you can hold. This is a contouring operation, not a weight-loss one.
- Stop aspirin, anti-inflammatories and blood thinners one week before, after checking with the doctor who prescribed them.
- Arrange help at home for the first week — you will not be able to lift children or shopping.
- Prepare a recliner or pillows so you can sleep propped up with your knees bent.

In the first six weeks

- Walk short distances from the first day, hourly while awake. It prevents clots and speeds recovery.
- Wear the compression garment as instructed — several weeks, day and night at first.
- Nothing heavier than a few kilograms for six weeks. No bending, straining or core exercise.
- Keep the incision dry until told otherwise; no baths, pools or sea until fully healed.
- Protect the scar from sun for a year, and expect numbness above the scar that fades slowly.

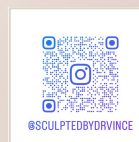
Call the clinic straight away if you have

The first three are an emergency — go to hospital and call us on the way.

- Shortness of breath or chest pain
- Pain, swelling or redness in one calf
- A racing or irregular heartbeat
- Fever, spreading redness or discharge
- Sudden swelling or a fluid pocket in the abdomen
- Any part of the wound opening or turning dark

This sheet is a summary written for patients of the practice and is not a substitute for your consultation. The plan discussed with you takes precedence over anything written here. Abdominoplasty carries risks — bleeding, infection, seroma, blood clots in the legs or lungs, delayed wound healing, numbness, asymmetry, a widened or raised scar, and rarely a need for revision. These are discussed in full and consented before surgery. · Clinic:

Telephone: _____



@SCULPTEDBYDRVINCE