



Lowe Plastic Surgery (LPS)

Dr. Lowe's Facts about Mommy Makeovers (Tummy Tucks with Breast Enhancement)

How do I get started?

It is important prior to surgery for patients to spend some time educating themselves about the pros and cons of tummy tucks (abdominoplasty) and breast enhancement. Although patients who undergo Mommy Makeovers are typically very happy, this elective operation is not for everybody. The big risks of surgery are pain, infection, bleeding, delayed healing, and scarring. Read the educational materials provided and on our website including consent forms prior to your surgery. Make sure that your surgeon is Board Certified by the American Board of Plastic Surgery, a member of the American Society of Plastic Surgeons (ASPS) and American Society for Aesthetic Plastic Surgery (ASAPS). Please check out websites and links at: www.drjlowe.com

Tummy Tuck & Liposuction

Do I need a tummy tuck?

Patients who have had weight changes, child birth, skin and soft tissue redundancy, or over 40 years of age may be candidates for tummy tuck. Patients considering tummy tucks need to decide if the risks are worth it or not? Some patients look better with a small bit of skin redundancy than with a tummy tuck scar. In most cases, the need for tummy tuck is obvious, but in other cases it may not be clear. Patients are typically concerned about constant bulging, lower abdominal fullness, and skin overlap at the waist. Patients not planning future pregnancy with stable weight are the best candidates. Patients with significant skin around the waist or lateral thigh often seen after major weight loss may require an extended tummy tuck or body lift. Liposuction is sometimes all is required in patients with tight skin and only isolated fat deposits. Dr. Lowe always combines liposuction during tummy tucks to ensure the best results. A frank discussion with a board certified plastic surgeon will help patients make the right decision.

Are tummy tucks covered by health insurance?

Tummy tucks by definition are cosmetic surgery procedures. The procedure is not covered by insurance plans. Some patients have a large abdominal roll resulting in physical limitation and chronic rash. These patients may be candidates for pannus removal to address this medical problem. A pannus removal through insurance can sometimes be combined with a formal tummy tuck. It is important to remember that all tummy tucks remove the pannus, but not all pannus removals are tummy tucks. Many patients undergoing tummy tuck will need some skin or tissue removed from the sides. Body lifts or extended tummy tucks are procedures not covered by insurance currently. Patients are encouraged to look at photos of tummy tuck or other body contouring patients online or in our office before scheduling surgery. Dr. Lowe will discuss these important issues during the course of the consultation and consent process.

What is the difference between a mini-tummy and standard tummy tuck?

There are a number of different types of tummy tucks. Most surgeons define a mini-tummy tuck as a limited procedure involving skin removal and tightening below the belly button. In our practice body contouring procedures are priced based on time and complexity. Patients requiring less work and time in the operating room are rewarded by a smaller fee. Some tummy tucks are more extensive requiring more undermining, skin removal, muscle reconstruction, and liposuction. Patients that have a lot of flank and buttock redundancy are candidates for extended tummy tucks. The natural break in the skin and scar location is usually best determined in consultation with a board certified plastic surgeon. The patient's age and health will also determine the best operation. Most patients considering tummy tucks are best suited for the standard incision, dissection, midline tightening, liposuction, and belly button repositioning.

What is the best technique for a tummy tuck?

Patients should take some time to deciding what areas of the abdomen and flank are of concern. Patients may want a smooth flat abdomen and others only a small improvement. The best approach can usually be determined with a consultation with a board certified Plastic Surgeon. In most cases it is best for patients to have as much skin and fat removed as possible to ensure a lasting result. The longer the surgical incision the more skin and redundancy may be removed. Some patients prefer limited incisions that they can cancel in the panty line or under a bathing suit. The best option depends on the patient's anatomy, preference, and willingness to compromise. Many patients combine tummy tucks with other procedures such as breast augmentation, breast lift, or liposuctions of the thighs. A frank discussion with your plastics surgeon will help most patients chose the best option.

Do I need my belly button moved?

Standard tummy tucks usually require the release and re-inset of the belly button. Current trends and changes in surgical techniques have resulted in changes in the way surgeons deal with the belly button. Plastic surgeons have increasingly placed surgical incisions lower along the pelvic rim as hip-huggers and low raise pants become more popular. In many patients the bell-button can be left in place particularly those undergoing mini-tummy tucks do. Patients who have had major weight changes, multiple children, large fat deposits, or over 40 years of age usually require a small incision around the belly button. In most cases, the need for belly button surgery (umbilicoplasty) is obvious, but in other cases it may not be clear. Patients should have a frank discussion with the board certified plastic surgeon to help them make the right decision.

Does a tummy tuck last forever?

No tummy tuck or liposuction lasts forever. Patients are encouraged to lose weight before surgery and avoid weight gain after surgery. Losing weight before surgery allows for the removal of more skin and aggressive tightening of abdominal muscles. Patients who lose a substantial amount of weight after tummy tuck may require revision in the future. Patients who are planning to get pregnant should wait at least 6 months after last childbirth. It is very important for patients to have a tummy tuck when their weight is stable and no babies are planned.

How long is the incision and how bad is abdominal scar?

One of the biggest concerns for patients considering tummy tuck is choosing the length and location of the surgical scars. Elective tummy tucks will be marked before surgery to ensure the patient understands scar position and location. Patient scars typically look the worse at 2 months and then improve at 8-12 months. Dr. Lowe will review scar treatments recommendations once the surgical incision is fully healed. Patients should be aware of the surgical incision. Prominent scars or delayed wound healing may need to be revised or treated with a laser.

Breast Enhancement

What should I do with my breasts?

It is important prior to surgery for patients to educate themselves about the pros and cons of breast enhancement. The main question to be answered, is do you want your breast to be bigger, less droopy, or all of the above? Patients will often choose to undergo a breast lift (mastopexy) or breast augmentation with or without breast lift (mastopexy). A consultation with your plastic surgeon will help you decide what type of breast enhancement is right for you.

Should I have Gel or Saline implants?

One of the biggest concerns for patients considering surgery is choosing saline vs. gel breast implants. The cosmetic choice is simple in most cases based on the physical exam but there are often other issues to consider. Is the patient scared of gel implants? Scared patients should get saline implants and not worry. Is the patient planning to follow the FDA gel implant guidelines

and does the patient have the resources to pay for this intensive screening? Simply said, gel breast implants look and feel better (a lot better) particularly when combined with a breast lift. Gel implants scar more (capsular contractor), rupture is silent, cost more, incisions are bigger, patient age is restricted, and safety concerns exist. Saline implants do not look and feel as good as gels. Saline implants sag quicker, deflate more often, cost less, incisions are smaller, and safety is rarely a concern. For further review please go to: www.breastimplantsafety.org

Why are there differences in the outer or inner parts of implants?

There are a number of different types of implant produced by several different manufactures. Most surgeons stick with one manufacture to ensure the best patient service and pricing. Special implant request are available in most cases. Each patient is encouraged to research in advance and discuss these issues during consultation. The implant outer shell can be either textured or smooth. Textured implants may stick better and scar less. Smooth implants stick less and scar more, but in most cosmetic cases appear more natural. Many issues related to the outer shell are irrelevant with the current generation of implants. Implants may be high or low profile meaning they project more or less. The best option relates to patients anatomy and preference. Gel implants may be more or less cohesive. More cohesive will be stiffer but may be safer. Most patients undergoing breast augmentation with breast lift are best suited for the standard round, smooth, moderate plus profile breast implants. The board certified plastic surgeon will help you decide which implant is best. For further review please go to: www.breastimplantsafety.org

How do I choose size when getting both breast implants and lift?

One of the most important decisions in breast augmentation with breast lift is choosing an implant size. Although your surgeon will make recommendations, the patient needs to make the final decision regarding a breast implant range. One plastics surgeon's C cup is often another patients B cup. Bra manufactures do not determine cup size because there are substantial variations. A variety of techniques are available to assist patients with choosing implant size: computer analysis, manufacture protocols, sizing bras, surgeon experience, and photographs. Dr. Lowe thinks that all patients should review pre and post-op photos with size descriptions to get it just right. It is helpful to bring a pre and post-op photos of 3-4 patients they like and do not like with implant size at consultation. Patients should simply go to www.implantinfo.com to pick out their favorite patient (about your age, height, and shape) photos including implant size and post-op photo results. Remember, it is better to go smaller with breast lifts with implants because large implants or breast tissue will result in a less effective breast lift.

What is the best technique for breast augmentation with lift?

Patients should take some time to decide where and how to place their breast implants. The best approach can usually be determined with a consultation with a board certified Plastic Surgeon. In most cases it is best to have your implants placed under the muscle to decrease implant scarring and visible rippling. This is more important when having a breast lift. The surgical incision may be placed around the nipple complex only, around the nipple complex to the fold, or around the nipple complex to the fold and across the breast fold. This depends on the patient's anatomy, preference, and the type and size of the implant used. Plastic surgeon always does their best to balance the length of the scar with breast shape. The most important issues related to the surgical incisions include a loss of nipple sensation, nipple sensitivity, infection, delayed healing, infection, and scarring. The biggest trade off with any breast augmentation with lift is the post-surgical scar, but if a patient needs it they need it.

What about a breast lift?

Many young patients undergoing primary breast augmentation do not need a breast lift. Patients who have had major weight changes, breast feed, or over 40 years of age may be candidates for breast augmentation with breast lift (mastopexy). In most cases, the need for breast lift is obvious, but in other cases it may not be clear. Patients with droopy breast who are happy with their breast size may not need an implant at all. Patients with significant droopiness (ptosis),

particularly patients needing implant exchange, may require two separate surgical procedures. In some patients a breast lift can be delayed or will need revision later. The need for breast lift sometimes is not clear until months after a breast augmentation. Patients should have a frank discussion with the board certified plastic surgeon to help them make the right decision. For further review please go to: www.breastimplantsafety.org

Do breast implant with lift last forever?

No breast implant or breast lifts lasts forever. Breast lift revision rates increase based on implant size and patient anatomy. Saline and gel filled breast implants have reported life span of ten years. Interestingly, ten years is also the length of manufacture warranties and FDA recommended exchange period. Both implant types have a 2% rupture risk per side per year. When saline implants rupture they deflate. When gel implants rupture patients are rarely aware. The manufacture places a silicone capsule around all implants to hold in either saline or gel. All patients form a biologic capsule around implants. This capsule (good or bad) as it forms actually helps prevent implant decent. Inter-capsular rupture refers to gel implant rupture within the human capsule, and extra-capsular rupture refers to rupture out-side the human capsule.

What about implant exchange?

Elective gel implant removal or exchange is recommended by some for all ruptures. Dr. Lowe recommends exchange primarily for extra-capsular rupture. Saline rupture usually occurs at 10 years and requires exchange within several weeks. Gel implants usually rupture at 10 years, but implant exchange may be delayed in many cases. Most gel implant ruptures are intra-capsular and are watched. However, extra-capsular gel rupture or aging implants over 25-30 years should be exchanged when possible. Most patients exchange implants due to capsular contracture that causes deformity or pain. Some patients remove gel implants that are ruptured because they are afraid. All patients should know that when implants are exchange in the future, they will often need to a breast capsule removal and revision breast lift.

What about the FDA Guidelines, do I have to follow the rules?

The FDA has a number of rules about silicone gel filled breast implants. They recommend implant screening with MRI every 1-2 years to rule-out silent rupture. The cost of this screening will not be covered by most insurance. FDA recommends implant removal every 10 years in all patients with gel implants. The manufactures agree with a mandatory implant exchange, and more exchanges mean more implants sales. Also, the FDA warns about gel implants association with a rare form of blood cancer and will release others concerns as they arise. Patients should stay informed of current FDA rules and guidelines. FDA website:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm>

Mommy Makeover

Where and when should I have surgery?

One of the most important decisions for patients considering a mommy makeover is where and when. Tummy tucks with breast enhancement can be performed at a hospital with overnight stay or surgical facility with home care. The benefit of a hospital is overnight pain management and care. Patients in a surgical facility will be given a period of recovery and then go home the same day. There is a saying “you can hurt at the hospital or hurt at home.” In general, smaller procedures are better outpatient and bigger procedures are better inpatient. Most patients require assistance at home for several days, feel better at one month, and recovery fully by three months. Each patient’s pain and recovery is different and cannot always be determined in advance. Although Dr. Lowe will make recommendations, each patient should make their own decision of when and where they should have surgery.

What are the restrictions after surgery?

It is also important to be aware of the recovery associated with a mommy makeover. Patients undergoing tummy tucks with breast enhancement are asked to limit activity for 4-6 weeks. Patients will need to wear a support garment and bra for 2 weeks day and night and for two weeks at night thereafter. All patients require small surgical drains to help decrease fluid collection and control swelling. Most drains stay in place for at least 7-10 days, but bigger surgery may require drains for several months. Sutures usually stay in place for 2-3 weeks and staples are sometimes required to provide additional support. Some patients who are unable to urinate after surgery will require a temporary placement of a bladder or Foley catheter. Patients report swelling, numbness, significant scarring, and minor pain for up to 6 months after tummy tucks.

What about patient safety concerns?

There are a variety of safety concerns related to mommy makeovers. Many of the concerns are related to post-operative wound healing following the tummy tuck. Other concerns are related to the implant device. However, in most cases the safety of a mommy makeover is most dependent on your surgeon and the surgical facility. Mommy makeovers are elective operations reserved in most cases for patients in good health in an outpatient setting. Dr. Lowe is a real plastic surgeon, who performs real surgery, in a real surgical center. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow safety guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe proudly performs cosmetic surgery only in accredited hospitals and surgical facilities. Most of his cosmetic patients undergo surgery at his certified in-office operating suite, Associates Surgery Center of Oklahoma (ASCO). ASCO is fully certified by the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF). For further information about safety and credentials go to: www.AAAASF.org or www.drjlowe.com

Does future revision cost a lot?

The cost for a mommy makeover revision is limited for patients who experience complications within the first year when returning to the original surgeon. For tummy tucks the revision costs are usually cheaper than the primary surgery. Revision may be the best option after skin stretch, weight fluctuation, or aging revision. In most cases, small scar revisions or laser treatments can be performed in the surgeon's office. However, for the breast revision surgery in the future can be costly. Breast implant exchange is never as easy or as cheap as primary surgery. After implants have been in for several years the breast tissue shrinks, capsule forms, and skin stretches. Patients can rarely remove or replace implants without further work. Removal with breast lift alone is possible if there is adequate native breast tissue. Implant exchange with breast lift is best if the patient's implants have been in a while, and there is loss of volume and droopiness. Sometimes multiple stages are required with implant exchange. Patients should talk to their board certified plastic surgeon about the risks and potential complications of elective revision prior to surgery.

Should I wait and think about my options?

Mommy makeovers are important lifelong decisions. The surgical procedure carries significant risks and benefits. Revision rates are sometimes required even in the best surgeon's hands. Patients require a period of recovery and implant support and maintenance. Patient should choose a board certified plastic surgeon that they feel comfortable, takes time, reviews risks, puts safety first, and trust. One of the most important aspects of the surgery is patient care and follow-up. Although surgeons cannot pay all the cost of revision it is usually best to stick with the surgeon to ensure the best outcome at the best price. When possible, patients should talk about their plans with physicians, family members, and significant others. Patients should have realistic expectations regarding the surgery, recovery, long term care, potential scarring, and results. Mommy makeovers can often be the right thing for the right person

What are Dr. Lowe's take home points?

1. Review your plastic surgeon's results (look at pre and post-op photos)
2. Take your time & ask questions (tummy tucks and breast enhancement is a commitment)
3. Understand risks (delayed healing, skin compromise, and scarring)
4. Full recovery for a mommy makeover is usually 6-8 weeks
5. Remove as much skin and tissue as possible (limited scar, limited results)
6. Mommy makeovers sometimes require an overnight stay at a hospital
7. Do not cut corners, get the best mommy makeover (one or two stages) or skip it
8. For the tummy tuck place the incision as low as possible
9. Pick breast size carefully (look at pre and post-op photos with implant sizes)
10. Gel breast implants look and feel better but have a greater safety concern
11. Don't go too big (the bigger they are the faster they fall!)
12. Future implants exchange may or may not require another minor breast lift
13. Decide where to have the surgery (surgical center or hospital – transfer is expensive)
14. Surgeon and facility certification and safety really matters
15. Pick and stick with your surgeon when possible