



## MR MANSOOR KHAN

### ARM REDUCTION (BRACHIOPLASTY)

Arm reduction (brachioplasty) surgery has increased in popularity over the last few years partly because techniques have improved but also because of the increasing demand in people who have lost a lot of weight. The surgery aims to correct the flap of redundant skin and tissue seen under the upper arm when held out to the side. This frequently develops in patients following large weight reduction but may also occur in a slim person with increasing age and consequent increasing skin laxity. The main drawback of this surgery is the scarring which is usually along the inside of the upper arm and extends from the armpit to the elbow. Liposuction is frequently used as an adjunct to the surgery, though by itself will rarely be sufficient to correct the problem (and in many cases may actually make matters worse!). The aims and expectations of surgery should have been discussed at the initial consultation. Smokers have a higher risk of developing complications, in particular infections, wound breakdown and poor scarring, and it is therefore advised they should refrain from smoking for at least 6 weeks prior to and for 2 weeks following surgery. Aspirin and related anti-inflammatories should be avoided for a similar time period as they may promote bleeding.

#### What happens before the operation:

Patients are usually admitted on the day of surgery and are seen before surgery 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 arms preoperatively. Additionally before surgery the patient may require a blood test and will also be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and to reduce the risk of thrombosis.

#### Operative procedure:

The surgery takes 2 to 2½ hours to perform and is undertaken under general anaesthesia with patients usually being in hospital for 2 nights postoperatively. On return to the ward patients will have an intravenous drip to provide fluids for the 24 hours following surgery.

# Cosmetics



Drains are placed into each arm to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed prior to discharge. Patients normally require dressings for between 2 and 4 weeks postoperatively and will find that they have some significant restrictions in their shoulder and elbow movements for this period of time. The degree of discomfort experienced by patients is extremely variable and painkillers may be needed for 2 to 4 weeks. Patients are discouraged from driving for at least 2 weeks following surgery and the usual time off work is between 2 and 4 weeks. Activities however do need to be limited for several weeks following surgery and patients who engage in sporting activities where arm movements are important, may find their activities restricted for between 6 and 12 weeks following surgery. A sick certificate can be provided if required. For further information regarding the postoperative course, please see the Discharge Advice Sheet. As with all surgery complications can occur. In the initial stage following surgery the main risks are of wound problems with infection and breakdown, in particular around the elbow region. From a longer term point of view, the main problem is developing lumpy scars and on occasions treatment to improve the scarring may be required. As with all cosmetic surgical procedures undertaken by Mr. Khan he 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:

Patients are usually reviewed by the nursing staff for wound check at 7 days postoperatively and then in the outpatients clinic by Mr. Khan at 1 month postoperatively and 6 months post-operatively.