NEW ABDOMINOPLASTY (Tummy Tuck)

A Tummy Tuck is a surgical procedure by means of which we can improve the appearance of the abdomen when there is an excess of fat and skin tissue.

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In the majority of cases, a tummy tuck is performed on adults over the age of 50 who are feel uncomfortable with an excessive amount of skin and have to wear loose-fitting clothes to conceal it. It can also be related to obesity problems. Generally speaking, it involves skin that has lost its elasticity, whether through several pregnancies or after a weight-loss diet, and is no longer smooth and taut over the framework and muscles of the body.

There is an evident aesthetic problem and greater inconvenience with regard to clothes.

For many years, abdominoplasty has been described as a technique to eliminate a large amount of excess skin by means of an incision made from hip to hip, passing across the pubis and the navel. Several types of incisions and scar patterns are described, generally in the form of an inverted "M". The fact of having to cut a large quantity of skin means the surgeon has to relocate the navel, making an opening higher up and stitching at that level.

During the operation it is possible to take the opportunity to stitch the abdominal muscles in cases of slackening of the stomach wall. In general it is not advisable to have a liposuction followed by an abdominoplasty because the risk of the tissue scarring badly or dying (necrosis) is much higher.

The results of a classic tummy tuck are variable. In the majority of cases patients have been very pleased at being able to dress more easily and with the image of having a new body, when clothed. When the clothes come off, then the results are not quite so satisfactory because the scar is very large and visible, which patients are somewhat embarrassed to show.

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My point of view

In the field of abdominoplasty, as in any other procedure of aesthetic plastic surgery, my concerns have always been to reduce the pain, the trauma of the anaesthetic, surgery and recuperation time, as well as the visible aspects of having undergone surgery, i.e. the scars... At the same time to increase the patient's pre- and post-operative comfort, the naturalness of the results and the discretion of the surgeon's intervention to be able to enjoy a new life to the full.

For these reasons, I have never been fully in favour of performing a major tummy tuck, and have always tried to achieve satisfactory results with a mini-tummy tuck, i.e. by making only one incision at the level of the pubis that goes 2 or 3 centimetres beyond the pubic hair, respecting the original navel, or in other words, removing a crescent-shaped section that is 4 or 5 cm wide.

Upper Abdominoplasty

But of course, the technique of a mini-tummy tuck is not enough in cases of an excess of skin, and we have to think of something additional. For this there is a new surgical option that can complement what is known as a lower abdominoplasty, and is called specifically the upper abdominoplasty. The technique, always with the aim of reducing the “visibility” of the operation and increasing the naturalness of the results, consists of lifting the skin above the navel and cutting the excess at the level of the inframammary folds. With incisions of 10 to 15 cm long, it is possible, as with the lower abdominoplasty, to remove 2 more crescents of skin of 4 and even 5 centimetres width.
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Many advantages

The advantages of this technique are numerous: it is a far less invasive technique than the major tummy tuck, it is not necessary to touch or reposition the navel, the scars are almost invisible because they are hidden by the weight of the breast that always falls a little and covers the fold. The recuperation period is much less and more comfortable, with far less risk of skin necrosis, infections and split stitches.

While it is true that this technique cannot be used in cases of extreme obesity, many patients, both men and women, are able to enjoy having a flat tummy – not only with no fat, as would be after a liposuction – but also with smoother skin.

Many men ask questions, interested in this technique, particularly after the age of 55 or 60, because they do not have inframammary folds to hide the scars. It is the same as in the case of younger women with small breasts. For these cases, the solution would be to make use of a tattoo. Nowadays it is widely accepted and not considered at all strange to wear a tattoo, which can even be discreet and simple, such as a leafy branch, for example, although some people prefer the idea of a snake tattooed all along the scar. In any case, I would tell anyone who is definite about not wanting a scar in that place, that it is far more attractive than a lot of hanging skin or a scar running from one side of the abdomen to the other. It is simply a matter of mentalizing yourself and having a tattoo applied when you had never before thought of having one.