

# Thigh Lift Surgery

Thigh lift surgery is surgery to remove the excess skin and fat from thighs that develops with ageing or significant weight loss. It tightens the remaining skin and improves the contour of the thighs. Afterwards many people are much more comfortable wearing styles of clothing and sportswear that expose the thigh due to the improved shape.

## Indications for thigh lift

- Loose skin on the thighs
- Loose skin and fatty tissue on the thighs
- Bulky thighs due to excess fat

## Limitations of thigh lift

- Thigh lift surgery does not treat the lower leg. It primarily addresses the thigh area.
- A scar along the inner side of the thigh is necessary to perform thigh lift surgery. This may need to run into the groin crease on occasion to gain the optimal result. Milder cases may be suitable for short scar thigh lift or in select cases liposuction alone. If this scar is an issue for you, then you should not have thigh lift surgery.
- Significant changes in weight can affect the long term results of thigh lift surgery. Therefore if you are considering thigh lift surgery after weight loss, it is best to be at a stable weight with no further changes in weight planned before undergoing the surgery.

## Thigh lift procedure

Pre and post surgery clinical photographs of your legs will be taken. Thigh lift surgery is usually carried out under general anaesthesia (while you are asleep) with an overnight hospital stay. The surgery usually takes between 1.5 and 2.5 hours. If drains are used, they are removed the next morning before you go home. You will be asked to wear a support bandage or garment for 4 to 6 weeks afterwards.

## **Liposuction**

If required (usually required), liposuction is usually done first before the skin excision procedure. In select cases where the skin tone is good and the issue is excess fat alone, liposuction may be the only technique needed for treatment. This is not common and usually liposuction is carried out in addition to the main skin excision procedure. It is carried out through very small incisions where fluid is infiltrated and then a suction cannula is used to remove the fat. A narrow metal tube (suction cannula) attached to a suction pump is inserted through the very small skin incisions and used to remove the unwanted fat by moving it through the area to be treated under the skin. Most surgeons inject a local anaesthetic and adrenaline solution beforehand to help reduce pain and bleeding. Power or suction assisted liposuction is normally used.

## **Thigh lift**

Thigh lift surgery is done via an incision running down the inside of the thigh from just below the groin crease to the inside of the knee. The excess skin and fat are removed and the remaining tissue and skin are sutured back together improving the contour and shape of the thigh. The tissue is not pulled overly tight as this gives an unnatural appearance and can cause problems with a stretched scar or it may be too tight for the internal tissues of the thigh and can cause problems with a sharp cut off appearance between the area of surgery and the knee and lower leg area which are not involved in thigh lift surgery. The thigh contour needs to blend naturally into the knee and lower leg for the best appearance afterwards.

## **Short scar thigh lift**

In some people, the amount of excess skin is mild. They may be suitable for a short scar version of the thigh lift procedure where a shorter version of the main procedure scar is used, that does not run along the thigh as far down or sits only in the groin crease. It is important to understand that not as much tissue removal or not as significant a tightening or contouring effect can be achieved with a short scar thigh lift.

## **Combination surgery**

Thigh lift surgery is often combined with other body contouring procedures.

## **Post-operative course**

You will have bruising and swelling in your thighs afterwards which will peak at day 2 to 3 and slowly resolve over the weeks following this. Most of this will go in the next 4 to 6 weeks but swelling can persist for up to 6 months. You will have a scar running down the inside of your thigh to the inside of the knee and/or along your groin crease. You often have some temporary numbness of the overlying skin.

You will need to wear a compression garment for 4 to 6 weeks postoperatively. This helps to provide support to the skin and to keep swelling controlled.

## **Recovery**

Most people return to work after about 2 weeks depending on the nature of their work. Exercise or strenuous activities need to be avoided for 6 weeks post surgery. Light activities can be resumed within 2 weeks and normal activities are usually unrestricted after 6 weeks.

## ***Other points about thigh lift surgery***

### **Ageing and changes in weight**

The natural ageing process of the body continues regardless of surgery and so may over time alter your body shape leading to recurrence of loose skin. Significant changes in weight can also affect the longevity of thigh lift surgery results.

### **Maintenance of results**

Maintaining a steady weight and a healthy weight for your body type and height as well as good muscle strength and tone will help you get the best result possible from your thigh lift surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise will maintain a better body contour.

### **Cellulite and stretch marks**

Cellulite and stretch marks are not treated by a thigh lift. They will only be removed if they are in the area of skin that will be excised as part of the thigh lift.

## **Limitations of results**

While thigh lift surgery is very good at removing excess skin and improving the shape and contour of the thigh, there are some limitations to the results that can be achieved. If you are overweight and have a lot of subcutaneous fat, have significant cellulite or have had significant weight loss or previous surgery, the end result may not be as flat or as contoured an appearance as that in a very slim patient with no complicating factors. A longer scar may also be needed to perform the surgery. Individual body shape also impacts on the end result. Different body shapes e.g. hourglass, pear, apple or straight will get different results with thigh lift surgery. It is particularly important to understand this when looking at before and after photographs of patients who have undergone body contouring surgery.

## **Complications**

### ***Early complications (within the first week of surgery)***

#### **Bleeding (haematoma)**

It is normal to have some mild oozing from the surgical wounds for a few days following a thigh lift. If there is any suggestion that excessive bleeding after thigh lift surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

#### **Infection**

Rates of severe infection in thigh lift surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required. This can affect the quality of the result of thigh lift surgery including the scar. The upper part of the surgical incision in the groin area is more prone to infection.

#### **Blood clots**

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after thigh lift surgery, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as

appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again appropriate investigations and treatment are instigated, should this be suspected after your operation. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising.

### **Seroma**

After surgery, the body naturally produces a certain amount of fluid as part of its reaction to surgery and attempts to heal the area. Sometimes this fluid can build up underneath the skin after the drains have been removed and require drainage in the clinic with a fine needle. This may need to be repeated until it stops being produced.

### ***Intermediate complications (within 6 weeks of surgery)***

#### **Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above. The upper part of the surgical incision in the groin area is more prone to slow healing.

#### **Wound dehiscence**

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. If it occurs, it generally heals over time but may leave a poorer scar than expected e.g. widened or with a contour dip. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or a scar revision performed at a later date.

#### **Persistent swelling**

Swelling to the legs is normal after a thigh lift operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases it can be more severe and persist longer than usual.

#### **Suture spitting**

The sutures used are normally dissolvable. Sometimes parts of these sutures can take longer to dissolve than anticipated and can cause some irritation and spit out. Any remnants can be removed in the outpatient clinic and the area should heal well after that.

### **Asymmetries and irregularities**

While no-one is perfectly symmetrical, and no two legs are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

### **Numbness or hypersensitivity**

The skin of your thigh may be numb or over sensitive in the aftermath of surgery. The feeling will normalise eventually, but can take several weeks or even months in some cases.

### **Skin loss (necrosis)**

Rarely loss of some of the thigh skin occurs. If this occurs, it is usually due to problems with the blood supply to the skin or infection. Should you be unlucky enough to have this happen to you, it may mean dressings and wound care for a longer than usual period of time or in more severe cases further surgery. This may result in a poorer scar and result than usual. The risk of this problem is significantly increased in smokers so you are always advised to stop smoking in advance of any planned thigh lift surgery and during the recovery period.

### **Fat necrosis**

In the same way as there may be some trouble with the blood getting to the skin to keep it alive, occasionally the same may happen to the fat in the thigh. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the thigh. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further surgery to washout the thigh.

### ***Late complications (more than 6 weeks from surgery)***

#### **Poor scar formation**

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Scar maturation varies from person to person and occurs over 12 to 18 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from thigh lift surgery heal well but occasionally, they may tend to thicken and become lumpy and may require steroid injections to help them settle down or stretched scars can occur. In some cases, minor surgical scar revisional surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

#### **Visible scarring**

While every effort is made to place the thigh lift scar in as inconspicuous a location on the inner leg as possible, the scar will usually run the length of the inner leg and may be visible from certain angles and in certain styles of clothing including swimwear and shorts.

#### **Suboptimal contour**

Occasionally there is a bulge of tissue at the knee just below the operated area resulting in a visible “cut-off” point between the reshaped thigh and the unoperated leg. When liposuction is performed in addition to open thigh lift surgery, occasionally small irregularities in contour can form in the thigh skin.

#### **Lymphoedema**

This is where persistent swelling of the leg occurs due to disruption of fluid drainage channels in the leg by the surgery. It is rare following thigh lift surgery but occasionally may happen. Further treatment may be required to manage this if it should occur.

#### **Scar migration**

At the time of surgery, the incision placements are planned for optimal effect and to be as discrete as possible given the nature of the surgery. Sometimes over time, the scar can gradually migrate lower in the thigh due to the effect of tissue tension and gravity.



This may result in a more visible than expected scar in some styles of clothing and swimwear.

### **Residual loose skin**

Sometimes due to the particular extent and distribution of skin laxity that is present, a small amount of residual loose skin is present after thigh lift surgery. This should be significantly less than that present preoperatively but can still be a source of disappointment afterwards.

### **Recurrence of loose skin**

As your recovery takes place, your thigh tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin may occur. This is more likely in thin or very stretched skin with poor tone or when surgery has taken place after significant weight loss. If you have a lot of stretch marks, it is likely that not all of these will be able to be removed during your thigh lift. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain.

### **Distortion or pull on the vulva**

Although thigh lift incisions are carefully planned before surgery to minimise the risk of this happening, on occasion a tight thigh lift scar can cause a pull effect on the external female genitalia causing a distortion or gaping of the vulva. This is a difficult problem to treat.

### **Chronic pain**

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

### **The sub-optimal result**

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scarring or less than expected definition of the



thigh area. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you have a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

### **Longevity of procedure**

Thigh lift surgery has a good success rate and is considered an excellent procedure for contouring the thighs. The improvement in your thigh contour is apparent early on although it is 6 to 12 months before the final result can be seen. The results are usually very long lasting.

Maintaining a steady weight and a healthy weight for your body type and height as well as good muscle strength and tone will help you get the best result possible from your thigh lift surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise will maintain a better body contour.

The natural ageing process of the body continues regardless of surgery and so may over time alter your body shape leading to recurrence of loose skin. Significant changes in weight can also affect the longevity of thigh lift surgery.