

BODY LIFT

Looseness and skin excess of the abdomen, hips, thigh and buttocks region is a common concern of women particularly in middle age. The condition is often compounded by weight loss, particularly if the weight loss has been significant.

Bodylift combines a number of procedures in the one operation to achieve a balanced, overall effect that achieves an improved contour of your body in the areas of abdomen, buttocks and outer thighs.

For most women particularly following pregnancies, skin excess as well as fatty excess is present and the skin has been overstretched and has lost tone.

Traditionally abdominoplasty is the solution for flabbiness of the abdomen. The results of abdominoplasty can usually be much improved by utilising the "High Lateral Tension" technique to tighten the outer thigh area and also adding liposuction to further harmonise the contour of hip, thigh and buttock regions.

Relatively recently the importance of skin laxity and collapse of the outer hip, thigh and buttock regions has been recognised. In such cases, just as removing the excess skin and fat from the front of the body (abdominoplasty) makes sense, so does removal of excess skin and fat from the sides and back of the body. This is the concept of the "body lift".

The Body Lift is an extension of the abdominoplasty principle to reverse collapse of the whole flabby mid body, including abdomen, hips, thighs and buttocks. Because skin tightening and lifting occurs to all these areas, an entire body lift can be achieved with effective results and a return to a better figure.

The operation involves combining a full abdominoplasty with excision of the excess tissue around the side of the abdomen and hips, all the

way around the back to meet in the middle of the back. The incision is then used to reduce the buttocks and the outer thighs with liposuction. The skin and fat on these areas is also separated from the underlying muscle.. the skin of the outer thigh and buttocks is lifted and anchored in position with non-dissolving sutures. Bodylift simultaneously improves the appearance of the abdomen, hips, thighs and buttocks. The operation can be supplemented by other procedures, usually separately, such as breast reduction/ lift, thighlift or arm reduction.

The operation is quite involved and takes around 6 to 8 hours of surgery. A hospitalisation of 5 -7 days is usually required with a recovery period of 6 to 8 weeks. The results achieved for those who are willing to invest the extra time and effort are however, dramatic.

Suitability will depend on formal consultation where fitness for surgery will also be assessed and it will be decided if liposuction alone, abdominoplasty with liposuction or the body lift is more appropriate for the individual patient.

Choosing your surgeon is very important. Not all surgeons offer the same methods of Body Lift Surgery. There is much to learn about this surgery. This website is but an introduction to what we have to offer at Australia Plastic Surgery. We take our patient's education, sculpture, after care, and comfort very seriously.

Body Lift Surgery

Loose sagging skin just does not look good and gets in the way of normal activities or movement. Aging, pregnancy, certain genetic skin conditions, and major weight loss can result in lax hanging tissues. The body is three dimensional. When the problem extends around the body, **Body Lift Surgery** can address loose drooping tissues circumferentially. Body Lift Surgery often involves several stages to address the entire body: Lower

Body Lift, **Breast Lift**, **Arm Lift**, Upper Body Lift among other sculptures.

Lower Body Lift

A **Lower Body Lift** combines the **Tummy Tuck Abdominoplasty** sculpture of the stomach, with Thigh Lift, and Buttock Lift sculpting the entire body in a band about the waist or a Belt Lipectomy.

Excess skin and fat are removed, the stomach muscle wall tightened, and the Superficial Fascia Suspension System (SFS) resuspended. The key is this SFS layer described by Ted Lockwood, MD. This connective tissue network in the fat contributes greatly to holding tissues elevated. The tone of this SFS is what gives a more youthful appearance and support to the entire sculpture. Liposuction is often combined with Body Lift Surgery to refine nearby regions of localized fat.

Body Lift Surgery is not a substitute for Weight Loss

Body Lift Surgery is a resuspension sculpture. It is not an alternative to losing weight or a motivational tool. Losing weight is a coarse tool. You cannot predict where the fat will come from. Plastic Surgery is better as a refinement tool. Major weight loss after Body Lift can result in further tissue sagging.

After Major Weight Loss

After Significant Weight Loss tissue only shrinks so well leaving excessive loose drooping skin and supporting structures. The hanging skin can make it difficult to maintain hygiene, find fitting clothing, and force bothersome adjustments of flesh with activities like sitting down or standing up. After weight loss, individuals often want quick results, Body Lift Surgery is best postponed until the skin and tissue have stabilized. The time to stabilization

can vary from 6 to 18 months depending on many factors.

Tumescent Body Lift Surgery

The Tumescent Body Lift extends the advantages of Dr. Kohout's **Tumescent Tummy Tuck Abdominoplasty** around the body. Performed under light general anesthesia, the tumescent injections can bring a greater comfort after surgery.

Good Candidates for Body Lift Surgery

Patients need to have realistic goals and loose tissues that are sagging in one or multiple body regions. Individuals need to be in good health without multiple medical problems, impaired healing, bruising, or bleeding difficulties. This surgery is not suitable for those using Nicotine, complications are just too great. Those with excessive **BMI (Body Mass Index)** or high body fat % should consider weight loss options first.

Different degrees of sagging can exist around the body. Choosing the type of body sculpture is a balance of compromises, the scar for the excision vs. the benefit of the lift.

Planning your surgery

You should come to the office prepared for an extensive consultation. Dr. Kohout will need to learn about your medical history, problems, surgery and current medications. We need to know about prior cosmetic and abdominal surgery. You will need to help us understand what bothers you. Body Lift Surgery needs to be individualized. Redundant skin and adherent scars are a dynamic problem. Dr. Kohout needs to see how the skin drapes, where the extra tissue is located, check for hernias, and examine your scars. Dr. Kohout will then discuss what surgery has to offer. There are several different surgeries possible depending on

the problem and the nature of your tissues. Dr. Kohout then recommends what method of surgical sculpting is best suited for your problem and then discusses the risks, benefits and alternate methods of care. Understanding the benefits and limitations of surgery helps with realistic expectations.

A body lift incorporates all components: tummy tuck, inner thigh lift, and outer thigh and buttock lift. Excess skin is removed from the abdomen, thighs and buttocks, and there is tightening of abdominal muscles as well as skin. A total body lift often incorporates liposuction to achieve balance between the torso and thighs. The surgery is extensive, but the outcome can be gratifying. The patient is left with a tighter and more attractive body from front to back and side to side.

Central Body Lift (Belt Lipectomy)

Either with increasing age or significant weight loss there is often an excess of body skin and fatty tissue. In the area of the back and belly (the trunk), cases of mild excess maybe treated appropriately by procedures such as a tummy tuck or liposuction. However, in more significant excess situations, especially where the excess is circumferential (circular) in nature involving the belly, hips, back, buttocks, and outer thighs, a more extensive procedure is required. This procedure is called "Belt Lipectomy", and is like a face-lift for the trunk. Other names for this procedure include torsoplasty, circumferential torsoplasty, body lift, central body lift, lower body lift and circumferential lipectomy.

The Procedure



Before Body Lift

After Body Lift

Lower Body Lift surgery can involve any of three procedures, depending on your concerns and desires. If you are interested in improvement of a saggy inner thigh, you can seek an Inner Thigh Lift. If you are interested in elevation of a saggy buttock and outer thigh, you can seek a Buttock Lift. If you suffer from a saggy stomach area, you can seek a Tummy Tuck (Abdominoplasty). When all procedures are performed concurrently, it is called a total body lift.

An Inner Thigh Lift involves an incision high on the inner thigh near the groin crease. During surgery, excess skin is removed and the remaining skin is re-suspended, leaving you with a tighter and more attractive inner thigh.

The Outer Thigh and Buttock can be lifted through an incision across the back, above the buttock, from hip to hip. During surgery, excess skin is removed and the remaining skin is lifted, leaving you with a tighter and more attractive outer thigh and buttock.

A Tummy Tuck (Abdominoplasty) requires the removal of loose skin from the abdomen and tightening of the underlying muscles. It is

performed in the operating room under general anesthesia, and usually involves an overnight stay in the hospital. The incision is made along the bikini line and the resulting scar is not usually visible in swim wear. Although the incision is limited to the lower abdomen, the skin of the entire abdomen is tightened.

Who is a candidate?

Total Body Lift surgery is indicated in people who have had significant weight loss or for those who have excessive sheets of skin draping their bodies for reasons other than weight loss. This excess skin and fat has no natural way of re-shaping itself to the body's new form. However, one should know that this is not an operation for obesity. Any patient who is more than 50% over their ideal body weight should consult with a weight loss reduction program. Patients who have scars from previous surgery in some cases may not be candidates for this operation because of complications that may result from alterations in the blood supply to the skin. Your plastic surgeon will determine this at the time of consultation. Also, medical conditions such as bleeding disorders, heart disease, hypertension, diabetes, asthma, hernias, or a history of smoking are of particular concern since these procedures are often long operations with prolonged recovery time. ...

Complications

Removing 4-8 kilograms of tissue, is not a simple operation. It is an operation that requires the skill of the surgeon as well as the cooperation of the patient. It is felt by most plastic surgeons, that this is not an operation that should be undertaken by the patient without a great deal of thought and willingness to withstand an arduous process. This

operation is intense and requires around 6 hours of surgery, often with more than one surgeon in the room assisting. You may require blood transfusions, have a risk of infection and, as with any operation, have complications with prolonged anesthesia. The more specific risks include seroma formation, a fluid accumulation in the areas of the back mostly. This is usually treated by repeated needle aspirations. Wound separation is another possible risk and careful postoperative management of the patient best avoids it. Deep vein thrombosis, or blood clot formation in the legs after surgery, can lead to pulmonary embolus, which is a blood clot that travels to the lungs. This is a dangerous complication and every attempt is made to prevent its occurrence. This involves making sure the patient walks as soon as possible after surgery. (It is beyond the contents of this page to list all complications here). It also leaves patients with significant scars. These scars, however, are usually made strategically to be hidden behind most bikini lines.

SPECIFIC RISKS OF BODYLIFT

The following complications are listed but there may be others discussed

- *Collection of blood or fluid under the operated skin (Hematoma or Seroma). Because bodylift is usually an extensive operation, blood or fluid can collect under the repositioned skin. This usually happens within the first 24 hours after surgery with haematoma, but may collect up t several weeks after surgery. Rarely, it may require return to the operating theatre. More commonly, fluid collects under the skin without any obvious ill effects. Removal of this serum is a painless process but may require several visits to the plastic surgeon's office or even require surgery to correct fully.*
- **Bleeding** may occur. At worst, this will require return to the operating theatre to evacuate the blood clot and to stop the bleeding.

- There will be **bruising** after surgery. This usually settles after approximately 2 weeks
- **Wound infection** may complicate the operation in approximately 5% of operations. The infection is usually treated with antibiotics, oral or intravenous, depending on its severity.
- **Dehiscence** or reopening of the wound may occur in about 1-5 percent of operations. This usually happens as a result of infection and is managed by treating the infection.
- **Skin loss (necrosis)** in the lowest extent of the repositioned abdominal skin occurs in approximately 2% of operations. This complication is more common in smokers and it is therefore very important that you stop smoking at least two weeks before surgery. Skin loss is also more common in medical conditions such as diabetes. If this occurs, protracted dressing (several weeks) may be needed. Further surgery, such as cleaning up of the dead tissue and /or skin grafts may also be needed.
- The skin loss may occur at the belly button. If this occurs, protracted dressing (several weeks) may be needed.
 - Fat underneath the skin may not survive surgery and oily discharge may persist from the wounds for some weeks after surgery (fat necrosis)
 - Bodylift surgery results in long scars. They surround the navel, may extend vertically in the mid-line to the navel, and will extend horizontally above the pubic area to the hip bones. Wide, lumpy or irregular scars may occur due to the tension on the tissues after surgery. Revisionary surgery is sometimes helpful in certain instances where incisions may have healed poorly.
 - There may be numbness in the lower part of your abdominal skin after surgery. Numbness can also occur in the inner and outer thighs and buttocks. This usually improves with time, although the sensation recovery is often incomplete.
 - Because of tension on the pubic skin, the pubic hairline may be elevated after surgery.
 - Asymmetry of appearance: the abdomen may appear fuller on one side. The position of

scars may appear different between left and right.

- Malposition of the bellybutton (umbilicus). As the belly button often needs to be repositioned during abdominoplasty, it may be located off-centre, too high or too low.

Results

When patients are properly educated on the Body Lift procedure and are willing to work with the plastic surgeon to make this a successful process, they are normally very satisfied with the outcome. However, it takes a few months to realize the full effects of the procedure. In the end, the abdomen becomes flatter, the pubic area is elevated and reduced, the waist has better definition, the hips are less protuberant, the back rolls are greatly improved, and the buttocks are smaller and better shaped.

Other procedures

Most patients who have massive weight loss have other areas that they would like addressed. These include:

1. Breast - Both males and females may have excessive hanging tissues in this area. This may require Mastopexy or Breast Reduction with/without implants.
2. Thigh reduction or thighlift. Excess in the upper leg is common after weight loss and skin folds/ sagging is also common. Both can be corrected with additional procedures.
3. Upper Arm Excess - Many patients will have hanging tissue of the upper arms, sometimes called "bat wings". This may require either liposuction and/or brachioplasty.

Recovery

Depending on the extent of surgery, your hospital stay can range from 1-4 days. Any discomfort you may feel will be controlled by medication prescribed to you by your plastic surgeon. Recovery time can be variable as well, but most patients are able to return back to non-strenuous work within 2-4 weeks.

How noticeable is the scar?

The tummy tuck scar runs just above the pubic area out to the hip bones. The thigh scars run in the inner thigh, potentially down to the knees, depending on the amount of skin removed. Most importantly, the scar varies on the amount of tissue removed, the body size and shape. The scars can easily be hidden by most styles of underwear and bathing suits. ...

Can my C-section incision be used again?

Yes.

How much downtime will I experience?

Depending on the extent of the surgery, most patients are able to return back to work within 3 weeks.

Will I need a compression garment? How long will I need it?

Sometimes. Some type of support or compression garment is often needed, however, it may become uncomfortable and is sometimes dispensed with.

The amount of time needed will be determined by your surgeon. It is usually worn four to six weeks.

When can I begin to drive again?

This normally varies from patient to patient, but most are able to begin driving within one to three weeks. ...

What is the average cost?

Depending on the extent of the body lift, the cost can range anywhere from \$15,000-\$20,000 for the surgery. Additional fees will apply for the anaesthetist and/or the hospital, depending on your medical insurance.

SMOKING AND SURGERY

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none">• More coughing• Developing lung collapse• Developing pneumonia• More risk of postoperative and longterm pain	<ul style="list-style-type: none">• Increased infection• Increased risk of bleeding• Poor healing• Wound splitting apart• Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 3 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best

quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared

with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 3 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix
Iscover

Non-steroidal anti-inflammatory medications

Acclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen)
Arthrotec (diclofenac)	Orudis (ketoprofen)
Brufen (ibuprofen)	Oruvail (ketoprofen)
Bugesic (ibuprofen)	Panafen (ibuprofen)
Butalgin (ibuprofen)	Ponstan (mefenamic acid)
Crysanal (naproxen)	

Diclofenac (diclofenac)	acid)
Diclohexal (diclofenac)	ProVen (ibuprofen)
Dinac (diclofenac)	Proxen SR (naproxen)
Eazydayz (naproxen)	Rafen (ibuprofen)
Feldene (piroxicam)	Surgam (tiaprofenic acid)
Fenac (diclofenac)	Toradol (ketorolac)
Indocid (indomethacin)	Tri-Profen (ibuprofen)
Inza (naproxen)	Viclofen (diclofenac)
	Voltaren (diclofenac)
	Voltfast (diclofenac)

Herbal and natural preparations

Garlic tablets
Ginger
Gingko
Ginseng
St. John's Wort
Fish Oil