

**Information for patients considering
abdominoplasty surgery
under the care of Mr C. Stone FRCS(Plast)
Consultant Reconstructive & Aesthetic Plastic Surgeon**

February 2021

About Mr Stone

Mr Stone has been a Consultant Reconstructive and Aesthetic Plastic Surgeon at the Royal Devon & Exeter Hospital since 2001. In the NHS, Mr Stone undertakes a wide range of reconstructive procedures especially those related to major soft tissue cancers and malignant melanoma.

In his private practice, Mr Stone now specialises only in cosmetic breast surgery (breast enlargement, reduction and uplift) and body contouring procedures such as abdominoplasty and abdominal liposuction, although he also has extensive experience in other areas of cosmetic practice including face lifting, rhinoplasty and blepharoplasty.

Mr Stone is registered with the General Medical Council (appearing on the specialist medical register for plastic surgery) and he is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). He is also an accredited Medico-Legal Expert working in the field of clinical negligence and is a member of several medico-legal societies.

What should I do before my consultation?

Abdominoplasty is a very commonly-performed cosmetic surgery procedure in the UK. The majority of patients become unhappy with the appearance of their abdomen on account of the excess skin and soft tissue that is left over from pregnancy. Some patients generate excess skin after having lost a significant amount of weight.

Most patients recognise what it is that concerns them about the appearance of their abdomen, and you could have a think about this before your consultation with Mr Stone. Usually there is an excess of skin and often there is also an excess of fat in the lower third of the abdomen. This can cause an unsightly overhang or bulge and some patients experience discomfort or even intermittent infections in the fold beneath the overhanging skin. Occasionally there is a weakness to the abdominal wall muscles that creates a bulge when lifting or straining.

Patients generally have an idea of what they might need in terms of cosmetic surgery to make their abdomen look better and have researched this on the internet. There are a number of options available including a tummy tuck (abdominoplasty), which can either be in the form of a 'mini' abdominoplasty, a full abdominoplasty, liposuction or both. Generally, liposuction alone can leave residual skin excess that many patients find unacceptable although in some cases liposuction to the abdomen alone can be a very reasonable treatment. However, most patients do also require some reduction in the excess skin.

There are many web sites available for you to read about breast enlargement. A good starting point would be Mr Stone's own website (www.exetercosmeticsurgery.co.uk) and the website of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) (<https://www.bapras.org.uk/public>).

What happens at my consultation?

Mr Stone sees his private cosmetic patients at The Nuffield Hospital, Exeter. He generally reserves around one hour for each new patient.

When you see Mr Stone he will go through your medical and surgical history to assess your overall fitness for surgery. In the vast majority of cases there will be no concerns about undergoing the operation although some patients may need a pre-operative assessment at the Nuffield Hospital prior to admission. He will spend some time listening to the concerns that you have and will need to examine you both standing up and lying down; this will help to determine whether or not there is a weakness in your tummy muscles and how much soft tissue excess there is. During the examination there will, of course, be a female chaperone in attendance.

Mr Stone will then discuss the surgical options that are suited to your particular problem and which one would be most likely to help you. He will explain to you how the operation is performed, the risks that are associated with it and the recovery period afterwards.

Some patients may wish to see pictures of other patients who have undergone similar surgery to you, so there will be a selection of clinical photographs for you to see. These will help you get an idea of what can be achieved but may not be directly relevant to you nor will they necessarily predict your own individual result.

How much does the consultation cost?

Mr Stone charges £200 for a new patient consultation. There is no fee for any related follow-up consultations. Mr Stone will write to your GP informing them about your proposed operation and he will send you a copy of that letter. Mr Stone is available to see you between your initial consultation and your admission date should that be necessary.

How is the operation done and how much does it cost?

An abdominoplasty aims to remove all the excess skin and fat below the level of the umbilicus (tummy button). An incision is made just in or above the pubic hair line and this is extended outwards towards the hips. The abdominal skin and fat is lifted up via this incision to a level above the umbilicus and the skin is re-draped to allow excess tissue to be removed. If the skin closure is likely to be excessively tight Mr Stone will remove slightly less tissue to avoid wound breakdown problems, and this will leave a short vertical midline scar below the umbilicus. In some patients, where the tummy muscles have separated ('divaricated'), usually as a result of pregnancy, Mr Stone may need to repair the connective tissue between them with a strong internal stitch ('rectus sheath plication'). Liposuction is often used in combination with abdominoplasty surgery to reduce the thickness of the upper abdominal skin flap and to improve the contour of the hip areas, towards the ends of the lower abdominal scar. Mr Stone will advise you if he thinks that this would be beneficial in your case.

The umbilicus is kept alive on its stalk which provides it with a blood supply. The umbilicus is re-inserted through a new hole in the abdominal skin at the same position as before. The incision in the lower part of the abdomen is closed with dissolvable sutures and two wound drains are sited for a day or two after surgery. Mr Stone uses an abdominal garment to support the tummy after surgery until the first out-patient review.

A 'mini-abdominoplasty' is a lesser procedure aimed at removing a small amount of soft tissue just above the pubic hairline but not as far up as the umbilicus. This is suited to minority of patients but for those with moderate skin redundancy at this site only a mini-abdominoplasty may be an option.

The operation can be undertaken at the Nuffield Health Exeter Hospital or the Royal Devon & Exeter Hospital. Payment will be requested in advance of your operation. The cost of cosmetic surgery will reflect hospital, surgical and anaesthetic fees, and follow-up with Mr Stone. Costs sometimes vary depending upon the specific nature of the proposed procedure. You will be advised of the cost of your operation at the time of your consultation.

What are the risks of an abdominoplasty?

There are risks associated with any operation. Mr Stone will take some time to outline the risks and complications that can be associated with abdominoplasty surgery. In brief, these include risks that are associated with any surgical procedure including scarring (which can occasionally become lumpy, including around the umbilicus), infection, bleeding, and thrombo-embolic complications (clots in the legs or lungs). Bleeding after the operation can result in a collection of blood within the breast called a haematoma. This might require a return to the operating theatre but this should not compromise your final cosmetic result.

While scars are inevitable, abdominoplasty scars do tend to settle down well, and are largely hidden beneath the underwear. The other complications are rare, but there are some factors which might increase your risk of thrombo-embolic complications such as smoking, obesity, a previous history of deep vein thrombosis and taking the oral contraceptive pill. Every precaution is taken to avoid clotting problems in all patients. If you are a smoker you should stop smoking for six weeks before surgery and for the duration of your treatment, including your aftercare. Those patients who are taking the oral contraceptive pill are asked to discontinue for six weeks prior to surgery. If you experience any tenderness with swelling of the calves after surgery, or any chest pain or shortness of breath, you should seek urgent medical attention, as these may signify an underlying deep vein thrombosis or pulmonary embolism.

There are also some potential complications related specifically to abdominoplasty surgery. Again, these are uncommon but Mr Stone will discuss them with you.

Occasionally there may be some separation of the wound in the pubic hairline. If this did occur it would be likely to do so in the midline and might be associated with some loss of the skin at this site. The risk of this happening, however, is low but could be significant in smokers or diabetics. Many patients experience some numbness above the scar and there is a potential for some numbness to develop over the outer aspects of the thighs; this is rare and attributable to entrapment or injury to a small skin nerve.

Abdominoplasty surgery usually results in a small amount of fluid ('seroma') accumulating beneath the skin of the abdominal wall. In the majority of patients this goes unnoticed but is

some it may become troublesome and persist. The fluid can be removed intermittently as an out-patient but eventually it should resolve on its own.

From a cosmetic point of view, the scar is lengthy (extending from one hip to the other) but it is well placed and is generally covered by underwear. The scar may not be perfectly symmetrical and at the outer aspects of the scar there might be some fullness, known rather disparagingly as 'dog ears'. Occasionally these need to be removed at a later date under local anaesthetic, although most of the time they settle down on their own. The lower part of the abdominal soft tissues, above the scar, may be slightly irregular or lumpy after the operation. In the vast majority of cases this will settle; if not these irregularities can be softened with some liposuction.

Occasionally the umbilicus can be mal-positioned, slightly to one side of the midline, and a very rare complication is umbilical 'necrosis', which occurs if the blood supply to the umbilicus is inadequate. If this occurs some dressings, and possibly a revisional procedure, would be required to achieve full healing.

If the abdominoplasty procedure is accompanied by abdominal liposuction then there are the potential added risks of liposuction which are actually very low and are similar to those of an abdominoplasty. One other risk, albeit extremely rare, is abdominal wall perforation and injury to the underlying abdominal contents. This has been reported very infrequently across the world but because it would be a serious complication it is worthy of mention.

This list is not exhaustive and there may be some risks that are relevant to you as an individual that have not been specified here.

What happens on the day of my operation?

You will be asked to come in a couple of hours before your scheduled theatre time. One of the nurses will perform some routine pre-operative checks and you will be seen by a consultant anaesthetist. Mr Stone will then see you to sign a consent form and take some pre-operative photographs (see below). Mr Stone will draw on your tummy to determine the optimal placement of your scars.

What should I do after my operation?

When you wake up you will notice that you are wearing an abdominal binder to give your tummy some support. You will already be wearing support stockings and calf pumps will be used to gently massage your lower legs to maintain the venous circulation and reduce your risk of a DVT. A drip will be placed in the back of your hand and the nurses and anaesthetist will ensure that you have all the painkillers that you might need.

Patients are encouraged to mobilise as soon as possible after an abdominoplasty but you may need to avoid straightening fully at the hips for a few days. The wound drains are generally removed either one or two days after surgery (this isn't a particularly painful process so you shouldn't worry about it) and at that point Mr Stone would usually be happy to let you go home.

After you have been discharged from hospital you should require simple pain killers (such as paracetamol and ibuprofen) only and you will be advised to keep the scar clean and dry. Mr Stone or his nurse will see you for review after two weeks at which point any tape that has been applied to the scar will be renewed. You should keep the scar taped for around a month

after surgery and can then start moisturising the scar, either with a standard moisturising cream, such as Nivea, or with a silicone-based cream such as Dermatrix which has been shown clinically to improve some scars. Alternatively, some patients elect to use Bio-oil to soften their scars which generally heal very cosmetically anyway.

Most patients find that they are confident to drive after 3-4 weeks at which point, depending upon their occupation, they can consider a return to work. Mr Stone will then see you again for a final check up after 6-8 weeks. Thereafter he will not normally need to see you again but is always available should you have a problem.

What if something goes wrong?

Adverse outcomes are very unusual following abdominoplasty surgery. Certainly, if there is an immediate post-operative complication, or one arising within one month, necessitating a return to the operating theatre (such as bleeding or infection), there are no cost implications for you. Even after one month both Mr Stone and the provider hospitals understand that their overriding priority is to try to achieve what you had hoped for, and so any further surgery that may be required will be considered on an individual basis in terms of on-going costs. You should anticipate, however, that there will be a cost for surgery related to problems that occur in the longer term such as cosmetic adjustments etc. The cosmetic outcome that is achieved by your surgery will likely change over time, with advancing age, weight changes, pregnancy and other factors, such as your general health and well-being, affecting your long-term appearance. Occasionally, patients can be disappointed with the outcome of their surgery. It is important to realise that no surgeon has full control over your result, some of which will depend upon how your own tissues settle and how your wounds heal. For some patients, revisional procedures may be necessary but this does not imply negligence in the performance of the primary surgery.

Informed consent

It is important that you have a full understanding of the nature of the proposed treatment, its purpose, the risks that any reasonable patient would consider to be significant and the alternative treatment options before agreeing to undergo surgery. If there is anything that you have not understood from this information leaflet you should ensure that you have clarified it with Mr Stone, either verbally or in writing, before your operation.

This information sheet will form part of your medical records. It is a condition of surgery that you sign and date one copy, to confirm your understanding of it, and keep a further copy safely. You will find it useful to refer to during your treatment programme.

When advising patients upon cosmetic surgery, the surgeon must consider the distress caused by the presenting deformity, or perceived deformity, and advise the patient upon the alternative and preferred options for managing that deformity and any symptoms arising from it, including psychological symptoms. Consequently, as part of his duty of care to prospective patients, and in accordance with the GMC's document *Good Medical Practice*, it is important for Mr Stone to consider the psychological welfare of patients seeking cosmetic surgery. If you have any history of psychological or psychiatric illness you should disclose this to Mr Stone. If you have no such previous history but either you or Mr Stone feel that a referral to a clinical psychologist or psychiatrist would be in your best interests before going ahead with surgery then Mr Stone can arrange this for you. Mr Stone will also, as a matter of routine, confirm with your GP that there are no concerns arising from your medical history that would prevent you from undergoing your planned procedure.

Clinical Photography

Mr Stone will take some clinical photographs before and after your operation. These photographs constitute an important part of your clinical records and you will be offered copies of the images obtained on each occasion. The photographs will be stored on an encrypted dedicated hard drive in Mr Stone's home office. Good Medical Practice requires that your consent is sought to obtain, store and use these images.

In the event that I decide to go ahead with surgery, I hereby consent to undergoing medical photography as part of the package of care provided to me by Mr Stone (tick as appropriate):

- | | |
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| (1) as part of my confidential clinical records | <input type="checkbox"/> |
| (2) for education / teaching purposes | <input type="checkbox"/> |
| (3) for publication in medical journals | <input type="checkbox"/> |
| (4) for presentation to medical and lay (e.g. legal) audiences | <input type="checkbox"/> |
| (5) to show to other patients within a clinical environment | <input type="checkbox"/> |
| (6) for publication on the exetercosmeticsurgery.co.uk website | <input type="checkbox"/> |

Signed (patient)

Date:

Privacy statement

The Director of CA Stone (Medical & Legal) Ltd, Mr Christopher Stone, is the nominated data controller. CA Stone (Medical & Legal) Ltd will only process your information where it is necessary to support the legitimate interests of our business or those with whom we may have shared your information except where such interests are overridden by your interests or fundamental rights and freedoms which require the protection of personal data. Data is processed for the purposes of clinical record-keeping; this includes recording 'before and after' images in relation to cosmetic surgery. In the event of a medico-legal claim data may be shared with the legal representatives of the company. Data shall be stored in an encrypted format until a request for the data to be deleted has been received from the data subject or in accordance with Department of Health information retention schedules. Where possible all data shall be encrypted or otherwise anonymised at the time of electronic transfer. The data subject has the right to withdraw consent for storage of their personal information at any time or to lodge a complaint to the company or any relevant supervising authority.

CA Stone (Medical & Legal) Ltd will always respect your privacy and will only use your information for specified and lawful purposes as provided for under the General Data Protection Regulations (GDPR) 2018. We will use and handle your information responsibly and will take all appropriate organisational and technical measures to safeguard your information from accidental or unlawful destruction, loss, alteration, unauthorised disclosure or access.

A copy of the company's information security policy is available upon request.

Mr Stone's private practice is conducted through a limited liability company, registered with Companies House number 07184587 'C A Stone (Medical & Legal) Ltd'. His practice is indemnified by PRASIS.