

ABDOMINOPLASTY INFORMATION PAMPHLET

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In order to assist my patients, I have compiled a series of frequently asked questions and answers about abdominoplasty. This pamphlet is not meant to take the place of an individualized consultation but it can be used as a teaching tool to educate and clarify certain misconceptions and fears about the procedure. It tends to generalize in certain areas for the sake of brevity.

First and foremost, my patients should be aware that it is impossible to create the “*perfect abdomen*” but I will strive to achieve a result that is natural in appearance, cosmetically pleasing, smooth and flat.

QUESTIONS AND ANSWERS

1. Please explain what an abdominoplasty (otherwise known as a “tummy tuck”) is.

Abdominoplasty or “tummy tuck” is a surgical procedure on the belly designed to remove excess skin and fat, tighten loose muscles and eliminate or improve the appearance of scars and stretch marks on the lower abdomen.

In some women, pregnancy causes the skin and muscles of the abdomen to become loose and flabby. Unattractive and disfiguring stretch marks may also develop. Furthermore, C-section and/or hysterectomy scars can adhere to the underlying musculature and cause the above skin and subcutaneous tissue to hang over, creating a sometimes painful disfigurement of the lower abdominal region.

In other people, excessive weight gain followed by weight loss can leave a layer of loose skin and thin, stretch-out muscle. Finally, the recent explosion of gastric bypass surgery for treatment of weight loose has left many patients with loose, inelastic skin and subcutaneous tissue in the lower abdominal region. Excess skin and subcutaneous fat in the lower abdominal region can be unsightly and difficult to eliminate even with a strict diet and exercise routine. This body shape can reduce self-esteem, make it difficult to wear certain articles of clothing and bathing suits and impair one’s activities of daily living. The condition is difficult to manage because the skin and underlying muscles have been stretched beyond repair.

Abdominoplasty is designed to correct these figure faults. The goal of an abdominoplasty is to flatten a protruding abdomen by tightening the abdominal wall musculature and removing excess skin and fatty tissue. In doing so, a flat belly, a beautiful belly button and an hour glass figure is produced. Body contour is improved, self-esteem is enhanced and the patient is able to wear articles of clothing and bathing suits that were impossible to wear before.

Abdominal hernias are also corrected with this procedure. One of my specialties involves the correction of abdominal wall defects caused by massive hernia formation. I have successfully treated many patients with recurrent abdominal wall hernias.

2. What if I do not need a full or complete abdominoplasty?

Not all patients require a **full** or **complete** abdominoplasty - some patients require only a **mini** or **modified** abdominoplasty. In a mini or modified abdominoplasty, an incision is made at the level of the pubic hair, the abdominal muscles from the navel down to the pubic bone are tightened so as to permanently flatten the lower belly and all excess skin and fat is removed. The belly button is kept in the same place and there are no stitches placed around it.

It leaves a scar that is located just above the pubic hairline and is done on an outpatient basis under local anesthesia and intravenous sedation at the Renaissance Center for Plastic Surgery. It takes about 1.5 hours to complete and you go home afterwards. In the vast majority of cases, dissolvable sutures are used in the skin so that stitches do not need to be removed afterwards.

3. What is a reverse abdominoplasty?

Other patients require a **reverse** abdominoplasty. This procedure is designed to correct flabby skin and subcutaneous tissue **above** the umbilicus i.e., in the epigastric region (between the belly button and breast). In this operative intervention, loose skin is removed just below the breasts and the lower abdominal tissue is pulled up instead of being pulled down (as it is in a full or standard abdominoplasty). This operative intervention is reserved for those patients with severe loose skin **above** the navel which needs correction.

It leaves a scar that is hidden under the breasts and is done on an outpatient basis under local anesthesia and intravenous sedation at the Renaissance Center for Plastic Surgery. It takes about 1.5 hours to complete and you go home afterwards. In the vast majority of cases, dissolvable sutures are used in the skin so that stitches do not need to be removed afterwards.

4. What is a posterior abdominoplasty?

There are other patients who require a **posterior abdominoplasty or buttock lift**. This procedure is designed to correct flabby skin and subcutaneous tissue in the lower back or posterior trunk region of the body. It will lift the buttock region and correct flabby wrinkled skin in this location. It is usually reserved for those individuals who have a droopy, wrinkled buttock region. A posterior abdominoplasty will lift and smooth the buttock region.

It leaves a scar just above the buttock region and is done on an outpatient basis under local anesthesia and intravenous sedation at the Renaissance Center for Plastic Surgery. It takes about 1.5 hours to complete and you go home afterwards. In the vast majority of cases, dissolvable sutures are used in the skin so that stitches do not need to be removed afterwards.

5. What if I have loose skin all around my lower belly, from back to front? Can you fix this?

There is a procedure specifically designed to correct this condition. It is called a **circumferential or belt** abdominoplasty. This procedure will eliminate flabby skin and fat circumferentially around the lower trunk. It is used primarily in massive weight loss patients who have flabby skin all around the lower abdominal and buttock region. It combines a full abdominoplasty and a posterior abdominoplasty and leaves a scar around the circumference of the lower body, from front to back. It eliminates the loose skin in the lower abdomen and flattens the belly like a full abdominoplasty. Simultaneously, it lifts and smoothes the buttock region.

It is done at the Renaissance Center for Plastic Surgery and takes about 3.5 hours to complete. In the vast majority of cases, dissolvable sutures are used in the skin so that stitches do not need to be removed afterwards.

6. What is a standard tummy tuck?

A standard tummy tuck or **full** abdominoplasty (also known as a **complete** or **standard** abdominoplasty) is a procedure performed in those patients who require correction of the frontal lower abdominal region. It is reserved for those individuals who have flabby skin and loose musculature in the lower abdominal region. In this procedure, the incision is just above the pubic hairline and extends from hip to hip. The abdominal wall muscles are tightened, loose and hanging skin and fat is removed and all hernias are repaired. Although the belly button remains in the same place, it has stitches around it because it is brought out through a new skin opening in the abdominal wall. It is made to look beautiful.

This operation is under local anesthesia with sedation in my office, takes about 3.0 hours to complete. At the time of your consultation, I will inform you which procedure is best suited for your particular needs.

7. Should I lose weight before my abdominoplasty?

No. It is not mandatory for you to lose weight before an abdominoplasty. On the flip side, please do not gain weight prior to the surgical intervention either. I have seen patients who feel they can gain weight because “it will just get taken off with the surgery anyway”. This is not the proper attitude and essentially defeats the purpose of the surgical intervention. I had one patient who gained 25 lbs. from the time of the consultation to the surgical intervention. The abdominoplasty simply brought her back to where she was at the time of the consultation. There was no benefit at all.

Weight loss can lead to skin redundancy. I recommend that my patients are at a comfortable weight for them prior to surgical intervention.

You must understand that undergoing tummy tucks and/or liposuction will motivate you to lose weight and get in shape. These procedures are amazing motivators. In fact, my best

results have been achieved in patients who lose weight (approximately 10-15 lbs.) and start exercising after the procedure. If you are serious about getting in shape afterwards, your weight loss program should not start until you are fully healed from the surgical intervention.

8. How much weight will I lose after my abdominoplasty?

Abdominoplasty is *not* intended to be a method of weight loss. Although some fat is removed, this procedure is not a substitute for a healthy diet and sensible exercise. I have taken off as little as 1 lb. and as much as 30 lbs. during an abdominoplasty but the average patient will have between 3-5 lbs. of fat and skin removed during an abdominoplasty.

9. What will happen before the procedure is performed?

Prior to the surgical intervention, a complete medical history is taken in order to evaluate the general health of the patient. A careful physical examination is also conducted. The physician and patient discuss realistic expectations of the outcome of the surgical intervention. Photographs may be taken before and after surgery to evaluate the amount of improvement. The type of anesthesia to be used, the nature of the procedure, and its associated risks, benefits and complications are also discussed. Preoperative instructions may include the elimination of certain drugs which contain aspirin and vitamin E in order to minimize the possibility of excess bleeding. Antibiotics may be prescribed prior to surgery to prevent infection. The patient may also be advised to bathe with an antiseptic soap several days before surgery.

10. Can you do liposuction with a tummy tuck?

Abdominoplasty is frequently combined with other procedures such as liposuction. Other than increasing the time of surgery and recovery period, combining other procedures with abdominoplasty adds little risk to the surgery.

11. Which areas of the body are best treated with an abdominoplasty?

Abdominoplasty is a surgical means of body contouring the upper, mid and lower torso. Wherever there is loose redundant/wrinkled skin, excess subcutaneous fat and flabby muscles, an abdominoplasty will help restore normal form and function.

12. Who is an ideal candidate for an abdominoplasty?

The best candidate for this procedure is the individual who is not excessively overweight but has flabby skin and subcutaneous tissue in the lower belly secondary to weak abdominal musculature and excess skin and fat. Serious medical conditions may impose restrictions on certain patients but these factors are considered during the preoperative consultation.

13. Am I asleep during the procedure?

Yes. You will be in a state of unconsciousness (i.e., twilight sedation) during the procedure. You will not feel any pain and you will be unaware of your surroundings. You will, however, breathe on your own without being hooked to a machine. Some patients may require general anesthesia but the vast majority (95%) undergo this procedure with twilight sedation.

You will be comfortable during the surgical intervention and not remember anything afterward. You will be sedated before you go into the operating room or immediately after you get into the operating room and will awaken in the recovery room. Postoperatively, any pain will be immediately treated with adequate pain medication.

14. Will I need intravenous fluids or blood afterward?

This depends if liposuction is performed with the tummy tuck. If it is and less than 5,000 cc (i.e., less than 10 lbs) of fat is removed, no intravenous fluid or blood is needed. If more than 5,000 cc of fat (large volume liposuction) is removed, then intravenous fluids and/or blood may be required postoperatively.

15. How long do the results last?

The result is **PERMANENT** – forever. Fat cells can not replicate so once they are removed, new fat can never grow back. You should remember, however, that if you gain more than 25 lbs. postoperatively, you may begin to see accumulation of fat in other non-treated areas of the body e.g., the neck, the breasts, the back and the upper arms. These are all areas where I have seen fat accumulate in patients who gain more than 25 lbs postoperatively. My advice is that, after the procedure, you stay at your preoperative weight +/- 10 lbs. in order to maintain the obtained result. If you gain more than 25 lbs. postoperatively, you will begin to see an accumulation of fat in unwanted non-treated areas as described above.

16. How do I prepare for the procedure?

First and foremost, you must read the “**DRUGS TO AVOID**” handout and discontinue the medications listed. Secondly, if you smoke, you must discontinue nicotine abuse for at least two weeks before and two weeks after the surgical intervention otherwise the healing process will be jeopardized.

17. Are there any special exercises or massages suggested after the procedure?

There are no special exercises per se but we recommend that you avoid your usual exercise routine for two weeks after the procedure. After two weeks, resume one half of your usual exercise routine for one week and then, three weeks after the procedure, you can resume your normal routine and full capacity.

Starting 1-2 weeks after the procedure, we recommend self massage with a moisturizing cream of choice to the skin over the treated areas. This is done to help soften areas of

hardness and to smooth areas of irregularity. It is most effective when done in a shower or Jacuzzi. It is maintained until the healing process is complete i.e., 6-10 weeks.

Occasionally, Endermologie® is recommended postoperatively. This is offered at the Age of Innocence, the skin care salon located above my office and run by my wife, Susan. Endermologie® is procedure in which rollers are placed on the skin to soften and smooth irregularities. It is also used to eliminate cellulite. This is only recommended for certain patients and will be discussed during your postoperative visits if necessary.

18. What can I expect as an outcome?

Typically patients will drop 1-2 dress sizes after an abdominoplasty. It is not uncommon for a patient to go from a dress size of 12 to 8 afterward. Of course, individual results will vary from patient to patient depending upon age, weight, skin laxity, amount of tissue removed and compliance with postoperative instructions.

19. What will my skin feel like afterward?

It is not uncommon for your skin to feel numb, tight and swollen for six weeks after the procedure. It will smooth out and soften over time. This is the normal healing process and always goes away as the final result settles out.

20. Will an abdominoplasty get rid of my stretch marks?

Certain patients develop stretch marks in the lower belly after pregnancy. At times, these stretch marks can extend above the navel. Most of the time, they are limited to the area below the umbilicus.

An abdominoplasty will remove all the stretch marks located below the navel but will **not** remove any stretch marks located **above** the navel.

21. What can I expect both before and after the procedure and what are the risks involved?

Each of my patients will receive a complete medical work-up prior to the procedure to make sure they are healthy enough to have it done safely. Each patient will receive intravenous antibiotic therapy before, during and after the procedure. I apply “Reston roam” sponges over the treated areas and under the compression garment to provide uniform distribution of pressure, soften contours and prevent swelling and bruising postoperatively. These sponges are gently removed by a nurse on my staff during your shower in my office approximately four days after the procedure.

If the patient desires, you can take Vitamin C (500 mg twice daily) for two weeks before and two weeks after the procedure to help with the healing process.

If you have a problem with motion, car or sea sickness or are known to get nauseated after anesthesia, please notify my anesthetist so that medication can be administered to counteract this.

After an abdominoplasty, one can expect the treated areas to be black and blue, bruised, swollen, hard, lumpy and numb for 4-6 weeks postoperatively. This is the normal healing process and will go away in time. Self-massage and skin moisturization can hasten the healing process.

Occasionally, one's feet may become swollen afterward. This is caused by a temporary interruption in the lymphatic circulation and is not abnormal or medically harmful. Some patients will require a short course of Lasix (a diuretic) postoperatively to help remove the unwanted fluid.

For the first three days after the surgical intervention, you are required to drink plenty of fluids (not just water, usually Propel, Gatorade or other types of fluids are recommended) to restore electrolyte balance and maintain your energy level. Once homeostasis has been achieved (i.e., 3-4 days after the surgical intervention), you should cut back on your fluid intake and only drink when thirsty going forward. This will help limit the swelling in your feet.

It is not uncommon for the labia or scrotum to become swollen and black and blue. This too is normal and will resolve in time. It is not medically harmful.

Despite all the precautions that we take to make this procedure safe, abdominoplasty, like all surgical interventions, has risks associated with it. Modern advances in anesthesia and surgical techniques, however, have made this one of the safest and most effective procedures in plastic surgery today.

Nonetheless, some of the risks, although rare, include infection, poor scarring, skin irregularity, contour abnormalities and pulmonary embolus. All patients have anti embolism boots on during the surgical intervention to prevent pulmonary embolus. Should any of these complications develop, they are readily treated. Occasionally, additional surgical intervention is required for treatment.

22. Will my skin sag postoperatively?

No. This operative intervention is meant to correct sagging skin. Your skin will not sag afterward.

23. Will I have a drain afterward?

Most patients undergoing an abdominoplasty will have a drain under the skin afterwards. This is placed to collect any unwanted fluid that may accumulate under the skin postoperatively. It is removed painlessly in my office 3-4 days after surgery. Detailed instructions are given regarding how to manage these drains in the meantime.

24. Will I have a urinary catheter?

Patients undergoing an abdominoplasty may have a urinary catheter during the first night of surgery. It is removed on the day following the surgery by one of my nurses. This catheter allows us to monitor your urinary output postoperatively and allows you to avoid the pain associated with getting out of bed to urinate during the first night of surgery. Although the thought of having a urinary catheter is undesirable to most, the vast majority of patients are thankful that it was in place because it provides a degree of comfort that would not have been possible by any other means.

25. What is the recovery period? When can I drive my car, go back to work and exercise?

Most patients return to work 2-3 weeks after a complete abdominoplasty and 1-2 weeks after a mini abdominoplasty. This can vary depending on the patient's age, nutritional status, healing capacity, individual skin chemistry, smoking history and overall state of health.

Strenuous sporting activities or any other physical activity that will increase your heart rate or blood pressure (such as sex) is strictly forbidden for 2 weeks.

Sunbathing is forbidden until all bruising is gone from the abdominal wall. When in the sun, a sun block of SPF 30 or above should be used on all incisions for a minimum of 4-6 months after surgery to prevent hyperpigmentation (darkening of the skin).

Since this procedure tightens the muscles and skin of the belly, some patients prefer to walk hunched over for 2-3 days afterwards to relieve the strain on the incision. Other patients walk straight up immediately after the procedure is done. This is an individual decision and depends upon your personal comfort level. You will not tear the incision open by walking upright. For a period of time afterwards, however, you must use your arms more than usual to assist you in day to day activities.

26. How long does the procedure take, is it painful and where is it performed?

These procedures are performed at the Renaissance Center for Plastic Surgery which is a state licensed Class C Ambulatory Surgery Center located at my Shavertown office.

The length of the procedure depends upon the type of procedure and whether liposuction is combined with it or not. If liposuction is combined with the abdominoplasty, the length of surgery depends upon how many areas are to be liposuctioned. We are not permitted to exceed 4 hours in an Ambulatory Surgery Center in Pennsylvania so no surgical intervention will be longer than 4 hours. If it is anticipated that a procedure will exceed four hours, it will be staged i.e., performed in successive surgical interventions.

Since muscles are tightened, this procedure can be uncomfortable for the first few days afterward. The pain and discomfort that you will experience, however, is readily controlled

by the timely administration of oral pain medications that you will be dispensed prior to leaving my facility.

27. Are the scars noticeable?

I will make every effort to make the scars as small and inconspicuous as possible but you should be aware that all scars are permanent and their final width, height, color and appearance can not be predicted before surgery. All scars tend to fade with time and eventually look like a pencil thin, fine white line but the final outcome depends on a variety of factors including genetics, individual skin chemistry, nutrition, smoking and one's overall healing capacity. Eliminating cigarette smoking and taking Vitamin C (500 mg 2x/day) for two weeks before and two weeks after the surgery encourages proper healing. Scar Guard topical application to the scar postoperatively can also improve its final appearance. Suture reactions, poor compliance with postoperative instructions, an inherited tendency to form poor scars, and stretch marks preoperatively can cause the final scar appearance to worsen.

28. Can I have children afterward?

If you plan to have more children, you should ***not*** have an abdominoplasty. Pregnancy stretches the entire abdominal wall and therefore, you should wait until you have completed your family before considering an abdominoplasty.

29. Will I lose feeling afterward?

As with any surgery, small nerves to the skin may be interrupted during an abdominoplasty and portions of your abdomen may feel numb or have less than full feeling for several weeks to months afterwards. This is more of a nuisance than an actual medical problem and skin sensation usually returns over several months although some diminished sensation may last indefinitely.

30. How long does the swelling and bruising last?

Bruising is normal after this procedure especially if liposuction has been performed. It is usually completely resolved by 3 weeks. Self massage of the skin and twice daily topical application of a moisturizing cream (Oil of Olay, Vaseline intensive care lotion and others) can hasten the resolution of bruising.

Swelling of the abdomen is normal after this procedure especially if liposuction has been performed simultaneously. A 6 day course of low dose oral steroids may be administered to hasten resolution of abdominal swelling. Abdominal swelling can take upto 3 months to fully resolve.

31. Will I retain fluid afterward?

Fluid retention can occur postoperatively and is occasionally treated with a short course of Lasix. During the first week, your clothes may fit more snugly than they did preoperatively

and you may weigh more than before the surgery. This is normal and nothing to be concerned about. It is caused by fluid retention and shifts that occur in your body. During the second week, the swelling begins to subside although some fullness persists. By the end of a month, 75% of the swelling is usually gone but the swelling does not completely resolve until 3-4 months after the surgery. Occasionally, patients may see continued improvement upto 6 months after the surgery but changes beyond 6 months are usually subtle.

32. I have heard that compression garments are needed afterwards. How long are they worn and when can I shower?

If the abdominoplasty is performed without liposuction, you may or may not receive a compression garment postoperatively. This decision is made by me at the time of the surgical intervention and will depend upon how much work is performed at the time of the surgical intervention.

If liposuction is performed simultaneously with the abdominoplasty, an abdominal binder or compression garment will be applied postoperatively and will be worn **for one week** after the surgery. During the second and third weeks after surgery, the garment **may be removed while you sleep** but must be worn during the day. Three weeks after the surgery, the garment may be discarded. Some patients wear it longer to achieve a “sense of security”. This is fine – the garment can be worn for as long as you feel comfortable with it – you will not harm the results if the garment is worn longer than recommended.

Your first shower is performed in our facility 3-4 days after the surgery. The garment and the underlying dressings will be removed by my staff at that time. The garment is not to be removed until that time. Immediately after the surgery, you may sponge bathe and wash your hair in a sink with assistance i.e., salon style. After the first shower, you may thereafter remove the garments yourself for showering. The garment is to be put back on immediately after the shower. You will be given a clean, new garment postoperatively so you can alternate garments going forward.

33. What type of sutures are used and when are they taken out?

All sutures are the dissolving type and your incision will be covered by surgical tape and this tape must remain **dry and clean** for one week postoperatively. Cover the tape with press n' seal Saran wrap to keep it dry while showering and do not allow the water to hit directly on the Saran wrap. If the tape gets wet anyway, you may dry it with a hair dryer placed on the low heat setting. This may take 15 minutes or longer. The tape is removed in my office one week afterward and then the incision can get wet. Tub bathing is prohibited until the tape is removed. Once the tape is removed, daily soap and water cleansing of the surgical incision will not harm the healing process and is advisable. Furthermore, you will be advised to apply Bactroban ointment twice daily to the surgical incision site(s) for two weeks afterward. A prescription of Bactroban ointment will be provided.

In some cases such as if the patient has a severe allergy to adhesives, then the incision is covered with glue and the incision can get wet immediately postoperatively.

34. I have heard that you can develop a hematoma and a seroma afterward. What are they and how do they occur?

There is a remote possibility that some blood or serum may collect under the skin of the abdomen after this procedure but the short term use of drains, quilting sutures and meticulous hemostasis usually prevent this complication. However, should a hematoma (blood under the skin) or seroma (fluid under the skin) develop postoperatively, it can be readily evacuated in my office although an occasional patient may need to return to the operating room for treatment. With appropriate treatment, the final outcome is not affected.

35. What drugs do I have to avoid before the surgery?

Aspirin, Vitamin E, Motrin, Advil, garlic and garlic pills all affect platelets in a way that causes them to malfunction for approximately one month so that the coagulation cascade is defective for that time period and excessive bleeding can occur. There are other medications as well that can cause bleeding. These are outlined in the “**DRUGS TO AVOID**” handout that you will receive. Make sure you read the “**DRUGS TO AVOID**” handout and follow its recommendations carefully. This will ensure that you are not taking a medication, nutritional supplement or herb that could increase the risk of postoperative bleeding or alter your response to the anesthetic medications.

We recommend that you discontinue any medications listed on the handout for one month before to ensure proper healing without postoperative bleeding or hematoma formation.

36. What are the complications and the chances of an infection?

Although infection is a possibility after this procedure, it is quite unlikely since every patient receives intravenous antibiotics before and after the surgery and oral antibiotics for 5 days after surgery. Sterile technique is employed throughout the procedure and disposable items are used where appropriate. We also use suture material that is impregnated with antibiotics so our infection rate is as low as possible. Some patients can develop reactions to the absorbable sutures and this could result in areas of irritation/inflammation on the incision. Such situations are treated with local care and antibiotic therapy and generally resolve without complication.

Diabetics, smokers, patients who live with smokers, patients with poor nutrition and patients who are exposed to pets in their home environment are more prone to the development of infection during the postoperative time period. Also individuals who disregard and/or those who do not follow the postoperative instructions are more prone to infections, wound healing problems and other complications afterwards.

As with any surgery, even under ideal circumstances, there is a small but definite risk of wound healing problems, postoperative nausea/vomiting, excessive scarring, skin slough, pulmonary embolus, fat embolus, deep vein thrombosis, functional impairment, permanent scarring and disfigurement, permanent or temporary nerve damage, possible need for

additional surgery to correct contour irregularities, recurrent muscle laxity or hernia formation leading to secondary surgery for correction, suture rejection or “spitting” from the incision, dog ear formation (excess skin on the outside of the incision occasionally requiring surgical correction), umbilical necrosis, umbilical malposition, fat necrosis leading to permanent or temporary skin rippling, dimpling, lumps, bumps, nodules and /or laxity and finally, local and/or general anesthetic allergic reaction.

37. How many of these have you done?

Since 1996, I have performed over 400 abdominoplasty procedures which averages to about 40 abdominoplasty procedures per year i.e., slightly less than one per week.

38. Is your surgical facility state-licensed and certified?

The Renaissance Center for Plastic Surgery is licensed by the State of Pennsylvania as a Class C (the highest available) Ambulatory Surgery Center (Certificate No. 71140). The Renaissance Center for Plastic Surgery is also Medicare-approved and certified by the Accreditation Association for Ambulatory Health Care (AAHC).

The Renaissance Center for Plastic Surgery is also a member of the American Association of Ambulatory Surgery Centers (AAASC) and Susan, my business manager, is vice-president of the Foundation of Ambulatory Surgery in America (FASA).

39. Are you board certified and is that important?

It is very important for your doctor to be board certified in his field. Board certification means that your doctor has achieved the highest level of excellence and competence in his/her field. To become board certified, you must display a level of proficiency to your peers that is exemplary in your field.

I am board certified in both plastic surgery and general surgery. As a board certified plastic surgeon, I am prohibited from performing general surgery. I was given a lifetime certification in plastic surgery in 1992 but in 2004, I voluntary re-certified in plastic surgery by taking and passing a rigorous written examination. This was done to ensure that I was up to date on the latest developments in my field. I was one of only 9 plastic surgeons in the country to pass the re-certification examination that year. You may view my other credentials and achievements by linking onto my [curriculum vitae](#).

Please understand that my staff and I are fully committed to providing you with the utmost professional and comprehensive care available. We are constantly upgrading and changing our environment to improve the quality of care that we provide for our patients. We consider it an honor and a privilege to care for your needs and provide you with a safe and friendly environment.

Photographs, which do not include the face, are a necessary part of this surgical procedure. The preoperative photographs serve as important aids in the planning and execution of this procedure.
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They are taken in a standing position because the shape of the abdomen changes dramatically when the patient lies down on the operating room table. Photographs are also taken postoperatively not only to complete your medical record but also to serve as an educational and reference tool for both the surgeon and the patient. These photographs become a permanent part of your medical record and may be used for a variety of instructional and professional purposes within the scope of the surgeon's practice including, but not limited to, illustrations in scientific articles written by the surgeon and/or for demonstration purposes to prospective patients with a similar condition.

**IF YOU ARE INTERESTED IN OBTAINING A CONSULTATION WITH DR.
COLLINI, PLEASE CALL THE OFFICE AT 570-674-6525.**