



**BAPRAS**

British Association of Plastic  
Reconstructive and Aesthetic Surgeons

The Voice of Plastic Surgery

# Your Guide

to body contouring  
surgery after weight loss



# Contents

Foreword	01
Introduction	02
Procedures	04
Apronectomy	04
Abdominoplasty	05
Belt lipectomy/lower body lift	06
Brachioplasty	06
Inner thigh lifts	07
Mastopexy	08
Risks	09
Recovery	12

# Foreword



Patients seeking body contouring surgery after massive weight loss have many physical symptoms because of their excess skin and fat, leading to recurrent skin infections, restrictions in normal day-to-day activities, and poor psychological wellbeing. Surgery to remove the excess skin and fat can improve significantly a patient's quality of life, and should not be thought of as just cosmetic surgery.

This booklet explains to patients who are thinking about body contouring surgery and their families what the treatment involves, including the recovery time, its likely benefits, what risks there are and how to minimise those risks. As it can be difficult to take on board all the necessary information about such surgery at a consultation, reading this booklet will help you to think more about what you are told, and may answer any questions you might have.

**David Ward**  
**President, BAPRAS 2017–2018**

# Introduction

Patients with obesity are at risk of multiple medical problems. Through either diet modification or bariatric surgery (eg gastric bypass), a significant amount of weight can be lost. This, unfortunately, can lead to problems with loose and excess skin and fat.

Problems following massive weight loss include:

- ➔ Unsightly or embarrassing appearance
- ➔ Difficulty with movement/exercise due to skin excess
- ➔ Irritation or skin infections such as boils

Body contouring surgery following massive weight loss can lead to an improved quality of life for patients. A number of procedures are available to address the different areas affected.

## Eligibility

The British Association of Plastic and Reconstructive Surgeons (BAPRAS) has developed a set of NICE (National Institute for Health and Care Excellence) accredited commissioning guidelines to aid patients and GPs in the referral pathway for body contouring surgery. These outline the eligibility criteria below:

- ➔ Age over 16

- ➔ Starting BMI >40, or >35 with other medical problems (eg diabetes) AND a current BMI of less than or equal to 28
- ➔ Weight stability for 12 months AND significant medical problems (both physical and psychological)

The only exception to the criteria listed previously is for apronectomy. This is a simpler procedure than an abdominoplasty and can be performed at higher BMIs than those mentioned. Although the risks would be higher than if the BMI was less than or equal to 28, removal of the hanging apron improves mobility and can aid further weight loss. Apronectomy is a largely functional operation with little improvement in the abdominal appearance.

There are also some factors that would prevent a patient from being referred for this form of surgery. These include smoking, which dramatically increases the risks of surgery, and an active psychosocial condition. This form of surgery requires very realistic expectations of what can be achieved and all patients must be able to cope with the worst of the complications that may arise as a result of the surgery.

## Preparation

The aims of any body contouring surgery are to improve the symptoms you have and to improve your quality of life.

The procedures available demonstrate the range of operations that may be necessary, but not all patients will require all procedures and your surgeon will discuss with you which may be most appropriate.

All operations of this kind carry a high risk of complications, whether they be minor ones or major ones. For this reason we must do everything to optimise your wound healing and recovery potential pre-operatively, including stopping smoking and improving your nutritional state. Sometimes this may require blood tests to be performed and nutritional supplements to be taken. You will often undergo a pre-assessment appointment to help ensure that your health is optimised prior to any surgery.

# Procedures

After consulting with your surgeon, you will be given further information to read. This helps you fully understand the proposed surgical treatment. You should read this carefully understanding the benefits, risks and recovery time. You will also have photographs taken for your medical records.

## What happens before surgery?

Most body contouring surgery requires a general anaesthetic (being asleep for the procedure). You will usually attend the hospital on the morning of your surgery at which time your surgeon will see you again to confirm the operative plan, confirm your consent to proceed and will usually mark you. You should also have had photographs taken for your medical records.

Your anaesthetist will also see you to confirm your health for a general anaesthetic. You will have been asked to stop eating food for six hours prior to your surgery and drink only water until two hours before your surgery, then nothing else. Please take your regular medications on the morning of the surgery with a small amount of water unless previously advised not to.

## Apronectomy

### *What is an apronectomy?*

An apronectomy is procedure to remove the excess hanging skin and fat over the lower abdomen. It is not as extensive as an

abdominoplasty (tummy tuck) and carries fewer risks.

It involves cutting away the excess tissue in the pattern of a horizontal ellipse and suturing the wounds together. This will leave you with a horizontal scar across the lower aspect of the abdomen, similar to a caesarean section scar, but longer at each end.

This procedure does not address tissue excess in the middle and upper abdomen.

### *How is it performed?*

The operation requires a general anaesthetic and may take 1.5–2 hours to perform. You will stay in hospital for 1–2 nights after the surgery. You may or may not have drains, which are tubes that come from underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for 1–2 nights then they are simply removed.

### *What are the benefits?*

The aim of surgery is to remove the excess hanging tissue on the lower abdomen. This will help improve symptoms related to the excess skin such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue, which may aid in exercise and further weight loss.

### *What is the recovery?*

Following your surgery you will have a 1–2 night stay in hospital. During this time, you will be encouraged to walk and shower and

wound care advice will be given. Once you are discharged home you will be seen again in a dressings clinic to check your wounds.

Stay mobile and well hydrated at home. In the first week you should be within the home. In the second week after the team has ensured your wounds are mending well, you could venture out of the home for short walks, but not drive for two weeks. Time off work is usually one month and time off sport is usually six weeks. You will be seen regularly by your medical team for the first twelve weeks. A slow continuous increase in activity is advised during this period. You may need an abdominal corset during this time too.

## Abdominoplasty

### *What is an abdominoplasty?*

An abdominoplasty or 'tummy tuck' is a more extensive operation than an

apronectomy. It involves removal of excess skin and fat over the abdomen. The technique can be varied to address upper abdominal tissue excess, lower abdominal tissue excess or excess in the midline. Before the operation, the degree of abdominal support provided by your muscles will be assessed. If your rectus abdominus (six pack) muscles are found to be weak and spread apart, this can sometimes also be corrected during the same procedure with a divarification repair.

The scar pattern will vary based on the exact area of excess being addressed.

### *How is it performed?*

The operation requires a general anaesthetic and may take three to four hours to perform. You will stay in hospital for one to two nights after the surgery. You may or may not have drains, which are tubes that come from



Before and after – the abdominoplasty improved the lower part of the anterior abdomen. The patient subsequently needed a reverse abdominoplasty to further improve the upper abdomen.

# Procedures

underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for two to three nights then they are simply removed.

## *What are the benefits?*

The aim of surgery is to remove the excess hanging tissue over the abdomen. This will help improve symptoms related to the excess skin such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue which may aid in exercise and further weight loss.

An abdominoplasty is a larger operation than an apronectomy because it addresses the entire anterior abdomen. There is both a functional and aesthetic improvement after this surgery.

## **Belt lipectomy/lower body lift**

### *What is a belt lipectomy/lower body lift?*

A belt lipectomy is procedure to remove the excess hanging skin and fat over the lower abdomen and the lower back/flanks, and lift the buttocks. A lower body lift is a similar operation, but provides a greater lift when necessary.

The excess over the abdomen is removed in the same way as an abdominoplasty. However, the scar will now extend all the way across the lower abdomen around the back to completely follow your waist. This allows removal of excess tissue at the back and will lift the buttock area at the same time.

### *How is it performed?*

The operation requires a general anaesthetic and may take three to five hours to perform. You will stay in hospital for two to three nights after the surgery. You may or may not have drains, which are tubes that come from underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for two to three nights then they are simply removed. You will often have a urinary catheter that will be removed once you are comfortable enough to pass urine yourself.

### *What are the benefits?*

The aim of surgery is to remove the excess hanging tissue over the abdomen and flanks, and to lift the buttocks. This will help improve symptoms related to the excess skin such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue, which may aid in exercise and further weight loss.

## **Brachioplasty**

### *What is a brachioplasty?*

A brachioplasty, or upper arm lift, addresses tissue excess from the armpit to the elbow. In some cases, it can be extended to address excess tissue on the upper outer parts of the chest and armpit. The operation involves removal of the excess tissue in the upper arm and leaves a scar on the inner aspects of both arms and may also extend onto the side of the chest.





Before and after brachioplasty

### *How is it performed?*

The operation requires a general anaesthetic and may take one to two hours to perform. You will stay in hospital for one to two nights after the surgery. You may or may not have drains, which are tubes that come from underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for one to two nights then they are simply removed.

The operation usually involves surgical removal of the excess skin in the upper arm, but may also use liposuction to help reduce the amount of fat in the area. Following the

surgery, you will need to wear compression garments on your arms for the first few weeks.

### *What are the benefits?*

The aim of surgery is to remove the excess hanging tissue over in the upper arms and sides of the chest. This will help improve symptoms related to the excess skin such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue, which may aid in exercise and further weight loss.

## **Inner thigh lifts**

### *What is an inner thigh lift?*

An inner thigh lift is a procedure to remove excess tissue from the upper inner thighs. It can tighten and lift tissues from the thighs to the groin. It will leave scars in the groin creases as well as the inner aspects of the thighs running down to the knees.

### *How is it performed?*

The operation requires a general anaesthetic and may take two to three hours to perform. You will stay in hospital for two to three nights after the surgery. You may or may not have drains, which are tubes that come from underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for two to three nights then they are simply removed. You will often have a urinary catheter that will be removed once you are comfortable enough to pass urine yourself

# Procedures

## *What are the benefits?*

The aim of surgery is to remove the excess hanging tissue from the inner thighs and lift them at the same time. This will help improve symptoms related to the excess skin such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue, which may aid in exercise and further weight loss.

## **Mastopexy**

### *What is a mastopexy?*

A mastopexy procedure addresses female breasts that hang low and droop. It can also be used to correct volume loss with the use of silicone implants. It leaves scars around the areolae and also down in a vertical line across the front of the breasts extending to a line across the underside of the breasts.

### *How is it performed?*

The operation requires a general anaesthetic and may take one to two hours to perform. You will stay in hospital for 1 night after the surgery. You may or may not have drains, which are tubes that come from underneath your wound to drainage bottles. If these are used, they are to help reduce fluid build up and tend to stay for one to two nights then they are simply removed on the ward.

### *What are the benefits?*

The aim of surgery is to help lift and reshape the breasts. It can help with problems



Before and after mastopexy

associated with excess breast skin, such as rashes, blistering, irritation and also improve mobility by removing the heavy hanging tissue, which may aid in exercise and further weight loss.

# Risks

## What are the general risks of body contouring surgery?

All operations carry risks. You must be fully aware of all risks that could occur and happy to proceed knowing what complications are possible and expected. Body contouring surgery carries a high risk of developing a complication. Up to 50% of patients will develop one. However, these may be minor complications that are easily managed without further surgery.

### *Bleeding/Haematoma*

This can occur at the time of the operation or afterwards. If afterwards, it may present as blood in your drains, if present, or swelling to the operated area called a haematoma. It may require a return to the operating theatre.

### *Seroma*

The body produces fluid in the area operated on. If that fluid collects and swells, it is called a seroma. This often reabsorbs by itself, but may take a long time to do so. Sometimes, it may require drainage with a needle or even a return to theatre.

### *Infection*

Early signs of infection include increasing pain that often throbs, spreading redness and you may even develop a thick yellow smelly discharge. If seen early, infection may be easily treated with antibiotics. If this is left, however, it may lead to potential long term problems and may even be life-

threatening. If in any doubt, you must immediately seek medical help at Accident and Emergency.

### *Prolonged/persistent swelling*

This is very common after surgery. The swelling after body contouring surgery may take many months to fully settle and in some cases, may be persistent, such as in lymphedema.

### *Skin excess/dog ears*

When skin has been moved and tightened, there may be small excesses formed at the ends, these are also called dog ears. These often settle with time, but occasionally require a small procedure, often under local anaesthetic in theatre, to correct the excess.

### *Tissue/skin death*

All forms of body contouring surgery may lead to reduced blood flow to some areas of skin. An example may be the nipple area after a mastopexy. If the blood supply to an area of skin or tissue is interrupted, the skin will die. This leads to a scab forming, which can often be managed with dressings and allowed to heal by itself. Sometimes, it requires a further operation to remove the dead tissue.

# Risks

## *Altered/loss of sensation*

It is normal to expect some loss of feeling in the skin around the area operated on. This may also extend to adjacent areas if nerves run nearby. Examples here are numbness in the lateral thigh caused by damage to the lateral cutaneous nerve of thigh during an abdominoplasty, and numbness in the medial leg if the saphenous nerve is damaged during an inner thigh lift. This is often temporary, but may be permanent.

## *Scars*

As the wounds heal, they will form scars, which will initially be red, raised, lumpy areas. These tend to soften, flatten and become paler with time and may take many months to settle.

## *Asymmetry*

Asymmetry is very common. Any surgery on two sides of the body may lead to asymmetry. In most cases this is because of pre-existing asymmetry, but can occur following surgery too.

## *DVT/PE*

Blood clots in the legs (deep vein thrombosis or DVT) can migrate to the lungs (pulmonary embolism or PE) and can occur after any prolonged surgery. Early mobilisation, maintaining good hydration and blood thinning medication are ways to prevent this problem.

## *Dissatisfaction with results*

Despite the best efforts of your surgeon and the post-operative care you receive, it may still be that you are unhappy with your final results. Perfection is not possible with this surgery but an improvement is expected. Understanding what can and cannot be achieved is important. Your surgeon will help generate realistic expectations with you.

## **What are the specific risks of body contouring surgery?**

### *What are the specific risks of an apronectomy/abdominoplasty/belt lipectomy?*

#### *Nerve injury*

It is common to develop numbness around your wound after the surgery, this may be temporary or permanent. The surgery also carries a risk of damaging nerves that give feeling to the skin on the upper outer parts of both thighs. These nerves do not control any movement, only feeling. Again, this may be temporary or permanent.

#### *Distortion of surrounding tissues*

As part of the closure of the wounds, the surrounding tissues can be pulled together leading to distortion. In women, this may lead to the mons pubis (tissue where pubic hair grows) being pulled up and distorting the external genitalia.

# Risks

## *Total or partial loss of belly button*

In an abdominoplasty or belly lipectomy, the surgery may also involve cutting around the belly button and repositioning it as the abdominal skin is tightened. This can sometimes interfere with the blood supply to the belly button and lead to some or all of it being lost and replaced by a scar.

## **What are the specific risks of a brachioplasty/inner thigh lift?**

### *Prolonged swelling/lymphoedema*

It is common to have prolonged swelling in the area following the surgery. However, in some cases, the draining fluid channels (lymphatics) may be damaged and this may result in long-term swelling that could require compression garments.

### *Nerve injury*

The surgery carries a risk of damaging nerves that give feeling to the skin on the upper arms and forearms in a brachioplasty, or the inner and outer aspects of both thighs with an inner thigh lift. These nerves do not control any movement, only feeling. Again, this may be temporary or permanent.

### *Distortion of surrounding tissues*

In women undergoing an inner thigh lift, lifting of the thigh tissues can cause pulling and distortion of vulva. This may lead to an appearance of the vulva being spread.

## **What are the specific risks of a mastopexy?**

### *Total or partial nipple or skin loss*

As part of this surgery, the blood supply to the nipple, areola or skin could be damaged. This may lead to part or all of the nipple, areola or patches of skin not surviving. This will cause a scab to form, leading to an eventual a scar over the area.

### *Altered nipple sensation*

The surgery may also lead to increased, altered or decreased sensation of the nipple and areola, with a risk of total numbness to the area.

### *Inability to breastfeed*

Following this surgery, there is a small risk of being unable to breastfeed or not producing enough milk.

### *Delayed healing/wound dehiscence*

It is relatively common that small areas of the wounds, such as the point where the breast meets the chest underneath, may take longer to heal and may lead to a slightly widened scar in this area.

### *Asymmetry*

This is almost always the case. It is impossible to make both breasts absolutely identical and asymmetries that exist before the surgery tend to persist afterwards.

# Recovery

## What is the recovery time?

All operations will take time to recover from. The larger the operation, the more time required. After your operation, there will be things you can do to help speed up your recovery and make a safer return to normal activities.

## While in hospital

When you awake from your surgery, you will find dressings over the areas that have been operated on. You may also find drain tubes coming from the areas, and you may be wearing a compression bandage or stocking. During your time in hospital, we encourage you to initially sit out of bed and then build up to walking around as soon as you safely can. This helps prevent complications such as blood clots in the legs. Stay well hydrated with good oral intake. This helps to prevent blood clots in the legs.

## Outside of hospital

Once you are home, we encourage you to continue to get up and about and not just rest in bed. You must be careful to take care of any dressings or drains that may still be present. You will usually have an appointment with the dressings clinic nurses to help you with this shortly after you are discharged home.

## Recovery

Most patients should spend the first week after discharge at home, ideally with family or a friend for help and support. Do not drive for two weeks. Also, no exercise or strenuous activity should be undertaken for six weeks. This is to help prevent complications such as wounds not healing well. Usually by about six weeks, you may stop using the support garments or binders over the areas operated on.

## Follow up

Most patients will have their wounds checked by a dressings clinic nurse within a week of being discharged. Your operating team will see you regularly after surgery in clinic to assess your progress.

Further information can be obtained from the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) website

<http://www.bapras.org.uk>

Patient information leaflet for body contouring surgery after weight loss produced by BAPRAS and following "National Commissioning Guidelines: Body contouring surgery after massive weight loss" by Soldin M et al. *JPRAS* 2014; **67**: 1,076–81

Prepared by Mr Masha Singh and Mr Mark Soldin.

**BAPRAS** The Royal College of Surgeons of England, 35-43 Lincoln's  
Inn Fields, London WC2A 3PE. Tel: 020 7831 5161 Fax: 020 7831 4041  
Email: [secretariat@bapras.org.uk](mailto:secretariat@bapras.org.uk) [www.bapras.org.uk](http://www.bapras.org.uk)

Patron: H.R.H. The Duke of Edinburgh, KG, KT. The British Association of Plastic  
Reconstructive and Aesthetic Surgeons is a registered charity and a company  
limited by guarantee. Registered in England number 2657454. Registered office  
above. Registered charity number 1005353. V A T Registration number 921 6446 32

