

Arm Reduction (Brachioplasty)

Arm reduction (brachioplasty) surgery has increased in popularity over the last few years partly because techniques have improved but also because of the increasing demand in people who have lost a lot of weight. The surgery aims to correct the flap of redundant skin and tissue seen under the upper arm when held out to the side. This frequently develops in patients following large weight reduction but may also occur in a slim person with increasing age and consequent increasing skin laxity. The main drawback of this surgery is the scarring which is usually along the inside of the upper arm and extends from the armpit to the elbow. Liposuction is frequently used as an adjunct to the surgery, though by itself will rarely be sufficient to correct the problem (and in many cases may actually make matters worse!).

The aims and expectations of surgery should have been discussed at the initial consultation. Smokers have a higher risk of developing complications, in particular infections, wound breakdown and poor scarring, and it is therefore advised they should refrain from smoking for at least 6 weeks prior to and for 2 weeks following surgery. Aspirin and related anti-inflammatories should be avoided for a similar time period as they may promote bleeding.

What happens before the operation? Patients are usually admitted on the day of surgery and are seen before surgery by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr. Khan. Mr. Khan will take preoperative photographs as well as planning the operation by drawing on the arms preoperatively. Additionally before surgery the patient may require a blood test and will also be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and to reduce the risk of thrombosis.

Operative procedure. The surgery takes 2 to 2½ hours to perform and is undertaken under general anaesthesia with patients usually being in hospital for 2 nights postoperatively.

On return to the ward patients will have an intravenous drip to provide fluids for the 24 hours following surgery. Drains are placed into each arm to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed prior to discharge.

Patients normally require dressings for between 2 and 4 weeks postoperatively and will find that they have some significant restrictions in their shoulder and elbow movements for this period of time. The degree of discomfort experienced by patients is extremely variable and painkillers may be needed for 2 to 4 weeks. Patients are discouraged from driving for at least 2 weeks following surgery and the usual time off work is between 2 and 4 weeks. Activities however do need to be limited for several weeks following surgery and patients who engage in sporting activities where arm movements are important, may find their activities restricted for between 6 and 12 weeks following surgery. A sick certificate can be provided if required. For further information regarding the postoperative course, please see the Discharge Advice Sheet.

As with all surgery complications can occur. In the initial stage following surgery the main risks are of wound problems with infection and breakdown, in particular around the elbow region. From a longer term point of view, the main problem is developing lumpy scars and on occasions treatment to improve the scarring may be required.

As with all cosmetic surgery procedures undertaken by Mr. Khan there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within 1 year following the initial surgery.

Follow up: Patients are usually reviewed by the nursing staff for wound check at 7 days postoperatively and then in the outpatients clinic by Mr. Khan at 1 month postoperatively and 6 months post-operatively.

Arm Reduction (Brachioplasty) - Discharge Advice

Dressings: Dressings are applied to all wounds at the end of surgery. These consist of a simple absorbent dressing and occasionally a bandage. These may be changed prior to discharge. Dressings are required for 2 to 3 weeks and may need to be changed 2 to 3 times per week. This can be done either at the hospital where the surgery was undertaken, at the GP (their agreement would need to be sought), or by the patient at home. The tapes over the wounds should be left until they drop off by themselves.

Wound care and stitches: For at least 10 days the wounds need to be kept dry. There are usually no sutures that need to be removed, as the suture is self-dissolving. Occasionally a knot or end of suture may appear on the wound line. These are best left to self-separate unless they are causing a problem or can be removed by the nurses in Outpatients. Once the dressings are no longer required the scar should be massaged gently 2 to 3 times a day for several weeks, preferably with a Vitamin E containing ointment. If the scar becomes red and lumpy other treatment (silicone gel sheeting, steroid tape) may be required. Mr. Khan will advise on this at the first post-operative consultation.

What to expect/pain relief: Pain is not usually marked although regular pain relief with simple analgesics is often required for 7 to 10 days postoperatively. The arm will inevitably feel tight for several days owing to swelling. Additionally shoulder and elbow movements may be restricted for 2 to 4 weeks. This may lead to difficulties in certain activities – combing the hair, putting contact lenses in and out – during this time. Some numbness around the scar and in the forearm is common and is not a cause for concern – it will usually resolve over time. Some wound infections are not uncommon and may lead to a slight prolongation of the time required for dressings and occasionally need antibiotic treatment.

Restrictions: Patients are advised to refrain from driving for 2 weeks and for work from 2 to 4 weeks. Activities that pull on the wound (sport, aerobics) should be avoided for 8 to 12 weeks as undue pressure on the wound may have an adverse effect on scarring.

Causes for concern: The main cause of concern with arm reduction surgery is wound infection and breakdown. Should the wound become red and swollen or there become a purulent discharge or the wound starts gaping, then please contact either the hospital where the surgery was undertaken or Mr. Khan's Secretary where appropriate advice can be given.

Follow up: You will be reviewed by the nursing staff for wound checks at 7 days post-discharge and then as required. These appointments will be made prior to discharge. Mr. Khan will review you at 1 and 6 months post-operatively. These appointments will be sent to by post