

Abdominoplasty:

How to Cure a "Hangover"



(Before)



(After)

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An Introduction to Tummy Tuck Surgery

Tummy tuck (abdominoplasty) surgery is very popular, with about 160,000 procedures performed by plastic surgeons in 2018. The procedure is good for people who have some extra skin and fat of the abdomen. Pregnancy creates stretching of the skin and, while much of the weight gained during pregnancy may eventually be lost, the looseness of the stretched skin remains. Women and men who have lost weight also frequently have loose skin. Others find that they have extra skin, a "pooch" in the lower abdomen, and a "lap" that rests on their lap when they are sitting down. Abdominoplasty surgery can transform a person's appearance. Enhanced self-confidence is a common "side effect"! Dr. Kunkel refers to this operation as his "cure for a hangover".

A typical abdominoplasty affects the appearance of the front of the abdomen. For many patients this is enough. However, sometimes a person may have loose skin extending all the way around to the back. She may have some fatty fullness in her flanks. In those situations a more circumferential approach procedure may work best. Examples are shown on pages 7 and 8.

This booklet provides important information about abdominoplasty surgery and some alternatives. It describes how the procedures are performed, outlines some of the risks, and includes details about what to expect after surgery. The information presented is not intended to take the place of a formal consultation with Dr. Kunkel. The consultation is the best way to determine what procedures may work best for an individual patient.

It is common to undergo other procedures at the same time as a tummy tuck. [Breast augmentation](#), [breast reduction](#), or [breast lift](#) are popular options. Combining breast and abdominal procedures is often otherwise referred to as a "mommy makeover". See page 11.

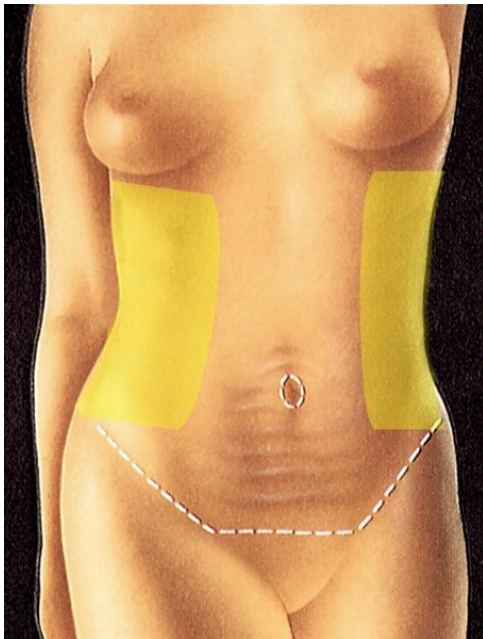
No two people have the same health histories, physical attributes, or desires regarding outcomes. The information and photographs shown in this booklet are not meant to imply or guarantee a particular result but rather are presented as part of the overall educational process. Since women tend to undergo these types of procedures more than men, the wording used and examples shown in this booklet reflect this. However, men *do* undergo and may benefit substantially from these procedures. Most of the 'after' photographs were taken about 4 months after the surgery. Scars may still be pink at 4 months but they fade over 8 to 12 months.

The booklet frequently refers to 'body mass index' (BMI). BMI is a ratio of weight to height, allowing an estimation of body fat. A chart is supplied for reference on page 13.

Abdominoplasty: How is it done?

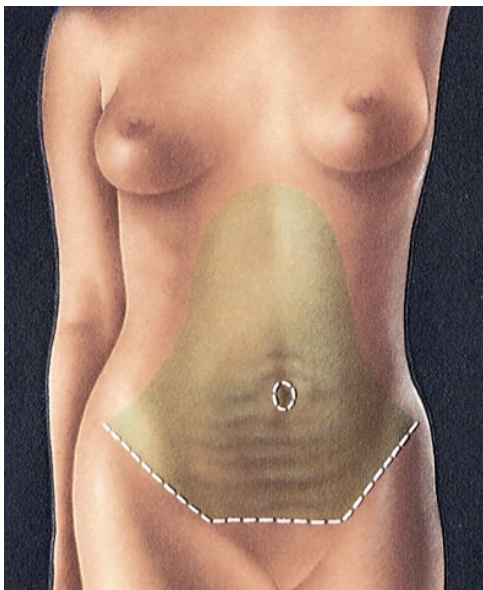
The first step in an abdominoplasty is to identify the areas that bother the patient the most. For some women, the only area that really bothers them is in the central lower abdomen. For them, a "mini"-abdominoplasty may be all that is needed. For most people, however, there are more areas of concern. They may have loose skin around the umbilicus (belly-button) and in the lower abdomen. Perhaps some tissue drapes over the sides of their jeans or a C-section scar. There may be fullness on the sides and back. For these people, a more full abdominoplasty, often coupled with liposuction of the flanks, will probably give the best result.

The illustrations below and on the following page represent an abdominoplasty with liposuction of the flanks. A "mini"-abdominoplasty (see page 6) has a more limited incision and is used much less frequently. Dr. Kunkel puts all of this in more perspective during the initial consultation.



Liposuction of the flanks is commonly (although not always) performed during an abdominoplasty. In this diagram the yellow areas indicate the areas where liposuction will take place, with the suctioning extending around to the midline of the back. For a woman who has some flank fullness and wants the best contour, liposuction can add a lot to the final result.

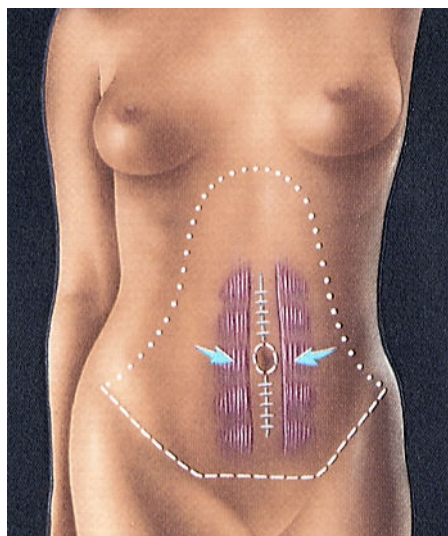
The dotted white lines indicate where the abdominoplasty incisions are made. In addition to the lower abdominal incision, note that an incision is also made around the belly button.



Once the lower abdominal incision is made, the skin and fat are lifted up off of the underlying muscles. The area that is lifted up is shown in green in this drawing. The tissue is lifted up all the way to the bottom of the breast bone (sternum). The incision around the belly button allows the belly button to remain in its normal location, separating it from the skin that is lifted.

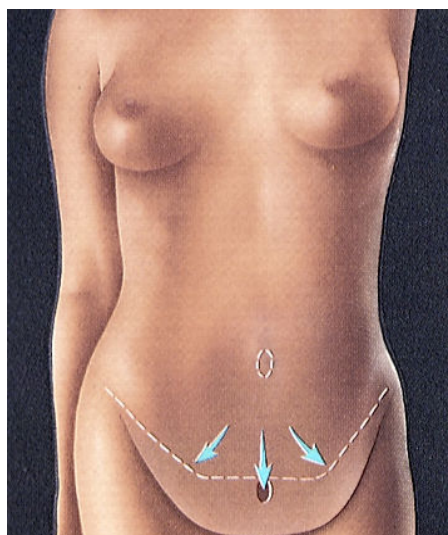
Abdominoplasty: How is it done? (continued)

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After the skin and fat have been lifted off of the muscles, the muscles are usually “tightened” together in the middle of the abdomen. This creates a flattening effect, best seen when viewed from the side. This muscle tightening maneuver may help significantly reduce the central abdominal bulging that bothers a lot of people.

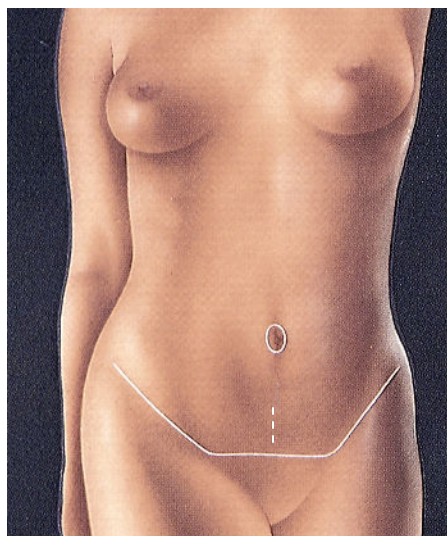
The muscle tightening part of the procedure is performed in *most* patients who have a BMI less than 30, and *sometimes* in patients with a BMI over 30. Dr. Kunkel discusses this with each patient during the consultation.



After the muscle tightening procedure is completed, the excess skin and fat are pulled down and removed. The dotted white lines in this drawing indicate where the incision is made to remove the excess skin.

In many patients, the original location of the umbilicus (shown by the brown circle just beneath the central blue arrow) may be completely removed. In some patients, however, the original site of the umbilicus may not be removed. In those cases, the patient will also end up with a small vertical scar in the lower central part of the abdomen.

Dr. Kunkel will also discuss this issue during the consultation.



This drawing indicates the approximate locations of the scars after an abdominoplasty. A lower abdominal scar will be present. People with more loose skin extending toward the outer parts of the abdomen will have longer incisions to treat that, resulting in longer scars.

A scar will also be present around the umbilicus, as shown by the white circle.

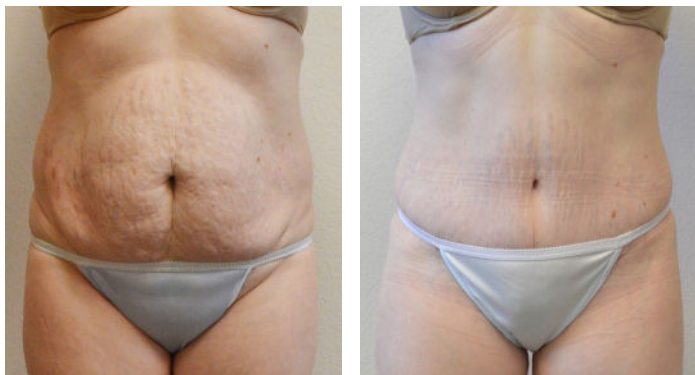
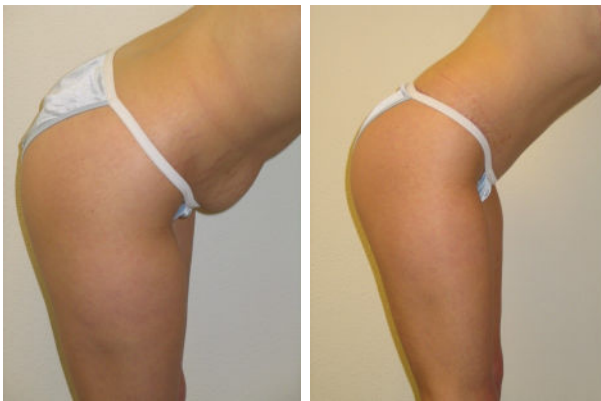
As mentioned above, some people will also have a lower abdominal vertical scar, indicated by the dotted white line in this drawing. This is more likely in thinner people with less tissue to be removed than in people who have a significant amount of overhanging, redundant skin.

Abdominoplasty *without* liposuction: examples



This 30 year old woman is 5 feet 2 inches tall, weighs 120 pounds (BMI 20), and has 2 children. She wanted her abdomen to look the way it had before pregnancy. She had a lot of loose skin and stretch marks. The improvement with surgery is easy to see. She did not undergo liposuction of the flanks.

One of the best ways to demonstrate how much tissue was removed at the time of surgery is to take pictures with the patient bending over before and after the operation. In the lower pictures, note how loose her skin was before surgery when she bent over. When she sat down, she had a "lap" sitting on her lap. After surgery, this was no longer the case.



This 33 year-old woman is 5 feet 1 inch tall, weighs 122 pounds (BMI 23) and has 3 children. Her postoperative photographs were taken 9 months after her abdominoplasty procedure. No liposuction was performed.

**DISCLAIMER:**

Photographs are provided to help in the understanding of abdominoplasty surgery. The photographs do not imply or guarantee a particular outcome. Results will vary from person to person.

Abdominoplasty *with* liposuction



This 31 year old woman is 5 feet tall, weighs 145 pounds (BMI 27), and has 1 child. She underwent an abdominoplasty and liposuction of her flanks. The postoperative photographs were taken 2 months after the procedure.



This 45 year-old woman is 5 feet 8 inches tall, weighs 160 pounds (BMI 24) and has one child. She underwent an abdominoplasty and liposuction of her flanks. She requested a low incision laterally to keep the scars hidden in her favorite bathing suit. Her 'after' photographs are shown 3 months after her surgery.

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"Mini" Tummy Tuck

Sometimes there's just a little fullness in the abdomen and a *little* looseness of the skin above the pubic area. In this situation a "mini"-abdominoplasty may work well. A short horizontal incision is used in an effort to limit the scar to about the width of the pubic hairline. No incision is made around the belly button. Liposuction of the abdomen and sometimes flanks is performed to help sculpt the final result. In some cases the belly button is moved down a little bit; this is called an "umbilical float". Dr. Kunkel talks about all of this with patients who are candidates for this more limited abdominoplasty technique.

In Dr. Kunkel's experience, relatively few people are actually good candidates for this procedure. If a woman has loose skin toward the sides of the abdomen or if skin hangs over jeans and bathing suits, a "mini"-abdominoplasty probably will not provide the desired result. The longer the incision that is used, the more areas that may be treated, and often the better the result that is obtained.



This 36 year-old woman was scheduled to undergo a hysterectomy. She had some fullness in her abdomen that bothered her. She was not bothered much by the slight looseness of her skin toward her sides and she wanted a procedure that would limit the length of her scar. She thought that while she was under anesthesia for her hysterectomy, she might also undergo a procedure to improve the overall appearance of her abdomen. Immediately after the gynecologist completed the hysterectomy Dr. Kunkel performed a "mini"-abdominoplasty.

On the "after" pictures, note the flattened appearance of the abdominal bulge. Also note how the umbilicus has been lowered a small amount.

Lower Body Lift/Belt Lipectomy

Tummy tucks, with or without liposuction of the flanks, provide amazing results. Some women, however, note that they have loose skin on their sides and back. For these patients a more circumferential approach may work best. It is possible to remove loose skin all the way around the central part of the body, including the back. There are many names for this type of procedure, including "[lower body lift](#)" and "belt lipectomy", but generically this is referred to as a circumferential dermatolipectomy. This term just means removal of skin and fat from all the way around the trunk. For a person who stands in front of a mirror and doesn't like the look when she pinches a bunch of skin between her fingers far out on her sides, a circumferential approach procedure is more likely to produce a better result for her than just an abdominoplasty. Each woman is unique in her findings and desires, and these procedures may be tailored to her individual needs. A few examples follow.



This 48 year-old woman is 5 feet 6 inches tall and weighs 150 pounds (BMI 24), having lost 30 pounds through diet and exercise. She had undergone previous abdominal surgery and already had a vertical scar. She had substantial laxity of the skin on the front of her abdomen as well as her sides and back.

She underwent a circumferential approach removal of the loose skin. Her old abdominal scar was removed in the process and her belly button was placed back in the midline.

On the postoperative photo of her back, note the shape of the flanks, the buttocks, and how the underwear fits differently.

The 'after' photographs were taken 4 months after her surgery. Scars will continue to fade.

Circumferential body contouring procedures



This 53 year-old woman is 5 feet 4 inches tall, weighs 179 pounds (BMI 31) and has 2 children. She underwent a circumferential dermatolipectomy and her postoperative photographs are shown 4 months after surgery. The scars are still pink but fade over time.

Note the improved contour of her waist and buttocks.



This 47 year-old woman is 5 feet 4 inches tall and weighs 121 pounds (BMI 20). She did not like the loose skin of her abdomen and back. Her postoperative photos were taken 7 months after her surgery.

As with the example above, note the improvement in the contour of her waistline. Also note the tan line on her back. She wear a 2 piece bathing suit after her surgery!

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Abdominoplasty surgery: additional information

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Length of surgery: Body contour procedures are pretty big operations. An abdominoplasty typically takes between 2½ and 3½ hours; circumferential procedures may take 5 or 6 hours. For a person who is more overweight, or when other procedures are performed at the same operation, the procedure(s) take longer.

Overnight stay: Dr. Kunkel recommends that most people who undergo abdominal contour procedures like those described in this booklet spend the first night in the surgical facility where the procedure is performed. The overnight stay is recommended for a number of reasons. First among these is safety. A patient who spends the first night in the facility is moved out of bed to a chair by the nurses on the evening of surgery and early the next morning. The nursing staff helps the patient begin walking early. These maneuvers, as well as a few others discussed below, help reduce the likelihood of deep vein thrombosis (DVT), or blood clots developing in the legs. When a woman goes home on the day of surgery, it is less likely that whoever will be taking care of her will be aggressive or eager to get her up out of bed to move around. Additionally, Dr. Kunkel places devices on the patient's feet and legs that intermittently squeeze these areas. These are placed before surgery, then left on during and after surgery and remain in place as long as the patient remains in the surgical facility. These also help reduce the likelihood of DVT. Dr. Kunkel also typically has the patient receive an injection of a blood thinner early the morning after surgery.

Drain(s): Dr. Kunkel may place a drain during abdominoplasty surgery but this is not mandatory. With a circumferential procedure, one or two additional drains may be required. Drains collect fluid that might otherwise accumulate beneath the skin. If a drain is placed, it may remain in place for one or two (possibly more) weeks after surgery. People may return to work or other activities with a drain in place; it just needs to be concealed beneath clothing during that time.

What to expect at home: Patients typically feel tired and "worn out" for about 5 days after surgery. It may be difficult to get up and move around without help for a few days. Dr. Kunkel recommends that another adult be available to help with dressings, taking care of any drains, and moving around for a few days after surgery.

People typically walk in a "bent-over" position for 4 to 6 days after surgery. It is helpful to sleep with pillows under the knees and a few extra pillows under the back and head to help remove tension from the surgical site for several nights. It's pretty common to develop a lower back ache in the first few days from being bent over so much. When she feels able, the patient should begin walking more upright.

Activity restrictions: A person should not drive for a minimum of one week after this type of surgery. Additionally, no swimming is allowed for at least 3 or 4 weeks. Any drains present need to be removed prior to swimming or getting into a hot tub. No significant stress should be placed on the incisions for 6 to 8 weeks. The person should not jog, play golf or tennis, or go horseback riding during this time. Sexual activities will also place stress on the incisions and should be avoided for 6 weeks. Dr. Kunkel discusses these types of issues during each of the postoperative visits.

Risks of body contour procedures

Abdominoplasty and body lift patients are typically extremely happy with their results and overall experience. However, problems may arise. Some of the risks are described below.

Seroma– Fluid could accumulate in a pocket beneath the skin. While uncommonly a problem for patients, it could require additional surgery if it occurs.

Wound healing problems– These are more likely in people who have a history of smoking. A person contemplating undergoing tummy tuck or body lift surgery should not smoke and should avoid second hand smoke for a minimum of 6 weeks before surgery. When skin is removed during an abdominoplasty this results in tension along the suture line (people want tight abdomens!). This tension could result in strangulation of some of the blood supply to the skin and fat along the scar line. If that were to happen it could result in a separation of the suture line. If a wound does develop after surgery it typically heals on its own with good wound care, but it may take a few weeks.

Deep vein thrombosis (“DVT”)– Also known as blood clots. These may develop in a leg and could require hospitalization and anticoagulation medications for treatment. Blood clots may move to a lung, and this could be a fatal event. Dr. Kunkel is fairly aggressive in trying to prevent these clots. He frequently prescribes blood thinners to be used around the time of surgery to help minimize the risk of deep vein thrombosis. It is possible that blood thinners could actually cause or increase bleeding, and this could require treatment (including transfusions and/or surgery). Deep vein thrombosis is not common after body contour procedures, nor are problems associated with trying to prevent deep vein thrombosis.

Asymmetry– The scars may be uneven. For instance, one side of the scar may be longer or a little higher than the other side. There could be a small “pooch” on one side of the abdomen that is not present on the other.

Problems with the umbilicus– It is possible that the umbilicus could end up a slightly higher, lower, or off to one side than before surgery. The umbilicus could also have problems healing.

Numbness– The scars will always be numb. The abdominal skin will likely be numb for a few weeks, but sensation typically returns. Infrequently a person may have long-term numbness of the abdominal skin and possibly even the upper thigh skin.

Infection–A possibility with any type of surgery, infection is rare in abdominoplasty surgery. If infection occurs, more surgery may be necessary.

Revision Surgery Policy

While significant problems are not common after body contour surgery, they may occur. If a person desires revision of the result of the surgery and Dr. Kunkel believes it may be possible to actually achieve the result desired by the patient, Dr. Kunkel will not charge that person for his services for 12 months after the original operation. However, the patient will be responsible for the costs of anesthesia, the surgical facility, supplies, and medications that may be required for revision surgery. This policy applies to patients who keep their postoperative appointments and follow postoperative instructions.

Additional procedures

...some patients undergo other procedures at the same time

Healthy patients with appropriate physical features sometimes elect to undergo additional surgical procedures at the same time as the abdominal contour surgery. Some of the more common procedures are listed below.

Liposuction– Liposuction of the flanks and thighs may be performed at the same time. Flank (or “love handle”) liposuction may substantially enhance the abdominal contour.

Breast surgery– [Breast augmentation](#), [breast lift](#), and [breast reduction](#) surgery are fairly commonly performed at the time of these types of body contouring procedures.

Arm “lift” surgery– Also known as a [brachioplasty](#), surgical removal of excess skin and fat of the upper arms may be performed.

Inner thigh lift surgery– Removal of the excess inner thigh skin and fat may enhance the overall appearance of this part of the body.

Gynecology/urology procedures– Sometimes a woman who is planning to undergo a **hysterectomy** or **bladder suspension** asks her gynecologist if she may also have a tummy tuck at the same time. Dr. Kunkel has worked with many gynecologists in these kinds of cases. Typically the gynecologist performs the hysterectomy, then Dr. Kunkel performs an abdominoplasty immediately after the gynecologist is finished.

Dr. Kunkel typically tries to limit the total length of surgery to 6 or 7 hours. Procedures that take longer than that may have to be “staged”, or performed separately over the course of a few months.

Published studies have demonstrated that abdominal contour procedures may be safely combined with other surgical procedures. However, increasing the length and complexity of surgical procedures may increase some risks, including deep vein thrombosis. While major problems are not common, the person undergoing the abdominal contour surgery must weigh the potential risks versus the potential gains to make decisions that work well for her or him.

Weight loss patients

People who lose a lot of weight almost always find that their health improves as their weight decreases. Problems with blood pressure and diabetes are often diminished or eliminated, and joint problems in their knees and hips may be improved. However, one of the trade-offs for losing a lot of weight is that loose skin may develop around the central part of the body. In these cases an abdominoplasty or a circumferential procedure may be helpful. Additionally, many people who lose weight develop loose skin around the thighs, buttocks, and lower back. People with these issues often also consider surgery to lift and tighten the breasts, as well as arm lift and thigh lift procedures.

Some people who lose weight develop substantial loosening of their lower abdominal skin, and this skin hangs down over the pubic area. Rashes may develop beneath the overhanging skin. Removal of this extra skin may reduce the intensity and frequency of these rashes. A procedure called an **abdominal panniculectomy** may be done to remove this skin and fat. However, an abdominal panniculectomy is a different operation than a cosmetic tummy tuck. With an abdominal panniculectomy, the overhanging skin and fat are removed, and this results in a long lower abdominal scar. The muscle tightening procedure that is usually performed in an abdominoplasty is not a part of a typical panniculectomy. The skin may not be pulled together as tightly in a panniculectomy as in an abdominoplasty.

After removing the skin and fat during an abdominoplasty, the tissues are pulled together snugly. Long-term outcomes may be different between people who have lost a lot of weight compared to those who have not. People who have lost a lot of weight develop a **return of some laxity** (looseness) of the tissues over several months. That is, while the initial results are usually tight, over a few months this group of people will note a little more looseness developing. The results are still very good, just not quite as tight as was found initially. This is not a failure of the operation. It is a reflection of the extreme changes in tissue dynamics that occur as a result of skin being stretched over a number of years related to increased weight, followed by significant weight loss. This creates a setting where tissues lose their elasticity.

A person who has lost a lot of weight may benefit tremendously from an abdominal contour procedure. The consultation with Dr. Kunkel is a great time to discuss the areas that bother a person the most. Obtaining the results a person desires requires a lot of communication. This booklet is just one small part of the communication process. Hopefully it provides a nice "baseline" of information to help a patient who is considering undergoing these types of procedures.

Body Mass Index (BMI) table

The best candidates to undergo body contouring procedures have a BMI between 19 and 28. Risks of fluid collections (seromas), wound healing complications, and infection are higher in a patient whose BMI is over 30. Calculate your BMI using the table below, or click [here](#).

		Height (inches)																		
		58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
Weight (pounds)	95	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12
	100	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12
	105	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13
	110	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13
	115	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14
	120	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15
	125	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15
	130	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16
	135	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16
	140	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17
	145	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18
	150	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18
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	165	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
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	180	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
	185	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
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	200	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24
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	250	52	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30
	260	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32
	270	57	55	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35	34	33

Notes and questions

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