

# ARM INNER SIDE LIFTING

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Information delivered to :

Cachet du Médecin :

Patient's name : .....

Date : .....

*This document has been conceived under the authority of the French Society of Plastic Reconstructive and Aesthetic surgery (Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake arm inner side lifting.*

*The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.*

## • DEFINITION, AIMS AND PRINCIPLES

The movement as well as the iterative lose of weight are "demanding" a lot to the skin of the inner part of the arm. It's why the number of skin ptosis ( not amenable to an isolated aspiration ) is higher than the simple fat hypertrophies. When skin distension takes place at this level, a lipoaspiration alone can't be sufficient and just a skin tightening can improve this deficiency. This is what we call the arm lifting or the arm inner part lifting. The aim of the surgery is to take away the excess of skin, to decrease the underneath fat infiltration and to redistribute the skin.

## • BEFORE THE OPERATION

A meticulous clinical examination will determine the more appropriate type of surgical procedure, you need ( choice of incision, associated lipoaspiration indicated or not ).

At the time of the first consultation, a precise information on the different surgical steps, on the follow-up and the expected results will be given to you. Specially, where the scar will be taken place will be well explain.

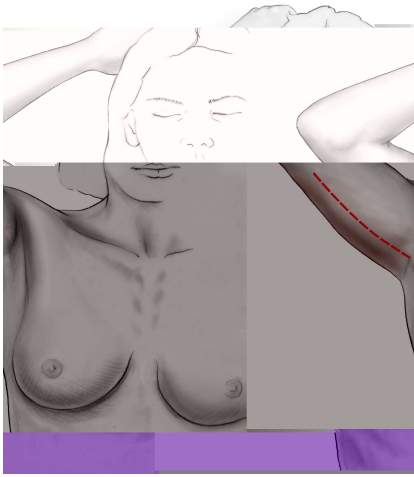
A usual pre-operative evaluation is done, following the prescriptions.

Anesthesiologist must be seen in consultation, at least 48 hours before surgery, in case of general anaesthetic or "vigil" one.

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wearing short sleeves due to the crumpled-up aspect of the arm) we can also find functionnal discomfort (mobility or clothing discomfort as redness or maceration of the arm inner side)



At first, a lipoaspiration is done, each time fat is found infiltrating the arm region.

Then, the skin excess is taking away as necessary, with a longitudinal incision along the arm inner side. The amount and the topography of this skin excess are always located with its limites drawn in

collaboration with the patient in a standing position.

The average time of the surgery is one hour and half. It may vary, depending on the extent of improvement needed. At the end of surgery, a compressive dressing is done.

This type of arm lifting technique corrects with efficiency the as unsightly as embarrassing skin and fat excess but leaving a scar at the inner side of the arm.

This scar often remains visible; it's why a specially rigorous selection of the surgical indications and a perfect patient information and consent are needed.

Considering the disadvantages of this type of arm lifting, from a scar point of view, we try to propose, as often as possible, a less ambitious surgery but with more acceptable scar: as an arm lifting with an isolated armpit incision or a combined procedure with an armpit incision plus a short vertical one of less than 10 cm.

#### ***Arm lifting with horizontal armpit incision***

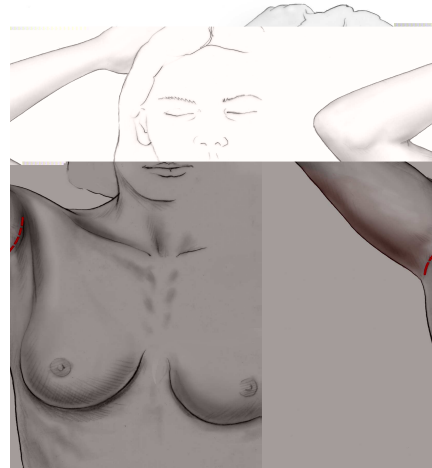
This type of surgery is aimed at a patient with less skin excess and laxity, mainly located at the upper third of the arm.

From a single horizontal incision, hidden in an armpit fold, combined, if necessary, with a lipoaspiration, we can take away the skin excess of the upper part of the arm inner side. The sutures inside the armpit allow the residual skin upward redraping.

The residual scar is usually not very visible but the morphological result is less dramatic than the one obtained with a vertical scar arm lifting.

The average time of surgery is one hour.

At the end of surgery, a compressive dressing is done.



Because this procedure is lighter than the previous one, we can do it, most of the time, as day care, under local anaesthetic or under "vigil" one.

Such a surgical procedure is certainly less ambitious than the previous one but the main interest of it is its simplicity and lightness, allowing to possibly redo it, one or two times within a few years. The repetition of this procedure will allow, each time, to still improve the result (following the patient wishes) due to complementary skin resection and redraping without elongating the scar which should stay inside the armpit.

#### ***Combined technique***

This is a synthesis of both previous procedures, realizing a compromising either concerning the advantages or the disadvantages particularly from the scar point of view.

This technique combines an horizontal incision inside the armpit with a short vertical one of less than 10 cm, at the arm inner side

#### **• THE SURGICAL FOLLOW-UP**

The hospital outing usually takes place the same day or the day after surgery.

During the early follow-up period, ecchymosis (bruises) and edema (swelling) can appear. They will decrease within 10 to 20 days after surgery.

The pains are normally less important, limited to a certain discomfort, well balanced by the usual pain-killers.

The healing period can be a little unpleasant due to the skin tension around the scar borders. So, during this period we must avoid any brusque stretching motion.

The necessity to stop working will depend on the type of the professional activity.

A sedentary work, in most of the cases, can be done again quickly, within a few days after surgery.

A sport activity or working out can be done, progressively, again within 4 weeks after surgery.

The scar is often pink-red during the first 3 months following surgery; after then it usually decreases progressively during 1 to 2 years. This evolution depends on the patient own skin specificity.

During the first 3 months following surgery, the scar must be protected from the sun and UV beams, by using sun blocks.

#### **• THE RESULT**

It will be appreciated within 6 to 12 months after surgery.

Most of the time, we can see a good correction of fat infiltration and skin laxity, what improves a lot the arm aspect. The functional improvement is also very clear, especially in case of longitudinal incision arm lifting.

The scars are usually visible, particularly the longitudinal one, along the arm inner side which is not hidden in a natural fold.

Thanks to the technical improvement and to the acquired experience, the results of this surgery are getting better.

It remains, nevertheless, a delicate surgery and even a high rigorous technique never totally protects from a certain amount of imperfections or complications.

## • **DISAPPOINTING RESULT**

Most of the time, a well-indicated and a well-done inner arm lifting gives a real help to the patient with a satisfactory and expected result.

However, localized imperfections are not rare and can be seen, without speaking of complication :

- These imperfections could concern the scar. It can be too visible, stretched or stucked. In case of a too high tension on the sutures, the scar can get an unpleasant aspect (hyper- pigmentation, thickness, retraction, adherence or enlargement). We must know, the scars decrease with time but never deappear totally. Considering this, just remine that it is the surgeon who does the sutures and the patient, the scar. So the scars always follow hazards of scarring process, with a risk of getting hypertrophic requiring a specific treatment.
- Concerning the results of the lipoaspiration, they may show either a insufficiency of correction, a slight residual asymetry or small irregularities of the skin.

These imperfections into the result usually can be treated by complementary beneficial surgery, so called "slight surgical touching up", done under pure local or deepened local anaesthesia. But, no secondary surgery must be done before 6 month post-operatively, where the result starts being stabilized.

## • **POSSIBLE COMPLICATIONS**

Even if it is done for aesthetical purpose, the inner arm lifting remains a true surgical procedure, what means, it can induce the same risks as any surgery as little it is.

We must distinguish the complications from anaesthesia and the one from surgery.

- Concerning anaesthesia, it's the anaesthesiologist, himself, who will inform the patient of specific risks. We must know, that the anaesthesia may induce inside the body unpredictable reactions, more or less easy to control : dealing with a competent anaesthesiologist, working in a real surgical environment, pushes down statistically the risks up to an almost insignifiant level. The today techniques offer the patient an optimal security, especially since the patient is in good health.
- Concerning surgery, by choosing a qualify competent plastic surgeon, well trained for this type of surgery, you limit as much as possible all the risks without totally eliminating them however. Complications could always occur after an arm inner side lifting which remains one of the

## **PERSONNAL OBSERVATIONS**

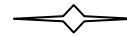
more delicate procedure in the field of aesthetic plastic surgery.

Among, the considering complications, we can quote:

- the general complications : the thrombo-embolic failures (phlebitis, pulmonary embolism) are quite rare but very fearful. Rigorous preventive care must low it's incidence, like, wearing copressive stockings, early raising up or sometimes by using anticoagulant drugs.
- The local complications : the occurrence of an haematoma is quite rare but could indicate its evacuation to protect the quality of the aesthetic result / the occurrence of an infection is furthered by the prximity of a natural fold (usual bacterial pool), we can prevent by a meticulous hygienic care during either the pre- and post-operative period, up to the time of a complete healing. If necessary, surgical drainage and antibiotics can be required. We must know, that infection can leave unaesthetical sequels. / the occurrence of persistant lymphatic flow may be seen. It can reach the point of an effusion (swolling), which can necessitate ponctions but in most of the time, will spontaneously desappear without sequels. / Skin necrosis can exceptionally be seen. It is usually limited and localized. To prevent these necrosis, the arm lifting must be well-indicated and the surgery well-adapted and carefully done. / Sensitivity troubles, especially along the inner side of the arm can be seen. Normal sensitivity, most of the time, reappears within 3 to 6 months after surgery.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor one, always has some degree of unforeseeable unknown factors.

You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.



These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

