



MR MANSOOR KHAN

THIGH REDUCTION/THIGH LIFT

Excess thigh tissue may be the result of abnormal fat distribution, skin laxity, and being overweight. In some patients liposuction alone may be sufficient to correct the problem, in other patients especially in the inner thighs, a skin tightening procedure may be required. When skin tightening is undertaken the procedure is termed a thigh lift. Incision may be in the inner thigh crease alone or may include an extension downwards along the inner thigh. Occasionally in extensive thigh lift procedures the incision may extend all around the upper thigh, at the front being in the groin crease and at the back in the buttock crease. Thigh reduction/lift surgery requires a general anaesthetic and an inpatient hospital stay.

Pre-Operative Advice

Smokers have a much higher risk of developing complications. It is therefore advised they should refrain from smoking for at least two weeks prior and for two weeks following surgery. Smoking significantly increases the risk of wound infections and breakdown. Aspirin and anti-inflammatories should be avoided for two weeks prior to surgery as they may promote bleeding. Patients on all contraception (not HRT) should ideally stop the Pill for six weeks prior to surgery as there is a slight increased risk of thrombosis. During this period alternative forms of contraception are required.

What happens before the operation:

Patients are usually admitted on the day of surgery and prior to the operation will be reviewed by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr Khan. Mr Khan will take preoperative photographs as well as planning the operation by drawing on the thighs. Additionally some patients prior to surgery will require a blood test and will be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and reduce the risk of thrombosis.

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Operative procedure:

Thigh reduction and thigh lift surgery is undertaken under general anaesthesia. The operation takes between two to four hours to perform and involves usually combination of liposuction and skin excision. The exact details regarding the operative procedure will be discussed at the initial consultation. The wounds are approximated using deep stitches in the deeper layers. This is especially important in the thigh lift in order that the correction be maintained with the skin edges being approximated using self-dissolving sutures in most cases. Drains are usually employed. On return to the ward patients will have an intravenous drip to provide fluids for the first twenty-four hours following surgery. Drains are usually placed into each thigh, these allowing any oozing or bleeding to accumulate either into a small bag or bottle by the side of the bed. These are usually removed at 48 hours just prior to discharge. Thigh reduction and lift surgery may be quite uncomfortable postoperatively. If any pain or discharge is experienced, painkillers are given either by injection or as tablets. When the wound extends down the inner thigh, dressings are applied. With wounds in the groin crease, frequently dressings are not appropriate and the wound is either left exposed or is covered with a thin strip of tape. On occasions should patients find it very difficult to mobilise on the night of surgery, a urinary catheter is inserted, this being removed the following day.

Risks & Complications

As with all surgery complications can occur. With thigh reduction and thigh lift surgery some bleeding may occur and on occasions this can accumulate under the skin resulting in a haematoma. This will usually occur within the first twenty-four to forty eight hours and may require a return visit to the operating theatre. As the wounds are in awkward areas and areas that are subjected to stress, small areas of wound breakdown are not an infrequent problem. A rare complication is of deep venous thrombosis. This is a clot in the calf veins of the leg. This can be a serious complication. Many measures are taken to try and reduce the risk of this occurring. As with all cosmetic surgical procedures undertaken by Mr. Khan he

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provides a fixed surgeon's fee which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery. This does not cover other costs such as anaesthetist's and hospital fees. Full terms and conditions are provided with each quotation and available on request.

Follow up:

After discharge patients require a wound check usually at three days following discharge. This can either be by the nursing staff in the outpatients where the surgery is undertaken or by the General Practitioner (though agreement would need to be sought). Dressings will then be required for two to four weeks postoperatively. Appointments for the initial dressing change are made prior to discharge. You will also be reviewed by Mr Khan at one and six months postoperatively. These appointments will be sent in the post.