



Patient Information Guide

Thigh Lift

Thigh Lift

Topics to be discussed with your Surgeon - Things you need to know

1. SURGICAL CONSULTATION

How the operation is performed:

This is usually performed under a General Anaesthetic as a day case procedure or with a planned overnight stay. The length of the operation depends on the excess fat and/or skin, but usually lasts around 2 - 2.5 hours.

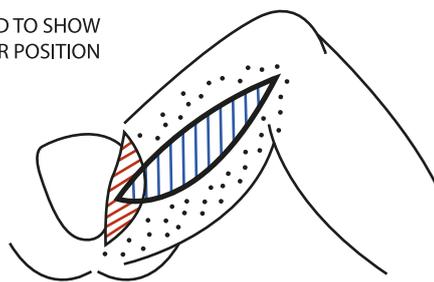
What is removed during the operation:

To perform a Thigh lift, your surgeon usually needs to address one or both of the following components. Firstly, excess fat is treated using some form of liposuction (see accompanying info leaflet) and finally excising the residual excess loose skin.

Where are the scars placed:

The long skin excision scars are designed to be placed hidden from view, with the scars running a variable distance along the inner thigh border. The length and position of these scars is dependant on the amount and distribution of excess skin. In some cases the scar needs to be extended into the groin crease or on rare occasions up onto the mons area in massive weight loss patients. Your surgeon will explain his/her preferred technique, and demonstrate where the incisions are to be placed.

LEG ABDUCTED TO SHOW
PLANNED SCAR POSITION



- SIMPLE SMALL VOL SKIN ELIPSE
- TRADITIONAL VERTICAL SKIN ELIPSE
- COMBINATION GROIN CREASE & VERTICAL ELIPSE
- LIPOSUCTION

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Wound closure:

The incisions are usually closed with two layers of dissolving sutures (stitches), and then the skin edge is protected by a specialised post operative tape, which is waterproof, antibacterial and also will stretch a little bit after surgery as you swell. This tape stays on for 3 weeks post op. No drains are needed in this operation.

Potential risks of the operation:

- 1) Swelling and bruising – this is not uncommon to have swelling/bruising, which may take a few weeks to settle and is to be expected/anticipated.
- 2) Bleeding – If it occurs, simple pressure is applied over the area. It may be more swollen for a period of time, but will settle. Rarely do you need to return to theatre.
- 3) Pain -You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.
- 4) Infection –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away and the area treated with appropriate antibiotics and specialised dressings.
- 5) Scarring – The size, length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars will usually be a bit red and raised and lumpy for the first few months and then take around 1 or 2-years to fade.
- 6) Alteration in sensation- it is not uncommon to have altered sensation around the operation area including the scar. This can cause areas of hypersensitivity, but is temporary and will usually improve over the coming week.
- 7) Collection of fluid (Seroma) – this is a collection of fluid sitting below the skin wound. If it is small, your body will absorb this over time. If it is uncomfortable, the collection can be simply drained in a matter of minutes with a needle and syringe.
- 8) Fatty lumps/cysts – in areas of liposuction or transfer, fat cells can become damaged and form cysts or hard lumps. If this occurs and the areas are symptomatic, further surgery may be required.
- 9) Damage to vital structures (blood vessels and nerves of the arm) – a very rare occurrence,

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- 10) Pigmentation changes – pigmentation changes along the scar or where the skin has been lifted off the deep tissues are rare and possibly more common in darker skin.
- 11) We are all born with some minor asymmetry, which is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.
- 12) Revision surgery – this is rare, but may be needed if there are problems with the scar, contour of the skin or asymmetry. Often this is minor, and can be done under local Anaesthetic as a day case procedure.

DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.

Post-operative dressings/support:

You will wake up in recovery with simple dressings covering the wounds and a pressure garment that you will need to wear for 6 weeks.

What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.

Pre-assessment:

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this assessment you will have an opportunity to discuss any aspect of your surgery.

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2. PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

Food and drink

NO FOOD IS ALLOWED 6HOURS PRIOR TO ANY SURGERY, THIS INCLUDES ANY SWEET/CHEWING GUM. YOU MAY HAVE SMALL SIPS OF CLEAR FLUID (STILL WATER/BLACK TEA/BLACK COFFEE) UP TO 2 HOURS PRIOR TO ADMISSION TO HOSPITAL

3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. You will then be asked to change into a gown.

All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep. If possible you should also remove all nail varnish and acrylic nails. Bring simple loose clothing that is easy to change into after the op such as a buttoned long sleeve shirt and tracksuit top.

What will happen when I wake up?

You will find yourself sitting upright, supported with pillows. You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. Because you will be lying / sitting more upright than normal for the first few days after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

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4. AFTER YOUR OPERATION

Travelling – home and afterwards

It is recommended that you do not drive for 14 days following surgery. Please check your own car insurance company rules, as they are all different.

Follow up care

You will need to return to your hospital/ medical centre after one week. This appointment will be made at the time of your pre-assessment.

At Home

It is important that you have total rest.

This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting.

5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day. You can drive and start lifting light objects from 2 weeks. You may start lower leg exercise after 4 weeks.

Strenuous Gym activities, aerobics or sports should be avoided for six weeks.

Skin care: Do not be scared to gently rub massage the liposuction areas after the first 2 weeks as this will help with swelling in the tissues. From 6 weeks on, gentle massage along the scar in circular motions will help with scar softening.

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6. GENERAL INFO /FAQ'S

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling. If you want to lie on your side after the second week, use a pillow, hugged at the front and one between the knees, this helps to stop you rolling and aids comfort.

Should I take special precautions when bathing?

Please keep the wounds dry for the first week. After you first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

How soon after my procedure can I fly?

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying.