

THIGH LIFT

The operation includes the removal of loose skin of the inner thighs in a crescent shaped pattern. After the loose skin is removed, the new skin edge (from a point lower down on the thigh) is lifted and sutured into place in the groin area or inner thigh if a large amount of skin is removed. The thigh lift results in a new thigh contour that has a healthy appearance rather than a sagging one. There is also an increase in skin tone and quality in the thigh area.

Because the weight of the skin, fat and muscle of the thigh is so great, the scars from the thigh lift tend to spread and migrate downward. Even though they start out high in the groin crease or inner thigh, they are often visible below the short pants line later on.

If a person has had a large amount of weight loss this procedure is well worth it, but only if the trade-off for visible scars is well understood.

The areas operated on will initially feel tight and swollen. The swelling is mild to moderate, and peaks at two to three days. Usually, the sutures are covered with adhesive strips (steri-strips), skin tape and surgical gauze. Small amounts of oozing and bleeding are very common but should be no more than a slow staining of the gauze dressing. Because of the location of the incisions for a thigh lift, it is impossible to avoid lying on them. Change position at least every 30 minutes and move as carefully as possible while putting as little stress on the incision lines as possible

Planning your surgery

You should come to the office prepared for an extensive consultation. Your surgeon will need to learn about your medical history, problems, surgery and current medications. Prior cosmetic and other surgeries are important to tell your surgeon about. You will need to help your surgeon understand what bothers you. Redundant skin and adherent scars are a dynamic problem. While standing your surgeon will need to see how the skin drapes, where the extra tissue is located, check for hernias, and examine your scars. Your surgeon will then discuss the different surgical approaches. There are several different surgeries possible depending on the anatomical defect and the nature of your tissues. Your surgeon will then recommend what method of surgical sculpting is best suited for your problem and then discuss the risks, benefits and alternate methods of care. Understanding the benefits and limitations of surgery helps with realistic expectations.

The office examination permits an appropriate examination of the problem. At the time of your evaluation copies of:

- prior operative reports
- doctor's office notes
- laboratory results
- actual x-ray films (not just the reports)
- photographs before surgery

when available can help us better understand your needs. Your surgeon may ask for additional tests prior to surgery.

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How to prepare for this procedure?

Your doctor will give you specific instructions to prepare for surgery but here are some general guidelines:

- Avoid aspirin, any aspirin containing medication or any other non-steroidal anti-inflammatories (NSAID), such as Motrin® or Advil®, for two weeks prior to treatment. Because aspirin thins the blood, it can interfere with normal blood clotting and increase the risk of bleeding and bruising 10 days prior to surgery.
- Smoking inhibits the healing process, so stop smoking before your procedure and if you start again, make sure it is after you are completely healed.
- Avoid drinking alcohol a few days before your surgery.
- Make sure to follow any fasting instructions the night before and morning of your surgery. Your doctor may insist on an empty stomach depending on the type of anesthesia.
- Make sure that you arrange for someone to bring you home and to help you out for 24 hours after surgery.

Be sure to raise any questions or concerns that you may have about the safety of the procedure during your consultation.

Although everyone heals at a different rate, you can expect that your recovery will follow this general time line: you will probably be discharge from the hospital the day of your surgery. Your surgeon may need you to stay in the immediate area to maintain continuity of care for you and your fresh incision. **Call the office immediately with any unusual symptoms or concerns.**

Within the first week	After several weeks	After a few months
<ul style="list-style-type: none"><input type="checkbox"/> It may be difficult to perfectly straighten your legs - that's okay, don't force anything<input type="checkbox"/> Bruising, swelling and "tight" feeling will reach its peak.<input type="checkbox"/> There may be drainage from the incision as well as the drains.<input type="checkbox"/> Call the office with any changes in your incision, symptoms or concerns.	<ul style="list-style-type: none"><input type="checkbox"/> Drains are usually removed between 1-2 weeks after surgery<input type="checkbox"/> You will no longer need to wear the support garment after six weeks<input type="checkbox"/> You may gradually increase your activity and exercise<input type="checkbox"/> You may return to nonstrenuous work (typically within the first 10 days)<input type="checkbox"/> Bruising and swelling will continue to subside and you'll begin to see your results	<ul style="list-style-type: none"><input type="checkbox"/> You'll see a more accurate picture of the final result of your surgery<input type="checkbox"/> Feelings of numbness or tightness will disappear. Your incision line may begin to fade from its reddish color (full fading may take a year or more)<input type="checkbox"/> In the months following surgery, it's important to treat your healing skin with extra care - that means avoiding sun exposure and no smoking.

Resumption of Physical Activities

- No work or driving for 2 weeks.
- No exercise for 6 weeks.
- You will need to lie in a frog leg position when you are lying in bed.

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- Elastic support hose after surgery will support your legs during the healing. Wear support hose for six weeks.
- Skirts, not slacks, will be most comfortable for the first two weeks and they won't chafe the surgical incisions.

Realistically, you should allow yourself at least two weeks of recovery time. There is the surgery and soreness to recover from, and the fatigue of the general anesthesia.

The incisions from these operations are slow to heal and lie close to the groin. You should avoid sex for about three weeks to allow the incisions to get strong, so that they won't inadvertently be pulled or injured during sex.

Complications: This like any other major surgery can result in some major or minor complications in spite of all the precautions taken.

PAIN: Pain; by itself is not a complication but an expected event from surgical trauma, which is experienced differently depending among other things on ones threshold for pain. With a thigh lift, the length of your surgical incision depends on the amount of tissue needing to be removed. The length of your incision may reflect the amount of pain and decrease your ability to move.

SEROMA (DRAINAGE): Surgery on fat tissue creates trauma, and along with old blood in the area, the body reacts by producing body fluid which further mixes with irrigation fluid used to wash clean the raw tissue surface during surgery. This collection in the wound is called seroma. In anticipation of seroma, a drainage tube may be placed in the wound, and usually removed when the output is scant and non-bloody. Most wounds remain swollen for up to 4 weeks. This usually goes down as the body absorbs the remaining body fluid. However, sometimes the rate of fluid production exceeds the rate of absorption resulting in body fluid drainage through the surgical incision. The quantity of drainage at times can be voluminous, and should that occur, please do not panic, but call the office immediately. This problem does not necessarily signify acute bleeding or infection but needs to be appropriately addressed.

WOUND SEPARATION / DEHISCENCE: This may occur up to four weeks following surgery for various reasons, but more commonly as a result of unequal tension along the incision following a sudden change in body position - as may occur during lifting, pulling or pushing action or when adopting a sitting or standing position. It is therefore recommended that you refrain from any physical activities that may endanger your wound healing, including: avoid lifting more than 15 pounds for six weeks, driving for 3 weeks and sex for 6 weeks.

BLEEDING: This may occur in 1-3 percent of cases in spite of the time we spend in controlling every exposed blood vessel. When this occurs following surgery, you may require observation or blood transfusion, or another surgery to explore the wound and control the bleeding.

INFECTION: Wound infections can develop due to the large incision area. In anticipation of this problem, patients are sent home with antibiotics for at least 10 days. Infected wounds may require daily cleansing and packing with gauze dressings along with additional antibiotics and more frequent office visits.

SKIN BREAK-DOWN: In rare occasions you may have sloughing off of part of the wound especially if there is a nearby scar from pervious surgery, hereby compromising blood flow to

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surrounding tissues. This may be managed with daily wound care, and rarely will require skin grafting.

NUMBNESS / DYSESTHESIA: Because the nerves cut during surgery may not heal exactly to their original form, they recover at different rates and some may not recover, leaving areas of decreased sensation and those of exquisite sensation even to the slightest touch. It takes up to six to eighteen months for nerves to show appreciable recovery.

FIRMNESS/PUCKERING/ASYMMETRY : After the procedure you may have or develop asymmetry or unevenness of incision line. Symmetrical body appearance may not result. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. Skin scarring or puckering; Scars may be unattractive and of different color than the surrounding skin. You may develop firmness to the area due to scarring or fat necrosis.

BLOOD CLOTS: Blood clots (deep vein thrombosis) can occur after the thigh lift just as in any other major surgery. The most common symptom is pain in the calf muscles or groin that worsens with passive movement and should not be ignored. The major concern is when the blood clot in the lower legs travel to the lungs (pulmonary embolism), which can be dangerous. Notify your nurse or call our office as soon as you notice a persistent pain in your calf so that the doctor can evaluate you immediately and order the necessary test. If the test demonstrates blood clots in the leg veins you may require blood thinners and this may prolong your hospital stay by about 3 days. Bloods clots can occur up to a month following surgery especially after a prolonged sitting position. Therefore, continue to move your legs and to ambulate as much as you can.

GENERAL SURGICAL RISKS:

- Surgical anesthesia - both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- Deep Vein Thrombosis
- Pulmonary complications- Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you might require hospitalization and additional treatment. Pulmonary emboli can be life threatening or fatal in some circumstances.
 - Pneumonia
 - Atelectasis; blocked or collapsed airways
- Stroke
- Urinary Tract Infection
- Phlebitis (IV Site Irritation or infection)
- Wound Infection
- Gastric or Intestinal Perforation in the case of concurrent hernia repair
- Hernia and re-occurrence of hernia
- Sepsis (overwhelming infection)
- Abscess Formation