

Brachioplasty (Arm Lift)

Brachioplasty surgery is surgery to remove the excess skin and fat from the upper arms (so called “bingo wings”) that develops with ageing or significant weight loss. It tightens the remaining skin and improves the contour of the upper arms. Afterwards many people are much more comfortable wearing styles of clothing and sportswear that expose the upper arm due to the improved shape.

Indications for brachioplasty

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

Limitations of brachioplasty

- Brachioplasty does not treat the forearm. It primarily addresses the upper arm area.
- A scar along the inner side of the arm is necessary to perform brachioplasty surgery. Often this needs to run into the axilla or armpit to gain the optimal result. Milder cases may be suitable for short scar brachioplasty or in select cases liposuction alone.
- If you have excess or bulging tissue on your chest wall as well, then an extended brachioplasty may be needed, where the incision and tissue removed extends from the underarm area onto your chest wall to reduce the tissue there too.
- If the scar of a brachioplasty is a significant issue for you, then you should not have brachioplasty surgery.
- Significant changes in weight can affect the long term results of brachioplasty surgery. Therefore if you are considering brachioplasty surgery after weight loss, it is best to be at a stable weight with no further changes in weight planned before undergoing the surgery.

Brachioplasty procedure

Pre and post surgery clinical photographs of your arms will be taken. Brachioplasty surgery is usually carried out under general anaesthesia (while you are asleep) as a day case or with an overnight hospital stay. Some short scar brachioplasties may be suitable to be done under local anaesthesia (while you are awake with your arm numbed). The surgery usually takes between 1.5 and 2 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, 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.

Brachioplasty

Brachioplasty surgery is done via an incision running down the inside of the arm from inside the axilla or armpit to just above the elbow. The excess skin and fat are removed and the remaining tissue and skin are sutured back together improving the contour and shape of the upper arm. 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 arm and can cause problems with a sharp cut off appearance between the area of surgery and the elbow/forearm area which are not involved in brachioplasty surgery. The upper arm contour needs to blend naturally into the forearm for the best appearance afterwards.

Short scar brachioplasty

In some people, the amount of excess skin is mild. They may be suitable for a short scar version of the brachioplasty procedure where a transverse scar at the junction of the upper arm and the axilla is used for the surgery or a shorter version of the main procedure scar. It is important to understand that not as much tissue removal and not as significant a tightening or contouring effect can be achieved with a short scar brachioplasty.

Extended brachioplasty

If you have excess or bulging tissue on your chest wall as well as loose tissue on your upper arm, then an extended brachioplasty may be needed. In this situation, a standard brachioplasty is performed on the arm and underarm area but the incision and tissue removed extends from the underarm area onto your chest wall to reduce the tissue there too.

Combination surgery

Brachioplasty is often combined with other body contouring procedures such as breast reduction or mastopexy (breast lift) surgery.

Post-operative course

You will have bruising and swelling in your arms 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 several months. You will have a scar running down the inside of your arm to the elbow and into the axilla (armpit). In an extended brachioplasty, the scar will also run down your inner, upper chest wall. You often have some temporary numbness of the overlying skin.

You may be advised of the 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. Once the surgical dressings/tapes have been removed, you will be asked to perform regular moisturisation and massage of the scars with a Vitamin E or a plain moisturiser. This helps reduce dry skin and irritation and to soften the scars. Silicone scar gels are also helpful for many people.

Recovery

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

Other points about brachioplasty surgery

Visible scarring

While every effort is made to place the brachioplasty scar in as inconspicuous a location on the inner arm as possible, the scar will run the length of the inner upper arm (and in some cases into the underarm area and onto the chest wall. It may be visible from certain angles and in certain styles of clothing. Please note that scars after brachioplasty surgery have been observed to take longer to mature and fade than scars from other body contouring procedures.

Ageing

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.

Maintenance of results

Maintaining a steady weight and a healthy weight for your body type and height as well as good core muscle strength and tone will help you get the best result possible from your brachioplasty 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.

Significant changes in weight

With any significant gain or loss of weight, your body will gain or lose weight as it would normally do. This will change the size and shape of your body as would have happened before your surgery. Significant changes in weight after brachioplasty surgery can undo or alter the effects of the surgery.

Limitations of results

While brachioplasty surgery is very good at removing excess skin and improving the shape and contour of arm, there are some limitations to the results that can be achieved. If you are overweight, have significant excess tissue in your under arm/outer chest area or have had significant previous surgery, the end result may not be as good 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 will get different results with brachioplasty surgery. It is particularly important to understand this when looking at before and after photographs of patients who have undergone brachioplasty surgery.

Complications

While most brachioplasty surgeries go very smoothly and patients are delighted with the results, as with any procedure there are some risks associated with brachioplasty.

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 brachioplasty. If you have a tendency to bruise or bleed easily or take medications such as aspirin that make you more prone to bleeding, this may be a higher risk for you. It may be necessary to stop some medications in advance of surgery. If there is any suggestion that excessive bleeding or a haematoma after brachioplasty 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 brachioplasty are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics.

The most common location for an infection is in the underarm area as the incision is in a skin crease and beside sweat glands. Rarely, a return to the operating theatre to wash out the wound might be required.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after brachioplasty surgery. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising. 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.

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.

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. It usually does not leave any lasting problems. In more severe cases, the wound may need to be resutured or the scar revised. Overdoing it after surgery can increase the risk of this happening. Usually these areas will heal with dressings, but this can affect the quality of the scar.

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.

Persistent swelling



Swelling to the arms is normal after a brachioplasty 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.

Asymmetries and irregularities

While no-one is perfectly symmetrical, and no two arms 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 upper arm and forearm skin may be numb or over sensitive in the aftermath of surgery. The feeling will usually return to normal eventually but can take several weeks or even months in some cases. Occasionally the abnormal sensation is permanent.

Weakness of arm or shoulder movement

Very rarely, you may have weakness of shoulder or arm movement after brachioplasty surgery. This is due to stretching or irritation or bruising of nearby nerves. This is extremely rare but normally temporary only requiring time to recover. If recovery was unexpectedly prolonged, further tests examining the nerves affected would need to be performed to see if treatment was necessary.

Tightness of the arm

It is common to feel some degree of tightness in your arm after brachioplasty surgery as the tissue has been tightened and there will be some swelling in the early stages. This usually settles quickly without needing any treatment other than ensuring that swelling is properly managed. Occasionally it is more unpleasant and lasts longer.

Skin loss (necrosis)

Rarely loss of some of the skin that has been lifted or tightened during the brachioplasty surgery 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 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 brachioplasty surgery and during the recovery period.

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 - 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 brachioplasty surgery heal well but occasionally, they may tend to thicken and may require steroid injections to help them settle down or stretch. 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. The scar usually sits inconspicuously on the inner arm but sometimes can be pulled to one side or the other in areas due to differences in tissue elasticity, tension or scarring. The scar can be tight under the arm in the beginning especially if the surgery was extended to include the under arm and/or upper outer chest area. This usually softens with time and scar management but occasionally will need to be surgically released. 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 brachioplasty scar in as inconspicuous a location on the inner arm as possible, the scar will usually run the length of the inner upper arm and may be visible from certain angles and in certain styles of clothing.

Suboptimal contour

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

Lymphoedema

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

Recurrence of loose skin

As your recovery takes place, your arm 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. 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.

Chronic pain

Occasionally patients suffer from chronic pain after brachioplasty 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 arm area. It is important that you discuss your expectations in advance of the surgery so that you can understand what to expect from the surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. These additional operations will incur a further cost in most situations. Examples of further surgery include: scar revision, removal of more tissue and liposuction. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery.

Longevity of procedure

Brachioplasty surgery has a high success rate and is considered an excellent procedure for contouring the upper arms. The improvement in your arm 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.