



NINA S. NAIDU, MD, FACS  
PLASTIC & RECONSTRUCTIVE SURGERY

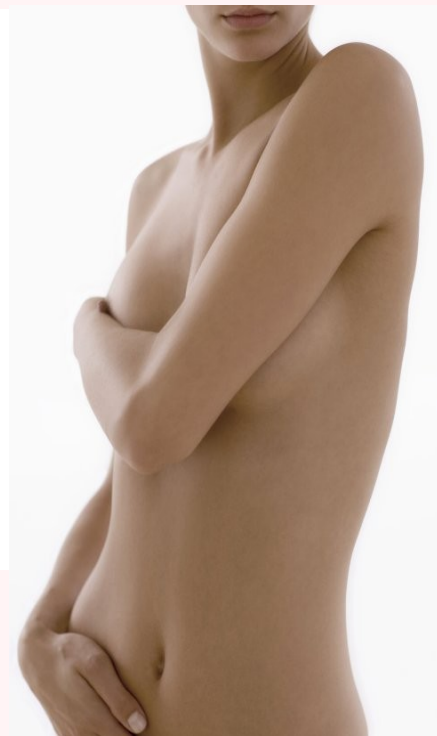
## A Patient's Guide to Abdominoplasty

### Inside this guide:

Welcome	1
When to consider a tummy tuck	1
Abdominal anatomy	2
Procedural steps	2
Additional procedures	2
Surgery and anesthesia	3
Recovery	3
Risks of surgery	4
What a tummy tuck cannot do	4
For more information	5
About Dr. Naidu	5

Dear Patient,

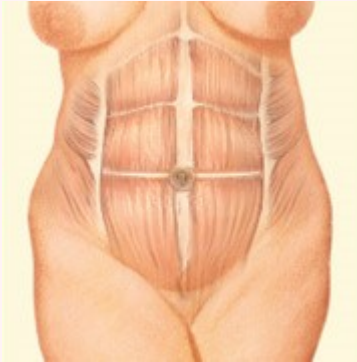
We are delighted that you have chosen to explore abdominoplasty (tummy tuck) surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of abdominoplasty. Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, please print out the relevant sections and we will be happy to discuss them with you at the time of your consultation. If anyone else will be involved in your decision-making, we ask that you bring him or her with you to your visit. We look forward to meeting you!



### When to consider a tummy tuck

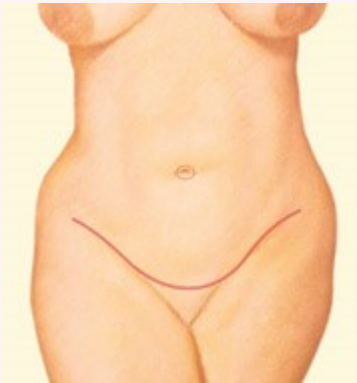
After pregnancy or weight loss, excess skin and fat can distort the appearance of the abdomen. In particular, many women find that after their second child or after bearing twins, their muscles and skin do not return to their original appearance secondary to repeated stretch of the abdomen. The abdominoplasty, or "tummy tuck" procedure, creates a flatter, firmer abdomen by removing excess fat and skin, and tightening the abdominal muscles. You are a good candidate for a tummy tuck if you are at a stable weight and are physically healthy, you have realistic expectations, and you do not smoke.

## Anatomy of the abdomen



The abdominal wall consists of skin, fat, and muscle. The rectus abdominis muscles, which form the “six pack” of muscles on the abdomen, are covered by a firm sheath called the rectus fascia. This fascial layer frequently weakens and stretches out with pregnancy and weight gain. As a result, once a patient loses weight or has her children, she may be left with laxity of the abdominal wall. During surgery, the fascial layer over the rectus abdominis muscles is tightened, and the excess skin and fat are removed.

## Procedural steps



The abdominoplasty procedure is performed with a horizontal incision in the lower abdomen within the bikini line. In patients who have undergone a prior C-section, the incision can be made in the same location and extended to the sides. The rectus abdominis muscles of the abdomen are tightened, and the excess skin and fat are trimmed and redraped. Most

abdominoplasty surgeries require repositioning of the umbilicus, or navel through a second incision. In the "mini" abdominoplasty procedure, lower abdominal muscle tightening with fat and skin removal are performed through a limited horizontal bikini incision only, without repositioning of the navel. The resulting scar is usually low on the abdomen,

and therefore can be concealed within most bathing suits and clothing. Small drain tubes are placed with both techniques.

## Additional procedures



Liposuction is sometimes performed in conjunction with tummy tuck surgery to contour the flanks. Some patients wish to undergo simultaneous breast surgery to lift, add volume, or both. The combination of tummy tuck surgery and breast augmentation or lift surgery is

commonly referred to as a “mommy makeover” procedure.

Some patients have hernias, which are defects in the abdominal wall. A hernia can be repaired at the same time as a tummy tuck, and this is usually done in conjunction with a

general surgeon. Although your insurance may cover the fees associated with a hernia repair, a tummy tuck is considered cosmetic and will not be covered.

Additional procedures incur additional operating time, anesthesia, and surgical risks.

## Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. The surgery lasts 1 1/2 –2 hours, and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is very safe and it assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain medical photographs, routine

bloodwork, and in some cases preoperative clearance from your primary medical doctor. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.



## Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be transported to the step-down area where you will be given something to eat prior to discharge. You will have two drains and a surgical garment placed at the conclusion of the procedure. The nurses in the recovery area will demonstrate how to empty and record the output from your drains. A responsible adult will need to be available to escort you home.

Patients are seen in the office one week following surgery. At that time your drains will be removed and you will be placed into a surgical garment. Most sutures placed will dissolve on their own.

Walking is permitted the day after surgery, but strenuous activity and heavy lifting are limited until six weeks following surgery. Most patients do not complain of severe pain following this surgery, but note that the abdomen feels “tight”,

as if they have performed many sit-ups. Pain medication is prescribed for any discomfort. Swelling will be present for the initial 2-3 months after surgery, and the final results are typically seen 3-6 months after surgery. The scar will continue to fade and soften for up to one year following surgery, although it will never completely disappear.

## Risks of Surgery

All surgery carries risks. The most frequently reported complications after abdominoplasty surgery are as follows:

**Hematoma:** A collection of blood underneath the skin can occur following surgery. Should this happen, you will most likely note a sudden increase in your drain output. Bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

**Seroma:** A seroma is a collection of clear fluid underneath the skin. This is removed by drains after surgery. After your drains have been removed, any persistent fluid collection can be removed in the office by using a small needle. Strict adherence to the garment-wearing schedule will reduce your chance of seroma formation. Seromas can result in an infection or an unsatisfactory cosmetic result if left untreated.

**Infection:** Infection following abdominoplasty surgery is rare.

Infection may necessitate intravenous antibiotics or additional surgery. You will be given an antibiotic prior to surgery, and a prescription for an antibiotic after surgery.

**Scarring:** You will have a permanent scar following abdominoplasty surgery. Although the scar improves with time, it will not completely fade. In some cases the scar may become thick or wide, but this cannot be predicted.

**Necrosis:** Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. This complication may require additional surgery.

**Pain:** Most patients report only mild discomfort following surgery. A small number of patients may have permanent pain.

**Blood clots:** Blood clots may form in the legs, or travel to the lungs, following abdominoplasty surgery. This

is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

**Numbness:** Most patients will note some numbness over the abdominal wall for several months after surgery. A small number of patients may note persistent changes in sensation.

**Swelling:** A small number of patients may experience prolonged swelling in the abdomen or legs after surgery.

**Asymmetry:** Some patients may have asymmetry of the scar or swelling on the abdominal wall.

**Anesthesia risks:** Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.



## What a tummy tuck cannot do

A tummy tuck is not a substitute for weight loss or exercise. If you have ongoing weight loss, or are planning to become pregnant, you should delay your surgery. A tummy tuck cannot correct stretch marks,

but it will remove the skin beneath the umbilicus. Stretch marks above this level sometimes appear lighter after surgery, but they will not disappear.

# For more information about abdominoplasty surgery

Additional sources of information about abdominoplasty surgery can be found online at the following sites:

Nina S. Naidu, MD, FACS: [www.naiduplasticsurgery.com](http://www.naiduplasticsurgery.com)

American Society of Plastic Surgeons: [www.plasticsurgery.org](http://www.plasticsurgery.org)



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## About Dr. Naidu



Photo: Victoria Wills

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the face, breast, and body, with a special emphasis on breast augmentation, abdominoplasty (tummy tuck), and rhinoplasty (nasal reshaping) surgeries.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is an active member of the American Society of Plastic Surgeons and is a Fellow of the American College of Surgeons. Dr. Naidu maintains privileges at several prominent New York hospitals including New York Presbyterian Hospital – Weill Cornell

Medical Center; Manhattan Eye, Ear, & Throat Hospital; Lenox Hill Hospital; and the Center for Specialty Care.

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