



Information about abdominoplasty surgery (tummy tuck)

Part 1 of 3

This leaflet explains abdominoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after a tummy tuck, see parts 2 and 3.

What is abdominoplasty surgery?

Abdominoplasty surgery, commonly known as a tummy tuck, is an operation to remove extra skin, scars, stretch marks and fat from the tummy, and sometimes to tighten the tummy muscles.

Why have a tummy tuck?

People have this surgery to take away extra skin and fat, or get a flatter tummy, often after pregnancy or gaining and losing weight. It can help rejoin the muscles of the abdominal wall if they have been pulled apart in the middle (known as 'divarification of the recti'). Stretch marks can sometimes be cut away or tightened to make them less obvious.

Ideally, your weight will be normal before the surgery. A tummy tuck is not for people who are overweight, or carried out in order to lose weight. For the right person, a tummy tuck can make a big difference to their confidence and quality of life.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your tummy, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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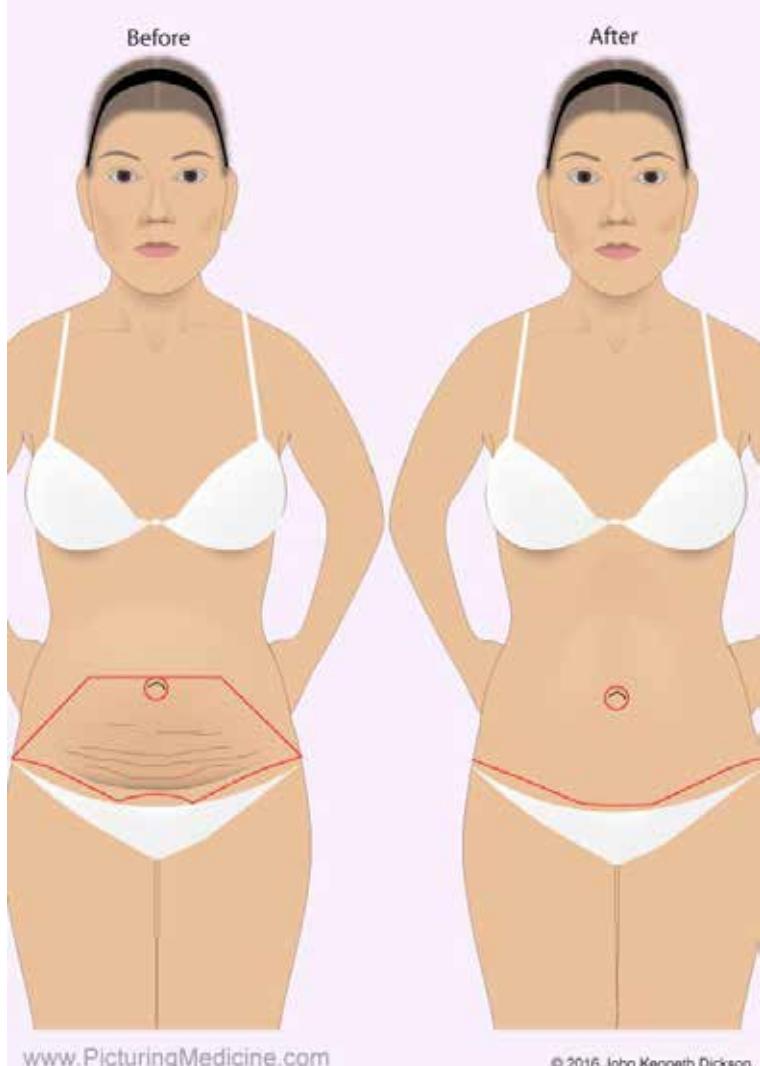


How is the surgery performed?

The standard tummy tuck (diagram 1)

This is the most common type of tummy tuck. A cut is made across the body from one hip to the other and around the belly button (umbilicus). The extra skin and fat are removed from just above the pubic hair up to the belly button. The muscles above and below the belly button are tightened. The skin is then sewn together to give a circular scar around the belly button and a long scar across the lower tummy.

Diagram 1: standard tummy tuck



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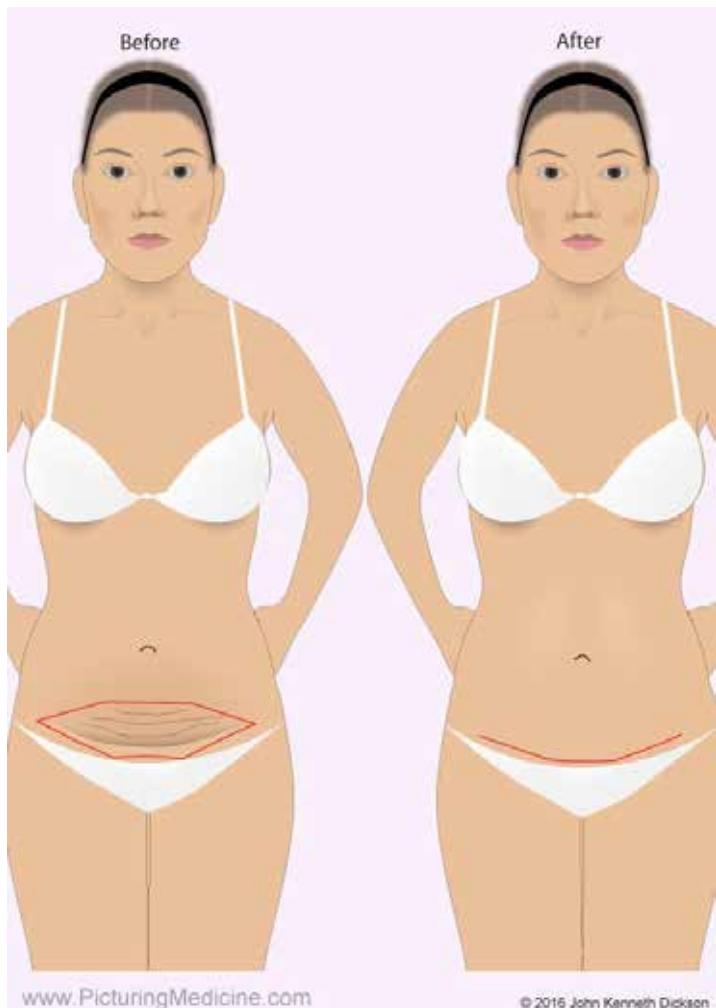




The mini tummy tuck (diagram 2)

Here, a smaller amount of skin and fat is removed from the lower tummy, though there will still be a long horizontal scar above the pubic hair. Sometimes the muscles will also be tightened. No scar is left around the tummy button, which may be stretched to become a different shape. A mini tummy tuck will give less of an effect than a full tummy tuck.

Diagram 2: mini tummy tuck



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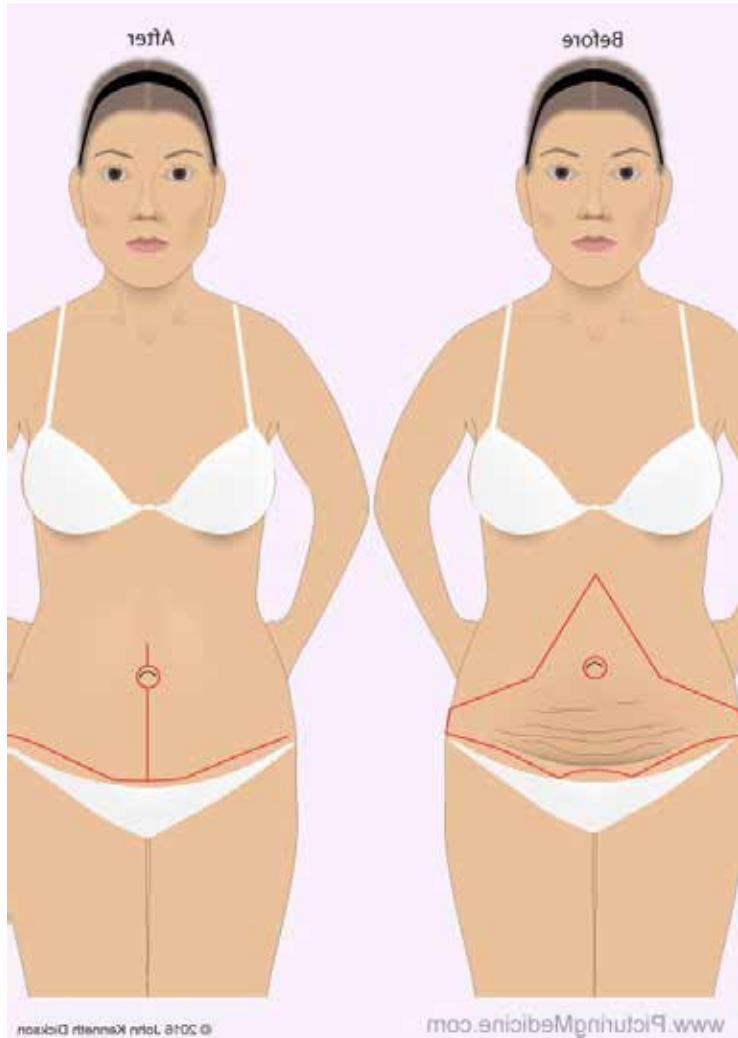




The fleur-de-lis tummy tuck (diagram 3)

For patients with lots of extra skin on the lower and upper tummy, a fleur-de-lis tummy tuck might be appropriate. Here, as well as the long horizontal cut of the standard tummy tuck, there is a vertical cut too, so the scar looks like an anchor.

Diagram 3: fleur-de-lis tummy tuck



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Other options

You could also consider the following.

- Having liposuction (where fat is sucked out through a tube inserted into small cuts) before or after the tummy tuck, to thin the abdominal wall. This is helpful but the results can be unpredictable. Liposuction alone will have less effect than a tummy tuck.
- Having an extended tummy tuck, where extra skin and fat are removed from the lower back and above the hips. With this surgery, the scar goes around onto the lower back.
- An endoscopic tummy tuck, where the tummy muscles are tightened through a short sideways cut above the pubic hair. Skin is not removed, but liposuction can be carried out.
- An apronectomy, which is a modified mini tummy tuck for if you have a lot of skin and fat hanging down over the pubic area. Here, only the extra skin and fat are removed. This leaves a long, sideways scar.

If you have scars from previous operations, the usual tummy tuck may be modified to suit the scars.

Choosing a surgeon

If you decide to have a tummy tuck, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent tummy tuck. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

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To find out more, visit the websites below.

Contact us:

The British Association of Aesthetic Plastic Surgeons
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

Phone: 020 7430 1840

Fax: 020 7242 4922

Email: info@baaps.org.uk

Website: www.baaps.org.uk

British Association of Plastic, Reconstructive and Aesthetic Surgeons

(Address as above)

Phone: 020 7831 5161

Fax: 020 7831 4041

Email: secretariat@bapras.org.uk

Website: www.bapras.org.uk

Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery

www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

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Aesthetic Genital Surgery

Female Genital Aesthetic Surgery (Aesthetic Genital Surgery, Designer Vaginas)

Aesthetic surgery of the female genitalia, or 'designer vaginas', includes a number of surgical procedures designed to improve their appearance. It is claimed that, occasionally, sexual function may be enhanced. The availability of such surgery in the UK is limited.

With a growing acceptance of surgery designed to alter appearance, and the increasing availability of explicit images of naked women, a number of women are requesting surgery to alter their intimate appearance feeling that they compare unfavourably. There are other women who claim that the size or shape of their vagina or external genitalia prevent them or their partner from achieving full sexual satisfaction.

The most commonly requested procedures are labial reduction ('labiaplasty') and vaginal tightening ('vaginoplasty') operations. Other procedures include liposuction to the mons pubis; fat injections to the labia majora or mons in order to give a more youthful appearance to these areas; removal or reduction of skin around the clitoris ('hoodectomy'), to improve clitoral sensitivity; and reconstruction of the hymen for cultural reasons. Laser therapy has been described for the removal of labial wrinkles; and hair transplantation for hypotrichosis of the mons pubis.

Labial reduction includes a number of operations designed to decrease the size and degree of protuberance of the labia minora, or 'inner lips' of the vagina. The most common reason for women to request this operation is because the labia are perceived to be too large and aesthetically un-pleasing. A small number of women state that the large size of their labia make them noticeable in tight clothing, or make sports such as cycling uncomfortable. Others have problems with penetration.

The procedure is relatively simple, excising an area of the labia minora using a variety of incisions; and can be performed under local anaesthetic. Careful placement of the scar is important, however, in order to prevent painful scar contracture along the rim of the labia.

Vaginal tightening operations are requested by some women who feel that their vagina has become lax following childbirth, or with age. As a consequence, they claim that sex is less satisfying for them or their partner. The procedure may be as simple as placing sutures at the introitus (vaginal opening), or may involve excising excess vaginal mucosa together with tightening the muscles of the posterior vaginal wall.

The former procedure is not widely offered. The second procedure is usually performed under general anaesthetic, more commonly by gynaecologists. Perforation of the bowel is one of the more serious complications which may occur.

Liposuction or 'liposculpture' of the mons pubis may be an isolated procedure or performed in conjunction with liposuction of the abdomen or thighs. The appearance of the mons is enhanced by improving its definition.

In contrast, **fat injections** to the mons or labia majora plump out these structures, giving them a more youthful appearance.

Hoodectomy, or removal of the fold of skin around the clitoris, is performed to expose the clitoris and make it more sensitive. However, there is little information on outcome, other than anecdotal.

As with many aspects of human anatomy, there are a wide variety of shapes, sizes and appearances of the female genitalia, all of which are within the limits of normal. Before undergoing any surgery, it is important to determine whether there really is a problem with the genitalia or whether another solution would be more rewarding.

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Botulinum toxin injections

(*Botulinum toxin is commercially available as Botox® or Dysport®. However, these injections are commonly referred to as 'Botox injections' whichever product is actually used. This leaflet will therefore refer only to 'Botox injections'.*)

Introduction

Wrinkles are part of the ageing process. They can be attributed to sun damage, effects of gravity and muscle contraction resulting from facial expressions such as frowning and laughing. Wrinkles due to the effects of gravity represent natural sagging of tissue with age and are generally only improved by surgical tightening procedures. Wrinkles caused by muscle contraction such as frown lines, forehead lines and crows' feet, can be improved by Botox treatment. The various wrinkles caused by facial muscle contraction are illustrated on diagram 1. Botox can also be used to treat excessive sweating of the armpits and palms of the hands.

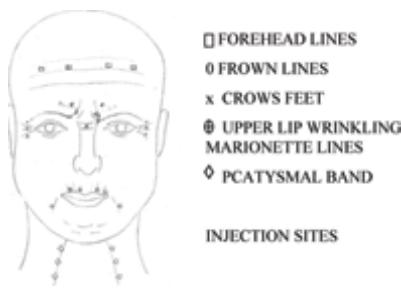


Diagram 1

What is Botox?

Botox® and Dysport® are the trade names for Botulinum toxin, produced by bacteria called Clostridium botulinum. Several types of toxins have been identified, but type A, which is used commercially, is the most potent. Botox acts by blocking acetylcholine, a chemical that is responsible for transmitting electrical impulses that cause muscle contraction. This results in muscle paralysis. The resultant paralysis, however, is temporary, as the new growth of nerves will re-innervate the muscles. Botox was first used in 1978 to weaken over active muscles in the eye, followed by other neurological conditions such as dystonia and hemifacial spasm with good effects and little side effects. Botox was first used cosmetically in 1990, to reduce facial wrinkles arising from muscle contraction.

What can you expect at the time of your procedure?

Botox is injected directly into the muscles that cause the wrinkles, using a very small needle. Several injections are usually needed at specific sites, depending on the area treated (see diagram 1). When used to treat excessive sweating in the armpits, Botox is injected directed into the axillary skin. Localised discomfort and bruises can occur, but no sedation or local anaesthesia is generally required. Normal activities can be resumed immediately.

What are the results?

Botox usually takes effect 24-72 hours after injection, with maximum effect at about 1 to 2 weeks. Its effects generally last for approximately 3-4 months. When injected into the muscles that are responsible for expression wrinkles, it gives the face a more relaxed and smoother appearance. Sometimes longer lasting effects (9-12 months) are seen after treatment of excessive sweating. When a gradual fading of treatment effect is noticed you may return to have another treatment.

What are the limitations?

Whilst Botox can be very effective in reducing wrinkles due to muscle contractions, it has no effect in reducing the fine lines on the face caused by sun damage, and lines due to sagging of facial skin. In those patients with very heavy lines, repeated treatments may be needed for maximum effect. Too frequent or excessive dosing of Botox may lead to patient's resistance to treatment due to antibody formation and Botox treatment may exaggerate any facial asymmetry.

What are the contraindications for treatment?

The use of Botox is contraindicated in people with neuromuscular disorders such as myasthenia gravis, those who are taking certain muscle relaxants and antibodies such as aminoglycosides, pregnant or breast feeding women, those with infection or inflammation at the proposed site of injections and bleeding disorders.

What are the risks?

No severe complications after cosmetic use of Botox have been reported in the literature. Very rarely excessive weakening of the target muscles and paresis of adjacent muscles can occur, resulting in facial weakness. This is self-limiting. When injecting above the eyebrows, upper eyelid ptosis or slight drooping may occur but only 1:100. This can be corrected with eyedrops but will also improve as the effects of the Botox wears off.

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Information about breast augmentation (enlargement) surgery

Part 1 of 3

This leaflet explains breast augmentation surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast augmentation surgery, and care after breast augmentation surgery, see parts 2 and 3.

What is breast augmentation surgery?

Breast augmentation surgery is an operation to enlarge the breasts, usually using an implant filled with silicone or with physiological saline (a solution containing salt at the same concentration as in the body).

Sometimes, the breasts can be enlarged with fat from another part of the body. This is called lipofilling. Lipofilling is not explained in this leaflet.

Patients are usually pleased with the results of breast augmentation, but first it is important to understand what is and isn't possible, and what care might be needed in the future.

Why have breast augmentation surgery?

People have this surgery to make their breasts larger and improve their shape.

Some women have smaller breasts than they would like. Also, breasts can droop with age or after pregnancy, breastfeeding and weight loss. Breast augmentation can improve both the shape and the droop to some degree.

Some women have one breast much bigger than the other. Breast augmentation can balance breasts of different sizes.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

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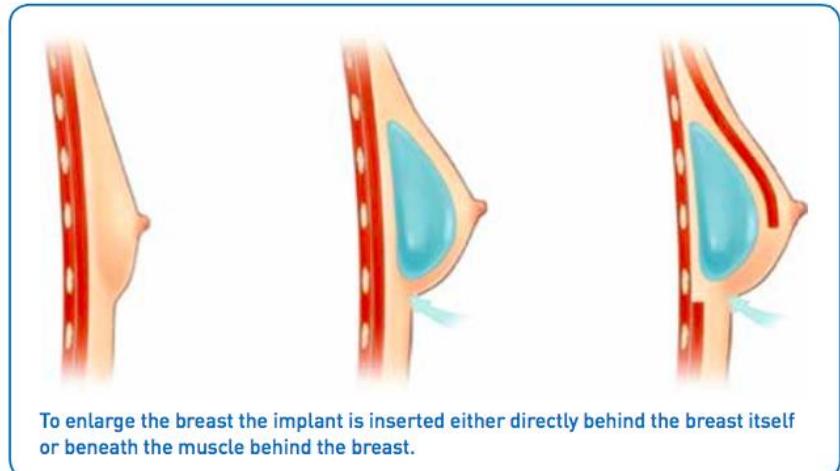


Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you, and ask you to sign a consent form for taking, storing and using the photographs. The surgeon may measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

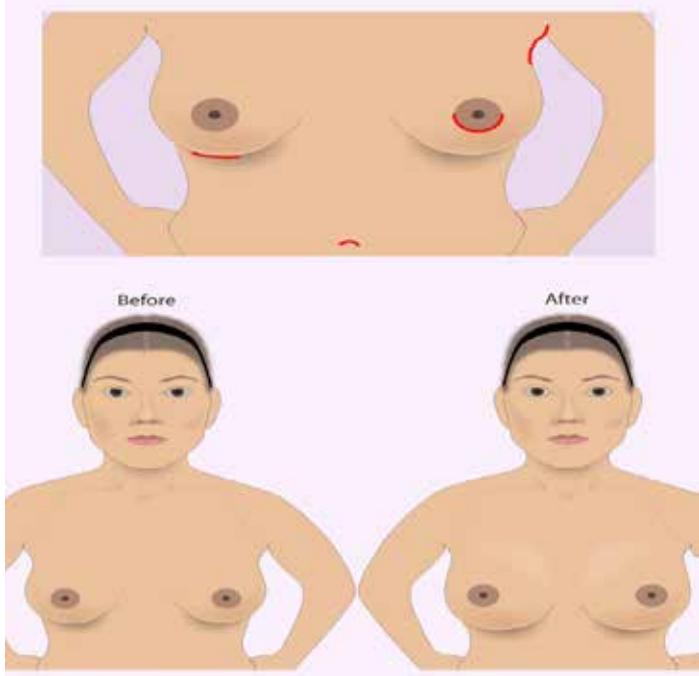
How is the surgery performed?

Implants are placed either behind the breast (middle image opposite) or behind the muscle the breast sits on (image on the far right).

Putting implants behind the breast is the simplest option. Putting implants under the muscle gives more padding in very slim women. Your surgeon will discuss which is best for you.



Breast Augmentation - Incisions



Implants are usually inserted through a cut in the crease under the breast (the inframammary fold). They can also be inserted through a cut in the armpit or around the areola.

Sometimes, a drain (a tube attached to a bottle or bag) is left in to drain away any fluid or blood. This is removed after a day or two on the ward.

About the implants

The outer layer of breast implants is made of silicone or, in some cases, polyurethane. Inside this there is either silicone gel (most common) or saline. Silicone implants usually feel more natural than saline ones, and can have different shapes. Saline-filled implants usually feel less natural, have a greater risk of rippling, and can deflate. Breast implants usually last about 10 years, sometimes less, sometimes more.

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Implant size

The size of implants is given in millilitres (ml), in cubic centimetres (cm³) or by weight (grams). When you meet your surgeon before the operation, they will look at your breasts and the size of your ribcage, and check how firm your skin is. They will discuss with you what size of implant will suit you best. Usually, large implants look less natural on slimmer women. Your surgeon will ask you if you want to have someone with you during this examination.

Your surgeon cannot promise you an exact cup size, only a range. Tell your surgeon if you would like to aim for the larger or smaller end of the particular range.

Implant shape

Implants can be round or teardrop-shaped (anatomical). Round implants are fuller at the top of the breast. With teardrop-shaped implants, you choose the width and height separately.

With both shapes, you can choose for the amount that the implant sticks out (the projection) to be more or less subtle. You and your surgeon will discuss what shape will suit you best.

Is silicone safe?

Medical silicone is used safely in many medical devices, including breast implants. Your body will form a layer, called a capsule, around the implant. Sometimes, the capsule can thicken and tighten around the implant. This is called capsular contracture and it can change the shape or feel of the breast. If this happens, you might need further surgery to remove the capsule.

Breast augmentation is not linked with breast cancer or other cancers. There have been reports of a condition called anaplastic large cell lymphoma (ALCL) occurring with breast implants, but this is extremely rare and does not seem to be as serious as ALCL occurring in other places.

Over time, some silicone may leak out of the implant. This does not cause ill health, but it might cause lumpiness or pain, and you might need surgery to remove and replace the implant. Over time, the implant may become more noticeable, particularly if it is large.

Do I need a breast uplift?

Mild droopiness can be improved by breast augmentation surgery. If your breasts are droopy but the right size for you, you can have a breast-uplift operation without an implant. This surgery is called a mastopexy.

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With this surgery, the nipple is lifted and the breast tissue and skin is tightened through cuts around the areola and under the breasts. Sometimes, both implants and lifting are needed, either at the same time or in two separate operations.

Choosing a surgeon

If you decide to have breast augmentation surgery, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when you might need further surgery to have the implants replaced. You should also discuss how to pay.

Breast augmentation is a lifetime commitment. You must be sure that you are making the right choice, and understand the implications of the surgery. You might need more surgery in the future to keep up the results of the breast augmentation, and you should be prepared for this, personally and financially.

Nobody needs an urgent breast augmentation. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications. Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

To find out more, visit the websites below.

Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery

www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

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www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics
www.rcoa.ac.uk/patientinfo

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The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

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Information about breast reduction surgery

Part 1 of 3

This leaflet explains breast reduction surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast reduction surgery, and care after a breast reduction, see parts 2 and 3.

What is breast reduction surgery?

Breast reduction surgery is an operation to make the breasts smaller, by taking away fat, breast tissue and skin. The nipples are lifted and the breasts are reshaped to form smaller breasts.

Why have a breast reduction?

People have this surgery to make their breasts smaller and improve their shape.

Some women have larger breasts than they would like. Big breasts can cause problems like back or neck pain, shoulder grooves in the shoulders from bra straps, and rashes underneath the breasts. Women are sometimes self-conscious about their large breasts and feel that they attract unwanted attention. Also, it can be difficult to wear some clothes or enjoy sports, particularly when it is hot.

If you are unhappy with the shape, weight or droop of your breasts, having them reduced can make them smaller and higher. If one breast is larger than the other, this can also be evened out. You may find that after a breast reduction you are more comfortable socially and personally.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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How is the surgery performed?

The operation involves first lifting the nipple into a new position, keeping it attached, and so alive, on a 'stalk' of tissue (pedicle). Extra skin and breast tissue is then cut away. The skin and tissue that is left is reshaped into a smaller, higher breast and the nipple is put back in place.

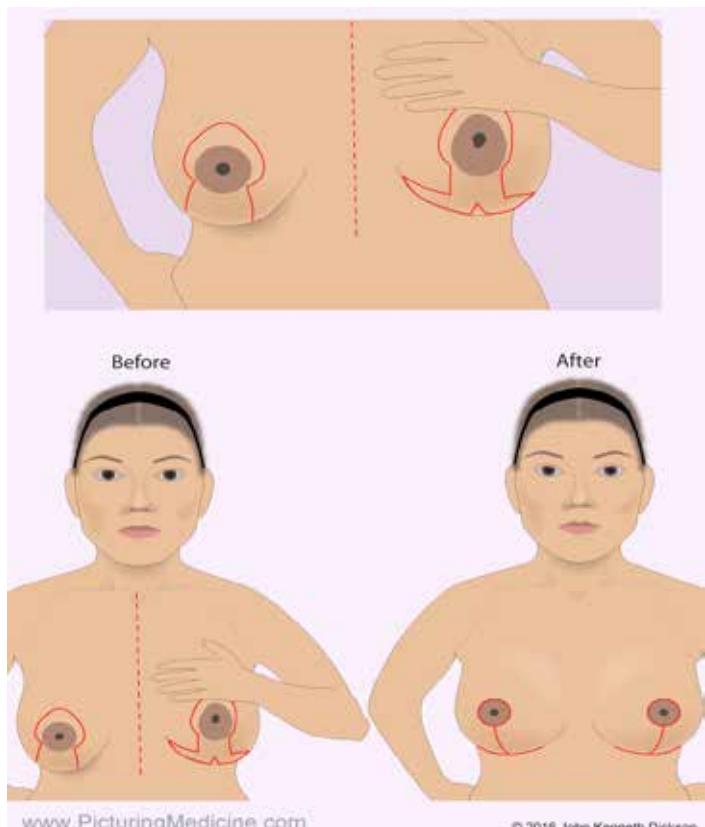
There are different types of reduction. The best type for you depends on the size of your breasts and how much of a reduction you want. The different types make different scars on the breasts. Whichever type of reduction you have, the scars should not be visible when you wear normal clothing, bras and bikini tops.

The anchor-type or inverted-T reduction (diagram 1)

This is the most common type of reduction. The cut starts around the nipple, travels straight down and then along the crease under the breast.

If your breasts are very large or droopy, your nipple might need to be completely removed and then stitched back on in a new position. Your nipple will not feel normal after this.

Diagram 1: anchor-type or inverted-T reduction



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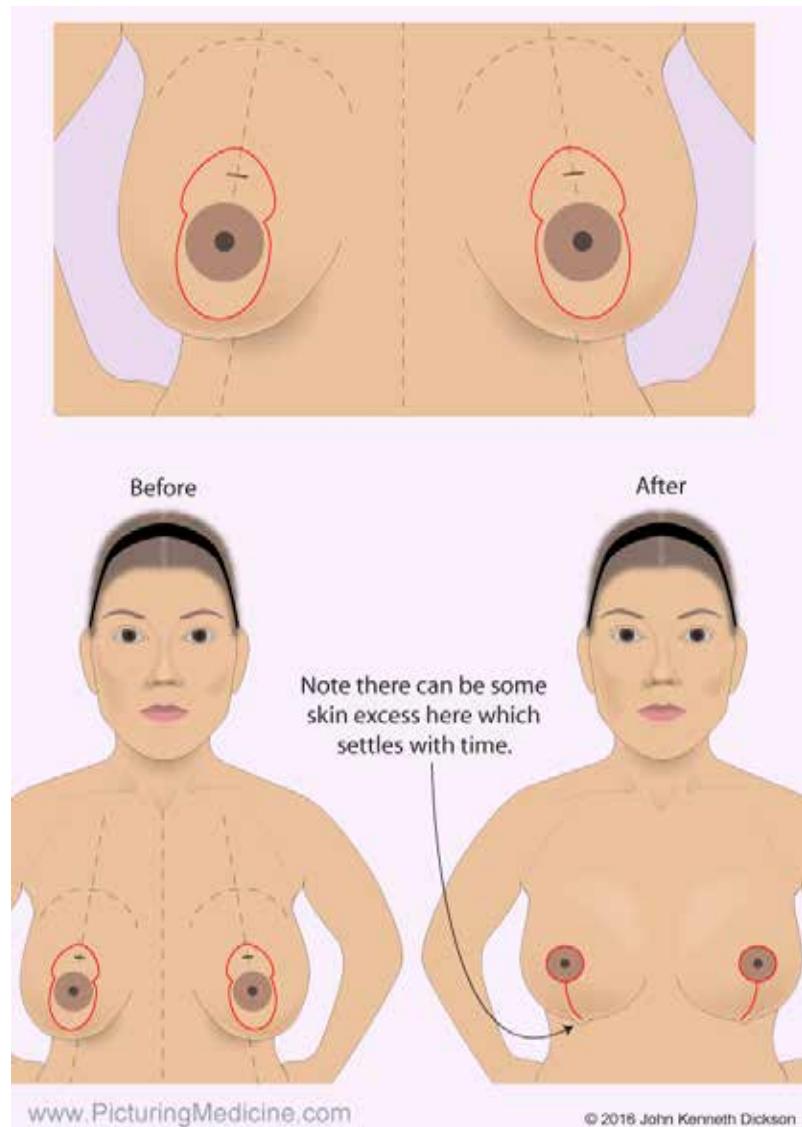


Version 1.1

The vertical-pattern reduction (diagram 2)

The cut is made around the nipple and travels straight down, but with no cut underneath the breast. Though the scar is smaller with this type of reduction, the skin around it can look puckered. The vertical-pattern reduction is not suitable for very large breasts.

Diagram 2: vertical-pattern reduction



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Ideally, your weight will be normal before the surgery. A tummy tuck is not for people who are overweight, or carried out in order to lose weight. For the right person, a tummy tuck can make a big difference to their confidence and quality of life.

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Choosing a surgeon

If you decide to have a breast reduction, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent breast reduction. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

To find out more, visit the websites below.

Contact us:

The British Association of Aesthetic Plastic Surgeons
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

Phone: 020 7430 1840
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Page 5 of 6

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Anaesthetics

www.rcoa.ac.uk/patientinfo

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Version 1.1



Information about mastopexy surgery (breast uplift)

Part 1 of 3

This leaflet explains mastopexy surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after a breast uplift, see parts 2 and 3.

What is mastopexy surgery?

Mastopexy surgery, commonly known as a breast uplift, is an operation to remove extra loose skin from the breasts, and to lift and reshape them, to make them look more youthful.

Why have a breast uplift?

Breasts naturally droop with age, after pregnancy and breastfeeding, and after weight loss. This is because the skin and fibrous ligaments in the breast become stretched so the breast tissue is not supported.

It is not possible to recreate the fibrous support of the breasts, but they can be reshaped by removing extra skin, remodelling the breast tissue and moving the nipples up to the best position on the new breasts. Other options are to reduce the size of the areola (the darker skin around the nipple), or to have the breasts enlarged at the same time.

Having a breast uplift can make the breasts firmer and higher. After a breast uplift you may be more comfortable socially and personally. The best results are with women with small, saggy breasts, but breasts of any size can be lifted.

The results of a breast uplift may not last as long with heavy breasts.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs. The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

Page 1 of 4

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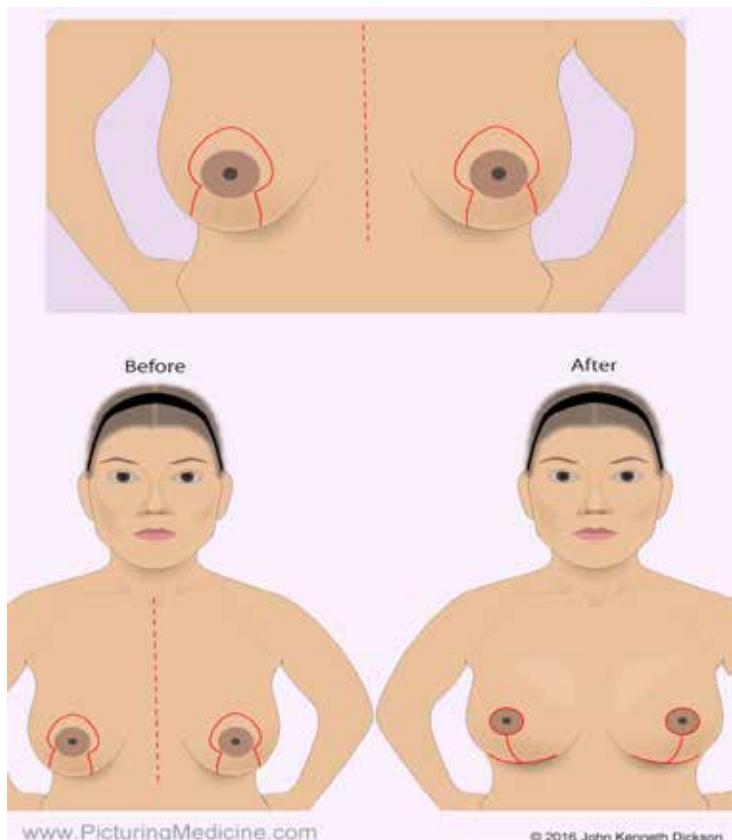
How is the surgery performed?

There are different types of uplift. The best type of uplift for you depends on your breast size and the result you want. Different types of uplift make different scars on the breasts. Whichever type of uplift you choose, the scars should not be visible when you wear normal clothing, bras and bikini tops,

The most common type of uplift, with a cut around your areola and vertically under your breast, is shown below. Sometimes there is a cut in the crease under the breast to make an anchor shape.

Extra skin is removed from underneath the breast, the breast is reshaped into a tighter cone and the nipples are moved to a higher level. The size of the areola can also be reduced.

If your breasts are small as well as droopy, you can have them enlarged with silicone implants. Having breast implants is the only way to significantly increase fullness above the nipples, but their weight can make the breast droop again over time.



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Your initials:





Choosing a surgeon

If you decide to have a breast uplift, only go to a surgeon who is properly trained and is on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent breast uplift. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

To find out more, visit the websites below.

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Information about blepharoplasty surgery (eyelid reduction)

Part 1 of 3

This leaflet explains blepharoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after an eyelid reduction, see parts 2 and 3.

What is blepharoplasty surgery?

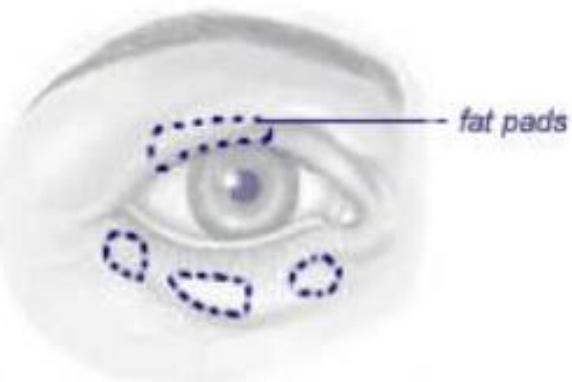
Blepharoplasty surgery, commonly known as an eyelid reduction, is an operation to reshape the eyelids. An upper-eyelid reduction can improve your vision and make you look younger. A lower-eyelid reduction can help to reduce wrinkles and puffiness.

Why have an eyelid reduction?

With age, our muscles slacken and the skin loses its elasticity. For the eyelids, this results in folds in the upper lids and deepening creases in the lower lids. Also, the slackening of muscle beneath the skin allows the fat which cushions the eyes in their sockets to bulge forwards to give the appearance of bagginess. In some families there is an inherited tendency for bags to develop during early adulthood.

Folds, creases and bagginess often seem worse in the morning, particularly after periods of stress and lack of sleep. This is because fluid that is normally distributed throughout the body when it is upright tends to settle in areas where the skin is loose, such as the eyelids, when a person is lying down.

The ageing process can also cause drooping of the eyelids, and folds of skin to gather in the upper eyelids. Sometimes there is so much skin that the upper lids hang over the eyelashes.



Page 1 of 4

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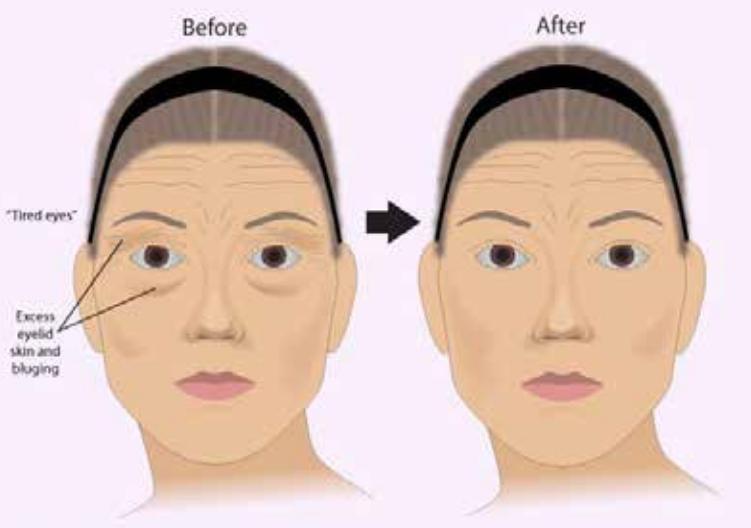
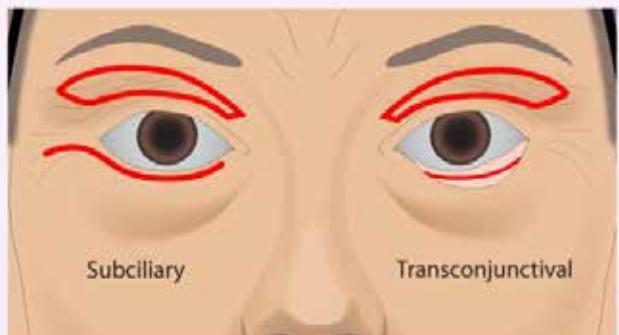




What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. In particular, you should tell them if you have ever had any thyroid disease, high blood pressure, diabetes or eye disorder (such as a detached retina or glaucoma). The surgeon will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your eyes, face and skin, and may take some photographs for your medical records. They will ask you to sign a consent form for taking, storing and using the photographs.



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The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

If you would be having the surgery under a local anesthetic, the surgeon will make sure that you can lie flat and still.

The surgeon may want you to be checked out by an ophthalmologist.

How is the surgery performed?

Eyelid reductions can be carried out under local anaesthetic or general anaesthetic (in hospital only). In a typical procedure, the surgeon makes cuts that follow the natural lines of your eyelids – in the creases of the upper lids and just below the lashes in the lower lids (see the eye on the left of the diagram opposite). These cuts are extended a little way into the crow's feet (also known as laughter lines) at the corner of the eyes.

Through these cuts, extra fat, excess skin and sagging muscle are removed.

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If you have a pocket of fat beneath your lower eyelids without extra skin, the fat can be removed through the inside of the lower eyelid (see the eye on the right of the diagram opposite).

All the cuts made will be stitched up.

Choosing a surgeon

If you decide to have an eyelid reduction, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent eyelid reduction. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

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Version 1.1



Information about facelift and necklift surgery

Part 1 of 3

This leaflet explains facelift surgery and necklift surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of face and necklift surgery, and care after a facelift and necklift, see parts 2 and 3.

What is facelift and necklift surgery?

A facelift is an operation to tighten and lift the loose skin of your face below the eyes. (Anything above the eyes is a browlift.)

A necklift tightens and lifts the skin of the neck.

Why have a facelift or necklift?

As you age, your skin gets less elastic and droops, and your facial muscles slacken. The natural fat under the skin also sags, making you look older. The rate this happens at varies from person to person, and is probably determined by your genes.

The stresses of daily life, the effect of gravity and exposure to the sun also affect your face. Drastic weight loss can also age the face.

The rate your face ages does not necessarily reflect the rate that the rest of your body and mind is ageing, and you may feel that the face you see in the mirror is not the one you should have.

A facelift gives the best results if your face and neck have started to sag but your skin still has some elasticity and your bone structure is strong and well defined. Most people who have facelifts are in their 40s to 60s, but facelifts can be done successfully on people in their 70s or 80s.

It should not be obvious that you have had a facelift, but you should look younger, healthier, lively and cheerful.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Page 1 of 4

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Your surgeon will examine your face and neck, and may take some photographs for your medical records. They will ask you to sign a consent form for taking, storing and using the photographs.

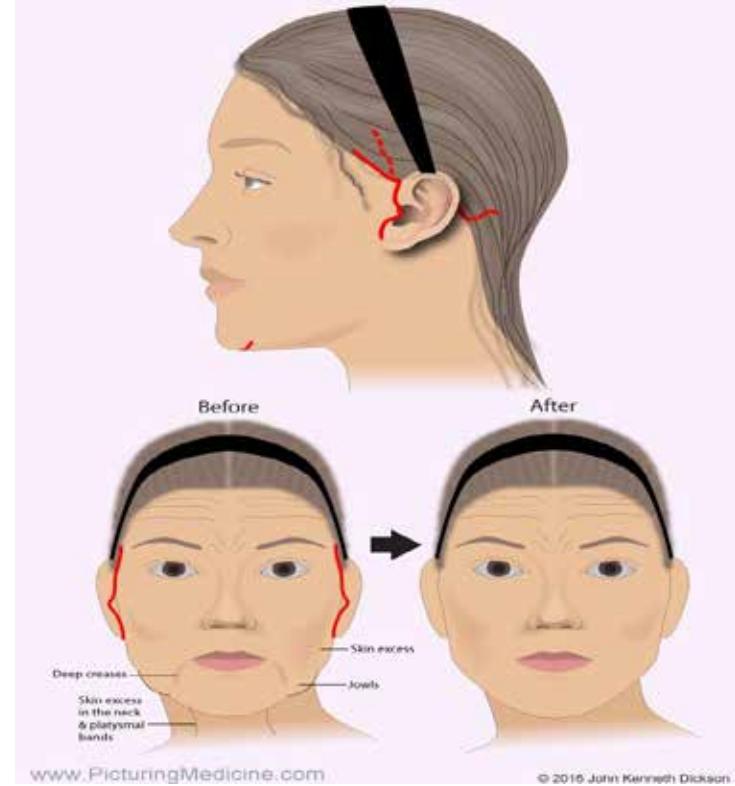
The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

A facelift improves the lower half of the face, particularly the jawline. If you have sagging eyebrows and wrinkles on your forehead, your surgeon may suggest a browlift. Loose skin with fine wrinkles, freckles and rough areas will benefit more from a chemical peel or laser resurfacing, which can be performed with a facelift, browlift or necklift.

How is the surgery performed?

A facelift involves raising and repositioning the skin and soft tissue of the face. During the operation, cuts are made on both sides of the face in front of the ear, extending up along the hairline, just in front of or behind the cartilage, and around behind the earlobe, into the crease behind the ear and then into the lower scalp. Occasionally, the surgeon may need to make a small cut under the chin for the necklift part of the surgery.

- Sometimes only the skin above the neck is lifted (a facelift only).
- Sometimes the neck muscle and the skin over it is just tightened by stitching them together (a necklift only).
- Sometimes the neck muscle and the skin over and above it are tightened and then lifted and stitched tightly to the solid structures in front of and behind the ear (a facelift and necklift).



Excess skin is then removed, and the remaining skin is sewn into position.

Fat and tissue is redistributed, and is sometimes added to the face.

The standard facelift helps the lower half of the face, but modifications of the procedure can improve the upper face by lifting the outer angle of the eye and reducing crow's feet (also known as laughter lines).

Page 2 of 4

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Nobody needs an urgent facelift or necklift. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you intend to lose weight, you should do so before the operation. This allows the surgeon to remove more skin and so achieve a better result. You should avoid taking tablets containing aspirin, as well as non-steroidal anti-inflammatory drugs, such as Voltarol and Indocid, for at least two weeks before the operation as they increase the risk of bleeding.

If you are planning to have your hair permed, bleached or coloured, do this before your operation as fresh scars are sensitive to these chemicals for a few weeks.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications, particularly the risk of the flaps of skin behind the ear losing their blood supply.

Do not worry about removing hair near where we will be making cuts, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

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Lip enhancement

This is suitable for anyone who would like larger or fuller lips. In addition there are people who were born with abnormalities of the lips or who's lips have become deformed for one reason or another in later life.

Procedures available

There are a large number of different procedures to choose from but they can be grouped together.

Temporary enhancement Many substances have been used to temporarily enlarge the lips. These substances are primarily injected under the white line. That is the white hair free line which outlines the vermillion (red mucosa) of the lip and is distinct from normal lip skin. This gives a pouting (Paris) lip. (see illustration). The bulk of the lip can be increased by injections into the muscle but these tend to dissolve at a faster rate. The commonest material used is collagen for which an allergy test is required. Recently hyaluronic acid gel (Hylaform, Restylane) has been used. All these dissolving substances need to be topped up every 3 to 6 months.

Fat injection

This is usually considered to be temporary. It has the advantage that one is using the patient's own tissue and therefore there will be no allergic reaction. The fat is collected either as part of some other liposuction procedure or harvested specifically for the purpose of augmentation of the lips. Usually it is taken from the abdomen or buttocks. It can be stored in the fridge for later use for many months. Injection of fat does cause more temporary swelling (bee sting lips) than the injection of other substances.



Before



After

A temporary substance (ie collagen/hyaluronic acid) can be injected into the vermillion border. This runs along the lip border giving a fuller pouting lip.

Permanent lip enlargement using the patient's own tissue

Dermis, or the deeper layers of the skin, has been used as a graft for many years, but recently has become popular for lip enhancement. The tissue is harvested as a by product of some other operation where it would otherwise be discarded - e.g., abdominal reduction, breast reduction, facelift, etc. The epidermis or outer skin is removed and the shaped dermis threaded through from one side of lip to the other. The advantage is that this tissue takes well as a graft because it is the patient's own tissue therefore there will be no problems of allergy. The graft may not take fully and there will be some thinning of the dermis with age. However, good results can be achieved. It is a bigger procedure, producing more swelling for longer (one to three weeks) and can also create complications of infection and bleeding, as in any operation. An alternative graft to dermis is fascia (the covering of muscle). This can be the temporalis fascia from the covering of the temporalis muscle under the scalp at the temple, or from elsewhere. Lip enhancement by injection or graft is limited by the amount of vermillion or mucosa of the lip that is available. Some older people have

very limited amounts of vermillion.

Surgical advancement of the vermillion

The mucosa of the inner side of the lip can be advanced downwards to make a fuller lip or even advanced downwards and round to replace normal skin. This last operation will however destroy the normal white line. These reconstructive procedures tend to be used to treat congenital deformities and those acquired through injury or disease.

Which procedure is the best?

There are many procedures that can be used to enhance the lips. Some patients prefer temporary ones as they can change their minds. They may also wish just to try the appearance of larger lips as a preliminary to something more permanent. Many patients and surgeons will prefer to use the patient's own tissue, although the injections are simpler. The choice will depend very much on the patient's wishes and the surgeon's experience.

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Information about liposuction

Part 1 of 3

This leaflet explains liposuction. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after liposuction, see parts 2 and 3.

What is liposuction?

Liposuction involves removing fat by sucking it out through a tube. It is most effective for people whose weight is normal and who have firm, elastic skin. It is not a substitute for losing weight.

Why have liposuction?

Liposuction can help to correct and improve the contours of parts of the body it is difficult to shift weight from. The areas that are most commonly treated by liposuction are the tummy, hips, buttocks, thighs, knees, neck and upper arms. Liposuction can also be used to remove lipomas (non-cancerous tumours of fatty tissue) and fatty swellings that can develop under men's nipples to look like breasts (gynaecomastia).

What will happen before the procedure?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine you, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

How is the procedure performed?

Liposuction is carried out using a thin tube called a cannula that is inserted through tiny cuts in the skin. The cannula is used to loosen the fat and make the body part being treated a nicer shape. Next, a special suction device is attached to the cannula, and the fat is sucked from the body. Finally, the cuts in the skin are sewn up.

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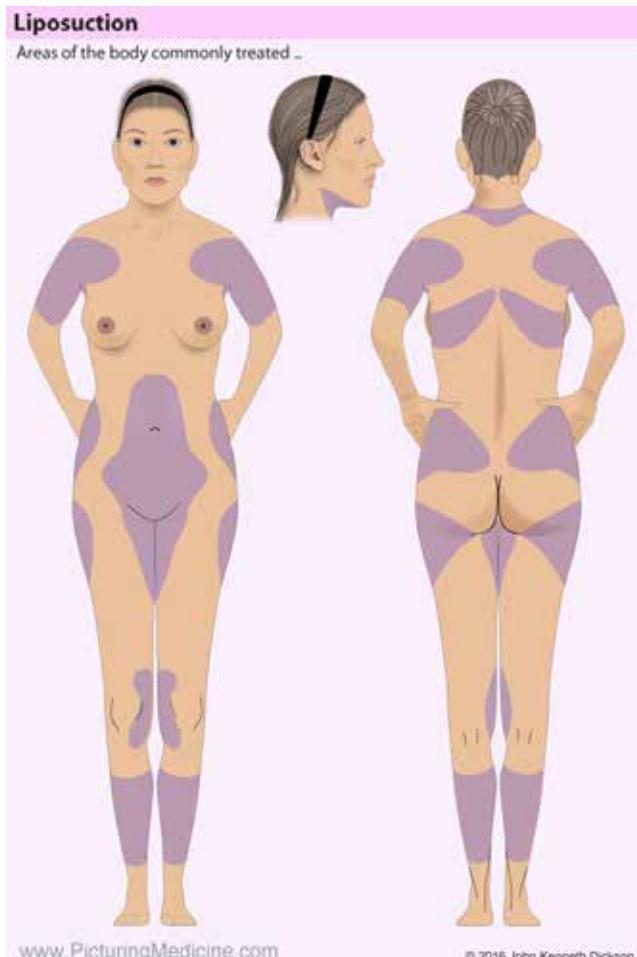
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There are some slightly different techniques. Some surgeons inject the area being treated with solutions (known as a wet or tumescent technique), and others do not. Suction is usually performed with a powerful vacuum machine, but it is sometimes possible to use a simple syringe for small areas. Ultrasound assisted lipectomy, where ultrasound waves are used to help disrupt the fat cells and make them easier to remove, is another technique.



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Choosing a surgeon

If you decide to have liposuction, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council (GMC). They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

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You should talk to your surgeon before the procedure about whether you might need further surgery, and about how and when to pay.

Nobody needs urgent liposuction. If you are not given time to think about it, you should look elsewhere.

How can I help the procedure be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

You should avoid using aspirin or anti-inflammatory drugs for two weeks before the operation. If you are anaemic, you should take iron tablets. Your surgeon may advise you to stop taking the contraceptive pill if the liposuction is going to be extensive, perhaps involving cutting skin away.

To find out more, visit the websites below.

Contact us:

The British Association of Aesthetic Plastic Surgeons
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

Phone: 020 7430 1840
Fax: 020 7242 4922
Email: info@baaps.org.uk
Website: www.baaps.org.uk

British Association of Plastic, Reconstructive and Aesthetic Surgeons (Address as above)

Phone: 020 7831 5161
Fax: 020 7831 4041

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Please bring this form with you on the day of surgery.

You can get further information and copies of this form from the website at www.baaps.org.uk

Your initials:





Email: secretariat@bapras.org.uk
Website: www.bapras.org.uk



Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery

www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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Your initials:



Scars and Keloids

Every time the skin is cut or damaged through its full thickness it will heal with a scar. Some people naturally make better scars than others. We cannot accurately predict this but in general we are aware that patients with a black skin and at the opposite end of the spectrum patients with fair freckled skin and red hair will tend to produce poor scars including hypertrophic scars and keloids.

Certain areas of the body produce worse scars than others. The worst area being the middle of the chest which can on rare occasions produce keloids spontaneously without any known injury. The tip of the shoulder is poor, but fortunately the face and neck make good scars generally.

Scars which lie in the lines of skin tension tend to be better than ones that run across them. Surgeons will try and choose a good site and direction, but if the scar is due to an injury, there is no choice. A good site for a scar is a hidden site, such as the arm pit for carrying out liposuction of the chest.

What is the difference between a hypertrophic scar and a Keloid?

There is a whole range of scars but at the poor end there is the hypertrophic scar which occurs when the wound heals to become red, raised and itchy for a few months but will then resolve to become flat and pale. A keloid is similar but the scar continues to grow encroaching upon normal tissue and may need specific treatment.



Z-plasty changes direction and tension in a scar

The treatment of active scars

Time is the best healer as eventually normal scars and hypertrophic scars will mature and become pale. We tend however to try and treat the severer hypertrophic scars and keloids.

We use:

Pressure which can be from a bandage or a pressure garment which would be made of some sort of stretchy material such as Lycra or Tubigrip. This pressure should be applied day and night for many months or even years.

The application of silicone. Usually in sheet form directly to the wound is thought by many to speed up maturation of the scar.

Steroids. The simplest is the application of a steroid containing tape (Haelan tape) which is worn day and night for extended periods. Strong steroids such as Triamcinolone can be injected into the scar itself. It is usually given as a course at 4 to 6 week intervals. Severe keloids may regress with this treatment but later recur requiring further injections.

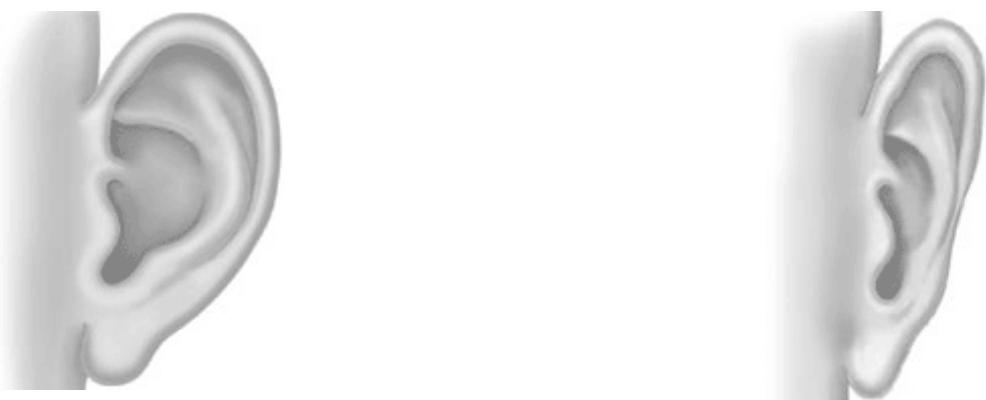
Setting back prominent ears

Approximately 1 to 2% of the population in the United Kingdom consider their ears to be too prominent. In many cases the shape and lie of the ears is inherited, and a family trend can be seen. The most prominent ears often lack a normal fold, and sometimes one ear is more prominent than the other. People with prominent ears are sometimes teased, particularly during their school years, and this can lead to a loss of self confidence.

What can be done?

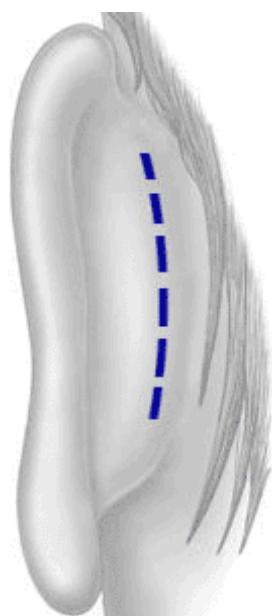
When an ear is noted to be prominent within the first few weeks of life, it is possible to reshape it by applying a small splint to the rim. The cartilage or gristle of a new-born's ear is very floppy and easily remoulded and after several weeks of splintage a permanent correction can be achieved. The older the child, the more stiff is the cartilage and the longer the period of splintage must be. By the age of six months the cartilage is too hard to be remoulded and a surgical solution is required.

Pinnaplasty or Otoplasty is an operation which adjusts the shape of the cartilage within the ear to create the missing folds and to allow the ear to lie closer to the side of the head. Because the operation is carried out from behind the ears, a small scar is left close to the groove between the ear and the side of the head. The procedure can be carried out under local anaesthetic, but in young children a general anaesthetic is usually required. Where the lobe of the ear is especially large, a small procedure to reduce its size may also be required.



Before operation

After operation



An incision line is made behind the ear close to the groove between the ear and the side of the head.

What are the consequences?

A small protective dressing is usually worn after the surgery until the stitches are removed at between 5-10 days after surgery. Once the dressing has been discarded, it is wise to wear a protective head-band or bandage when sleeping to avoid the ears being bent forward against the pillow. The ears are often sore and tender for several weeks and painkilling medication such as Paracetamol or Codeine may be required. Other drugs such as Aspirin or Nurofen can occasionally cause unwanted bleeding following the surgery and should be avoided. The scar behind the ear usually settles well, but on rare occasions it can become red and lumpy. A small number of patients, particularly those who are very sensitive about the precise shape of their ears, may require a minor adjustment procedure. The vast majority of patients, however, are well pleased by the result, and the procedure has a high satisfaction rate.

What you should do after the operation?

The hair can be washed after the dressing and the stitches have been removed. It is important to keep the grooves behind the ears clean.

What are the limitations?

The operation is most often done during childhood, but it is best to operate when the patient is 5 years old or more, as until then the cartilage is very floppy and does not hold the stitches well. It is recommended that although parents may feel that their child's ears should be corrected to avoid teasing and stigmatisation it is best to wait until the child recognises the problem and wants the ears corrected. Children are generally more co-operative and happy with the outcome when they fully understand why the surgery is taking place. Pinnaplasty is also performed during the teenage years and in adult life, when either a local or general anaesthetic can be used.

What are the risks?

In children the operation is carried out under general anaesthetic, and this carries with it a very small risk. In a small number of patients (approximately 3%) the scars can become thick and red, and may require further treatment. Infection is not common, but should this occur it would require treatment with antibiotics and regular dressing changes. Sometimes the dressing can chafe the ears to produce a break in the skin which can take a long time to heal. There is a small risk that the repair may not hold properly, and further adjustment surgery is occasionally required. The ears are often a little numb after the procedure, and this usually takes several weeks to settle.

Cosmetic surgery is carried out by members of several different organisations and therefore your general practitioner is the best person to advise you on whom you should see.

DISCLAIMER:

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