PRINTZLAU

PRIVATHOSPITAL

Information on lower bodylift and belt lipectomy

Who is a good candidate for lower bodylift and belt lipectomy?

Major weight loss can leave large areas with loose excess skin, which can be both physi-cally, psychologically, socially and cosmetically debilitating.

The most common physical issues are related to friction wounds or infections in the skin folds along with pain in the buttocks while sitting due to loose pinched skin. The typical psychosocial issues include problems with maintaining a normal sex life, dif-ficulties when shopping for new clothing and problems with being partially undressed in public spaces (e.g. the beach or the swimming pool).

The cosmetic issues are problems or inconveniences that do not hinder living a normal life but are merely desired changed in regards to appearance.

Apart from excess loose skin it is common to experience cosmetic issues related to re-sidual fat storage, for women most often on the thighs.

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 that reduces BMI to less than 30.

For patients who have had a BMI above 40, it will be very difficult to reduce the BMI

to 25, due to the weight of leftover residual fat storages and 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 risk of complications. This will also optimize the aesthetic results as 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 during a minimum of 3 months (for patients referred through the public healthcare system, 6 months are required). If you are still in the process of 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 bariatric surgery

Research shows that the risk of complications to plastic surgery is increased for patients who have undergone bariatric surgery, e.g. gastric by-pass. 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 sur-gical skin correction of any kind. This is because the metabolism needs to stabilize in or-der for the risk of complications to be minimized.

Other diseases

Obesity is associated with risk of developing diabetes and heart disease. This type of ill-ness 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 a con-dition that increases the risks or makes it unreasonable to proceed with plastic surgery.

Combination surgeries

Both a belt lipectomy and a lower body lift are combination surgeries in which several areas of the body are addressed all at once. At Printzlau Privathospital, the following combination 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 surgical procedures

We recommend that you have lower body surgery before proceeding with upper body procedures. After major weight loss, 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 has loosened. Because of this, there is a risk that the breasts and the nipples shift position when tightening the stomach later. During a “Mommy make-over”, a tummy tuck thus precedes surgery on the breasts.

360° - Belt lipectomy

This combination surgery involves the entire circumference of the lower body. On the front side, the skin is reduced as described under the extended tummy tuck, but the inci-sion continues around the hips and around on the lower back. In doing so, you achieve a tightening of the skin on the entire lower body and a passive lift of the buttocks. The sur-gery begins with liposuction on the backside in order to loosen the skin on the lower back in a gentle way that preserves the blood supply while also reducing volume. After liposuction, the patient is

turned in order to operate on the abdominal area.

The full procedure takes about 4 hours and 30 minutes and may demand up to 24 hours of hospitalization. You should expect taking 3-5 weeks of sick leave from work.

Lower bodylift

This extensive combination surgery also involves the entire circumference of the lower body while also addressing the buttocks. The skin on the buttocks is actively lifted and rotated up and back into place while the skin on the outer thighs is also lifted and tight-ened. On the front side, the skin is reduced as described under the extended tummy tuck. The incision above the buttock is placed lower than in a belt lipectomy and is easier to hide with under-garments or a swimsuit. This surgery is especially well suited for patients that have had a "pear-shaped" body shape (typically women) where the buttocks and the thighs are very af-fected by the weight loss. If there are areas with large residual fat stor-ages left on the buttocks and the thighs, the surgery can be supplemented with careful liposuction of the affected areas.

The full procedure usually takes 6 hours and may demand up to 24 hours of hospitaliza-tion. You should expect taking 4-6 weeks of sick leave from work.

The course from first consultation to follow-up

First consultation

During your first consultation, the plastic surgeon will consult with you based on your wis-hes 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 procedures, you will plan with the plastic surgeon what type of surgery or surgeries are best suited for you. You will re-ceive information about what is realistic to expect after the surgery and what conse-quences 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 to 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

Belt lipectomies and a lower bodylifts are very large surgeries that are performed under general anesthesia followed by one or two full days of 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 are heated in order to avoid cooling dur-ing 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, and you will receive instruc-tions from a physiotherapist who will give you a range of exercises to work on and show you how to manage and take care of yourself when you return to your home later and explain what aids you may need.

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.

You cannot sit on “hard” chairs during the first three weeks. The physiotherapist will in-struct you how to handle using the restroom, driving a car and dealing with other daily activities.

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. In the beginning, you will benefit from a walker, but during the time while you are admitted to the hospital you will learn to manage without it.

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

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

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 1, 3, and 12 months after the surgery. During the first follow-up, the possibility of resuming work and physical activity is assessed. At the 3-month follow-up, the result of the surgery can be evaluated, and new photos will be taken for documentation.

After 12 months, the final look of the scars can be evaluated. Since both of these surger-ies are fairly new in Denmark, it is important to collect information on the long-term results of these surgeries.

Consequences

Scars

Figuratively speaking, loose skin is traded for scars. The larger the corrected area is, the longer the scar. Whenever possible, the incision are placed so that the scars can be hid-den with underwear except for the scar around the belly button and the scar on the backside from a belt lipectomy. During the first three months, the scars are red and swol-len, 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 eval-uated.

Temporary swelling

In the weeks after the surgery 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 the swelling tendency.

Numbing

Especially with extensive plastic surgery, several sensory nerves in the skin will be af-fected. This means that the area of skin immediately next to the scar 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 inconven-ience in the everyday life.

Complications

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

Bleeding (2%)

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 case of larger bleeding, 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.

Infection (5%)

Infections are caused by bacteria that may have infected the wound during the surgery, or more commonly bacteria that permeate into the wound through the new scar after you have returned to your home. For most cases, the infection in the scar is superficial; topical treatment and oral antibiotics can treat this. 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 such cases of deeper infection, the ex-pected result of the surgery can be ruined.

Poor healing (15%)

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 the scar 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 accumulate 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 catastrophic 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 surgery, but with hypertrophic scarring, the scars remain red and swollen for more than a year after surgery. The scars are treated with band-aids over the course of 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 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 to-wards 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 over-weight 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 influenced the skin’s laxity (e.g. hormones, smoking) The “durability” will also be different depending on the type of surgery in the sense that the more extensive the surgery, the greater the effect and the long-term durability of the result.