

WHY CHOOSE *enhance*

Enhance surgeons are committed to delivering decades of experience using the most advanced procedures focused on a variety of surgical and non-surgical services to rejuvenate the Breast, Body and Face.

We would like to provide you with this complimentary information pack which combines all the general information as you progress through your procedure.

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BREAST SURGERY

WHY HAVE A BREAST AUGMENTATION?

There are lots of reasons why women choose to have a Breast Augmentation. They may have small breasts and struggle with their confidence or their breasts may have changed after giving birth. Breast implants can enhance the body contour of a woman who is unhappy with her breast size. Whatever the reason, having breast surgery can replenish self-esteem and make some women feel great about themselves again.

This section will provide many answers to the questions women routinely ask regarding breast surgery. We've created this section to help decide if you think breast surgery is right for you and what you should expect after this procedure.

WHAT IS INVOLVED?

During the consultation, your surgeon will assess the size and shape of your breasts, as well as your skin's thickness and elasticity. They will also evaluate the position of your nipples, as well as the inframammary fold under each breast. Your surgeon will measure the distance between your breasts and may carry out the pinch test on your skin to see if they feel you have excess breast tissue to support an implant. These variables will help determine if you are a candidate for Breast Augmentation, and will help the surgeon make recommendations regarding the implant type, placement and size for your frame.

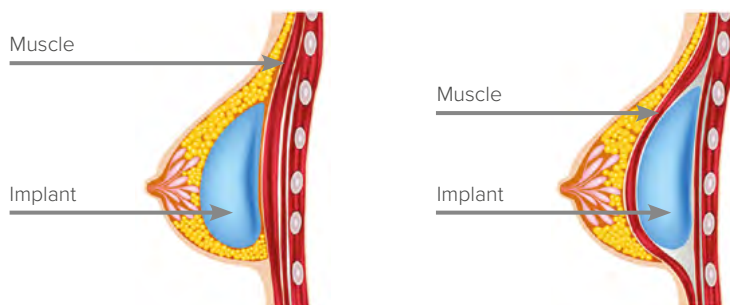
During a breast enlargement procedure, the surgeon places an implant made of soft silicone gel inside the breast to add more volume and enhance the shape. This is done by making an incision, generally under the breast creating a pocket for the implant to be inserted into. The surgeon will then customise the implant position based on the goals defined in your consultation. After the implant has been satisfactorily placed and positioned, the incision is closed and dressed.

Some patients may experience some pain with temporary discomfort after surgery and your breasts may feel tight, you should expect some swelling and each patient will vary on the level. Breasts may be sensitive to stimulation for some time after your surgery. Normally the procedure can be carried out as a day case, so provided you feel well enough you should be able to go home on the same day. You can usually return to work, dependent on your job, within a week however dependent on location, your Surgeon will advise. Driving is not recommended for the first 7 days minimum and should always only be undertaken when you feel recovered sufficient to meet the requirements of your insurance. Scars should fade and flatten throughout the first year after surgery, depending upon how the individual patient heals.

FREQUENTLY ASKED QUESTIONS

How is the implant placed?

The implant can be placed either above or behind the muscle. Your surgeon will discuss the best option for you at your pre-operative consultation.



What size can my breasts be increased to?

During your consultation, the surgeon will be able to assess the approximate implant size that they feel could be used. It is important to understand that implants are not manufactured in bra cup sizes and any attempt to place too large an implant is not advisable. Your surgeon will help you increase your breast size within what they feel are the safe guidelines for your body.

Will my breasts look and feel natural?

The expectation is Yes, once the breasts have settled. During the initial period following your operation your breasts should feel very firm and swollen but as they settle the expectation is they should soften.

Will I need to take time off work?

Most people take off about one week. However, if you have an extremely physical job, you may need to take off longer. Your clinical team can advise you about returning to work if you are unsure.

Will my breasts be painful afterwards?

Some patients may experience some pain with temporary discomfort following surgery and your breasts may feel tight with some swelling. Breasts may be sensitive to stimulation for some time after surgery.

What type of aftercare is needed for my breast augmentation?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase, you will normally need to wear this for 6 weeks following your procedure, only removing for showering as advised.

WHY HAVE A BREAST REDUCTION?

Large breasts can be a problem for many women and can cause neck, shoulder and back pain making normal activities uncomfortable to perform. In addition, some women with large breasts feel very self-conscious when wearing certain types of clothing. The independent surgeons with practising privileges at Enhance can help reshape the breast by extracting surplus glandular tissue, skin and breast fat to produce a size that is proportionate to a patient's body. During the surgery the surgeon can try to improve sagging and breast symmetry along with making the breasts feel lighter, firmer and smaller.

WHAT IS INVOLVED?

Breast Reduction surgery is usually performed on an inpatient basis using general anaesthesia. After making the surgical incisions, the surgeon will extract excess fat, skin and breast tissue, finally repositioning the nipple. The surgeon will then reshape the remaining skin and breast tissue closing in most cases with dissolving sutures. Patients will wear a post-surgery bra for 6 weeks that lightly compresses and supports the breasts as they are healing.

Patients are expected to feel sore and bruised, discomfort is eased with prescribed pain relief medication. Patients can perform light activities normally after 1 week, and can return to more rigorous activity after 6 weeks. Swelling should start to diminish at around week 4-5. Patients usually return to full activities after approximately 6 weeks and scars should begin to improve over the year. This is only a guide and so all patients should check with their surgeon what they recommend for you.

Usually patients should not shower until after their first post-operative appointment and the dressing should be kept dry always. If you have any queries please contact us for further advise.

Enhance strongly encourages patients to attend their scheduled postoperative appointments to make sure that the breasts are healing. You will have your own personal Patient Care Coordinator both before and after your procedure to support you and answer any questions you may have.

FREQUENTLY ASKED QUESTIONS

Who is a good candidate for a Breast Reduction?

Any woman whose breasts are disproportionate to the rest of her frame may be a good candidate for Breast Reduction.

Will there be any scarring?

Yes, the scarring along your vertical and horizontal incision lines should fade over time and should become less obvious.

How much smaller can my breasts be reduced?

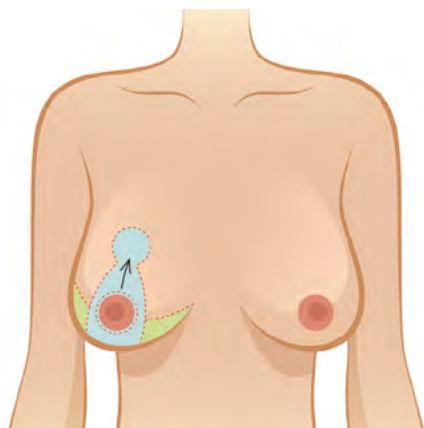
Each individual's surgery is different, your surgeon will examine you and discuss what they feel can be achieved from the surgery.

What will I look like after this form of cosmetic surgery?

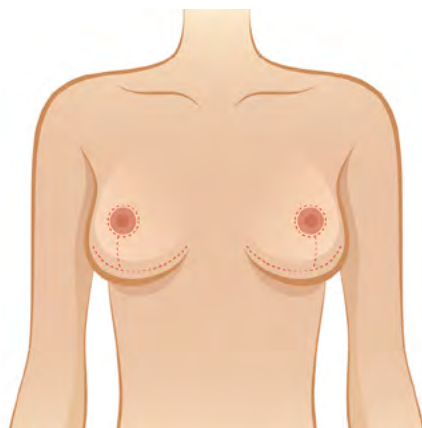
Once the breasts have settled after the operation, your breasts should feel firmer, lighter and smaller.

What type of aftercare is needed for my breast reduction?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering. You will see a member of Enhance's Nursing team for wound care as requested by your surgeon and see a surgeon as needed.



ABOVE: The illustration above shows how the nipple is repositioned.



ABOVE: The illustration above shows the typical position of scars.

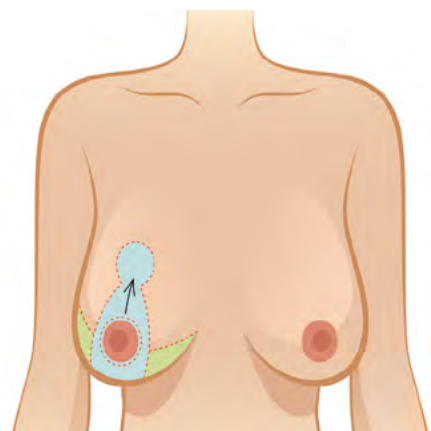
WHY HAVE A BREAST UPLIFT?

As the skin loses its elasticity over the years, the breast position changes, there can be potentially a loss of volume and they can begin to sag. A Breast Uplift should give them a more youthful appearance by rejuvenating the profile by lifting the breast higher on to the chest wall.

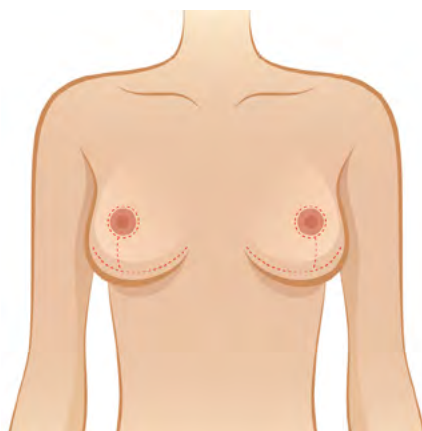
WHAT IS INVOLVED?

Normally the procedure is performed as a bilateral procedure, but it can also be performed on one breast only to achieve symmetry with the other. Often for smaller breast uplift procedures, incisions can be made around the areola with the potential for reduced scarring. A modified uplift serves as an option if the breast is small and there is not excessive sagging. For complete breast uplifts, in patients who have significant loss of volume and “droopiness”, medically known as ptosis, incisions generally need to be made in the standard “anchor” shape and require an implant.

It's important to note the Breast Uplift procedure generally reduces the size of the areola. During the surgery, some patients may choose to have implants inserted to help give the breasts a fuller look. The size of the breasts should not change significantly after a Breast Uplift if implants are not inserted; however, the surgery should leave the breasts with a lifted and more youthful appearance.



ABOVE: The illustration above shows how the nipple is repositioned.



ABOVE: The illustration above shows the typical position of scars.

FREQUENTLY ASKED QUESTIONS

How do I know if surgery is right for me?

Ideal candidates for a Breast Uplift procedure are women who are unhappy with the shape and position of their breasts.

Where are the incisions?

Because everyone's body ages differently, your surgeon will discuss with you the optimum location for the incisions during your consultations. The goal is to ensure they are located in the most discrete position possible.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

What can I do to minimise my risk of bruising?

Your surgeon will discuss and provide a list of post-operative best practices to minimise the risk of bruising following your procedure.

Will a Breast Lift without implants make breasts look smaller or larger?

Volume doesn't significantly change but because of skin removal, the breasts should naturally appear smaller.

Can I combine Breast Lift and areola reduction in one surgery?

A breast uplift includes a scar around the areola, so an areola reduction is part of the lift. You can discuss your goals for size with your surgeon.

What type of aftercare is needed for my breast uplift?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering after your first post-operative appointment. You will see a member of Enhance's Nursing team for wound care as requested by your surgeon and see a surgeon as needed.

INFORMATION FOR PATIENTS ABOUT BREAST AND COSMETIC IMPLANT REGISTRY

To monitor and improve patient safety, a breast and cosmetic implant register (BCIR) has been developed, recording implants that have been used for patients and the organisations and surgeons that have carried out the procedures.

The main aim of the registry is to trace and inform affected patients in the event of any future recall of a failed implant. The registry will also allow identification of possible trends and complications relating to specific implants.

The registry has been established in response to the Keogh Review of the Regulation of Cosmetic Interventions, which was an independent report setting out recommendations to protect people who have had cosmetic surgery. This followed issues caused by faulty Poly Implant Prosthesis (PIP) breast implants in 2010.

The breast and cosmetic implant registry is being managed by NHS digital, the trusted national provider of high quality information, data and IT systems for health and social care. NHS digital is supported by relevant cosmetic and surgical professional groups:

- British Association of Aesthetic Plastic Surgeons (BAAPS)
- British Association of plastic, reconstructive and Aesthetic Surgeons (BAPRAS)
- Association of Breast Surgery (ABS)

The information that your surgical team will submit to NHS digital will include:

- Your NHS number
- Your family name
- Your first name
- Your current postcode
- Your date of birth
- Your surgeon
- Details of the surgical procedure
- Details of implants used

Your personal information (NHS number, name, postcode, date of birth) will be retained to allow you to be contacted in the event of a future implant recall. Your personal information will be held securely and will only be accessible to a limited number of staff at NHS digital whose role it is to maintain the registry.

NHS digital takes its responsibility for looking after care information very seriously, and follows the legal rules, guidance and practices known as Information Governance (IG) for both the collection of the registry data and the IT systems used. No aspects of the information will be sold or made available to commercial companies for other uses.

If for patient safety reasons, in the future, there is a need to contact you and recall you for assessment, your personal details will be used by NHS digital to attempt to trace your current address, using records held on a central NHS database. Enhance will be provided with your current address, where available, so they can contact you and arrange for the appropriate steps to be taken to assure your safety. If the NHS cannot reach Enhance you will be contacted by NHS digital.

This applies to patients residing in England. If you live elsewhere in the UK or are an overseas patient, an attempt will be made to contact you at the address you provided when you registered.

NHS digital will produce reports on the use of various implants, procedures and outcomes. These reports only contain anonymised, aggregated information (i.e. data that has been grouped or combined) so that patients cannot be identified.

Your surgeon will ask you to complete a consent form for your surgical procedure and in addition they will ask you to complete a consent form allowing your information to be shared with NHS digital for the purpose of the registry. Please complete and sign the relevant parts of the consent form if you would like your details to be included in the registry.

If you do not wish your details to be recorded in the registry, you can indicate this on the consent form. Please be aware that this will not affect your surgery or care, but may make it difficult or impossible to contact you in the event of future product failure or recall. Therefore, it is in your best interests to be included on the registry.

If you register and later decide that you do not wish your details to be included, you can withdraw your consent at any time by contacting Enhance and asking us to make a request to have you removed. Should you be unable to contact us, you can contact NHS digital so your records can be amended. Alternatively, if you do not register but change your mind in the future, you can talk to your surgeon / or us who can complete a new registry participant consent form and submit your information.

Useful Links

NHS Digital www.digital.nhs.uk

Register <http://digital.nhs.uk/bcir>

Central database <http://systems.hscic.gov.uk/ddc/spine>

For queries about the registry please speak to your surgeon
or email enquiries@nhsdigital.nhs.uk

RISKS AND CONDITIONS

- **ALCL (ANAPLASTIC LARGE CELL LYMPHOMA)**

BIA-ALCL appears to be related to textured breast implants and it appears to have occurred with textured implants made by every manufacturer. International collation of these cases should allow more information on these links in coming months and years. It should be noted that ALCL is extremely rare and should be treatable by excision of the capsule and adjunctive treatment on the recommendation of the appropriate MDT.

- **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- **ANAESTHETICS**

A general anaesthetic is a drug that is used to alter a person's consciousness and is used alongside analgesia.

- **ANIMATION DEFORMITY**

Animation deformity is a motion deformity characterized by breast implant movement with pectoralis contraction. Movement of the implant, in turn, causes movement of the overlying skin and nipple construct creating an appearance of deformity with movements that engage the pectoralis; it can appear the breast is misshapen.

- **ASYMMETRIC**

The risk of any surgery performed bilaterally (both sides) is that one is likely to look different to the other and perfection cannot be offered.

- **BREAST CANCER SCREENING**

If you have breast implants, you should still get routine screening mammograms. However, if you have implants, you need to tell the radiographer before starting the mammogram and you should also be aware that it may be hard for the doctor to see certain parts of your breast. Women with implants have 4 extra images taken (2 on each breast), as well as the 4 standard images taken during a screening mammogram. In these extra images, called implant displacement views, the implant is pushed back against the chest wall and the breast is pulled forward over it. This allows better imaging of the front part of each breast.

- **BREAST FEEDING**

Breast implant, uplift and reduction surgery may interfere with your ability to successfully breastfeed. It is possible that you will produce less milk or not be able to produce milk at all. Some women have also reported painful breastfeeding. If your surgeon uses an incision around the colored portion surrounding the nipple, it may further increase the chance of breastfeeding difficulties.

- **CALCIUM DEPOSITS**

Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo Breast Reduction procedures, in patients who have had haematoma formation, and even in the breasts of women who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

- **CAPSULAR CONTRACTURE**

Capsular contracture is the tightening of scar tissue (also called a capsule) that normally forms around the implant. In some cases, the capsule can tighten, making the breast appear hard and mis-shaped, this often will resolve on its own but does require more time and a longer healing process. It can happen to one or both breasts. After time, If the condition persists you might be asked to obtain an ultrasound scan (at your own cost) to assist in diagnosing the grade. It is not required to always surgically intervene when this happens until it is diagnosed as a Baker Grade 3 capsular contracture. The scan will assist with this diagnosis. In these instances, your implant company may cover your replacement implants under their warranty and only necessary costs may apply. If you chose to deviate from this process and request surgical intervention sooner than a diagnosis of Baker Grade 3, charges for this surgery may apply.

- **DEEP VEIN THROMBOSIS**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

- **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. Discuss any history of mental health disorders with your surgeon prior to the procedure.

- **RESULT AND SAGGING BREASTS (PTOSIS)**

Following implant surgery, depending on the weight and size of the implant will depend on the strain placed on your breast tissue. Naturally, heavier implants will cause a gravitational pull which leads to a sagging effect in some cases. This does depend on tissue type and skin condition. In these cases, further surgery (at cost) will be required such as a Mastopexy (uplift).

- **HAEMATOMA (BLEEDING)**

It is possible to experience a bleeding episode during or after surgery. Should post-operative excessive bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). A Haematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin or anti-inflammatory medications for 10 days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as St John Warts can increase the risk of surgical bleeding. A Haematoma can occur at any time following an injury to the breast.

- **IMPLANT DETECTION**

Some patients will be able to feel their implant in the breast after surgery.

- **IMPLANT EXTRUSION AND TISSUE NECROSIS**

Lack of adequate tissue coverage or infection may result in the exposure and extrusion of the implant through the skin. The implant can be rejected, if this takes place normally it is because the implant is not given sufficient healing time to settle (like not wearing the bra for 6 weeks) or too much movement of the implant causing internal irritation. Tissue death (necrosis) has been reported in patients who use steroid drugs, or after chemotherapy/radiation to breast tissue, smokers, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. A breast implant may become visible at the surface of the breast because of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal is normally necessary. Tissue necrosis can cause changes to the scar.

- **INFECTION**

Infection can occur with any surgery or implant, most resulting from surgery appear within a few days to weeks after the operation, however they are possible at any time after surgery. Infections in tissue with an implant are harder to treat than infections in tissue without an implant. If it does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is successfully treated.

- **IRREVERSIBILITY**

Breast implants may permanently alter your breast tissue. If you decide to have the implants removed, your breasts may not return to their pre-surgery shape. Your breasts may stay dimpled or wrinkled.

- **ITCHING + BURNING SENSATION**

These symptoms are normally caused by nerve endings reconnecting after the surgery, the expectation is that this should subside between 14 to 28 days. This may also be a symptom of infection, so attending a post-op appointment is essential.

- **MALPOSITION AND/OR DISPLACEMENT**

This is where the implant is not in the correct position in the breast. This can happen during surgery or afterwards if the implant moves or shifts from its original location. Shifting can be caused by factors such as gravity, trauma, capsular contracture and non-compliance to postoperative instructions, such as patients who return to work too soon, driving, physical activity and not wearing a bra as directed. This malposition and/or displacement can also link to the term 'double-bubble' where the implants sits incorrectly giving an impression of a double curve to the breast. This risk can be accompanied by discomfort and/or distortion in breast shape. Additional surgery may be necessary to correct this, time is also required to allow the pockets to settle and to make any surgery as safe as possible.

- **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of your previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell.

- **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient, however this should be controlled using analgesia. If the pain continues to persist long after you have healed from surgery you need to see your surgeon. In addition, improper implant size, placement, surgical technique, or capsular contracture may result in pain. Tell your surgeon if you have a lot of pain or if your pain does not subside.

- **PROMINENT VEINS**

Prominent veins are often a sign of poor blood flow. After breast surgery veins may appear or become more prominent permanently. This risk must be understood and accepted by the patient.

- **RUPTURE OF THE IMPLANT**

This involves a split or hole in the shell of an implant, this can happen usually due to trauma. An ultrasound scan will be required to diagnose this (at the cost to the patient). While this is not necessarily an emergency it will require treatment in the form of further surgery. Further surgery may incur costs.

- **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars can be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some case's scars may require further surgery or treatment.

- **SEROMA**

Fluid may accumulate around the breast implants following surgery, trauma or vigorous exercise, additional treatment may be necessary to drain this. A seroma may contribute to infection, capsular contracture, or other problems.

- **RIPPLING**

Visible and palpable wrinkling of tissue can occur and is normal and expected. This may be more pronounced in patients who have implants with textured surfaces or thin tissue.

- **SHOCK**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalisation and additional treatment would be necessary.

- **SKIN AND NIPPLE SENSITIVITY**

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery.

- **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

- **STRETCH MARKS + VEINS**

Stretch marks may develop, especially with larger implants, veins may become more prominent on the breast surface.

- **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

- **SWELLING AND BRUISING**

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

- **TOXIC SHOCK SYNDROME**

In rare instances, toxic shock syndrome has been noted in women after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or a sunburn-like rash.

- **BREAST IMPLANT ILLNESS (BII)**

Breast implant illness (BII) is a collection of symptoms that occur in people with breast implants. There isn't an official medical diagnosis for BII. Symptoms may include fatigue, joint pain, brain fog, dry eyes and many other health concerns. Healthcare providers diagnose BII by ruling out other health conditions

BII impacts each individual in a unique way. Symptoms and signs of breast implant illness can include:

- joint and muscle pain
- chronic fatigue memory and concentration problems
- breathing problems
- sleep disturbance
- rashes and skin problems
- dry mouth and dry eyes
- anxiety
- depression
- headaches
- hair loss
- gastrointestinal problems

BII symptoms can appear any time after implant surgery — some people start to develop breast implant illness symptoms immediately, while some develop them years later. A lot of the symptoms of BII are associated with autoimmune and connective tissue disorders, such as lupus, rheumatoid arthritis, and scleroderma. Some people who have BII also get diagnosed with a specific autoimmune or connective tissue disorder, but many do not. In many, but not all cases, surgery to remove the breast implants improves or completely resolves the BII symptoms. BII is not currently recognized as an official medical diagnosis, and there is no diagnosis code for it. It is poorly understood and hasn't been studied much as a unique condition.

BODY SURGERY

WHY HAVE LIPOSCULPTURE?

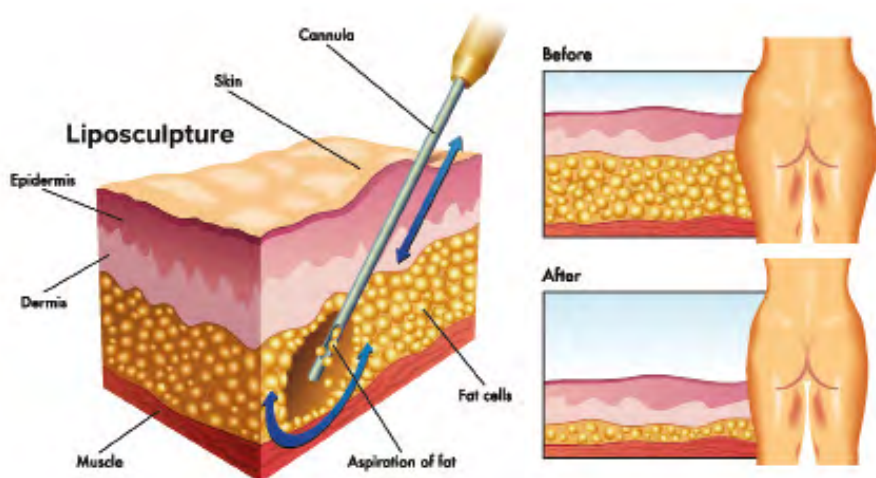
If you want to improve the contours of your body and achieve a more aesthetic and appealing curvature, Liposculpture is ideal. The process removes unwanted fat from targeted areas of the body, such as the abdomen, hips, thighs, back, arms, chest or chin—the choice is yours. Even years of exercise may not give you the results you crave. For you and many others, the answer can be Liposculpture.

WHAT IS INVOLVED?

During your consultation, the cosmetic surgeon will determine the best technique for your needs based on different factors, including the treatment area and the amount of fat to be removed. It is important to have realistic expectations about what Liposculpture can achieve.

Liposculpture can be performed using various methods depending on the amount of fat there is to remove. It can be safely performed using either general or local anaesthetic or light sedation.

The recovery process differs for everyone and you should expect some swelling, bruising and discomfort after your surgery. Swelling may linger for several months while it's normal to experience a temporary loss of sensation in the treated areas. Over the months following surgery scars should fade significantly and should be barely visible after a year or so.



FREQUENTLY ASKED QUESTIONS

Will I have any scars after Liposculpture?

After Liposculpture, you can expect scars which will be placed wherever possible in a body fold or crease. As with most scars, given time they should generally fade.

How is the fat removed?

The fat is removed using a technique when the surgeon infiltrates a solution into the fat cells which breaks them down and allows them to be removed with a suction cannula (tube). The maximum amount of fat that can be removed safely is about 3-4 litres. The more fat removed on a single day the increased risk of serious complications. If a patient requires more than 3-4 litres of fat to be removed its safest to split surgical procedures.

Can men benefit from Liposculpture?

Yes, many men are also now taking advantage of Liposculpture for treating such areas as the stomach and love handles (fat that has accumulated on the sides of the waist). Excessive fat can now be removed from most problem areas, helping to restore the body to a more masculine physique.

What type of aftercare is needed for my Liposculpture?

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering (which is normally only after your first post-operative appointment). This helps define the shape of the body and control swelling. You will need to attend Out-Patients for wound checks and progress appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE AN ABDOMINOPLASTY?

As every individual's problem areas may be different, an Abdominoplasty (Tummy Tuck) procedure is carefully tailored to your specific needs. During your initial consultation, the surgeon will thoroughly discuss your expectations for your surgery. They will conduct a thorough examination of the skin, soft tissue and muscles of the abdomen and flanks, carefully reviewing what combination of procedures best suits your needs. They can carefully customised the surgery limiting incisions areas. The surgeon will answer any questions that you have regarding the process.

WHAT IS INVOLVED?

The Abdominoplasty or Tummy Tuck procedure is performed with a mostly horizontal incision in the lower abdomen normally within the bikini line. Most Tummy Tuck incisions are kept just above the pubic area, and within the confines of the hip bones, so it should be easily camouflaged in most bikinis, thongs, and low-rise jeans. Excess fat is removed directly, and the abdominal muscles and fascia (connective tissues) are tightened and repaired, the excess skin is trimmed away. In the Tummy Tuck procedure where there is moderate or considerable laxity or excess of skin and fat, the navel is maintained in its natural position, but is "re-inset" with very fine sutures. In the modified or "mini" Tummy Tuck, fat removal, skin tightening, and lower abdominal muscle tightening are performed through a horizontal bikini incision only. The surgeon will use Liposculpture techniques in conjunction with most Tummy Tuck procedures to produce the most natural and beautifully sculpted results. The Tummy Tuck procedure takes between 3-4 hours. Some patients will have a vertical scar for their procedure based on the recommendation of your surgeon as to which technic is the most suitable for you. Some vertical scar will be visible with a bikini and the procedure may be different to the one described above so it is important that you agree with your surgeon which procedure meets your needs.

FREQUENTLY ASKED QUESTIONS

Will I have any scars after my Tummy Tuck?

Yes you will have a scar after the procedure.

Is it okay to have Tummy Tuck surgery before having kids?

Typically, there aren't major risks associated with becoming pregnant after Tummy Tuck surgery. It is, however generally recommended that patients wait until they have completed having children before undergoing the procedure. Waiting until after having children can help ensure the results achieved are not lost by the bodily changes that often occur during pregnancy.

What's the difference between a full and mini Tummy Tuck?

Both full and mini Tummy Tuck's involve the tightening of abdominal muscles and the removal of excess skin. The major difference is the full Tummy Tuck is generally performed to rejuvenate the areas both, above and below the belly button. Where the mini Tummy Tuck is generally confined to the lower abdomen below the belly button.

Can men benefit from Tummy Tuck?

Yes, there are now many men that are also taking advantage of a Tummy Tuck to improve the contour of their body, remove stubborn excess fat, loose skin and tighten abdominal muscles.

What type of aftercare is needed for my Tummy Tuck?

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering, which should only be done after your first post-operative appointment. This helps define the shape of the body and control swelling. Attend Out-Patients for follow-up appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE AN ARM LIFT?

An Arm Lift is a surgical procedure performed to remove excess fat and skin from the upper arms to give them a more toned, slimmer appearance. Over time, the soft tissue in the upper arm becomes lax and may begin to droop and sag, resulting in upper arm skin that appears to hang. Many people are embarrassed by the appearance of sagging upper arms, and seek treatment to restore a slimmer, more youthful appearance. The Arm Lift procedure is ideal for a patient who has a significant amount of hanging skin or fat in the upper-arm area, maintains a stable weight and has realistic expectations for surgery. It is also important that the patient be healthy overall, with no major medical conditions that may be affected by surgery.

WHAT IS INVOLVED?

The surgeon will determine which procedure is best for you after a physical examination and a discussion of your goals for surgery. During the Arm Lift procedure, the surgeon will make an incision, often spanning from the underarm to the elbow, along the inside of the upper arm. Next, they will remove excess fat using Liposculpture, trim and tighten the excess skin and suture it into place. For patients with only a small amount of excess skin, a minimal-incision Arm Lift procedure can be chosen, in which a few small incisions are made near the underarm. Once fat is removed and skin is tightened, the incision will be closed with sutures that will be absorbed by the body normally within a week or two. This procedure is performed under general anaesthesia with sedation and usually takes 1-3 hours, depending on the extent of removal required. Patients should be able to return home the same day as surgery dependent on location, your Surgeon will advise.

FREQUENTLY ASKED QUESTIONS

How will I know if an Arm Lift is right for me?

The best candidates for an Arm Lift are often patients that have experienced weight loss and now have loose skin to remove in the under-arm area.

When are the Arm Lift sutures removed?

If dissolvable sutures are not used for the procedure, the sutures will be removed between 1-2 weeks depending on the healing of the area.

What other important information should I take note of?

It's important to know you should refrain from lifting anything greater than 7kgs (15 pounds) for 6 weeks after surgery. Ask your Surgeon for any advise you feel you may need.

How long will it take for my scars to begin to fade?

There is one long scar extending from the armpit to the inside aspect of the elbow region connected to a short scar placed horizontally in the armpit. The scars will not disappear completely though they will begin to fade normally in 2-3 months. They should reach their result in 1-2 years.

What type of aftercare is needed for my Arm Lift?

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering (This is normally only after your first post-operative appointment). This helps define the shape of the arms and control swelling. You will need to visit Out-Patients for follow-up appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE A BUTTOCK LIFT?

Excess skin and fat in the gluteal area can add bulk and frustrate efforts to achieve a slimmer, more sculpted body through weight loss. A Buttock Lift is a surgical procedure to remove excess skin and fatty tissue from the hips, outer thighs, back, and buttocks. Intended results produce tighter, more attractive thighs and buttocks as well as decreased irregularities in the skin's surface. A Buttock Lift can enhance the natural curves for patients who are unhappy with the shape of their bottom. It can also add volume and roundness to a flat or small butt for patients seeking a more balanced body profile. There are a variety of different techniques used by plastic surgeons for a Buttock Lift. A Buttock Lift can be combined with other forms of bodycontouring surgery, including suction assisted lipectomy, or performed at the same time with other elective surgeries.

WHAT IS INVOLVED?

There are 2 basic types of Buttock Lift surgery. In the traditional procedure, the surgeon lifts your buttocks by removing excess skin, fat, and tissue, pulling the skin taut and repositioning it for a lighter, younger look. The less invasive Brazilian Buttock Lift normally requires only very minor incisions and a fat transfer. Each of these procedures has its own benefits and disadvantages, so the type you choose will be depend on your unique needs and wishes.

During a traditional Buttock Lift procedure, your surgeon will make an incision into your buttock to manually remove thin layers of fat (too much surplus fat will make you ineligible for this procedure), tissue and skin. He or she may also tighten your underlying muscles and create sutures deep within your tissue to hold your now smooth buttocks in a lifted position.

During the Brazilian Buttock Lift procedure, your surgeon makes small incisions and sculpts your body using Liposculpture. He or she removes stubborn, unwanted fats from other areas such as your thighs or abdomen, purifies them and injects them into your buttocks. Adding volume can create a younger, lifted look for your buttocks, but it does not address excess, sagging skin. Patients who have lost a significant amount of weight may need to have a traditional Buttock Lift or lower body lift, after which they may choose to undergo a fat transfer.

FREQUENTLY ASKED QUESTIONS

What can I expect during recovery?

After surgery, your buttocks may be bruised, swollen and/or uncomfortable. Some numbness of the skin is normal and usually resolves during the first month. Walking after surgery is important, however you don't want to bend at the waist or lift anything for at least 14 days.

How long will my surgery last?

The surgery requires approximately 2-4 hours to complete. As with all surgeries, the amount of time needed varies from patient to patient.

What kind of scarring will I have?

Everyone heals differently as do their scars depending on your genetic background. Your surgeon will endeavour to hide and minimise scars. After the surgery, your surgeon will also recommend treatments for helping to make the scars as faint as possible for you.

How long do the results last?

The results after a Buttock Lift generally last for many years, but the influences of aging, gravity and genetics will continue as time passes. The exact length of time varies from person to person. Natural aging will change the shape of the body over a period of years, results are best maintained by keeping a stable and healthy body weight. Dramatic weight gains or losses may affect the shape and feel of your butt lift procedure in the future. Smokers tend to re-absorb/lose more of the fat that was injected during fat grafting as opposed to those who do not smoke.

What type of aftercare is needed for my Buttock Lift?

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering, which is normally after your first post-operative appointment. The garment helps define the shape of the buttock and control swelling. You will need to attend Out-Patients appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

RISKS AND CONDITIONS

- **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material, glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- **ALTERED SENSATION AND NUMBNESS DAMAGE**

Superficial nerves in the fat of the body may cause numbness or altered sensation including painful sensations such as shooting pains, burning sensations and pins and needles.

- **ASYMMETRIC AREAS**

Temporary lumpy areas and ridges may appear after surgery these may require massage. It is not possible to promise symmetry after any operation as the body is naturally asymmetrical.

- **BLEEDING**

Slow bleeding may collect under the skin forming a haematoma or seroma. You can also actively bleed from an incision.

- **BLOOD LOSS**

As with any surgery, some blood loss is expected. However, uncontrolled blood loss can lead to a drop in blood pressure with potentially deadly outcomes. Blood loss can happen while on the operating table, but also internally, after surgery.

- **BRUISING**

Bruising is a side effect that is often associated with plastic surgery. The degree of bruising that follows surgery will vary depending on patient sensitivity and the extent of the surgery itself. While bruising is not a sign of any more serious complications, you should monitor your condition during your recovery.

- **CONTOUR DEFORMITIES**

Some patients may experience small puckers or folds in the incision line. Many of these differences flatten out over time and with gentle massage. Occasionally further surgery is required to remove any excess that may develop.

- **DEEP VEIN THROMBOSIS**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

- **DELAYED HEALING**

In a small percentage of patients' complications of delayed healing can occur. All wounds heal at different rates, smokers are more likely to suffer from delayed healing. The wound initially appears to be healing well, but then the wound becomes red and a small hole appears. This is not a disaster, and with wound management it should heal spontaneously with regular dressings. However delayed healing can produce a wider heavier and sometimes stretched scar.

- **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic disorder and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. Discuss any history of mental health disorders with your surgeon prior to the procedure.

- **DRESSINGS**

Patients must not disturb their dressings, some incision sites ooze diluted blood, this is nothing to worry about, place a pad of gauze over the initial dressing and apply a little pressure, call the hospital if you have any concerns. If you experience any reaction to the dressing such as blisters / redness please ring the hospital for advice.

- **INFECTION**

Infection can occur with any surgery. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or sunburn-like rash. You should contact us immediately if you have these symptoms or report to your local Trust for potential treatment.

- **ITCHING AND BURNING SENSATION**

These symptoms are normally caused by nerve endings that have been damaged during the procedure reconnecting, they will usually subside at 14-28 days.

- **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of your previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are unwell . Vomiting is also very painful after surgery, especially if the surgery required an abdominal incision.

- **NECROSIS**

Some tissue death is normal with surgery, and the body can clean up the dead cells by itself. If too large an area of tissue dies, you may need surgery to remove it. This can affect the final appearance of a cosmetic procedure.

- **NERVE DAMAGE**

The potential for nerve damage is present in many different types of surgical procedures. Numbness and tingling are common after plastic surgery and can be signs of nerve damage.

- **OEDEMA**

A build-up of fluid in the body which causes the affected tissue to become swollen, normally it should subside naturally by being reabsorbed back into the body. If it persists you will need to discuss this with your clinical team.

- **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient and will be managed using analgesia. The pain may persist after you have healed from surgery.

- **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require further surgery or treatment.

- **SEROMA**

Fluid may accumulate following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation. This may contribute to infection or other problems.

- **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

- **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

- **SWELLING AND BRUISING**

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

- **THICK, WIDE, OR DEPRESSED SCARS**

Abnormal scars may occur even though the surgeon takes extra care to close all incisions as carefully as possible. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. Massage may also help but seek guidance from your surgeon before starting massage.

- **WOUND SEPARATION OR DELAYED HEALING**

Any incision, during the healing phase, may separate or heal unusually slowly for several reasons. These include inflammation, infection, excessive wound tension, decreased circulation, smoking, protein depletion and nutritional status or excessive external pressure. If delayed healing occurs, the outcome is usually not significantly affected, but secondary further surgery of the scar may be necessary.

FACE SURGERY

WHY HAVE A BROW LIFT?

If you have expression lines or other signs of aging in the forehead and brow region which you find bothersome, a Brow Lift may be right for you. A Brow Lift can minimise the creases that develop across the forehead or those that occur high on the bridge of the nose between the eyes. It can also improve what are commonly referred to as frown lines, reposition a low or sagging brow that is hooding the upper eyelid and raise the eyebrows to a more alert and youthful position. A Brow Lift is designed to help with these aging features, restoring a more youthful, rested appearance with uplifted contours and improved tone in facial skin and underlying muscle.

WHAT IS INVOLVED?

Eyebrow Lift, also known as Browplasty, is a procedure that targets loose skin and wrinkles on the forehead caused by age or inherited conditions to restore a more youthful and refreshed look above the eyes. The eyebrow lift is an outpatient procedure usually performed under general anaesthesia. The duration of the operation could take 1-2 hours depending on the type of Brow Lift.

Some cosmetic surgeons prefer using an endoscope which is a thin tube with a light and camera at the end, making small incisions through the hairline on the scalp. The forehead skin is lifted allowing the muscle and tissue to be adjusted while correcting visible creases and furrows in the forehead. The resulting scar from the incision within the hairline is normally concealed. Other surgeons prefer using the open brow method by making an incision across the forehead lifting the skin then loosening the muscles and removing fat. The surgeon then removes any extra skin, pulls the remaining skin and stitches the brow into its new position. Typically, after 1 week of surgery stitches are removed. Patients can expect to feel sore and bruised following the surgery and the head might be loosely wrapped to minimise swelling, the head should be kept elevated. Patients may experience pain and tenderness throughout the forehead. Bruising and swelling normally occur in the first 10 days after surgery and normally decreases after about 2 weeks.

FREQUENTLY ASKED QUESTIONS

Who is a good candidate for a Brow Lift?

Candidates that look angry, tired or worried much of the time due to a low and heavy eyebrow.

Will a Brow Lift give me a surprised look?

When done correctly, elevating the brows does not generate a surprised look. You should just look more refreshed and relaxed.

How long does the procedure take?

The duration of the operation could take 1-2 hours depending on the type of Brow Lift.

Can I have other procedures done at the same time as a brow lift?

You can, and often patients decide to have a Brow Lift at the same time if they have excess upper eyelid skin as well. Doing multiple procedures on the same day does not lengthen the recovery time, and should allow the patient to accomplish many goals with one surgery.

What type of aftercare is needed for my Brow Lift?

You will need time to recover. We will recommend a post-operative garment to wear for 2 weeks following your procedure, only removing this for showering which is normally after your first post-operative appointment. The garment helps define the shape of the face and control swelling. You will need to attend Out-Patients for appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE A FACE LIFT?

A Face Lift is one of the most commonly performed cosmetic procedures for both men and women. Many people feel unhappy about aging on the outside when they still feel young at heart on the inside. However, it is important to realise that a Face Lift will not change your life.

The best patient is someone with jowls, loose neck skin and a general saggy appearance to the skin on the face and neck. If you also have wrinkles, non-surgical facial rejuvenation can be combined with a Face Lift for an improved overall result. During your consultation, the surgeon will evaluate if you are a suitable candidate and will develop an individual surgical plan designed to suit your own particular needs.

WHAT IS INVOLVED?

The exact technique a surgeon uses during a Face Lift depends on several factors, including a patient's anatomy, personal goals, the extent of the Face Lift, and whether another procedure is being performed at the same time. Face Lifts are typically performed using general anaesthesia, although local anaesthesia with sedation may be used in certain less extensive procedures. Typical incisions begin within the hairline, above the temple and continue along or just inside the ear, ending behind the ear. This allows access to tighten underlying tissue, remove excess fat and reduce sagging skin. A second incision under the chin is sometimes necessary. If skin tone is good and only mid-face aging or excess fat in the neck will be corrected, abbreviated techniques with shorter incisions may be used. Liposculpture techniques may assist with removal of fat deposits.

FREQUENTLY ASKED QUESTIONS

How old do I need to be to have a Face Lift?

There isn't a rule when it comes to Face Lift surgery, however most patients are between the age of 40-70 years old. Candidacy is dependent on a few factors, including extreme aging and your current state of health. During your consultation, your surgeon will help you determine whether Face Lift surgery is a viable option for you or whether you'd be better served by a different procedure.

Will I need another Face Lift in the future?

Although the results of Face Lift surgery are not forever, they should last for many years with healthy living habits and a daily facial regimen. The decision to have a second Face Lift at a later age depends on your own personal preferences. Some patients will choose to take advantage of non-surgical treatments in assisting with maintenance.

How long will it take for my scars to begin to fade?

Scars from Face Lift surgery are normally barely visible and should fade within 12 months.

How much younger will I look?

Unfortunately, there is not a science or math equation to answer this. Every patient's genetic makeup is different as are their results. The great news is most patients notice results immediately after swelling and bruising has subsided. Your surgeon will walk you through realistic expectations on your personal results.

Can I have other procedures done at the same time as a Face Lift?

You can, and often patients decide to have their eyes improved at the same time.

What type of aftercare is needed for my Face Lift?

You will need time to recover. We will recommend a post-operative garment to wear for 2-4 weeks following your procedure, only removing this for showering, which is normally only after your first post-operative appointment. The garment helps define the shape of the face and control swelling.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE A OTOPLASTY?

Otoplasty is a procedure which makes it possible to “pin back”, reshape or reduce the ears in size. This procedure is also performed to make the ears more symmetrical. Otoplasty surgery is a straightforward procedure which involves the surgeon making normally small and discrete surgical incisions behind the ears and within the ears to ensure that there is normally minimal scarring. The procedure usually takes between 1-2 hours to complete while the patient is under a local or general anaesthetic. During the consultation, the surgeon will examine the structure of the ears and discuss possibilities for correcting the problems. Even if only one ear needs “pinning back,” surgery will probably be recommended on both ears to achieve the most natural, symmetrical appearance.

WHAT IS INVOLVED?

An Otoplasty is surprisingly complex. The appearance and prominence of the ear is governed by a delicate balance among the curvatures in the cartilage of the ear. Changing the shape of one area, therefore, causes changes in the shape of surrounding areas. To be successful, each manoeuvre must compliment each other. These include such things as cartilage scoring, excision, and cartilage stitches. A careful interplay of these techniques should produce the desired result. Since everyone is unique, the exact surgical plan cannot be determined until a full examination of the ear is completed.

Otoplasty surgery begins with an incision just behind the ear, close to where the ear joins the head. The surgeon will then remove cartilage and skin and sculpt the ear to the desired look. Cartilage is then pinned back with sutures. In other instances, the surgeon will not remove any cartilage, but use stitches to hold the cartilage permanently in place. After sculpting the cartilage to the right shape, the surgeon will apply sutures.

FREQUENTLY ASKED QUESTIONS

What should I expect after surgery?

Large dressings are applied to the ears normally until after your first post-operative appointment. Most patients experience some mild discomfort. If you are accustomed to sleeping on your side, your sleep patterns may be disrupted because you cannot put any pressure on the ear areas. Headbands are sometimes recommended to hold the ears in the desired position following surgery.

What is the best age for an Otoplasty?

Otoplasty can be performed on patients of all ages, but Enhance can only assist patients who are 18 and over.

Will the surgery alter my hearing?

No Otoplasty does not alter hearing.

Is there a scar after Otoplasty?

The incision is right behind the ear and should normally be hidden well. A dressing will be applied and will require being worn for some days following Otoplasty. The skin will be bruised generally lasting in the region of 2 weeks.

When will I be able to see the results?

After the dressings are removed, you should see an immediate difference in the ear, although some residual swelling may remain. Removing the dressings too early could increase the chance of infection or alter the final results.

What type of aftercare is needed for my Otoplasty?

You will need time to recover. We will recommend a post-operative garment to wear for 2 weeks following your procedure, only removing this for showering normally after your first post-operative appointment. The garment helps control swelling and keep the ears in position. Out-Patients appointments are necessary.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE A RHINOPLASTY?

Many patients are interested in nose surgery either to enhance their look or simply to feel more confident. Rhinoplasty should enhance facial harmony and the proportions of your nose. It should also correct impaired breathing caused by structural defects in the nose. Rhinoplasty is a procedure that is done by a surgeon to enhance the appearance of the nose by changing the height, length and width and improving the aesthetic appearance of the face. Additionally, Rhinoplasty might involve adding or removing some parts of the bone and cartilage or adding grafts.

WHAT IS INVOLVED?

During the consultation, the surgeon will discuss your goals and evaluate what nasal surgery can be realistically achieved. Rhinoplasty takes 2-4 hours to complete under general anaesthesia depending on the technique used. Nasal surgery is either preformed using a closed procedure in which incisions are made inside the nose or an open procedure in which an incision is made across the narrow part of the nostrils called the columella. The skin that covers the nasal bones and cartilages is raised through the incisions allowing access to reshape the structure of the nose. The cosmetic surgeon can add or remove bone, cartilage and/or add grafts to adjust the structures and size inside the nose. Dissolvable stitches should be used to close incisions they should dissolve after about a week, a splint might be placed over the nose for support. Recovery times varies and could take at least 2 weeks before the bruising begins to fade and several months before the nose settles into its new shape.

FREQUENTLY ASKED QUESTIONS

Am I a good candidate for rhinoplasty?

The best Rhinoplasty patients are in good health, over the age of 18, non-smokers. They have complaints with nasal appearance and/or breathing, and have realistic expectations of the result. They are able to understand the basic aspects of Rhinoplasty so they can easily participate in their own care.

What is Rhinoplasty or nose reshaping?

Rhinoplasty is a procedure that is done by a surgeon to enhance the appearance of the nose by changing the height, length and width and improving the aesthetic appearance of the face.

How long is the surgical time for Rhinoplasty?

Rhinoplasty takes 2-4 hours to complete under general anaesthesia depending on the technique used.

Where are the incisions made for Rhinoplasty?

Most incisions are inside of the nose and in some situations, an incision is made between the nostrils. The incisions should heal quickly and the scars should fade.

What type of aftercare is needed for my Rhinoplasty?

You will need time to recover. We would recommend post-operatively that extra care is taken to avoid any face trauma as Rhinoplasty surgery is not easily corrected. Out-Patients appointments are necessary to remove any dressings used and you must keep the dressing dry at all times.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

WHY HAVE EYELID SURGERY?

Eyelid Surgery is one of the most popular cosmetic procedures for both men and women because it should give a subtle effect in restoring a more youthful and rested appearance. This surgery can be a great place to start with a surgical rejuvenation of your face as these features can make you look older and more tired than you feel. The independent surgeons and Patient Care Coordinators will guide patients through the decision-making process and will be here to answer any questions.

WHAT IS INVOLVED?

Eyelid Surgery, also known as eye bag removal or Blepharoplasty is a cosmetic eye surgery performed to restore a more youthful appearance and correct issues with vision caused by drooping Eyelids. An eyelid surgery is done by tightening saggy or hooded eyelids, and removing fatty pouches from beneath the eyes. When loose folds in the Eyelid and under eye bags are reduced, the eyes usually appear brighter and more alert. Eyelid Surgery can be performed on either the upper or lower eyelids, or both. Your surgeon will advise on the technique for your surgery during your consultation.

During Eyelid Surgery, incisions are usually made in the creases of your upper eyelids and right below the lashes in your lower eyelids (making scars seem almost invisible). After the fat under the eye is repositioned and excess skin is removed, the incisions are closed with tiny sutures designed to be almost unnoticeable. Most Eyelid Surgery takes between one to 3 hours.

FREQUENTLY ASKED QUESTIONS

What should I expect after surgery?

After Eyelid Surgery, you will most likely have swelling and bruising which can be minimised by keeping your head elevated by sleeping at a 45-degree angle as much as possible for the first few days.

Who is a good candidate for Eyelid Surgery?

The best candidates for Eyelid Surgery are physically and emotionally healthy non-smokers who have excess skin and fat, or “bags,” that affect their eyelids and or vision. Patients with diabetes, glaucoma, high blood pressure, thyroid or heart problems should discuss these medical conditions with their surgeon.

How do I know if I need an Eyelid lift or a Brow Lift?

Patients who are considering an upper Eyelid Surgery will need to have the eyebrow position thoroughly assessed during consultation with your surgeon. Upper eyelid heaviness can be a result of excess eyelid skin, in which case an upper eyelid lift is appropriate. Heaviness caused by drooping of the brow will usually require a Brow Lift.

How long is an Eyelid Surgery?

Upper Eyelid Surgery takes about one to one and a half hours to complete. A lower Eyelid Surgery takes approximately 1.5-3 hours.

What type of aftercare is needed for my Eyelid Surgery?

You will need time to recover. Some surgeons recommend the use of eye ointment or drops to help keep the eyes lubricated, these will be prescribed if needed. Protecting the eyes and wearing sunglasses is recommended. You will be asked to attend for Out-Patients appointments.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

RISKS AND CONDITIONS

- **ANAESTHESIA COMPLICATIONS**

Anaesthesia is the practice that allows patients to undergo surgery without feeling the procedure. General anaesthesia, where medication is used to make you unconscious, can sometimes lead to complications. These include lung infections, stroke, heart attacks, and death. More common anaesthesia risks include waking up confused and disoriented, and shivering. A less common complication is anaesthesia awareness, or waking up in the middle of surgery.

- **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- **ALTERED SENSATION AND NUMBNESS DAMAGE**

Superficial nerves in the fat may cause numbness or altered sensation including painful sensations such as shooting pains, burning sensations and pins and needles.

- **ASYMMETRIC AREAS**

Temporary lumpy areas and ridges may appear afterwards and these may require massage. It is not possible to promise symmetry after the operation as the body is naturally asymmetrical.

- **BLEEDING**

Slow bleeding may collect under the skin forming a haematoma or seroma.

- **BRUISING**

Bruising is a side effect that is often associated with plastic surgery. The degree of bruising that follows surgery will vary depending on patient sensitivity and the extent of the surgery itself. While bruising is not a sign of any more serious complications, you should monitor your condition during your recovery.

- **CONTOUR DEFORMITIES**

Some patients may experience small puckers or folds in the incision line. Many of these differences flatten out over time and with gentle massage. Occasionally further surgery is required.

- **DEEP VEIN THROMBOSIS + PULMONARY EMBOLISM**

Deep vein thrombosis (DVT) is a condition where blood clots form in deep veins, usually in the leg. When these clots break off and travel to the lungs, it's known as pulmonary embolism (PE). Though relatively uncommon, these complications can be fatal. Due to these risks we may ask you to wear stockings for 7-14 days after surgery, it is vital these are not removed as they promote circulation; if you remove them for showering, they must not be off for more than 15 minutes. It's important you mobilise frequently and keep active as this too promotes circulation. Any symptoms of chest tightness, calf pain or pins and needles must be reported immediately and you may need to report to A&E.

- **DELAYED HEALING**

In a small percentage of patients' complications of delayed healing can occur. All wounds heal at different rates, smokers are more likely to suffer from delayed healing. The wound initially appears to be healing well, but then the wound becomes red and a small hole appears. This is not a disaster, and with wound management it should heal spontaneously with regular dressings. However delayed healing can produce a wider heavier and sometimes stretched scar.

- **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic disorder and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. Discuss any history of mental health disorders with your surgeon prior to the procedure.

- **DRESSINGS**

Patients must not disturb their dressings, some incision sites ooze diluted blood, this is nothing to worry about, place a pad of gauze over the initial dressing and apply a little pressure, contact the hospital if you have any concerns. If you experience any reaction to the dressing such as blisters / redness please ring the hospital for advice.

- **FACIAL PALSY**

Facial palsy is a risk associated with some of the procedures in this section, this is an extremely rare complication caused by nerve damage and would require the patient to undergo a supplementary treatment plan.

- **HAEMATOMA (BLEEDING)**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). Haematoma may contribute to, infection or other problems. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Haematoma can occur at any time following injury to the area.

- **HAIR LOSS**

Patients may experience some hair loss in the temporal region, this is usual a temporary situation with the expectation that the hair will regrow.

- **INFECTION**

Infection can occur with any surgery. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or sunburnlike rash. You should contact us immediately for diagnosis and treatment if you have these symptoms or attend your local Trust for investigation.

- **ITCHING AND BURNING SENSATION**

These symptoms are caused by nerve damage and should usually subside at 14 to 28 days.

- **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of your previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell. Vomiting is also very painful after surgery.

- **NECROSIS**

Some tissue death is normal with surgery, and the body can clean up the dead cells by itself. If too large an area of tissue dies, you may need surgery to remove it. This can affect the final appearance of a cosmetic procedure.

- **NERVE DAMAGE**

The potential for nerve damage is present in many different types of surgical procedures. Numbness and tingling are common after plastic surgery and can be signs of nerve damage.

- **OEDEMA**

A build-up of fluid in the body which causes the affected tissue to become swollen, normally it should subside.

- **ORBITAL HAEMATOMA (BLEEDING)**

Orbital haematoma following eyelid surgery is a collection of blood. The risk is higher during the first 24 hours following any surgical procedure, but it can still occur at a later stage. In case of a major collection of blood it may be necessary for patients to return to theatre for a second operation to remove this collection, although extremely rare. The risk of bleeding slowly fades in 3-4 weeks as the healing continues. We recommend that you refrain from any heavy lifting and strenuous activity during this period.

- **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient. The pain may persist long after you have healed from surgery. In addition, surgical technique may result in pain. Tell us or your surgeon if you have a lot of pain or if your pain does not go away.

- **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require further surgery or treatment.

- **SEROMA**

Fluid may accumulate following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid which may contribute to infection or other problems.

- **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

- **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

- **SWELLING**

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

GENERAL GUIDANCE

GENERAL GUIDANCE

• AFTER SURGERY

Immediately after surgery, you will experience some discomfort that should be controlled with pain relief medication. Some tightness in the surgical area is also normal, usually due to swelling. When the medical team feels you are ready, you will be transferred from the recovery room. Regardless of whether you are going home the same day or staying with us overnight the first few hours after surgery need to be restful. We encourage you to mobilise but not to do anything too strenuous. It is important that you arrange a chaperon such as a family member to accompany you home after surgery. Showering after surgery will depend on your surgeon instructions most patients can shower within 24 hours if their dressings do not get wet but please ask us before your leave what your surgeon has advised.

• YOUR RECOVERY

During recovery, it is important to listen to your body and follow the instructions given to you by your surgeon. If we have advised you to wear a particular garment or bra it is essential that you do so. Any dressings or bandages that are in place must be left alone, as trying to adjust these might affect the healing process. For pain management during your recovery you can take the analgesia provided and if this is not sufficient you can contact the clinic for advice. The general guidance for the first 6 weeks after your procedure is to avoid strenuous activity, exercise or heavy lifting. Driving can normally be recommenced after the first 2 weeks and it up to you to decide if you feel comfortable and safe to drive and to ensure you can perform the emergency stop without it being painful. For any procedure we recommend you take time to recover.

• POST-OP APPOINTMENTS

Post-operative follow-ups are very important for each patient undergoing cosmetic surgery. You will be scheduled for post-operative appointments for wound management and suture removal. Post-operative instructions are vital and we consider it very important that you adhere to them. Failing to follow these guidelines and attend your appointments can adversely affect the outcome of surgery and put your safety at risk as well as affect your terms and conditions for your aftercare. Following the procedure, the patient is asked to return on specified appointments approximately at 7, 30 and 90 days, or as required. Occasionally it may be necessary to return more regularly than those stated.

PLEASE TAKE NOTE

All surgery carries an element of risk. Cosmetic Surgery procedures may be voluntarily undertaken, however, that does not mean that complications will not happen. We have listed the most common risks associated with your procedure in this booklet, during your consultation your surgeon will discuss them in greater detail.

- **MEDICAL HISTORY**

During your pre-consultation, you will be asked to complete a medical history questionnaire. You must provide us with every aspect of your medical history, including illness, drugs, allergies, operations, sickle cell and any family medical history. If you withhold any relevant information you are potentially placing your own wellbeing at risk.

- **PREOPERATIVE SCREENING**

After the surgeon has finished your consultation and reviewed your medical history, it may be appropriate for preoperative tests. Some of these are routine and will be covered in the fixed price package, however, additional costs may be necessary if the surgeon requires further tests. These tests and information will help to reduce the pre-and post-operative risks and promote a good recovery, you will be asked to self-fund these tests.

- **GENERAL PRACTITIONER**

In some cases, prior to surgery, it may be essential for the surgeon to contact your own doctor or any other relevant specialist that you have previously seen. We reserve the right to contact your General Practitioner at any time, should the surgeon feel that this is necessary. We would only establish this contact with your full consent, should you withhold this consent the surgeon may feel unable to continue with your procedure. In the case of an emergency, we would contact your General Practitioner.

- **MENTAL HEALTH**

Before surgery we try very hard to ensure our patients are prepared physically for surgery, however, it is just as important to ensure they are also of a stable frame of mind. We do not discriminate against patients with past or current histories of mental health concerns, but we do need to have the most up to date information about your whole life mental health history so we can make safe decisions on how we care for you and meet your needs. Often in cases where patients disclose a history, we require more information from the professionals who supported you and their assessment of your coping mechanisms. The reason we pay attention to this is because while you might feel completely recovered now, surgery can be very challenging on the mind and body, and it can trigger reactions which were previously resolved. Surgery holds no guarantees and there are risks and complications which are described in this book and as part of your consent process. When things do not go to plan, we need to have confidence that you have support and mechanisms around you to help you cope with this. Please do not be offended if we ask for this information, it is for your safety and without it, we will be unlikely to proceed to surgery.

GENERAL ANAESTHETIC

GENERAL ANAESTHESIA

WHAT IS GENERAL ANAESTHESIA?

General anaesthesia is a combination of medicines that you inhale or receive through a needle in a vein to cause you to become unconscious. It affects your whole body. Under anaesthesia, you should be completely unaware and not feel pain during the procedure.

People are instructed not to eat 6 hours before anaesthesia so that the stomach is empty, you can drink up to 4 hours before admission but for the 2 hours before admission please only drink clear water. The amount of time depends on the procedure. This will help to prevent food from being inhaled (aspirated) into the lungs. The breathing tube inserted during general anaesthesia can also prevent stomach contents from entering the lungs.

After surgery using general anaesthesia, a common side effect is nausea and vomiting. Most of the time, this can be treated and doesn't last long. Also, some people have a sore throat or hoarseness from the breathing tube inserted after the person is unconscious. Inserting the breathing tube can sometimes cause damage to a person's mouth or teeth, but this is uncommon.

Rare but serious risks of general anaesthesia include:

- Heart attack, heart failure, or stroke.
- Increases or decreases in blood pressure.
- Pneumonia or other breathing disorders.
- Difficulty placing a breathing tube.
- Reactions to medicines used in the anaesthesia.
- Muscle damage and a rapid increase in body temperature.
- Death.

Some people who are going to have general anaesthesia express concern that they will not be completely unconscious but will "wake up" and have some awareness during the surgical procedure. But awareness during general anaesthesia is very rare, anaesthesia specialists devote careful attention and use many methods to prevent this.

CONSIDERATION

You will need to take these considerations into account before your surgery:

- You must arrange for someone to collect you after surgery. Failure to do this may result in your operation being postponed or cancelled. Under no circumstances can you drive yourself home after surgery.
- After surgery you will probably need to recover, patients will vary in their needs so you may need to think in terms of having in the region of 2 weeks leave. If your job is quite strenuous, involving lifting the surgeon may advise you to take a longer period to recover. After surgery, you should remain within the UK at the least until after your first postoperative appointment.
- If you smoke it is very important that you stop at least 4 weeks prior to surgery and at least 4 weeks post-operative to improve the healing.
- Immediately after surgery you must not lift heavy objects. Patients with small children will need to ensure they have the help and support of their friends and family while they convalesce.
- Please inform the hospital if you have any cold or flu symptoms prior to surgery. If you are ill we may need to postpone your procedure.
- You should not eat or drink after midnight the night before if your operation is booked for early in the morning. Late admissions will be advised regarding this matter.
- Any outstanding balance will need to be paid 30 days before surgery takes place. Please ensure you have the necessary funds to do this. Last minute delays may result in your operation being postponed or even cancelled.
- Do not wear make-up or nail polish on the day of admission.
- Avoid activities which may cause you to get cuts or scratches as this may result in your surgery being cancelled on the day due to infection risks.
- You are more likely to be happy with the results of cosmetic surgery if you have clear, realistic expectations and a clear understanding of why you want to have surgery.
- The cost of cosmetic surgery can vary depending on the procedure you're having, but you should take the cost into consideration before having any plastic surgery.
- Plastic surgery carries risks and complications. While technology and surgical education make complications a rarity, it's best to be prepared. It's advisable that you to speak with your surgeon to find out more about the procedure you're having and any possible side-effects that may arise.

EFFECTS AND RISKS

COMMON COMPLICATIONS

• DIZZINESS AND FEELING FAINT

Dizziness and feeling faint are common side effects of general anaesthesia, it is considered normal several days after surgery.

• SHIVERING

You may shiver if you get cold during your operation. Shivering can also happen even when you are not cold, as a side effect of anaesthetic drugs.

• HEADACHE

There are many causes of headache after anaesthesia. These include the operation, dehydration and feeling anxious.

• CHEST INFECTION

A chest infection is more likely to happen after major surgery on the chest or abdomen in people who smoke. It should be treatable with antibiotics and physiotherapy.

• ITCHING

This is a side effect of opiate pain-relief medicines, an allergy to anything you have been in contact with, including drugs, sterilising fluids, stitch material, latex and dressings.

• ACHES, PAINS AND BACKACHE

During your operation, you may lie in the same position on a firm operating table for a long time. You will be positioned with care, but some people still feel uncomfortable afterwards.

• BRUISING AND SORENESS

This can happen around injection and drip sites. It may be caused by a vein leaking blood around the cannula or by an infection developing.

• CONFUSION OR MEMORY LOSS

This is common among older people who have had a general anaesthetic. It may be due to an illness developing such as a chest or urine infection.

• BLADDER PROBLEMS

Difficulty passing urine, or leaking urine, can happen after most kinds of moderate or major surgery. If this happens, the team will consider whether you need a urinary catheter.

• HARDNESS TO VEINS

Following the use of a cannula, the vein from this and surrounding areas can harden, bruise and be sore or numb. This will resolve within 6 weeks usually and if you are concerned, we recommend seeking advice from your GP.

• LIMB NUMBNESS

On occasion, following the use of a cannula, the arm used can become numb, or experience pins and needles. If this happens, please monitor it, if it worsens, please visit your local walk in centre or A&E. Limb numbness can also happen due to how your arms or legs were positioned during surgery, and again when this happens, it usually returns to normal after 48 hours, however if you find it does not, or it worsens, please contact your Enhance Clinic and be prepared to visit your local walk in centre or A&E.

UNCOMMON COMPLICATIONS

• BREATHING DIFFICULTIES

Some people wake up after a general anaesthetic with slow or slightly difficult breathing.

• DAMAGE TO TEETH, LIPS OR TONGUE

It is more likely if you have fragile teeth, a small mouth or a stiff neck. Minor bruising or small splits in the lips or tongue are common, but heal quickly.

• AWARENESS

Awareness happens because you are not receiving enough anaesthetic to keep you unconscious. The Anaesthetist uses monitors during the anaesthetic which show how much anaesthetic is being given and how your body is responding to it.

• DAMAGE TO THE EYES

It is possible that surgical drapes or other equipment can rub the cornea and cause a graze. Small pieces of sticky tape are often used to keep the eyelids together, or ointment is used to protect the surface of the eye.

• NERVE DAMAGE

Temporary nerve damage can be common with some types of anaesthetic, but full recovery often follows. Permanent nerve damage to nerves outside the spinal column is uncommon.

• EXISTING MEDICAL CONDITIONS GETTING WORSE

Your Anaesthetist will make sure that it is safe to continue with your surgery considering any existing medical condition you have.

RARE COMPLICATIONS

• SERIOUS ALLERGY TO DRUGS

Allergic reactions can happen with almost any drug. Your Anaesthetist uses continuous monitoring which helps make sure that any reaction is noticed and treated before it becomes serious. Very rarely, people die of an allergic reaction during an anaesthetic. It is important to tell your Anaesthetist about any allergies you know you have.

• DAMAGE TO NERVES IN THE SPINE

Permanent damage to the nerves in your spine is very rare after either a general anaesthetic, spinal or epidural anaesthetics.

• EQUIPMENT FAILURE

Many types of equipment are used during an anaesthetic. Monitors are used which give immediate warning of problems, and the chance of a serious event due to equipment failure is rare or very rare.

• DEATH

Deaths caused by anaesthesia are very rare. There are probably about 5 deaths for every million anaesthetics given in the UK.

• EMBOLISM

Embolism is rare during an anaesthetic but is potentially fatal. Prophylaxis of thromboembolism is common and begins preoperatively with thromboembolic deterrents (TEDS) and low molecular weight heparin (LMWH).

PREPARING FOR
YOUR OPERATION

PREPARING FOR YOUR OPERATION

LEADING UP TO YOUR OPERATION

Usually 2–4 weeks before your operation, you will be invited into the clinic for a series of medical questions, possible blood tests and/or swabs. These are routine and will be fully explained when we call you to make the appointment.

6 WEEKS BEFORE YOUR OPERATION

Please do not have aesthetic injectable treatments of any kind within 6 weeks of surgery, such as filler, botox, tattoos, and semi-permanent make-up.

If you have any dental investigations or treatment, immunisations, or if you are prescribed antibiotics, you must inform our team as soon as possible.

Antibiotics:

If you have been prescribed antibiotic treatment for a systemic infection (for example: chest infection, urinary tract infection, deep cavity infection, or organ-related infection), antibiotic therapy must have been completed at least 6 weeks prior to your admission, and you must be symptom-free before surgery.

Please contact our team to discuss any new medications or changes to medication prior to your surgery date.

If you have been advised to stop medication, please oblige.

4 WEEKS BEFORE YOUR OPERATION

- You will need to stop smoking, including all forms of nicotine (cigarettes, vapes, nicotine gum, and passive smoking).

A nicotine and pregnancy test will be carried out on the day of surgery.

If either test is positive, you may be charged up to £1,000 to cover costs and your surgery may need to be rescheduled.

- If you have recently taken or are currently taking antibiotics, you must inform the clinical team.

Surgery will only proceed in line with the antibiotic guidance outlined above, and following clinical assessment.

BMI

In preparation for your surgery, it is important to keep your BMI within the range of 17 – 30. We will risk assess some cases that fall below 17 and up to 32 maximum; when the BMI range is not met and postponements take place, fees will apply as per the terms and conditions.

WHY IS BMI IMPORTANT FOR SURGERY?

A healthy BMI prior to cosmetic surgery not only makes a good surgery result more likely but it also further minimizes the already quite low risk that is always associated with anaesthesia and with any surgical procedure.

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IMPROVED RECOVERY

Often, people who are determined to be obese due to a high BMI have a weakened immune system and chronic inflammation. This can slow down your recovery rate, increase pain and inflammation after surgery, and increase the risk of infection or complications after your procedure.

GETTING THE BEST RESULTS

For people with a higher BMI, liposuction or a tummy tuck won't help you reach your weight loss goals. Surgery is not a solution to weight loss, instead, it's an effective way to tone and trim what diet and exercise can't fix, such as fat deposits, loose skin, and damaged or stretched abdominal muscles. Surgery to the breasts can be affected if weight fluctuates; it is best to be at your ideal weight before surgery for this reason.

BECOMING A GOOD CANDIDATE FOR COSMETIC SURGERY

In order to get the tone, trim physique you dream of, it's important to focus on a long-term plan that culminates in cosmetic surgery. We recommend the following steps:

- Setting a healthy goal weight that would calculate below a 30 BMI.
- Create a meal plan rich in fruits, vegetables, whole grains, and lean proteins.
- Exercising regularly and at a sustainable pace, such as walking daily and doing 20 minutes of cardiovascular exercise three to four days a week.
- Set a pace of losing one to two pounds per week.

Before starting any diet or exercise regimen, we always recommend discussing it with your general practitioner or family doctor. If traditional weight loss is not the right step for you.

Once you've reached your goal weight and have maintained it, you'll have a better idea of what goals you have for cosmetic surgery procedures and how we can help you achieve them. This may include a tummy tuck to repair damaged muscles and stretched skin, or you may even consider a body lift after extreme weight loss.

FACILITY RELATED

Our facility is not designed to accommodate patients of a higher BMI, working within the equipment safe working limits and the associated risks of heavier patients means a range has to be set for our patients. This range is 17 – 30 (with some risk assessment available for those measuring 16 – 32 in exceptional circumstances and with the support of a GP).

FURTHER SUPPORT

- Your GP is your first port of call
- <https://www.nhs.uk/live-well/healthy-weight/managing-your-weight/12-tips-to-help-you-lose-weight/>
- <https://www.nhs.uk/better-health/lose-weight/>
- <https://www.diabetes.co.uk/bmi/what-to-eat-to-lower-bmi.html>

PREOPERATIVE PREPARATION

- The incisions for your procedure will be discussed and explained to you by your surgeon; normally these are made in the most non-invasive way and usually as small as they can be.
- Your GP will be contacted informing them that you have chosen to have surgery and we will speak to you ahead of this.
- You are advised to plan to take a minimum of 5 days off work following a procedure to rest, you may need more, remember you will need time for your post-operative appointments as well.
- Please do not apply fake tan 7 days prior to surgery and until fully healed
- Be sure to remove all false eyelashes, nails and piercings as these can interfere with the procedures in theatre and delay your admission at the hospital.
- If your hair is long, please tie it up with a bobble that does not have metal in it.
- Please wear loose fitting clothing, preferably nothing that goes over the head, something with buttons at the front is ideal as your movements may be restricted for the first few days post-surgery.
- Have a shower either the evening before or the morning of surgery and do not apply deodorant or products following this.
- Inform the clinic if you are feeling unwell
- For female patients, please advise the clinic if you think that you may be pregnant or menstruating at the time of your procedure before you leave to attend your operation as this may affect your dates.
- Ensure that you are an hour or less away from your operating hospital on the night following your surgery; we do not advise you to travel home alone and do not use public transport.
- Do not have anything to eat (including chewing gum) 6 hours prior to surgery. You can drink still clear water up to 2 hours prior to your admission. This may not apply if your surgery is under local anaesthetic so please speak with a clinician or member of the team for clear guidance.
- Photographs: these will generally be taken at your pre-op and post op appointments. These are for you and the clinical team to see only and will remain in your file and protected by Data Protection and confidentiality laws.
- The patient journey is extremely important to us, the above is just some of the information that will help you prepare for your long-awaited surgery.

WHAT DO YOU PACK FOR A DAY CASE?

- Form of photographic ID
- Pre-and post-op information including relevant contact details
- Hospital/Clinic address
- Slippers
- Dressing gown (some patients get cold or like the comfort of personal items)
- Reading material, book or magazines
- iPad/Mobile phone
- Chargers
- Sports bra (if applicable)
- Pillow (personal choice for comfort for patients travelling home)
- Roller ball deodorant (after)
- Hair bobble (non-metal)
- Baby wipes

WHAT DO YOU PACK FOR AN OVERNIGHT STAY?

- Form of photographic ID
- Nightwear but must be loose. Button up PJ's are best
- Comfortable underwear
- Pre-and post-op information including relevant contact details
- Hospital/Clinic address
- Slippers
- Dressing gown (some patients get cold or like the comfort of personal items)
- Reading material, book or magazines
- iPad/Mobile phone
- Chargers
- Snacks (you are supplied with a drink and light snack following your procedure but in case you want more)
- Loose comfy clothing. If you're having BA or any type of breast surgery, bring a zip up or button up jacket or top as you won't be able to lift your arms over your head
- Sports bra (if applicable)
- Pillow (personal choice for comfort for patients travelling home)
- Roller ball deodorant (after)
- Hair bobble (non-metal)
- Baby wipes
- Tooth brush and Tooth Paste
- Dry shampoo

POST-OPERATIVE CARE + CONDUCT

POST-OPERATIVE CARE AND CONDUCT

Please read the following carefully. It is important information and may prevent unnecessary concern or problems at a later stage. Together with your preoperative counselling information most of the questions you are likely to have following your discharge are dealt with in this booklet.

The first point to deal with is the arrangement of your first post-operative appointment, this is an important appointment, your surgeon may have instructed that your sutures and/or stitches are removed on this date and you will be aware from your initial counselling information that if it is missed your surgeon will not be able to comment on the outcome of your surgery. If you do need to re-schedule this date it may have an effect on the healing process, you should make every effort to attend.

When you attend your post-operative appointment, the treatment you need will determine who you see. For a simple plaster, suture removal or routine wound care your surgeon may request that you see one of the hospitals nurses, or a colleague.

Occasionally, you may be examined by several people. This does not mean that there is anything wrong—it's simply the system we use. You may, of course, see your surgeon post-operatively at any convenient time if you wish to discuss anything about your treatment.

If post-operatively you have any concerns or doubts about any aspect of your treatment you should telephone the hospital. Following your discharge, we expect no problems associated with your surgery and would only allow you to be discharge if we were reasonably certain that you are fit to leave. However, in the unlikely event of a problem arising, or you believe you have one, you should telephone the hospital immediately.

TAKING THESE MEASURES WILL ASSIST IN YOUR RECOVERY:

- No smoking for at least 4 weeks after your surgery
- Follow the discharge instructions
- Avoid excessive exercise including swimming for 6 weeks
- Gentle exercise such as walking is beneficial

WOUND CARE

It is extremely important that your wound is checked after surgery by a nurse. This is to monitor wound healing and ensure any sutures which require removing can be. Smoking, drinking and poor diet can affect wound healing.

KEEPING YOUR WOUND DRY

Please do not get the incisions wet you can wash around the area, if area does get wet just pat dry with a clean towel. We will advise you on showering at your first postoperative appointment.

FLYING / TRAVEL ABROAD

Normally it is advised that you can fly short haul 2 weeks following the procedure and you can fly long haul 6 weeks post-operative, but please always check with the clinical team before making any arrangements.

Please do not call the hospital requesting variation of the above do's and don'ts. There is no reason that exists for us to take risks on your behalf for which we would be responsible.

SICK NOTES

Sick notes for time-off work are only required after the seventh day. For the first 7 days self-certification is all that is legally required by your employer. If a sick note is needed please ask when you are admitted, so that the surgeon has time to sign it. A sick note is a legal document and carries serious consequences for signatories that misuse them. Accordingly, the hospital cannot issue notes for periods of time that exceed that required for normal healing or for reasons that are not absolutely in line with the surgery that has been carried out.

Confidentiality requires that we do not discuss our patients with their employers. If proof of your hospitalisation is required, please obtain a sick note. Failing to adhere to the post-operative instructions will affect your terms and conditions.

PAIN RELIEF MEDICATION

You may be prescribed more than one pain relief medication to take home with you. Some patients may prefer to take the analgesia which they usually take—do not take both. All medications work in different ways to relieve pain.

- Paracetamol
- Anti-inflammatory
- Morphine based analgesia

The following information will help you choose which painkiller to take, depending on how severe your pain. Please make sure you also have a supply of paracetamol and ibuprofen at home.

MILD PAIN

Take your paracetamol regularly, as prescribed on the prescription label. Do not take more than 8 tablets in 24 hours.

MODERATE AND SEVERE PAIN

Take all your pain relief medication as described on the prescription labels.

EFFECTS OF PAINKILLER

Analgesia can be any one of many drugs, from over-the-counter medications like ibuprofen, and aspirin to prescribed drugs. All pain relief medication carries risks but it's the narcotic pain relief medication that carry the highest risk of addiction. Consequently, pain relief medication can be harmful, especially when taken incorrectly.

Many medicines also can cause the following:

- Constipation
- Dry mouth
- Insomnia and erratic sleeping patterns
- Drowsiness and dizziness
- Muscle spasms
- Abdominal pain
- Low blood pressure
- Circulatory collapse
- Heart attack
- Confusion and anxiety
- Depression
- Hallucinations
- Coma
- Malnutrition
- Nausea
- Vomiting
- Liver disease
- Kidney disease

As you heal you will feel less pain. Once your pain is controlled and is mild, you should only take paracetamol. If your pain remains severe for more than a few days or is not relieved by your pain relief medication, you should contact the hospital.

Never give prescribed tablets to other people, as they may not be safe for them to take. Any leftover medication should be taken to your local pharmacy for safe disposal.

Keep all medicines out of the reach of children.

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