ABDOMINOPLASTY PATIENT HANDOUT

What Is Abdominoplasty?

Abdominoplasty, commonly known as a tummy tuck, is a surgical body contouring procedure that removes excess skin and fat from the abdomen and tightens weakened or separated abdominal muscles to create a flatter, firmer midsection. It is not a weight loss procedure. It is designed for people who are at or near their goal weight but have excess skin, abdominal laxity, or muscle separation that cannot be improved with diet or exercise alone.

What Can Abdominoplasty Address?

- Loose or overhanging abdominal skin commonly after pregnancy, significant weight loss, or ageing
- Diastasis recti is separation of the rectus abdominis muscles (the "six-pack" muscles), which often occurs during pregnancy
- Stubborn fat deposits in the lower abdomen (often combined with liposuction)
- Lower abdominal "apron" of skin that folds over the waistband
- Stretch marks on the lower abdomen (those in the removed skin will be eliminated; upper abdominal stretch marks may persist)

It cannot address:

- Significant intra-abdominal fat (visceral fat)
- Obesity-level excess weight
- Skin laxity of the flanks or back without an extended technique

Types of Abdominoplasties

Type	Best For	Key Features
Mini abdominoplasty	Mild lower abdominal laxity only, no muscle repair needed	Shorter incision, no belly button repositioning, quicker recovery
Full abdominoplasty	Moderate-to-significant skin excess, diastasis recti	Hip-to-hip incision, belly button repositioned, muscle plication performed
Extended abdominoplasty	Excess skin wrapping to the flanks	Longer incision extending around hips
Fleur-de-lis abdominoplasty	Significant vertical and horizontal skin excess (e.g. after massive weight loss)	Adds a vertical midline scar to remove more skin
Lipo-abdominoplasty	Combined skin removal and fat contouring	Integrates liposuction with traditional abdominoplasty

Are You a Good Candidate?

Your surgeon will assess you carefully. Ideal candidates generally:

- Are at a stable, healthy weight (within approximately 10–15 lbs of their goal)
- Have excess abdominal skin or muscle separation that has not responded to exercise
- Are non-smokers
- Have realistic expectations about scarring and outcomes
- Are not planning future pregnancies (pregnancy after abdominoplasty can reverse results)
- Are in good general health without uncontrolled diabetes, clotting disorders, or significant cardiovascular disease

Abdominoplasty may not be suitable if you:

- Have significant intra-abdominal (visceral) obesity
- Have had multiple prior abdominal surgeries affecting blood supply
- Have active or poorly controlled medical conditions
- Are on blood thinners or have clotting disorders
- Are planning significant further weight loss (including GLP-1 medications such as Ozempic)

What Happens During Surgery

Abdominoplasty is performed under general anaesthesia and typically takes 2–4 hours, depending on the extent of the procedure.

Step by step:

1. A horizontal incision is made low on the abdomen, from hip to hip, concealed below the underwear/bikini line
2. The abdominal skin is lifted to expose the underlying muscle layer
3. If diastasis recti is present, the separated muscles are stitched back together (rectus plication)
4. Excess skin and fat are removed sometimes including liposuction
5. The belly button is repositioned through the tightened skin (full abdominoplasty)
6. The incisions are closed with sutures; drains may be placed to reduce fluid buildup
7. A compression garment is applied

Drainless techniques using progressive tension sutures are increasingly used and have been shown to reduce seroma (fluid collection) rates significantly.

What Is Diastasis Recti?

Diastasis recti is a separation of the two columns of abdominal muscles along the midline. It is very common after pregnancy and can cause:

- A visible "doming" or bulging of the abdomen with movement
- Core weakness and back pain
- A persistent rounded abdominal profile despite being at a healthy weight

Plication (surgical tightening) of these muscles during abdominoplasty is one of the most functionally significant parts of the procedure and can improve core stability.

Recovery Timeline

Timeframe	What to Expect
Days 0–3	Soreness, tightness, forward-bent posture to protect the repair; drains in place if used
Week 1–2	Swelling and bruising peak; walking encouraged from Day 1; desk work possible at 2 weeks
Weeks 3–4	Increasing mobility; light activities resume; compression garment worn continuously
Weeks 4–6	Return to light exercise; no heavy lifting or core exertion
3 Months	Most swelling resolved; scar matures and softens
6–12 Months	Final result visible; scar continues to fade

Important recovery tips:

- Wear your compression garment as directed as this reduces swelling and supports the repair
- Walk early and often to reduce the risk of blood clots
- Avoid smoking before and after surgery
- Sleep slightly reclined (semi-flexed position) for 2–3 weeks to reduce tension on the incision
- Avoid submerging the incision (baths, pools, hot tubs) until fully healed

Risks and Complications

Abdominoplasty is a major surgical procedure. Your doctor will discuss all risks with you in detail. Common and important risks include:

Most common:

- Seroma (fluid collection under the skin) is the most frequent complication, reported in up to 10% of cases; may require aspiration
- Scarring, the hip-to-hip scar is permanent, though it fades significantly over 12–18 months and is positioned below the bikini line
- Temporary numbness or altered sensation of the lower abdominal skin
- Swelling that may persist for several months
- Asymmetry of the abdomen or belly button position

Less common:

- Wound healing problems or skin edge separation, especially in diabetic patients
- Infection (national average approximately 1–3%)
- Haematoma (blood collection requiring drainage)
- Dog ears (small folds of skin at the ends of the incision)

Rare but serious:

- Venous thromboembolism (VTE) — deep vein thrombosis or pulmonary embolism; VTE prevention protocols (compression stockings, early mobilisation, anticoagulation where indicated) are a routine part of care
- Skin or fat necrosis (tissue loss due to impaired blood supply — risk increased by smoking and aggressive liposuction combined with abdominoplasty)
- Anaesthesia complications

Abdominoplasty vs. Panniculectomy: What Is the Difference?

These are different procedures and are not interchangeable:

	Abdominoplasty	Panniculectomy
Primary goal	Cosmetic contouring and muscle tightening	Removal of overhanging skin/fat apron (panniculus)
Muscle repair	Yes (rectus plication if diastasis present)	No
Belly button repositioning	Yes (full abdominoplasty)	No

Longevity of Results

Results are intended to be long-lasting but are not immune to change. Factors that can affect results over time include:

- Significant weight gain or loss
- Future pregnancy (will stretch the repaired muscles and skin)
- Natural ageing

Maintaining a stable, healthy weight with regular exercise gives the best long-term outcomes.

Seek Immediate Medical Attention If You Experience:

- Sudden chest pain, shortness of breath, or leg swelling (possible blood clot)
- Fever above 38.5°C
- Rapidly increasing redness, warmth, or pus at the incision site (infection)
- Sudden large increase in drain output or swelling
- Skin around the incision that appears dark, blistered, or does not blanch

Questions to Ask Your Surgeon

- Am I a good candidate for a full or mini abdominoplasty?
- Do I have diastasis recti, and will muscle repair be part of my procedure?
- Will liposuction be combined with my procedure?
- Will drains be used, and for how long?
- What is your VTE prevention protocol?
- What does my scar typically look like at 12 months?
- What happens if I gain weight after surgery?
- Am I at increased risk of any specific complications based on my health history?

This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.