



## **Lowe Plastic Surgery (LPS)**

Dr. Lowe's Facts about Thigh Lifts

### **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 thigh lifts (inner and outer). Although patients who undergo thigh lifts are typically satisfied, 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](http://www.drjlowe.com)

### **Do I need an thigh lift?**

Patients who have had major weight changes, child birth, skin and soft tissue redundancy, or over 40 years of age may be candidates for a thigh lift. Patients considering thigh lifts 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 thigh scar. In most cases, the need for a thigh lift is obvious, but in other cases it may not be clear. Patients are typically concerned about constant bulging, inner and outer thigh fullness, and skin overlap from the pelvis to the inner knee. Patients not planning future pregnancy with stable weight are the best candidates. Patients with significant skin often seen after major weight loss are usually the best candidates for thigh lifts as well. Some patients choose to skip thigh lifts due to concerns about the scar length, surgical risks, and recovery. Dr. Lowe always combines liposuction during thigh lifts to ensure the best results. A frank discussion with a board certified plastic surgeon will help patients make the right decision.

### **Are thigh lifts covered by health insurance?**

Thigh lifts by definition are cosmetic surgery procedures. The procedure is not covered by medical insurance plans. Some patients have large inner or outer thigh redundancy resulting in physical limitation and chronic rash. These patients rarely may be candidates for thigh lifts to address this medical problem. It is important to remember that thigh lifts are cosmetic procedures that remove a large amount of skin and fat from the thigh to the knee to improve contour and shape. Patients are encouraged to look at photos of thigh lifts or other body contouring online or in our office before scheduling surgery. Dr. Lowe will discuss these issues during the course of the consultation and consent process.

### **What is the difference between an inner and outer thigh lift?**

There are a number of different types of thigh lifts. Inner thigh lifts require incisions in the medial thigh crease to the inner knee and are associated with substantial and unsightly surgical scars. Outer thigh lifts are often combined with tummy tucks and results are much more pleasing. Each operation is indicated for a specific area of the thigh. Most surgeons define all thigh lifts as a procedures involving skin removal and tightening of the thigh. These areas are usually a problem for women with a history of obesity. Patients that have a lot of flank and buttock redundancy are good candidates for lateral thigh with or without tummy tucks. Inner thigh lifts are best reserved for significant deformities that limit function and activity. Inner and outer thigh lifts can rarely be performed at the same time. 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 thigh lifts are more extensive requiring more undermining, skin removal, muscle reconstruction, and liposuction. 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 undergoing thigh lifts require a deep dissection with tightening of the deep fascia for long term support.

### **What is the best technique for a thigh lifts?**

Patients should take time to decide what areas of the thigh, pelvis, buttock, and flank are of concern. Patients may want a smooth flat inner thigh to improve rubbing and moisture, and others only want small improvements. The best approach can be determined in consultation with a Plastic Surgeon. It is usually 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 soft tissue may be removed. Some patients prefer shorter incisions that do not extend around the private parts or buttock. Thigh lifts cannot improve the thigh, flank, and buttock without extending the incision. The best option depends on the patient's anatomy, preference, and willingness to compromise. Some patients combine thigh lifts with other procedures such as tummy tucks, breast augmentation, breast lift, or liposuctions. A frank discussion with a plastic surgeon help patients choose the best option.

### **Where are the incision placed?**

Standard inner thigh lifts run in the groin crease and down the inner thigh to the knee. The incision is in a moist area that is often associated with delayed healing and widening of the scar over time. Some patients develop chronic discomfort or pain in the genital region due to scarring over time. The lateral thigh lift is placed low on the flanks and usually do not cross the midline of the back in most cases. The lateral thigh lift is associated with consistent and reliable results. Current trends and changes in surgical techniques have resulted in changes in the way surgeons deal with the redundancy in the flank, thigh, and buttock. Plastic surgeons have increasingly placed surgical incisions lower along the pelvic rim as hip-huggers and across the back above the gluteal crease. This allows the lateral thigh and buttock to be lifted and in some cases enhanced. Inner thigh lifts are often placed away from the genital region to decrease complications. The exact placement of the surgical incision depends on the clinical presentation. Patients who have had major weight changes, multiple children, large fat deposits, or over 40 years of age may extend incisions across the lower back and thigh. Patients should discuss these issues during consultation with a board certified plastic surgeon.

### **Does a thigh lift last forever?**

No thigh body lift or body contouring procedure 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 the thigh structures. Patients who lose a substantial amount of weight after thigh lifts 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 thigh lifts when their weight is stable and no babies are planned.

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

One of the biggest concerns for patients considering thigh lifts should be the scars. Elective thigh lifts are marked before surgery to ensure the patient understands scar position and length. Patients should take some time to look at photographs of patients who have undergone a thigh lift. Scars are often crooked, raised, red, irregular, and displaced over time. Most patients undergoing thigh lifts are not concerned about the scars. These patients are focused on the extreme excess of skin and fat around the thigh and genital region. Patients with these deformities usually fully understand the tradeoff. 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.

**Does future revision cost a lot?**

The cost for thigh lift revision is limited for patients who experience complications within the first several months when returning to the original surgeon. However, a revision thigh lift is usually more expensive than a primary surgery. Revision thigh lifts may be the best option after significant skin stretch, weight fluctuation, or aging. In most cases, scar revisions or laser treatments can be performed with sedation in the surgeon's office. In some cases, revision surgery is necessary to address more complex issues. Patients should talk to their board certified plastic surgeon about the risks and potential complications of elective thigh lifts prior to surgery.

**Where and when should I have surgery?**

One of the most important decisions for patients considering thigh lifts is where and when. Thigh lifts can be performed at a hospital with overnight stay or surgical facility with home care. The benefit of a hospital setting is the overnight pain management and care. Patients in a surgical facility will be given a period of recovery and then go home the same day. In general, small staged thigh lifts are better in outpatient setting, and bigger thigh lifts are better in inpatient setting. Most patients undergoing thigh lifts with other procedures have surgery at a hospital and stay overnight. The operation is lengthy and complicated in some patients making inpatient surgery the best option. Most patients require significant assistance at home for several days, feel better at one month, and recovery fully by three months. Each patient's pain control 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 thigh lifts. Patients undergoing thigh lifts are asked to limit activity for 8-10 weeks. Patients will need to wear a support garment or girdle for 2 weeks day and night and for two weeks at night thereafter. All patients require surgical drains to help decrease fluid collection and control swelling. Most drains stay in place for at least 2 weeks, 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 12 months after thigh lifts.

### **What about patient safety?**

There are a variety of safety concerns related to thigh lifts. Many of the concerns are related to post-operative wound healing, bleeding, and pain control and have been reviewed. However, in most cases the safety of thigh lifts with liposuction is most dependent on the surgeon and surgical facility. Thigh lifts are an elective operation reserved in most cases for patients in good health. Dr. Lowe is a real plastic surgeon, who performs real surgery, in a real surgical center or hospital. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe proudly performs cosmetic surgery in accredited hospitals and surgical facilities. Most cosmetic surgery is performed 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). It is not intended for overnight stays or longer operations. For further information about safety and credentials go to: [www.AAAASF.org](http://www.AAAASF.org) or [www.drjlowe.com](http://www.drjlowe.com)

### **Should I wait and think about my options?**

Thigh lifts are an important lifelong decision. The surgical procedure carries significant risks and benefits. Patients require a period of recovery and long term scar treatment. Patient should choose a board certified plastic surgeon that they trust, takes time, reviews risks, and puts safety first. One of the most important aspects of the surgery is patient care and follow-up. Some patients will require a limited hospital stay or other significant clinical interventions such as blood transfusions. Although the surgeon cannot pay for all unexpected cost it is usually best to stick with the surgeon you choose 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, and results. A thigh lift with liposuction is often 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 (what type of thigh lift is planned)
3. Full recovery is usually 2-3 months
4. Understand risks (bleeding, delayed healing, scarring)
5. Place the incision as low as possible or in natural folds to avoid a visible scar
6. Lateral thigh lifts are better than inner thigh lifts (patient satisfaction worlds apart)
7. If the surgeon does not recommend the surgery – do not do it!
8. Thigh lifts are often combined with other major procedures
9. Surgeon and facility certification and safety matters
10. Pick and stick with your surgeon when possible