

THIGHLIFT

ARE YOU THINKING ABOUT THIGHLIFT?

If you are considering surgery, we want you to be thoroughly informed about this procedure. Reading this information is the first step. However, a personal consultation with your surgeon is the best way to obtain any additional information you need.

WHAT IS THIGHLIFT?

Cosmetic surgery of the inner thigh is also called thighlift. It is designed to firm up and smooth your inside legs. The procedure removes excess thigh skin and fat. The result is a flatter thigh profile.

IS THIGHLIFT FOR ME?

Women and men who have loose thigh skin and fat that is concentrated in the inner thigh can benefit from a thighlift. The purpose of thighlift is to eliminate the bulge on the upper thigh and to tighten loose skin in this area. Sometimes these conditions are inherited. In other instances, substantial weight loss or simply ageing may cause thigh skin to become flaccid. Younger women can often have bulging in the upper inside thigh that can lead to chaffing and rubbing. Following weight loss, the skin may fall in loose folds.

Any of the following conditions may make you are a good candidate for thighlift:

- Excess or sagging thigh skin
- An thigh skin that protrudes and is out of proportion to the rest of your body
- Excess fatty tissue that is concentrated in your thigh

INITIAL CONSULTATION

During the initial consultation, you may be asked to point out exactly what you would like to see improved. This will help your plastic surgeon to understand your expectations and determine whether they can be realistically achieved.

You will be asked about your medical history including previous operations, past and present medical conditions and current medications. In order to provide you with the best information and safest options, it is important that you give your surgeon complete information. The medical conditions that may increase risks of surgery include high blood pressure, thyroid problems, diabetes and bleeding problems.

Your plastic surgeon may examine your thigh while you are standing as well as lying down. Your skin tone and the degree of loose skin in the thigh region will be assessed. Your surgeon also will evaluate the amount of excess fat in your thigh.

Preoperative photographs may be taken during your initial consultation or a subsequent visit. Your surgeon will discuss with you the details of the operation and the possible risks and complications associated with the procedure.

PREPARATION FOR SURGERY

The goal of your plastic surgeon and the staff is to make your surgical experience as easy and comfortable for you as possible.

Smokers will be asked to stop smoking 3 weeks before surgery. Aspirin and some anti-inflammatory drugs used for the treatment of arthritis can cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery.

Thighlift is usually performed in a hospital under general anaesthetic and you can expect several days' stay.

THE DAY OF SURGERY

Your surgeon will mark your skin before the operation and if you have not already done so, you will need to sign the consent form for your operation. Medications are administered for your comfort during the surgical procedure. During the anaesthetic, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood.

YOUR OPERATION

Because of individual factors, not everyone will achieve the same results from thighlift. Your plastic surgeon will select the surgical technique that he or she feels will obtain the best outcome for you. Incision lines will fade over time but will be permanently visible. Thighlift incisions usually can be placed in locations concealed by bathing suits and undergarments.

Thighlift can be combined with other procedures, such as liposuction of the flanks, outer thighs and/ or arms.

WHERE WILL THE INCISIONS BE?

The usual placement of the incisions follows the groin crease, around the junction of the inner thigh and the perineum, to the buttock crease at the back. The exact incision will vary somewhat according to the shape of your thigh. The incision is often designed to curve around the pubic hairline to prevent the descent of the scar. The scar is usually hidden in the groin crease and the buttock fold to be invisible while standing up.

Sometimes liposuction may be used alone, or in conjunction with thighlift, to remove thigh fat.

HOW LONG DOES THE OPERATION TAKE?

The operation takes 2 ½ to 3 hours, depending on the extent of each operation.

AFTER SURGERY

When surgery is completed, you will be taken into a recovery area where you will continue to be closely monitored. You will have a firm thigh bandage or a compression garment, which you will have to keep on for 3-6 weeks after surgery as instructed by your surgeon.

You will feel drowsy for several hours after the procedure and you will remember very little of this time.

It will be very important for you to get out of bed and walking as soon as possible after the operation to minimise the chance of clots forming your leg veins. Although you may not be able to stand up completely straight, it is best if you do not sit for long periods of time during the first several days. Straining, bending and lifting must be avoided, since these activities might cause increased swelling or even bleeding. You may be instructed to sleep on your back with a pillow under your knees. Although you will find that mobilisation is a little slow at first, you should expect to be walking normally within five days even after extensive surgery.

Any surgical drains probably will be removed within a week following surgery, at which time your dressings may also be changed or removed.

HOW WILL I LOOK AND FEEL INITIALLY?

It is important to realise that the amount of time it takes for recovery varies greatly among individuals and also depends on the extent of the operation.

The stitches are usually hidden beneath the skin so that no sutures need to be removed following surgery.

You will notice swelling and bruising, which is to be expected. The bruising and much of the swelling will disappear over a period of weeks. However, it may be months before all swelling

subsides and you see the final result of your thighlift. You may also notice some numbness over portions of the thigh area, and this may persist for several months. Incisions will initially be red or pink in colour. They will remain this way for many months following surgery and may even appear to worsen before they finally begin to fade.

Some numbness below the sutureline may persist for months after surgery. The thigh skin may feel quite tight for some time but this feeling will gradually lessen and relax. You may also notice that there is pulling while you are trying to sit down. This is due to strong stitches holding up the thigh skin and keeping it anchored to the strong framework of the pelvic bones.

WHEN CAN I RESUME MY NORMAL ACTIVITIES?

You may be able to return to light work anywhere from one to three weeks after surgery. In many instances, you can resume most of your normal activities, including some form of mild exercise, after a few weeks. You may continue to experience some mild, periodic discomfort and swelling during this time, but such feelings are normal. Severe pain should be reported to your doctor. You should avoid sexual activity for a minimum of two weeks.

RESULTS OF YOUR SURGERY

Since the healing process is gradual, you should expect to wait at least several weeks to get an accurate picture of the results of your surgery. Incisions will fade over a number of months.

Unless you gain or lose a significant amount of weight or become pregnant, your thigh should remain firmer and flatter for many years. However, gravity and the effects of ageing will eventually take their toll. If, after a period of years, you become dissatisfied with the appearance of your thigh, you may choose to undergo a second procedure to restore a more youthful body contour.

RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from thighlift surgery are infrequent. Every year, many operations are performed with no major problems and good results. However, everyone considering surgery should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your plastic surgeon. A number of measures will be in place to minimise the following risks:

- 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.
- Collection of blood or fluid under the operated skin. Because thighlift is usually an extensive operation, blood can collect under the repositioned thigh skin. This usually happens within the first 24 hours 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.
- Skin loss in the highest extent of the repositioned thigh 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.
- Fat underneath the skin may not survive surgery and oily discharge may persist from the wounds for some weeks after surgery.
- Thighlift results in long scars. 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.

- The scar, which is designed to lie in the creases along the top of the thigh, may descend into the upper leg under the action of gravity. This means that the scar may, with time, no longer be hidden within creases and may be visible outside of underwear or swimming wear.
- Because of the proximity to the incision of the labia, some distortion of the labia may occur. This is generally temporary but permanent distortion may occur.
- There may be numbness in the upper part of your thigh skin after surgery. This usually recovers with time.
- Because of tension on the pubic skin, the pubic hairline may be changed after surgery.
- Blood clots in leg veins may cause leg swelling. The clots may travel to the lungs causing severe breathing difficulty and, rarely, death. With adequate precautions, which are routinely taken, including medications, compression stockings and early mobilisation, these complications are uncommon.

You can help to minimise certain risks by following the advice and instructions of your plastic surgeon, both before and after your surgery.

MAINTAINING A RELATIONSHIP WITH YOUR PLASTIC SURGEON

Should there be any questions regarding [thighlift](#), be sure they are answered in advance. Well meaning friends are not a good source of information. Find out everything before proceeding with the operation - a well informed patient is a happy one.

After surgery, you will return to your plastic surgeon's office for follow-up care at prescribed intervals, at which time your progress can be evaluated. Post-operative photographs will form a part of the evaluation of your result. Once the immediate postoperative follow-up is complete, many surgeons encourage their patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your plastic surgeon does not end when you leave the operating room. If you have questions or concerns during your recovery, or need additional information at a later time, you should contact your surgeon.

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 4 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 4 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

Aclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)
Eazydayz (naproxen)	Tri-Profen (ibuprofen)
Feldene (piroxicam)	Viclofen (diclofenac)
Fenac (diclofenac)	Voltaren (diclofenac)
Indocid (indomethacin)	Voltfast (diclofenac)
Inza (naproxen)	

Herbal and natural preparations

Garlic tablets
Ginger
Gingko

Ginseng
St. John's Wort
Fish Oil