



Choice Aesthetics Lower Body Lift/ Belt Lipectomy Patient Information Leaflet

This leaflet provides further information for patients considering a lower body lift with details on what the procedure involves, the potential risks and the long-term consequences.

What is a lower body lift?

Following major weight loss there may be excess or loose folds of skin and fat in the lower part of the body. Diet and exercise can help to some extent but it may not remove all the excess skin and fat and many patients find it difficult to get back to their original body shape. Patients often feel very self-conscious of their appearance and feel unable to wear any tight clothing or participate in activities such as swimming and they may feel uncomfortable when intimate with their partner.

A 'lower body lift' (also called a 'belt lipectomy') is a procedure that is usually performed after major weight loss as it aims to improve the contour in those with an overhanging tummy, loose sagging skin over the buttocks, flanks and outer thighs. The operation removes excess skin and fatty tissue from around the lower trunk, combining a tummy tuck, buttock lifts and hip/flank lifts and leaves a circumferential permanent scar along the lower trunk. A lower body lift is a major operation which carries potential risks. Miss Tadiparthi will undertake a full assessment to see whether you would benefit from a lower body lift and go through in detail what the procedure involves and the potential risks of surgery.

Lower Body Lift: A Choice Aesthetics Patient Information Leaflet

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How is a lower body lift performed?

A lower body lift is performed under general anaesthetic and usually requires 2 or 3 day overnight hospital stay. The procedure takes approximately 5 to 6 hours to perform.

The skin markings are made while on the ward with you standing upright so that the amount of excess tissue can be judged accurately. The markings incorporate those of a tummy tuck (abdominoplasty) and a buttock lift. Essentially, a belt or ring of excess tissue is removed circumferentially from the lower part of the trunk.

Whilst under general anaesthetic in theatre, you will be positioned on your front. The marked section of skin and fat on the back is removed from side to side. The supporting tissue over the buttocks and flanks are loosened and lifted up and attached to the lower back. The wound is cauterised to reduce any bleeding, the wounds are then closed with absorbable sutures and dressings are applied. You will be then turned to lie on their back while still under general anaesthetic and a full tummy tuck (i.e. abdominoplasty) is then performed. Our abdominoplasty information leaflet provides full details on this procedure.

The scars following the procedure include a circumferential scar that extends around the lower part of the trunk as well as a small scar around the belly button from the tummy tuck (i.e. abdominoplasty).



A lower body lift improves the overhanging loose skin over the tummy, buttocks, flanks and outer thighs by removing a circumferential area of skin and fat from the lower trunk. The white dotted area shows the area that will be removed during the procedure and the red line shows the permanent scar around the lower trunk. There will also be a scar around the belly button from the abdominoplasty.

During the operation, 'drains' (thin plastic tubes) will be inserted into the wounds and each of these will come out through a small hole in the skin. These drains help to remove any excess fluid within the wound and are usually removed a few days after surgery once the daily amount drained from the wound is minimal. You may be allowed home with the inserted drains still in place (which is standard) and you will be advised on how to manage the drains and how to measure the daily drain output while at home.

You may be given injections to administer yourself daily at home for the first 2 weeks in order to keep the blood thin and flowing and minimise the risks of blood clots in your legs (DVT or Deep Vein Thrombosis) and lungs (PE or Pulmonary Embolism) until you are more mobile. Following the procedure, you will be encouraged to do gentle walking indoors for the first 2 weeks to also reduce the risks of such blood clots accumulating in your legs or lungs.

What are the requirements for lower body lift surgery?

Smoking status

Smoking adversely affects blood supply to tissues such as skin and fat and as a result, patients who smoke are more prone to complications such as, delayed wound healing and wound infections. Therefore, if you are a smoker, it is critical that you do not smoke for at least 8 weeks before and after surgery to minimise these risks.

BMI status (Body Mass Index)

The World Health Organisation categorises anyone with a BMI of 30 to be 'obese' and those above 40 to be 'morbidly obese'. To have surgery, your BMI should be less than 36 and you must be fit for a general anaesthetic. Patients with a high BMI can be more prone to complications such as delayed wound healing, wound infections, skin necrosis (where sections of tissue do not survive) and blood clots forming within the legs (deep vein thrombosis, DVT) or the lungs (pulmonary embolism, PE).

Stable weight

If you are planning to lose further weight, it is best to reach your target weight and maintain that weight for at least 6 months before proceeding with surgery as any weight loss after surgery may affect your results.

What are the risks of lower body lift surgery?

A lower body lift is a major surgical procedure and the potential risks and complications should be carefully considered before proceeding with surgery. Miss Tadiparthi will discuss these in more detail with you during your consultation. The main risks and complications of lower body lift surgery include:

Permanent Scars

The scars resulting from the operation will be permanent. Following the procedure, there will be permanent scar around the belly button as well as a circumferential scar around the lower part of the trunk. They can be red and prominent after surgery but usually settle down and improve over the next 12 to 18 months.

Bruising and swelling

There may be bruising and swelling over the tummy, buttocks, thighs and back. This settles over a number of weeks after the operation.

Bleeding/haematoma

You will be observed closely after surgery. Blood can accumulate within the tissue and you may need to return to theatre to drain the blood clot (called a 'haematoma'), stop any visible points of bleeding and washout the tissues.

Infection / abscess

If there is a simple wound infection, you may be given a course of antibiotics. However, if the infection is deeper within the tissues (called an 'abscess'), this will require a further operation for drainage and washout of the tissues in theatre. Infections are more common in smokers, those with a high BMI or have significant medical conditions.

Poor/delayed wound healing

Poor healing is often due to reduced blood supply to tissues and you may need prolonged dressings until the area heals. Wound healing is more common in smokers and those with a high BMI or have significant medical conditions.

Tissue necrosis

Occasionally, as extensive sections of tissue are removed and there is tension on the wounds, the blood supply to these tissues is reduced and there may be areas of 'tissue necrosis' (i.e. areas of unhealthy, non-viable skin and fat). For small areas of tissue necrosis, dressings are usually sufficient until the area heals. Further surgery may be needed to remove more extensive areas of unhealthy tissue. Tissue necrosis is more commonly seen in smokers, those with a high BMI or have significant medical conditions.

Poor Scars

The quality of the scarring varies with each individual's own healing ability. The scars may be stretched in appearance or in some cases where they become red, painful, lumpy and itchy (called hypertrophic or keloid scarring). Further treatment may be needed if hypertrophic or keloid scarring develops but this is at extra cost to patients.

Residual excess tissue or re-loosening of the skin

The operation aims to remove the excess skin and fat from the tummy, buttocks and flanks. However, there may still be some slight excess tissue still remaining. Any significant excess can be removed as another procedure. In addition, the skin may be tight initially but over time, the skin can stretch and re-loosen. In patients who have undergone significant weight loss, the skin quality can be poor as it loses its strength and is more prone to poor healing and infections.

Asymmetry and further procedures

After your surgery, there may be slight differences in the scarring or the amount of tissue remaining on each side. These differences may be due to pre-existing asymmetries with more excess tissue on one side than the other and so scars may have to be orientated differently as a result. Any major differences may be improved with further surgery to make minor adjustments to the final result once everything is fully healed (at least 6 months later).

Seroma

Clear or straw like fluid can accumulate within the wounds (called a seroma) as the drainage of the tissues is disrupted by the procedure. The seroma may require drainage of the fluid in clinic with a needle and syringe but usually settles down over time. Occasionally, drainage under guidance with an ultrasound scan may be needed if fluid is located within pockets within the wound. Drainage of seromas in the clinic by Miss Tadiparthi is included in your package price. However, further seroma drainage with ultrasound drainage is at additional cost to patients.

Skin sensation

The sensation to the skin over the tummy, thighs, buttocks, pubic area and trunk will be altered after surgery. The sensation improves over the next 12 to 24 months after the operation. It is therefore important to take care when you are next to a heated area for example when cooking, as it is possible to get skin burns.

Stitch extrusion

This is where some deep stitches are recognised by the body as foreign material and work themselves out through the wound. These sutures can often be easily removed in the clinic.

Allergic reaction

You may develop an allergic reaction to either the skin cleaning solution used in theatre, dressings applied to the wounds, skin dressing tape or the stitches. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

Long term changes

The shape and appearance of your body may change as a result of ageing, pregnancy or further weight gain or weight loss. You may need further surgery or other treatments in the future to maintain the results of the lower body lift.

Risks of anaesthesia

General anaesthesia is safe in most cases but the anaesthetist will speak to you in more detail with regards to the potential risks of the anaesthetic.

Thromboembolic complications

Although uncommon, there is a risk of blood clots developing in the leg (DVT) which can potentially travel to the lungs (PE) and be life threatening. These clots can develop due to the extensive nature of the operation, long procedure time and reduced mobility following surgery. Therefore, you will be given regular painkillers and it is important that you start mobilising soon after your surgery. We use multiple strategies during your hospital stay including, support stockings over the calves and calf pumps to help reduce this risk. You will also be given daily blood thinning injections to administer at home for the first 2 weeks following surgery until you are fully mobile to maintain your blood circulation.

What is the post-op care and recovery after lower body lift surgery?

- You should be allowed home in 2 or 3 days once you are mobile and your pain is controlled with regular painkillers. It is important that you take the prescribed medicines regularly and that you keep mobilising following your surgery.
- You will be allowed home with the inserted drains still in place (which is standard practice) and you will be advised on how to manage the drains and measure the daily output at home. The drains are usually removed a 3 to 5 days after surgery once the daily amount drained from the wound is minimal.

- Prior to the procedure, you will be advised about the post-operative support garment that would be most suitable for you and you will need to bring the garment with you on the day of surgery. The support garment will be put on you in theatre straight after surgery. A support garment can help minimise swelling and pain and is recommended day and night for six weeks. You should have at least 2 of these garments to allow a spare one for washing.
- The stitches used in the operation are all dissolvable and do often do not need to be removed. However, you will be seen by one of the nurses in the clinic for a wound check 10 to 12 days after surgery. You should be able to fully shower from 2 weeks after the surgery once you have your wounds checked in clinic.
- After 3 weeks, the wound should be mostly healed and dressings are often no longer required. The scars should be massaged ideally twice a day with a simple moisturising cream e.g. an aqueous cream such as E45 or Bio oil to help the healing process.
- It should be possible for you to return to work after 3 to 4 weeks with most standard occupations. However, the time needed off work depends on your job. It may be possible for you to work from home after 1 week if you felt well enough.
- Driving is not recommended for at least 3 weeks. You should be able to do an emergency stop to be able to drive. It is important that you inform your car insurance company of your surgery to ensure that your insurance is valid.
- Swimming and heavy cardiovascular exercise e.g. gym, exercise classes should be avoided for at least 6 weeks as these can increase the risk of wound infection and wound dehiscence (with wound coming apart as the scar is still weak at this stage). Any strenuous activity or heavy lifting should be avoided for approximately 6 weeks after the surgery.
- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, you should avoid smoking for at least 8 weeks before and after surgery. Tests may be performed to assess your nicotine levels before surgery. Any blood thinning medicines such as aspirin, warfarin, rivaroxaban should also be stopped 5 to 14 days prior to surgery as per the advice given at your pre-assessment.

What follow-up will I have after surgery?

- At approximately 10 to 12 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months and at 9 to 12 months following surgery.

Where can I get further information?

Recommended websites for further information on lower body lift surgery:

British Association of Plastic Reconstructive and Aesthetic Plastic Surgeons (BAPRAS)

<http://www.bapras.org.uk/public/patient-information/surgery-guides/body-contouring/procedures#Belt%20lipectomy/lower%20body%20lift>

American Association of Plastic Surgeons (ASPS)

<https://www.plasticsurgery.org/cosmetic-procedures/body-lift/procedure>