

MATTHEW POTTER

ARM LIFT BRACHIOPLASTY

Benefits

With time and or weight loss, skin within the arm often becomes loose and redundant. This leads to sagging of the skin and skin excess. Brachioplasty is the removal of this excess arm tissue to give a more youthful contour and shape to the upper arm. The procedure involves the removal of excess skin and fat from the upper arm through either excision alone or in combination with liposuction. The resultant scar is hidden on the inside of the arm.

Risks

1. Infection/wound break down.
2. Scarring. These scars run from the arm pit to the elbow. In severe cases the scars at either end can be in the shape of a "Y" this is done to minimise the length of the scar. Abnormal lumpy or raised scarring can occur in some patients. This is rare.
3. Pain (Mr Potter injects the area during the procedure with local anaesthetic to limit the post operative pain).
4. Swelling - all post surgical wounds and sites will swell after the procedure - this should settle within a week if not less. Rarely the forearm may swell and this may take time to settle. In rare cases compression garments may be needed long term to help reduce the swelling.
5. Bleeding / haematoma - this is a collection of blood that can occur within the operative site that may well mean a return to theatre to remove the blood and stop any bleeding. This complication is rare. At the time of the operation if the operative site is very oozy we may well insert drains to decrease the chance of this complication.
6. Change in arm sensation. It is common to be left with altered sensation around the operative site. This should resolve with time. Rarely are patients left with areas of the forearm that are numb.
7. Asymmetry. It is very rare that both arms are equal in size and shape before this procedure and such

asymmetry is likely to persist after the procedure to some degree.

8. Fat necrosis (loss of fat volume after the procedure that may cause lumps or an oily discharge). This is rare and may well be treated with dressings in the clinic setting. It may also be resolved with massaging any lumpy areas.
9. Clots in the legs and or lungs (deep vein thrombosis, DVT and pulmonary embolus, PE). Any operation runs the risk of such clots. You will be given specialist stockings to wear over the course of your inpatient stay and injections to thin the blood to decrease this risk. This is a rare complication.
10. Over/ under resection. With all aesthetic surgery Mr Potter is more likely to under-resect than over-resect the tissue. If underdone this is far more straight forward to correct than an over-resected area.
11. Redness/bruising. This is expected and should settle at a week.
12. Further procedures - if there are imperfections or adjustments to be made, Mr Potter and the hospitals in which he practices are happy to facilitate further surgery within reason and where clinically appropriate to be sure you are happy with your final result.

The procedure

You will be admitted to the ward the day of your procedure where you will be seen by the anaesthetist and Mr Potter. Your arms will be marked and you will have the opportunity to discuss the operation further if needed.

The procedure takes approximately 2 hours and is under General Anaesthetic with you asleep for the whole process.

All wounds are simply dressed with skin coloured surgical wound tapes which are designed to be showered from day one.

All sutures are dissolving. All wound edges will be raised due to underlying deeper sutures. Such raised wound edges will →

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flatten at about a month. This, long term, will give better scars. You should be able to return to normal activities at 8 weeks.

Rarely drains are placed into the operative site to remove any excess wound fluid.

Inpatient course

You will recover on the ward for the post operative day and night.

Nearly all patients are discharged after a single night's stay, some cases are undertaken as a day case.

On the first day following the procedure your wound sites will be checked, and drains removed if used.

You will be asked to shower the morning after the procedure.

All wound tapes should get thoroughly washed and allowed to air dry.

Postoperative course

You will be discharged with oral pain relief which on average is only needed for two days.

The tapes applied to the wounds will simply start to peel off after a few days and these can be trimmed at home with ease.

Post operative follow up

You will be reviewed at 7 days within your original hospital where the wounds and operative sites are reviewed. All sutures used will dissolve internally.

Mr Potter will review you after about three weeks to assess your progress and he will give you regular reviews until all has settled and healed.

Do's and Don'ts

You should only return to driving when you have the strength to perform an emergency manoeuvre.

You should avoid strenuous exercise for 6 weeks. Lifting heavy weights should be avoided for 6 weeks at least.