

ABDOMINOPLASTY

When is the abdominoplasty recommended?

The abdominoplasty will improve your appearance and self-esteem but you will not necessarily get an 'ideal' aspect or change people's opinions about you. The best candidate for an abdominoplasty is close to his/her ideal weight but has fat accumulation on the abdomen and flaccid skin despite a balanced diet and exercise. It is recommended as much in men as in women although it is fairly useful for women who have stretching or irreversible dilatation of their skin and of the abdomen muscle structure because of pregnancies. It is also useful in great weightloss, the skin has not adapted adequately, therefore it sticks out.

Women who are planning to have more babies should postpone this type of surgery since another pregnancy would dilatate the skin and the muscle structure again. Be aware that this process will not improve your relationships with people or give you the perfect 'silhouette'.

How is the abdominoplasty carried out?

The preoperative consultation is very important, since the extra fat and skin quantities, skin's elasticity and therefore the incisions' length and shapes are evaluated. When flaccidity is under the navel, the incision may be as short as the caesarean's one. In other cases, it will go from one hip to the other over the pubis and around the navel. In some intermediate situations, it can be combined with liposuction and therefore shorten the scar.

A normal operation lasts about two hours. The patient is under general anesthesia and has to spend one night at hospital. The skin and fat excess is eliminated and the abdominal muscle structure is tensed again in order to stitch up the lower wound. Finally, the navel is taken out to the surface of the abdominal skin with a small incision.

After the operation, some draining tubes are placed and the patient is put on a compressive banding or girdle.

In the limited techniques, known as mini abdominoplasties, the operation is more simple. The incision is shorter (similar to the caesarean's one), the surgeon does not remove the navel and if he does, there is no scar, general anesthesia is not necessary. Therefore the patient does not have to go to hospital.

The postoperative

For a few days, you will have a tightness feeling in the abdomen and you will not be able to walk straight. These discomforts may or not be painful but they usually disappear with the medication and do not prevent you from moving around, walking as you want but with some help though. Little exercise after the operation improves desinflammation and shortens the recovery period. You will probably have a normal life, you will be able to go to work about 10-14 days after the operation. Then the abdominal skin's inflammation will disappear little by little and its aspect will improve slowly; this period may last from four to six months.

You will have your stitches out from ten and twenty-one days after the operation but the scar will not be normal at all after at least six months.

Be aware that the abdominoplasty always gives very lasting results as long as you watch your diet and do exercise. If you are planning to have a baby, you should postpone surgery.

Risks

The abdominoplasty is considered as a safe surgical operation and very few patients have complications. However you should know that you are not free of the risks inherent to any surgical operation and of the specific complications of this operation.

The wound infection or excessive bleeding are rare and only happen in 1% of patients. Excessive bleeding and big hematoma usually happen in patients who have had some medication before surgery (such as aspirin). The appearance of fat embolisms or thromboembolisms (that is to say the formation of blood clots in the blood flow), alterations of the skin colour or a permanent sensitivity feeling in the abdomen are even more rare. Also, seroma (accumulation of serum under the skin) is usually rare and are treated without any sequelae .

If you smoke, you should reduce tobacco consumption drastically or even stop smoking. Tobacco does not help healing or blood circulation and increases the possibility of complications (such as skin loss on the wound's borders). The rest of complications – including the ones derivative from anesthetics administration – are as common as in any surgical operation.

Blepharoplasty

The best candidate for the blepharoplasty

The blepharoplasty may improve your self-esteem but it may not correspond necessarily to your ideal or change people's opinions about you. Consult your surgeon about your expectations.

The best candidates are healthy, psychologically stable men or women and with realistic expectations. Most of them are over 35 though in particular circumstances, they may be younger.

Only few medical conditions make blepharoplasty somewhat risky; thyroid problems (hyperthyroidism and Graves disease), dry eye syndrome or the lack of tears, diabetes, high blood pressure and other cardiovascular disorders. Problems such as glaucoma or retinal detachment.

How is the blepharoplasty carried out

The blepharoplasty is usually carried out under local or general anesthesia or sedation. The operation usually lasts one hour.

The incisions are usually placed under the eyelids' natural lines; in the upper eyelid's wrinkle and just under the lower eyelashes. Through the incisions, fat is replaced or extracted. Also any skin or muscle excess is extracted. The wounds are stitched up with very thin sutures.

The lower eyelid's wound may also be placed inside (transconjunctival) remaining hidden completely.

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The postoperative

When the operation is over, you will probably have a pomade on the eyes and they will be covered with cold bandage.

You might have some kind of discomforts or stinging feelings that will be controlled with analgesics recommended by your surgery.

You will have to sleep with the head up for a few days and apply some cold bandage on your eyelids in order to control the inflammation and bruises (these usually last from one to two weeks which varies in each patient). Your surgeon will show you how to wash your eyes and apply drops in order to keep them humid and avoid a dryness feeling. You should wear sunglasses in order to keep bruises out the sun since your skin could get pigmented with another colour.

Most patients get back to social life between seven and ten days later, everything depends on each patient's healing rhythm.

As long as you have bruises, you will be able to use make up in order to hide them. Never expose your face to the sun without any sunglasses. For five days, reduce your activities at the minimum and do not do any violent exercise or activity that increases blood pressure for three weeks. You should not have any alcoholic drink during this period of time.

The scars will have turned red at the beginning but will turn progressively pale with the passing months until they turn into invisible lines practically.

Risks

Though it is very rare, there might be allergic reaction to anesthesia, wounds infection or a blood accumulation under the skin (hematoma). After surgery, your vision might be blur and you might not be able to close your eyes completely for a few days, or you might have a slight asymmetry due to the healing of the wound. The abnormal healing (hypertrophic scar) is very rare. Ectropion - a rolling outward of the margin of the lower eyelid - is even more rare. All these situations sometimes require another operation.

Lifting

The best candidates for the lifting

The best candidates for the lifting are these women and men whose skin has started sticking out but has still a good elasticity level. The lifting will not make you much younger but it will make your aspect and appearance younger.

How is the lifting carried out?

The lifting can be carried out under local anesthesia and sedation or under general anesthesia. Maybe you will have to be admitted according to the lifting extension. It can sometimes be carried out at the surgery.

Each case is different according to the incisions' placement and extension, the face parts that are wanted to improved, the use or not of some complimentary techniques (such as eyelids surgery, augmentation of cheekbones) and the operation lasting.

The incision usually starts in the temples 'part' (in the hair) extends to the natural lines of the ear's front part and continues around the lobe behind the ear and scalp.

The operation consists basically in "tensing" the muscular coats and skin, removing the tissue excess. Once finished, the wounds are stitched up putting some small tubes under the skin to avoid the accumulation of **exuded** or blood. Finally a light bandage will be placed.

The postoperative

The postoperative is not usually painful. The discomforts that usually appear are controlled properly with usual analgesics. The bandage and draining tubes are taken out 24-48 hours after the operation.

You may feel your face skin somewhat 'numb' which is normal. This sensation is transitory and disappears a few weeks later. Your face will be inflamed with bruises which is also normal. This aspect will only last from 10 to 15 days if you follow our advice.

You should not work and you should avoid violent exercise or activities for at least two weeks after the operation. The face skin will require special care and you should not expose to the sun or UVA ray for at least three months.

Though at the beginning you may feel worried about the aspect of your face aspect, do not forget that most patients get back to a normal life (even to work) two weeks later. Meanwhile the inflammation gets normal and bruises disappear. The scars take a few more weeks to hide but finally they become almost imperceptible.

A lifting 'does not stop the clock' but it gives a lasting result. Over the next years, your face will still be affected by ageing and you will probably have another operation.

Risks

When a lifting is made by a qualified plastic surgeon, complications are minor and not usual. Anyway, anatomic changes, the healing capacity and the physical reaction of some patients can never be predicted.

There might be complications - such as hematomae, infection, abnormal reactions to anesthesia or the lesion of deep structures or nerves that control the facial muscles movements.

The abnormal or delayed healing of the wounds are more common in smokers.

The lifting's results , as other procedures depend on the conditions of skin and bones of each patient. You must tell your surgeon about any medication you may take (specially aspirin and contraceptive medication) or about specific medical conditions (such as high blood pressure). If you smoke, you must try to stop at least two weeks before the operation and the week after that.

You may also have a 'minilifting' that consists in making only the detachment of the lower third part of the face and neck. You do not have to be admitted and two hours later, the patient can go home.

LIPOSUCTION

When is the liposuction recommended?

With the liposuction, you will improve your appearance and self-esteem but it will not necessarily give you a perfect silhouette or change people's opinions about you. Before making a decision about surgery, you should think carefully about your expectations and talk about them to your surgeon.

The best candidates for the liposuction are people who have fat accumulation in specific parts though they are close to their ideal weight. This accumulation usually distorts the body's silhouette. The liposuction will improve it in order to adapt it to your weight, height and body shape. We will be able to eliminate fat from the hips, knees, ankles, abdomen, arms, etc. In some specific cases, we will be able to set off specific anatomic features such as the abdominal muscle structure.

The state of your skin is essential for the operation. If it has good elasticity, the results will be much better than if you have flaccid skin.

How is the liposuction carried out?

A liposuction can be made under general or local anesthesia or epidural (such as the one used in deliveries). The election will depend on the number of parts that will be treated and on the fat volume that will be extracted.

Once the corresponding anesthesia is administered, a cannula is introduced through a wound that is usually about two or four millimetres long.

These wounds are usually made in strategic and hidden places such as the buttock's fold. The fat of the parts that will be treated is extracted through cannulas of different diameters and lengths. The final fat volume will depend on your skin.

If your skin is flaccid, you should not have all the existing fat extracted since afterwards there would be irregularities in your skin. There will not be this problem if your skin is elastic since it will adapt to its new outline with no problem. The extracted fat can be used optionally to fill in other body parts (face, lips, gluteus, etc...) The average fat volume that finally will be left will be about 50% of the injected one.

Once the operation over, every small wound will be stitched up and after that, you will be put on a made-to-measure girdle according to the areas that have been treated. If the liposuction was made under local anesthesia and after the appropriate recommendation, you will be able to go home. If it is made under general or epidural anesthesia, you will have to stay at hospital until your complete recovery.

Patients usually return to their normal activities 48 hours after surgery but they will have to wait one month in order to practise any activity or sports that requires great efforts.

When you take off your girddle for the first time, you may notice some small hematomae, it is normal and they will disappear a few days later.

During the first week, you will notice that the logical inflammation of the treated parts hides the definitive result. You should not worry since between the second and forth week, the inflammation will disappear gradually with the massage. Though you will be able to see the definitive result a month after the operation, the inflammation sometimes goes off gradually and significantly only two months after surgery.

You will probably wonder if the fat will come out again. The answer is no. once extracted, the accumulation of fat will not come out again since in adults it not reproduce. If for any reason, you put on weight, you will do it in a harmonious way according to your new silhouette. If you keep your weight balanced, the results will be permanent.

Risks

The liposuction is considered to be a safe surgical operation and has a very few complications as long as it is carried out by qualified people with the adequate means. However you should know that you are no free of the risks inherent to any surgical operation and to the peculiar complications of this procedure.

The infections of wounds and excessive bleeding are rare complications that happen in less than 1% of patients. Excessive bleeding and big hematomae usually happen in patients who have or have had specific medication before surgery.

Fat embolisms or thromboembolisms (fat fragments or blood clots in blood flow), alterations of the skin colour or sensitivity alterations in the treated areas, are even more rare.

The rest of complications, including the derivative ones from anesthetic administration are the usual ones in other surgical operations. Small hematomae or inflammation in the treated area do not have to be considered as complications. In about 20% of the cases, the treated areas will have to be touched up a few months later.

Augmentation of mammoplasty

Types of prothesis and mammary implants

Presently, there are different types of mammary prothesis. All of them are made of silicone pouches and they can consist of silicon gel, physiological serum or cohesive silicon gel.

According to the shape, there are two types. The classical ones are round-shaped and the anatomic ones.

How in the augmentation of mammoplasty carried out?

It is usually made under general or local anesthesia or sedation and requires one night at hospital. The method to introduce the prothesis will depend on your anatomy and on the your surgeon's recommendation. The incisions are usually made in the fold under the breast, the lower half areolea or armpit. The surgeon will make a pocket either behind the mammary glandula or behind the pectoral muscle where he will place the prothesis. Just after the operation a bandage is put on as well as a special bra for that kind of surgery.

The postoperative

You may feel tiredness and pain for a few days. These discomforts usually respond to the usual analgesics. If these discomforts are not too serious, you will have almost a normal life about 48 hours after surgery. The breast may be bruised and swollen after the operation which is normal.

The inflammation usually disappears after between three and five weeks. The patient will have her stitches out from about ten to twelve days later. Your breast will be probably sensitive to the touch for about two or three weeks and during this time you will have to avoid direct physical contacts. After that, when this sensitivity disappears, you will be able to have usual physical contacts.

Though the scars are red for a few months, finally they tone down and get a more normal colour. They almost never turn into hypertrophic or **keloidous**. If so, you will need a medical and surgical treatment.

If you are old enough to make routine mammography controls, you will be able to go on with them. Do not forget to mention the existence and location of the prosthesis.

Risks

The surgery of the augmentation of breast is considered to be a safe process but is not free of the risks inherent to any operation and to its peculiar complications. The named capsular contracture may be the most usual complication related to this operation. It affects only 5% of patients and consists in the contracture of the fibrosis that forms around the prosthesis. If the contraction is intense enough, the breast may be deformed. The contracture is usually minor and does not usually require a treatment. But if it is intense, the surgical or manual capsular tear may be necessary.

No study has proved that mammary prosthesis cause cancer or postpone the correct diagnosis of it. But you must know that you have to mention it when you have a mammary radiologic control (mammography) because it may make it difficult and the image can be altered. You should make a mammography before surgery so that it will be useful in the frame of your next explorations.

As in any surgery, in an augmentation of breast, there may be problems derivative from excessive bleeding or infections of the prosthesis. Though they should not be considered as complications, some women may suffer from alterations in the sensitivity of their nipples and of other parts of their breast. These symptoms disappear very soon and they are not usually permanent. Prosthesis are not proved to affect fertility, breast-feeding or pregnancies. Be aware that if you are expecting, your breast may have changes in size and aspect.

Ocasionally and usually derivative from accidents, the breast prosthesis may get broken or torn. If it happens, a second operation is necessary in order to take them out or change them.

It should not make you scared because these situations are very rare. But you should know and understand the nature of this operation. Your surgeon will explain you any doubt you may have at any time.

OTOPLASTY

If you believe you need an otoplasty...

Otoplasty is named the surgical operation that is usually used to correct the prominence and decollement of the ears so that these get a natural position and size according as for the head. Though the most common problem that affects the ears is the decollement or prominence , some other deformities can also be solved with surgery; the ears' size can be reduced, the lobes's shape and form can be changed, cup-shaped or satyr's ears. It is even possible to create a new ear if there isn't or if it has disappeared because of an accident.

When is the otoplasty recommended?

This operation is recommended whenever the patient does not feel comfortable about the shape, size or disposition of his/her ears or there is a real anomaly. Due to the importance of these problems in children, they may be operated on between four and six in order to avoid any possible trauma . (Between four and six, the ears' development is almost finished). The attempt ears' correction without surgery is only for new-borns.

Risks and doubts

The otoplasty is a safe process that is very successful as long as it is carried out by specialised surgeons that know and dominate these techniques. However, as any surgery, the otoplasty is not free of possible complications you should be aware of though they are rare. A hematoma or an infection may require extra surgical treatment. Though it is not common, the 'memory' any cartilage behaves with naturally, can get the ears separated again a few millimetres. Thus a small touching-up is required.

The appearance of abnormal scars as in the skin as around the cartilage is extremely rare.

How is the otoplasty carried out?

The preoperative consultation is as important as the operation itself.

If the patient is a child we will make an assessment about his/her needs, his/her character and motivation. If we win his/her confidence, the collaboration during the treatment will be better.

The operation is usually carried out under local anesthesia and sedation and does not have to be admitted.

It lasts about one hour depending on the present deformity and on the technical surgery used.

The parents are informed about it before the operation.

The operation is usually made on both ears though only one is really affected, since major symmetry and a better result are obtained. In very rare circumstances, only one ear is operated on.

In a model case of prominent ears, an incision is made in the wrinkle behind the ear, the subcutaneous cartilage is sculpted in order to give it the shape it doesn't have. And if it's necessary, a few stitches are made in order to keep the shape. The wound is stitched up and results in a scar just in the fold behind the ear.

As well as being hidden, this scar is usually good and disappears with the passing of the months. For a size reduction, the incision is made in the fold of the helix. Then the cartilage excess is calculated and eliminated which gives a shape to the upper border of the ear.

THE POSTOPERATORY

After the operation, the patient will be able to leave the hospital in good conditions. For a few days, he will wear a bandage that gives protection and makes the ear's modelling easier. He/she may not wear a bandage if the correction has been minor, For the first two or three days, the patient might feel discomforts and pain usually controlled by the recommended medication.

The first week after the operation, he/she has his/her stitches out (the sutures that can be extracted). Sometimes he/she will have to be wearing a headband like tennis players for time. If your ears are inflamed and somewhat bruised, it is normal. The child will be able to go to school a week later as long as the he/she is not given blow. Any activity that might have his ears bent should be avoided for one month and a half.

Due to the 'asymmetric' nature of the human body, it is both impossible and unnatural to get perfect symmetry between both ears. Remember that this operation aims at getting a natural aspect as a whole not 'mathematic' symmetry. If you understand this concept, you will appreciate the final result better.

MAMMARY REDUCTION AND ELEVATION

How is the mammary elevation carried out?

Before surgery you should tell your surgeon about all your doubts and concern and your real expectations as far the size and situation.

Your breast will be examined and you will be explained the technique that will be used and the approximate location of the scars. You may be asked to have a mammography.

Most patients are operated on under general anesthesia.

It usually lasts two hours and the technique usually makes an inverted T-shape scar if the reduction is great.

In many cases, specially when the skin elasticity is good, the reduction will be small or the breast is hanging, the resulting scars can be only periareolar and vertical.

Once the new position of the areola and nipple is established and the quantity of the remaining skin is evaluated, the latter is eliminated and the breast is modelled. The stitches will be around the areola and will form a vertical line at the breast lower fold.

The postoperative

Normally after the operation, you will have to stay at hospital for 24 hours with bandings and draining, after that, you will be able to leave the hospital. You may feel tiredness and pain for a few days.

These discomforts usually disappear with the usual analgesics. If they are not major, you will be able to have an almost normal life 48-72 hours after surgery. If your breast is a little bruised and swollen after the operation, it is normal; the inflammation usually lasts between three and five weeks. You will have your stitches out about ten days later. You will have to wear an adequate bra almost the whole day as long as it is necessary.

You will probably notice some kind of lack of sensitivity for three to six weeks (estimated time) due to the inflammation. It does not seldom last more.

Though the scars may be red for a few months, they finally tone down and regain a normal colour. They are almost never hypertrophic or cheloideo. In this case, you will need medical and / or surgical treatment.

Even if you feel good, you should not go back to work until the next week or do violent exercise for a month. Do not forget that your surgeon will be at your disposal to control that the postoperative is adequate.

Risks

Mammary reduction is a safe operation in hands of a qualified plastic surgeon. However, as any surgery, there is a risk of complications or an abnormal reaction to anesthesia. Though bleeding and infection are rare in this kind of surgery, if it occurs, the scars get wider. Do not forget to tell your surgeon you smoke, if you have an important disease or if you usually have any medication. Smoking alterates circulation and could affect the final result.

Mammary reduction makes some permanent scars that vary substantially according to the technique used and the type of nipples you have.

The sensitivity disorders in the areolas and nipples are mostly transitory.

Do not forget that in order to get a good result, you should follow our advice at any moment.

We will explain you how the operation is carried out, we will tell you about the limitations or risks there might be in your case and about the approximate location of the scars.

Rhinoplasty

Preparing the surgery

The rhinoplasty is a very personal process. It means that there is great variability amongst people according to the shape of their faces, the structure of their noses, the type of skin, etc. Consequently, each patient has some needs and therefore a different type of surgery.

It is very important to follow all your surgeon's instructions and comment him/her any doubt you may have about medication, diseases or habits (such as smoking).

How is the rhinoplasty carried out?

The rhinoplasty can be made under local anesthesia and sedation or under general anesthesia depending on the technique that will be used. Apart from that, it is usually made at the surgery.

The rhinoplasty is based on the 'sculpting' of the bone's framework and cartilage under the skin of the nose. All this is done with incisions inside the nose and that therefore do not make any visible scars which is known as the closed technique. An incision into the skin that separates the rhinal orifices (known as the columella) might be necessary (this is the open technique). There might be some scars, they are usually imperceptible, visible only in this case and when the wings of the nose have to get more narrow.

At the end of the operation, plaster or a plastic splint are usually placed on the dorsum nasi and some plugs inside the nasal orifices.

The postoperative

In the postoperative, the analgesics that you will be recommended will control the discomforts you might suffer. You should be resting in order to control the discomforts better and avoid bleeding for the next 24 hours. You will notice the appearance of bruises and inflammation around your eyes. This is normal and might increase the next days but you should not worry. Usually, the nose's plunks are taken out in the first 24 hours (estimated time) and plaster is removed between seven and ten days after surgery.

In most cases, the patient can make sedentary tasks 48 hours later. He should not wear glasses, do violent exercise or blow his/her nose for at least one month.

The bruises and inflammation disappear and his/her aspect will be almost normal between ten and fourteen days after the operation. The nose tip will be completely flabby and the wings perfectly defined.

Risks

The rhinoplasty is a safe surgical process and most patients are satisfied with the result if it is carried out by a qualified plastic surgeon. However, There might be complications very rare and minor though; infection, more bleeding than usual, abnormal reactions to anesthesia (1 out of 6000 – 12000 cases), small veins in the nose's skin but they are usually transitory. Most of these risks can be avoided if you follow the advice given by your surgeon before and after surgery.

The wounds will usually be inside the nose and will never be visible. Though it should not be mentioned as a complication, you should know that one out of ten patient has to be touched up later.