

Information on short upper body lift

Who is eligible for a short upper body lift?

Discomfort

Major weight loss causes looseness of the skin. This can cause physical, psychosocial, and cosmetic issues.

The typical physical struggle has to do with the skin folds and issues related to moisture, rubbing and skin infections.

The typical psychosocial issues include problems with maintaining a normal sex life, issues with buying regular clothes and problems with being partially undressed in public spaces (e.g. the beach or the swimming pool)

Problems or inconveniences that do not hinder living a normal life but simply are desired to be changed in regards to appearance are categorized as cosmetic.

In addition to looseness of the skin, some men experience discomfort due to the development of breast tissue, which does not disappear despite weight loss.

Maximum BMI of 30

There is always a risk of complications in surgery. The risks increase with bodyweight at the time of surgery. For that reason, surgeries of this kind are only offered to patients who have achieved a weight loss reducing their BMI to less than 30.

For patients that have had a BMI beyond 40, it will be very difficult to reduce the BMI to 25, which is the upper limit for normal weight due to the leftover residual fat stored and due to the weight of the loose excess skin. Often times, we estimate the upper normal range of BMI after major weight loss to be near BMI 27-28. It is recommended that patients only proceed with plastic surgery when they are within the "normal weight range" of 27-28 BMI in order to minimize the risks of complications. This will also optimize the aesthetic results, because weight loss after the surgery will cause the looseness of the skin to reappear.

3 months of weight stability

It is important that your weight is stabile before having plastic surgery after major weight loss. This means that your weight should not fluctuate more than a few kilos. At Printzlau Privathospital we require weight stability for at least 3 months (for patients referred through the public healthcare system, 6 months are required). If you are still losing weight, your metabolism is out of balance and you will not have the physiologic resources that are needed during a healthy healing process. If you are in the process of gaining weight, any future weight loss will also mean that the result of the plastic surgery will be poorer.

Plastic surgery after fat removal surgery

Research shows that the risk of complications to plastic surgery are increased for patients who have undergone bariatric surgery, gastric by-pass e.g. As a post-bariatric patient, you can expect life-long treatment with dietary supplements, but it is very important that you take the recommended supplements such as vitamins and minerals and that you are careful to maintain a varied and healthy diet as you prepare for a plastic surgical procedure.

After bariatric surgery, a year and a half must pass before you are eligible to plastic surgical skin correction of any kind. This is because the metabolism needs to stabilize in order for the risk of complications to be minimized.

Other diseases

Obesity is associated with risk of developing diabetes and heart disease. This type of illness should be thoroughly elucidated and treated before proceeding with plastic surgery. In some cases, it may be deemed simply unwarrantable to perform any plastic surgery, or it is instead advised to choose a less invasive form of treatment than what the patient desires. Of course, it may be that you suffer from a completely different disease or conditions that increases the risks or makes it unreasonable to proceed with plastic surgery.

Combined surgeries

An upper body lift is a combined surgery in which several areas of the body are addressed all at once. At Printzlau Privathospital, the following combined surgeries are available:

Lower body lift – abdomen, mons pubis, hips, lower back, buttocks and outer thighs

360° belt lipectomy – abdomen, mons pubis, hips and lower back

Upper body lift – breasts, upper back and potentially arms

Short upper body lift – breasts, the side of the chest and potentially arms

"Mommy-makeover" – abdomen, mons pubis and breasts

Order of plastic surgery surgeries

We recommend, that you have lower body surgery before proceeding with an upper body lift. After major weight loos, the skin on the entire body is loose and poorly fixed to the underlying tissue. This mean that the normal junction between the skin and the underlying muscles and bones have loosened. Because of this, there is a risk that the

breasts and the nipples shift position when tightening the stomach later. During a tummy tuck combined with surgery on the breasts, the stomach is thus operated on first.

Upper body lift

An upper body lift is a possible option if an extensive lift of the skin all the way around the upper part of the body is desired. For men, a short upper body lift is usually sufficient. In the short upper body lift, the incision continues from the outermost part of the chest from where it arches up to the posterior part of the armpit. By "wrinkling" the skin in a large "outer lane" that meets a smaller "inner lane", some of the excess skin on the side of the chest can be removed, which in return lifts some of the loose skin on the upper back.

If there is substantial looseness of the skin on the back, it may cause skin folds to form on the back (back rolls), but often the skin is draped all the way down towards the hips. If this is the case, many mistakenly desire a lower circular skin removal surgery like a belt lipectomy or a lower body lift. However, the sagging skin cannot b reduced from below, but requires a lift from above. A short upper body lift cannot remove extensive back rolls but it does provide some tightening of the skin on the upper back. A short upper body lift can be combined with an arm lift during the same surgery.

A short upper body lift takes 4 to 5 hours of surgery and may require hospitalization for up to 24 hours. You should take sick leave from work for 2-4 weeks.

Thoracoplasty - lifting the skin on male the chest wall

In men who experience major weight loss, sagging skin or "breasts" can appear. The sagging tissue primarily consist of excess skin, or in some cases breast gland tissue or residual fat. The excess skin on the lower part of the chest is removed, and the nipples are

lifted in place. The surgery leaves visible scars across the front of the chest, around the nipples and potentially vertically downwards from the nipples, a so-called anchor-shaped scar.

The course from first consultation to follow-up

First consultation

During your first consultation, the plastic surgeon will consult with you based on your wishes and expectations to the surgery in regards to possibilities and limitations. Your body is examined from top to bottom, in order to elucidate all options for skin reducing. If it is possible and feasible to proceed with one or more plastic surgical surgeries, you will plan with the plastic surgeon what type of surgery or surgeries are best suited for you. You will receive information about what is realistic to expect after the surgery and what consequences and risks the surgery or surgeries may entail.

The plastic surgeon will assess your overall health and whether it is necessary to draw blood samples or any further examinations before the surgery. Your body is meticulously photographed for "before and after" photos, if the surgery or surgeries are eventually carried out.

As a private patient you have the right to bring an assessor with you to your consultation, and we advise you do so. This provides you with an opportunity to discuss pros and cons for the surgery even after you have returned home. Danish legislation on "cosmetic treatment" requires that you wait a minimum of seven days from your first consultation before you can make an appointment for the desired surgery. This serves to protect you by preventing any impulsive or rash decisions to undergo cosmetic surgery. Patient referred from a public hospital are not bound by this legislation, but are advised to take the same precautions.

The surgery

An upper body lift is a large surgery performed under general anesthesia followed by full one-day hospitalization. Before any surgery under full anesthesia you are to be fasting for a minimum of 6 hours before the surgery, but you can drink water up until 2 hours before the surgery.

When you arrive, the nurse in the hospital ward will greet you, validate your identity and show you your room. Your room and your bed is heated in order to avoid cooling during the lengthy surgical procedure. The anesthesiologist will explain the anesthesia to you, and your plastic surgeon will make the guiding marks on your body and ensure that you agree and consent to the plan.

When the surgery is over, you will be equipped with a compression bandage. While you are under general anesthesia, a urine catheter has been put in as well as several drains.

After the surgery

After the surgery you are transferred to the recovery room where the anesthetist nurse and the anesthesiologist will observe you until you are fully awake. Your heart rate and blood pressure is monitored, and pain-relieving treatment is initiated. Nausea can also be treated if needed. When you are fully awake you are escorted back to your room in the ward. The plastic surgeon then comes to see you and inform you about the course of the operation.

The day after the surgery you have to get back on your feet. the nurse will show you how to manage and take care of yourself when you return to your home later.

The compression bandages are to be worn for 6 weeks after the surgery. They must be worn both day and night for the first 3 weeks, and while you are up and moving during the last 3 weeks.

It is important that you get back on your feet quickly and start walking around so that the blood circulation in the legs and body is stimulated.

The drains are removed before you return home, and the plastic surgeon will examine your before you are discharged.

You may sit in the passenger seat of a normal car when you leave, but you cannot drive the car yourself.

After 2 and 3 weeks you have scheduled follow-up consultations with the nurse, who will also remove your stitches. We use surgical threads that self-dissolve, however, the ends of the stitches must be removed manually.

Follow-up

You are to have a consultation with your plastic surgeon 3 and 12 months after the surgery. At the 3-month follow-up consultation, the result of the surgery can be evaluated, and new photos will be taken for documentation.

Subsequent effects

Scars

Figuratively speaking, loose skin is traded for scars. The larger the corrected area is, the longer the scar. During the first three months, the scars are red and swollen, but after this period they slowly lighten and flatten. It is recommended to use a band-aid as long as the scars continue to be red. This decreases the scars' tendency to redden and swell. It takes up to two years before the final result of the scars can be evaluated.

Temporary swelling

In the weeks after the operation there will be swelling of the operated area. This will fade away on its own. In the weeks after the surgery you must wear the compression bandage in order to reduce swelling.

Numbing

Especially with extensive plastic surgery, several sensory nerves in the skin will be affected. This means that a triangular area of skin can be left with permanent numbness. This can be quite bothersome, especially right after the surgery. With time, patients get used to the numbness, and so that it does not cause inconvenience in the everyday life.

Complications

Generally, the risk of complications is large in plastic surgery after major weight loss. Thus, 30% experience smaller complications that can be treated with ambulatory care, and 10% experience complications that require surgery.

Bleeding

After the surgery, the blood pressure increases. When this happens, one of the small blood vessels that have been cut during the surgery may burst and cause bleeding under the skin. In the case of larger bleedings, it is necessary to operate again. If this does happen, it is most likely while you are still hospitalized, and re-operation is initiated immediately by your plastic surgeon.

Infections

Infections are caused by bacteria that may have infected the wound during the surgery, or

more commonly have come into the wound through the new scar after you have returned to your home. For most cases, the infection in the scar is superficial; this can be treated by topical treatment and oral antibiotics. In rare cases, the infection can spread and make it necessary to open up or drain the scar during re-admittance to the hospital and intravenous antibiotic treatment. In severe cases, the infection can ruin the expected result of the operation.

Poor healing

With any larger plastic surgical procedure, there is a risk of poor healing causing parts of the scar to open. This defect is typically treated "conservatively" and heals from the bottom and outwards. The scar may appear wide and ugly in the affected area, and if this is the case you will be offered a scar correction (about a year after the surgery). In difficult cases it can be necessary to try closing the scar under the cover of antibiotics.

Fluid accumulation and edema

In the area where the skin has been detached from the muscles beneath, fluid may accumulation after the surgery. This is called edema. The body absorbs any fluid from smaller areas with edema, but if larger amounts of fluid accumulate, it may be necessary to drain the fluid during an ambulatory visit. In very rare cases, it is necessary to proceed with another surgery to prevent the fluid from reappearing.

Dead tissue (skin necrosis)

If the skin is tightened too much, or in the event of complications such as larger bleeding or infections, the blood circulation in the operated area is critically reduced. Fat tissue is very sensitive to low blood flow and dead fat tissue leaves a so-called fat-necrosis, which forms a hard lump that is sometimes sore and may be worrisome for the patient. Skin necrosis is very rare, but it requires a second operation to remove the dead skin, which

may have great consequences for the aesthetic result.

Hypertrophic scarring

Some patients have a tendency to produce a lot of scar tissue after surgeries: So-called hypertrophic scarring. All scars are red and swollen during the months after the surgery, but with hypertrophic scarring, the scars remain red and swollen for more than a year after the surgery. The scars are treated with band-aids for several months and may also be injected with steroid if the hypertrophy is severe. In rare cases, a disfiguring scar may be surgically corrected.

Hypertrophic scarring is different from keloid, which is an inherent disease in which scar tissue extends into the operated area. Patients with this condition are advised not to have cosmetic surgery.

Venous thrombosis

In a large surgeries, there is a small risk of blood clotting in the legs, so-called venous thrombosis. This in itself is not dangerous, as the blood clots are formed in the venous system. However, if such a blood clot loosens and flows with the blood circulation towards the lung, a life-threatening pulmonary embolism can occur.

Durability

Tightening the skin and the underlying tissue does not stop the aging process. As such, there are no cosmetic surgeries of this type that "last forever". On the other hand, it can be argued that what is removed will not be reproduced or reappear. Reoccurring overweight and weight loss will also cause more looseness of the skin.

The "durability" is individual and affected by genetic factors as well as external factors that may have affected the skin's laxity (e.g. hormones, smoking) The "durability" will also

be different depending on the type of surgery and in the sense that the more extensive the surgery, the greater the effect and the long-term durability of the result.				