

Life After Weight Loss Program Patient Guide

The new you. Weight loss either through bariatric surgery or diet and exercise is truly a life changing event. You look and feel better. You are healthier. You are engaging in activities that you were never able to before. Sometimes these activities, whether shopping for new clothes, flying on an airplane, or sitting in a movie theatre, are a very different experience. While most of the changes that accompany weight loss are positive, loose skin is a concern for many patients. Hanging skin can affect both comfort and self-confidence and can be a daily reminder of past obesity.

Who has problems with skin? Predicting who is going to have problems with hanging skin after weight loss is hard to determine, but most patients undergoing weight loss will have some complaints. How your body looks after weight loss is directly related to the ability of your skin to shrink down over the new foundation. This property of skin is known as elasticity. The more elastic your skin is, the better it can conform to the new body shape. In general, skin in regions of your body that are most stretched from the weight gain tend to be less elastic. Elasticity also decreases with age, sun exposure, and cigarette smoking, and is affected by genetic factors. The other part of the equation is how much weight you are losing in different parts of your body. If you carried most of your weight around your middle and that part of your body changed the most during weight loss, then the skin in that region would have further to contract.

What are the symptoms and what areas are affected? Almost all parts of the body can be affected by loose skin after weight loss. The most common area that people are concerned with is the belly. An overhanging apron, called a “pannus,” can cause a fold of skin on the front of the abdomen. In addition to preventing clothes from fitting well, a pannus can cause symptoms of rash and skin irritation. These symptoms tend to be worse in hot weather. An extremely large and heavy pannus can interfere with exercise and even normal activities, as well as cause problems with lower back pain. Less commonly, the pannus can become chronically infected and have areas of skin breakdown. While the belly is the hot spot for problems with hanging skin, rashes and irritation can occur in folds of skin under the breasts, and on the thighs and back. Excess skin on the upper arms can be bothersome to many patients. Skin rashes are less common in this area, but the hanging skin may cause discomfort during physical activity and embarrassment, especially in young women.

When is the right time to consider plastic surgery? The best time to consider plastic surgery is when you are as close to your goal weight as possible and are weight stable. This is usually 12-18 months after the gastric bypass surgery or gastric banding. In the UPMC Life After Weight Loss Program, we prefer patients to be at a stable weight for 3 months before having surgery. There are several reasons for this timing. First, your body is in a negative nutritional balance during rapid weight loss and is not in the best condition for healing new surgical wounds. Second, the risk of complications from the surgery decreases as body mass index (BMI) decreases. Third, the cosmetic results from the surgery (i.e. the way things look) tend to be better as you get close to your goal weight. In fact, your surgeon can usually offer more safe surgical options if you are close to your goal weight than if your BMI is still high. What if you have hit a plateau that is well above your goal weight? This is a common problem, and it is best to make a real attempt at getting past the plateau before having plastic surgery. Sometimes we may refer you back to your bariatric surgeon or to nutritionists or dieticians who have programs to help with continued weight loss. These programs are helpful, and you may surprise yourself with the progress.

Some other important things to think about. Being stable at a healthy weight helps prepare you for plastic surgery, but good nutrition is vital to maintain that weight over the long term and to heal

properly. Make sure you are getting enough protein (your body needs it to recover from surgery) and that you are taking the supplements recommended by your bariatric surgeon. If you are having recurrent vomiting, get checked out by your bariatric surgeon first. A good exercise program is another helpful factor that will tone your muscles, lead to better results after surgery, and contribute to your long-term weight loss success. If you smoke cigarettes, it is best to stop at least one month before having plastic surgery. Not only will you feel better, but you will significantly decrease your chances of having complications from the surgery. We do not operate on active smokers. If you use herbal medications, inform your surgeon and stop taking these at least two weeks before surgery. Many herbal remedies have the potential for dangerous interactions with the anesthesia medications.

Make sure now is the right time to have surgery. You will need adequate time away from work so you can have a calm recovery. Don't try to "squeeze in" a surgical procedure between important work projects with tight deadlines or right before you start a new job. There is no rush to have plastic surgery, and it must be at time that works for you. Similarly, you will need to arrange for support from family and friends around the time of your surgery. These special people will help make your recovery smoother.

The key to successful plastic surgery. The secret to having a good experience with plastic surgery is simple: it is about understanding your own goals and expectations. What parts of your body really bother you the most? Do they bother you enough to undergo surgery? Can you list them in priority order? How much better do you want things to be in order to be satisfied with the results? Think about these things before you visit a plastic surgeon. The more you know what your priorities are, the better your surgeon will be able to help you.

Selecting a surgeon. Plastic surgery after weight loss requires special expertise. Look for a surgeon who takes a special interest in helping weight loss patients and who has experience with these procedures.

What to expect at the consultation? You will receive a comprehensive evaluation by our team. Vitals will be taken; your BMI will be calculated. A detailed history of your weight loss and medical history will be taken. Your nutritional status will be evaluated. The doctor will carefully review your medical history and perform a physical examination, as well as discuss your priorities and goals. Tell your surgeon about any symptoms of skin rash or irritation that you may have experienced, and what treatments you have tried. Your surgeon should advise you about how your current weight and overall medical condition affects your safe surgical options.

Your surgeon will inform you about surgical options available to treat the areas of the body that you discussed. If you are considering surgery on more than one part of the body, your surgeon will advise you if these can be done safely at one time, or if it is better to perform the procedures in stages. Don't be alarmed or embarrassed if your surgeon wants to take photographs, these are used to plan operations, provide documentation for the insurance companies, and keep track of where you started.

Specific procedures

Are you willing to make a trade? There is one simple rule of body contouring surgery: you can't take away excess skin without having a scar. Scars can be long. Scars are permanent. They tend to fade with time, but they will always be there. The way the scar looks is mostly determined by your body's natural healing process, which is different from person to person. Some people make thicker heavy scars, while others make thin scars. Your surgeon can help you predict the quality of your scars based on any

previous scars you may have and your skin type. In most procedures, the scars are hidden in places that are covered by clothes, such as along the waistline. In some procedures, such as arm lift (brachioplasty), the scars can be visible. Ask yourself, "Am I willing to trade the loose skin in this part of my body for a permanent scar?" If the answer is clearly yes, then you are likely to be satisfied with the operation.

Abdominoplasty/panniculectomy. This is the most common procedure performed after weight loss. The "tummy tuck" can take many forms, ranging from just removing the apron of skin, or pannus, to complete contouring of the abdomen with tightening of the abdominal muscles and moving the belly button. The scar is usually placed low along the waistline and around the belly button. The belly button is not always preserved in patients who have lost weight, but it has no real purpose anyway once you are born (except for a place to put a ring). Patients with previous surgery or those who have a lot of extra skin may require an "up and down" scar as well. The choice of procedure might be influenced by your current weight, medical condition, and financial issues. The procedure is usually done under general anesthesia and averages between 2 and 4 hours. Many patients stay one night in the hospital. Plastic drain tubes, about as thick around as a pencil, are placed during the surgery to drain fluid from the surgical site. These stay in for about a week and need to be emptied at home twice a day. They are removed in the office when the amount of drainage is below a certain point. We advise patients to avoid heavy lifting (more than 10 pounds) for six weeks after the surgery. Patients who do light work can return in as little as two weeks, although many will allow 4 weeks. Risks of the procedure include bleeding, infection, and seroma (a harmless collection of fluid beneath the skin). Seromas are treated in the office by draining them with a small needle. More serious complications, such as blood clots that form in the legs, can also occur but are very rare.

Hernias. Patients who have hernias from previous abdominal surgery can often have them fixed at the same time as the panniculectomy. Your plastic surgeon may be able to perform both procedures or may choose to work together with your bariatric surgeon or another general surgeon. Likely, you will be asked to do a "bowel prep" at home the night before. This involves drinking laxatives to clean out your intestines. The hernia repair will add time to the procedure and may prolong the hospital stay by one or two nights. The recovery is otherwise like the panniculectomy.

Liposuction. Liposuction is a technique that uses hollow suction tubes to remove fat. The tubes are narrow and can be placed through small incisions that are not obvious. Liposuction is rarely used as a sole procedure in patients who have lost a lot of weight because it does nothing to tighten skin. In fact, removing fat from under inelastic loose skin only makes the loose skin worse. This technique may, however, be used along with lifting procedures to get a better contour.

Thighs and buttock lift. Treatment of loose skin on the thighs and buttocks involves a spectrum of operations that are customized to a patient's individual needs. The outer thighs can be lifted at the same time as a panniculectomy with one continuous scar along the belt line. The same scar can be taken all the way around the back to lift the buttocks as well. This combination of thigh and buttock lift is commonly referred to as a lower body lift. This procedure can be done at the same time as the panniculectomy. The inner thighs can be treated by lifting the skin and placing the incisions along the groin crease. In cases of severe excess skin on the inner thighs, a long vertical incision is necessary to make the skintight. This scar can be quite visible. Lifting the thighs and buttocks is a bigger procedure than the panniculectomy, can add hours to the operation, and will require a longer recovery. It also gives very powerful results that reshape the entire lower body. Drains are used, as described above, and the risks are like the panniculectomy procedure.

Arm lift (brachioplasty). This operation is a good example of the “trade” that we discussed earlier, and patients willing to accept the scar are very happy with the results. Loose skin can be removed, and a very nice contour of the arm achieved, but the scar will be visible. The scar runs along the inner upper arm to the elbow and cannot be seen from the side or the back. The scar can be seen with the arm up. Of course, a shirt with sleeves will cover it. Many patients who would never show their arms before the brachioplasty are quite comfortable wearing sleeveless clothes after this operation. The operation averages 2 -3 hours, and the recovery involves about 1-2 weeks out of work for light jobs and 4 weeks for jobs that require lifting. This popular procedure can be combined with other operations. Drains are used, and risks specific to this operation include patchy numbness on the upper and lower arm. The numbness does not interfere with function, may disappear over time, and is rarely bothersome to patients.

Breast reshaping. Breast reshaping operations come in many forms, but all have common goals of achieving better size and proportions. A breast reduction operation removes skin and breast tissue while moving the nipple to a higher position. The scars are all in the lower part of the breast and cannot be seen when covered with a bra or bathing suit. The scars are usually placed around the nipple, straight down the lower part of the breast, and in the crease of the breast. A breast lift, or mastopexy, involves a similar pattern of scars but removes only skin and preserves the existing breast tissue. At the UPMC Life After Weight Loss Program, we offer a special technique that allows us to use the extra tissue on the side of your chest to augment your breasts without using implants. Breast reduction and breast lift operations can make a tremendous difference in comfort and appearance. Risks of the operation are bleeding, infection, and decreased nipple sensation. Women with very little breast tissue may need breast implants to achieve a fuller cup size. This operation provides many choices for specific size and shape. Breast implants have specific risks. All available scientific studies show that they do not cause cancer or autoimmune disease. They do have the potential to leak, shift in position, and form scar tissue around the implant that can alter the shape of the device. Another operation may be necessary to correct these problems if they occur. All these breast reshaping operations can be done as same day surgery or with an overnight stay. Average recovery time out of work is 1-2 weeks for light jobs, and 4 weeks for jobs that require lifting. Drains are sometimes used.

Male Gynecomastia. Male breast enlargement in men who have lost weight is treated with a combination of liposuction and skin removal. The pattern of scars varies with the amount of correction needed, but they are often well concealed by chest hair. Risks of the procedure are bleeding and infection. The recovery time is about 4-6 weeks.

Face/neck lift. Loose skin on the neck and face can be corrected with a variety of face and neck lift procedures. The common feature of these procedures is that the scar is hidden along the front of the ear and in the hair. This procedure may be done as same day surgery or with an overnight stay. Bruising and swelling is worst during the first two weeks. Risks include bleeding and, rarely, injury to facial nerves.

Special areas. Rolls of skin on the back and sides are not easy to fix, and plastic surgeons use their best creative skills to specially design unique operations for each patient’s specific problem. These operations fall under the category of “upper body lift,” and involve scars on the upper back and chest. The scars are often placed in the bra line, so they are better concealed.

Combination procedures. Some patients want to have as much done as possible in a single surgery. Your surgeon will advise you about what combinations of procedures are reasonable to do at one time. For example, breast reshaping and tummy tuck is a common procedure offered to many patients. Some patients may be candidates for multiple procedures that will provide a “total body reshaping.” Only patients who are close to their goal weight and are in very good shape should consider such big operations. Most importantly, your surgeon should have experience with these types of procedures and plan to do the surgery in a hospital setting. Remember, more surgery means bigger results, but also a bigger recovery and possibly more risk.

Financial issues. Financial issues play a big role in choosing plastic surgery procedures. Your insurance company may provide coverage for some operations if the procedure is performed to relieve documented severe symptoms that do not respond to less invasive treatments. The insurance companies are happy that you have lost weight and improved your health, but they will not pay for operations that are primarily intended to change your appearance (cosmetic procedures). Examples of procedures that may be covered are panniculectomy in a patient who has a large apron of skin and has persistent rash despite using prescription creams given by their primary care doctor, or breast reduction in a patient who has symptoms of upper back pain, bra strap grooving, and severe rash because of large heavy breasts. Breast lift, however, in the setting of rash alone, would not be covered. Breast reduction is differentiated from breast lift by the symptoms involved and the amount of breast tissue removed during the procedure. The insurance companies have requirements for how much weight must be removed from each breast in order to qualify for coverage. Breast augmentation with implants is another procedure that would not be covered.

If the insurance companies have such strict requirements for covering skin procedures, then how do I make it happen? There are several financial strategies that you can use to help pay for plastic surgery after weight loss. Your employer may have a flexible medical spending account. This allows you to set aside pre-tax dollars to pay for medical expenses not covered by insurance. There is a limit set by the employer, but it is usually in the range of several thousand dollars. Another strategy is to use a finance company that specializes in cosmetic operations. Just like financing a new car or big screen TV, certain banks will set up a payment plan for your surgical procedure. Many plastic surgeons can provide information about these plans. You can also use credit cards or take a home equity loan. Finally, many people start a “new body” savings fund at the time of their gastric bypass. Over a period of 12-18 months, this fund can grow quite a bit, especially if family and friends make contributions on birthdays, holidays, and other special occasions. Regardless of how you pay for your surgery, the expenses may be tax deductible. While you cannot deduct purely cosmetic procedures on your tax return, procedures that correct symptoms (such as skin rash) related to treatment of obesity may qualify. Your physician will need to provide documentation that you have symptoms (regardless of whether your insurance company covers the procedure). You should always consult with an accountant before claiming this deduction.

A final word about financial issues that relates to revision surgery. It is not uncommon to have “touch ups” after body contouring surgery. Make sure you understand your surgeon’s policy on revision surgery. Often, surgeons may be able to offer revision surgery without charging for their time, but they may not have any control over