



PURITY BRIDGE CLINIC **CHECKLIST for Abdominoplasty pre-operative**



Recommendations around the time of surgery

- Before surgery please shave pubic hair to a lower level if possible – this will help with the pre-operative markings as well as be needed for the surgery itself
- The night before surgery, and the morning of surgery, thoroughly clean your belly button, using cotton buds if necessary. This will reduce the risk of wound infections arising from your belly button.
- Clothing to wear to hospital – we recommend you wear a button or zip top for ease and comfort (such as a tracksuit top)
- Keeping your skin clean – we recommend regular washing before and after surgery with tea tree wash
- Post-operative garment – a supportive (but not tight) garment is highly recommended after surgery to speed up the resolution of any swelling. This should be worn for 6-weeks. Please take this garment to the hospital.
- Abdominal discomfort – your abdomen will feel tight, and it may be uncomfortable to laugh, cough or sneeze initially. Therefore, support your abdomen with a pillow or your hand when laughing, coughing or sneezing to make it more comfortable
- Opening your bowels – we suggest taking a mild laxative for a week or two after surgery. This will ensure you do not have to strain when opening your bowels, which can be uncomfortable.
- Sleeping – you will feel tight and will not be able to lie completely flat for 1-2 weeks after surgery. Therefore, we suggest putting a pillow under your knees and a couple of pillows under your head. Alternatively, a wedge (triangular) pillow can be very helpful in supporting your back and keeping your upper body at an angle whilst you sleep.
- Sexual intercourse – please refrain from sexual intercourse for 2-3 weeks after surgery to minimise risks to your healing wound.
- Looking after your dressings – your wounds will be dressed in brown tape that stays on for two weeks. You can shower with the dressings on, but please have your back to the shower hose, so the tapes don't come off. It is essential that the dressings are dry prior to getting dressed – dab of excess water with a towel,

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then use a hair dryer on a cold setting to dry the tapes.

- Post-operative follow-up – you will have a check up with the nurse one week after surgery, and then a further appointment for the removal of tapes at 2-weeks, as well as the trimming of any suture ends. Further follow-up appointments will be arranged subsequently
- Take things easy & slowly after surgery. Gentle pottering about, no heavy lifting or jumping up and down for first 2-3 weeks
- You will be able to stand up straight by 2-weeks. Don't try and push things before hand – it will gradually become easier
- After 6 weeks you can get back to normal exercise
- Scar management – this will be discussed with you at your 2-week post-operative appointment. Regular moisturizing and massage of your scars is important, and silicone gel can help ensure your scars settle down as quickly as possible.
- Arnica – some people find using arnica cream or tablets very helpful for their bruising and swelling
- Purity Bridge Enhanced Recovery Programme - This specially designed post-operative patient pathway aims to speed up your recovery and maximise your post-surgical result settling down as quickly and beautifully as possible. It includes the following:
 - Four sessions of post-operative manual lymphatic drainage massage with our specialist aesthetic nurse. This enhances resolution of swelling and firmness around scars and surgical sites
 - Silicone based scar cream to soften and lighten your scars as early as possible
 - Medical grade skin cream to improve your complexion

Please ask if you would like to know more about this, as well as the current package price

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Any form of surgery carries a degree of risk. An individual's choice to undergo a surgical procedure is based on the perception and balance of risk and benefit. Although the majority of patients do not experience complications, it is important to consider them carefully in relation to how they might affect you if you were in the position to experience one (or more). If you have any questions or doubts you must discuss these with your plastic surgeon and postpone surgery until you are happy.

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into the abdomen has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of the abdomen, increasing pain and the development of severe bruising.

Patient initials

Infection

Rates of severe infection in abdominoplasty are low. However, minor wound infections or inflammation may occur - if it does happen, it is most common at the umbilicus (belly button) or at the central area of the main scar. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible.

Patient initials

Blood Clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after abdominoplasty, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2-weeks after discharge from hospital. If a DVT does develop, you will need various investigations and treatment as appropriate. A pulmonary embolus (PE) describes a

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blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment is instigated should this be suspected after your operation.

Patient initials

Intermediate complications (within 6-weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from "overdoing it" straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above. Delayed healing may include the belly button as well as the main wound.

Patient initials

Suture spitting

Stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. On these occasions, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness on the skin. Should this occur, it is nothing to worry about, and can be dealt with simply in the outpatient clinic. These sutures can be removed from the wound in the clinic, and the wounds should then heal over these areas uneventfully.

Patient initials

Seroma

Normally the fluid that comes out into the drain bottles stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the abdomen, known as a seroma. If this occurs, you may experience discomfort and there is a chance that the fluid can become infected. Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the

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abdomen and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle). The aspiration may need to be repeated on more than one occasion depending upon your situation.

Patient initials

Asymmetry

Everyone has a degree of asymmetry between right and left halves of the body. Sometimes certain asymmetries that were present, but less noticeable pre-operatively are revealed after abdominoplasty surgery. It is important to be aware of this possibility prior to undergoing surgery. Regarding the scar, although every effort

is taken to make the scar as symmetrical as possible, the scar is often slightly different each side. This too must be appreciated prior to undergoing surgery.

Patient initials

Late complications (after 6-weeks from surgery)

Scarring

The abdominoplasty scars will fade, but this can take up to 1-2 years. Until then scars are often red and firm. As described above, regular scar massage and moisturising is important to help the scars mature and settle down as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent.

Patient initials

The sub-optimal result

Despite removing the amount of tissue described above at abdominoplasty surgery, some patients will feel their abdomen is not exactly as they were hoping it would be. This may be due to residual fullness in the upper abdomen, for example, or excess tissue around the flanks. The limitations of abdominoplasty mean that it may occasionally be necessary to undergo further procedures in order to improve the

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surgical result - these further operations will incur a further cost in most situations. Examples of further surgery include: reverse abdominoplasty, liposuction, flank lifts, back lifts and surgery to the mons pubis area. You will be spoken to frankly at your initial consultations to discuss what limitations an abdominoplasty may have in your specific circumstances. It is crucial that you know what you can (and cannot) expect from an abdominoplasty prior to undergoing surgery.

Patient initials.....

Coronavirus and COVID-19

The Coronavirus Disease (COVID-19) global pandemic has had an impact on all of our lives. Despite the anticipated “worst” of the disease and the consequences being allegedly over, the disease still exists and can have an impact on surgical and non-surgical procedures. The disease can be acquired in the community and in healthcare settings, and it is impossible to determine accurately how someone might have caught the disease. It is therefore important that you appreciate that if you develop COVID-19 following your procedure, it is not possible to determine whether you caught it during your treatment (e.g. from medical staff or the clinical setting) or whether it was acquired elsewhere.

Furthermore, if you are an asymptomatic carrier of Coronavirus (even if a recent test for Coronavirus has been negative), there is evidence that symptoms can develop after a surgical procedure, particularly with a general anaesthetic. This risk must be acknowledged and accepted if you are to proceed with treatment. Should symptoms develop they could impact on your post-surgical recovery, and even require transfer or admission to an NHS hospital.

Patient initials.....

- **I, the undersigned, acknowledge that I have read and understood the nature of an abdominoplasty operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.**
- **I further recognise that during the course of an operation, medical treatment or anaesthesia, unforeseen conditions may necessitate different or additional procedures. I therefore authorise my surgeon and attendant medical staff to perform such procedures as deemed necessary by their professional judgement that are in my best**

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interest.

- **I consent to the administration of such anaesthetics considered necessary and advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications.**
- **I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.**
- **I agree that all has been explained to me in a way I understand regarding the procedure(s), risks, potential benefits and possible alternative treatments.**

Patient signature

Patient name.....

Date.....

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