

# Abdominoplasty

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This is a surgical procedure that effectively removes a considerable amount of abdominal skin and fat, tightens the abdominal wall and elevates the mons pubis (if needed). This is a very popular procedure for women that have lost a considerable amount of weight, or who have had multiple pregnancies and there is a loss of elasticity, a looseness of the abdominal wall. Apart from the unsightly appearance, there may be other symptoms, such as sores and sweat rash, and problems with the fitting of clothes. As a confidence booster this is high on the benefit/analysis scale.

## The Brazilian Abdominoplasty

Until February 2008, the standard abdominoplasty had been the main technique performed in Professor Frame's practice. The complication rate was low, compared to international figures, but nevertheless it was significant. Drains were routinely used but it was

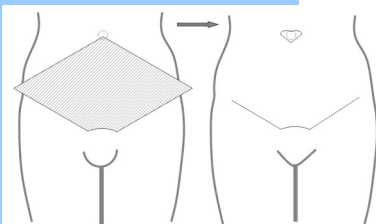


Fig. 1  
Brazilian  
Abdominoplasty

still reasonably common to see patients with fluid collection post-operatively. The new, and vastly improved method, has extremely low risk, much better results, and far less downtime. Added advantages include reduced risks of wound healing problems, less loss of sensation above the scar, and a much faster "get well" time post operatively. No drains are used. The difference between the techniques is related to a change in fundamental understanding by experienced surgeons in this field. However, the same amount of skin, from above the umbilicus to the top of the pubic hairline, is removed and the rectus abdominis muscles are tightened. The umbilicus is resited in both procedures. It was a Brazilian surgeon who first described his technique at an international meeting in Melbourne, and Professor Frame naming this operation the "Brazilian Abdominoplasty".

## The Mini-Abdominoplasty

This is reserved for the patients with good abdominal wall musculature and with lower abdominal wall paunch, often overhanging a Caesarian section scar. It does not address the area above the umbilicus. A shorter scar and fast recovery time, with little post-operative discomfort, is usual. Liposuction can be used as an adjunct to achieve better results but it removes the supporting structure of the skin and, therefore, lax skin may appear worse.

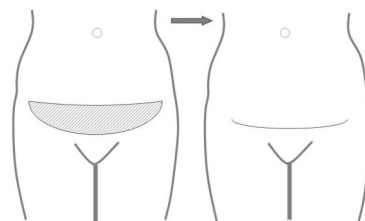


Fig. 2  
Mini  
abdominoplasty

## Who is a candidate?

Anyone in good general health who has redundant skin on the abdominal wall may be suitable, particularly weight-loss patients, post pregnancy, post surgery women and, sometimes, men. Although some stretch marks will be removed, some may remain but the overall result is a flatter abdomen. Some patients may be at risk of complication such as diabetics, smokers and people with other medical conditions, such as hyperthyroidism or hypertension. Women who have stress incontinence need to be aware that if the abdominal wall muscles are tightened then the incontinence may worsen. This, therefore, needs to be addressed first by seeing a Urologist, or a Gynaecologist. Professor Frame does work with colleagues who specialize in this field.

## What are the consequences?

A noticeably flatter "stomach", with visible scars around the umbilicus and lower abdomen. Some pre-existing scars may be outside of the abdominoplasty skin excision zone and will remain. Not all striae are removed. The flatness of the abdomen may highlight fullnesses in the flanks, in some people, and liposuction, and even further surgery, may be required at a later stage. All scars go through a healing and maturation phase and may take a year to finally settle. In the first few weeks pressure garments will probably be used. The aim of surgery is to try and hide the scars beneath underwear and swimwear where possible.

There is always a patch of numbness above the lower abdominal scar. The extent is variable. It is important to take care to avoid injury to the area e.g. from the application of a hot water bottle to the abdomen if suffering from period pain, etc.. Some body shapes are more prone to develop fatty bulges above the scar but this usually settles over time.

## What are the risks?

Abdominoplasty is a two and a half hour procedure that requires up to two days hospitalization and about two weeks of supported recovery time. With the Brazilian Abdominoplasty the seroma rate is currently zero, the wound healing problem rate is zero and it appears that "psychological recovery time" is considerably faster. Secondary procedures may be required but the risks are low. Marginal displacement of the umbilicus can occur. Deep vein thrombosis and pulmonary embolism are rare complications of any operations including this one. Prophylactic precautions are undertaken.

## What to do before surgery

Optimize your weight.

Overweight patients should try to reduce their BMI to at least 30. Reducing the BMI reduces surgical risks, enhances a more predictably good result and, better still, reduces health risks from diabetes, hypertension and heart disease. Smoking should be discontinued for at least three months prior to surgery, to avoid the risks of poor wound healing and dehiscence of abdominal wall and muscle repair, that may be associated with coughing.

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