I’m a former model and a trained nurse. I founded Clarify Clinic to help people like you to find the right plastic surgeon for your needs and your budget.

This book answers the questions I’m most often asked by people considering plastic surgery. But more importantly, it answers questions people should ask – but don’t.

My early years as a David Jones model gave me a passion for beauty and glamour. But as a BA Registered Nurse, I spent four years at the Royal Adelaide Hospital. During my time in the Children’s Hospital Burns Unit, I saw first-hand what talented plastic surgeons could achieve. I was amazed at the transformations they could work on anything from burns and accidents to congenital birth defects.

When I left nursing to finish my Bachelor of Science degree with an interest in endocrinology, my research into hormone replacement therapy and early menopause in young women led me to work with endocrinologists in Adelaide.

After taking career time out to bring up three children, I went back to university for a
BA in psychology and philosophy. Psychology rekindled my passion for research.

An early hysterectomy left me in need of extensive internal pelvic repair. This in turn required a tummy tuck to correct abdominal muscles that had been affected. And that led me to my first research into plastic surgeons. I spent four months finding the right surgeon for my first procedure. The result: a bikini tummy that was simply wonderful!

Then the removal of a benign skin tumour just above my 5th cranial nerve required a reconstructive blepharoplasty (eyelid surgery). Again I devoted considerable time and energy into research. And again I was rewarded with finding another brilliant surgeon.

In both cases, my surgeons exemplified what I believe to be the gold standard in plastic surgery: They were masters of both scientific technique and artistic sensibility.

But my searches were not without drama.

“I was shocked at how much misinformation was out there ...”

I was shocked at how much misinformation was out there, and just how difficult it was for people to find solid, unbiased advice.

Working methodically, as I was trained to do, I developed a thorough understanding of what exactly was good practice and what was poor, and where the pitfalls were. I used this knowledge to advise friends to ensure they had fabulous outcomes. They look and feel younger - but most importantly, they are not among the 20% of all patients who are disappointed in their plastic surgery result.

With the encouragement of some top plastic surgeons I’d encountered in this process, I decided it was time to put my research into practice. The founding of Clarify Clinic, and this book, are the result.

Thank you for reading. Please let me know if it has been helpful.

Kate Moreland B.Sc. BA. BSCN.

Director, Clarify Clinic
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1 Selecting Your Surgeon
As a nurse in The Royal Adelaide Hospital Burns Unit, I saw firsthand what top-flight plastic surgeons could do. As a researcher into the state of plastic surgery today, I learned that there is a wide range of skills and facilities. Many are not what I would call “top-flight”.

When I began my research, the first big shock was these two startling statistics:

75% of all people who have had plastic surgery wished they had done more research beforehand.

20% of all people who have had plastic surgery were dissatisfied with the result.

Now we can probably discount some of the second group as people who had unrealistic expectations. But that still means they had the surgery without sufficient information. That is really my point.

I prefer peer-reviewed Australian research, but the scale of our domestic profession means many studies are not done for lack of funding or because sample sizes are too small. As a result, I often had to use reliable data from studies in the U.K. and U.S.A. Both are similar to Australia in the way plastic surgeons are educated, trained, and qualified to practice.

Here’s another finding that demands your attention: In the USA ... 44% of plastic surgeons have poorly-equipped operating theatres.

Sadly, the proportion is about the same in Australia. This is why Clarify Clinic only recommends surgeons who operate in accredited facilities.

Here are the most important ways to protect yourself from becoming a statistic:

“Look for the right credentials…”

There are two types of certified surgeons in the field:

**Plastic surgeons**

Certified plastic surgeons have 8 to 10 years of practical training. They are Fellows of The Royal Australasian College of Surgeons and are permitted to place the letters “FRACS” after their name.
**Cosmetic surgeons**

Certified cosmetic surgeons have 7 years of practical training. If they are Fellows of The Australian College of Cosmetic Surgery, they are permitted to place the letters “FACCS” after their name. If they are certified, but Fellows, they can place the letters “ACCS” after their name.

It is illegal for any doctor who is not a certified Fellow of the Royal Australasian College of Surgeons to call him- or herself a “Plastic” surgeon. However there is no such safeguard against misuse of the term “Cosmetic surgeon”.

Any doctor, whether a trained plastic surgeon or not, can advertise themselves as a “Cosmetic surgeon”, and many do. But plastic surgery itself is unregulated in Australia. Any doctor with a basic medical degree can legally perform the same procedures as a certified plastic surgeon.

Dr. Bryan Mendelson, president of the International Society of Aesthetic Plastic Surgery, says the problem began in 1996 when deregulation allowed Australian doctors to advertise. Before this, a doctor could advertise their ability but not their expertise.

“It became very easy for a doctor to jump on the bandwagon,” he said. “I’ve known of some doctors who started doing botox, then moved onto liposuction, then did a weekend course to call themselves a cosmetic surgeon.”

Another problem is nurses offering non-surgical procedures – typically botox injections – on their own premises, without a doctor’s supervision. A case in Western Australia in 2012 highlighted the danger. The Western Australia Department of Health had to issue a warning to all patients who received cosmetic procedures at the home of a registered nurse to visit their GP as soon as possible for a blood test.

Their investigation uncovered a “possible infection control breach” which “could have exposed patients to blood-borne virus or bacterial infection”.

Dr Gabrielle Caswell, President of the Cosmetic Physicians Society of Australasia (CPSA) said, “We don’t think this is an isolated event ... this illegal and dangerous practice occurs with alarming regularity.”

Under Australian law and Medical Board guidelines, nurses can administer such treatments, but only under the supervision of a doctor. And the doctor can only prescribe the treatment after completing a full medical history and examination of the patient.

Dr Caswell said, “The CPSA does not endorse the administration of Botulinum Toxin or dermal fillers by (staff) with a lesser qualification.
than registered nurse. All such registered nurse injectors must hold appropriate independent indemnity insurance, if not covered by the doctors’ practice insurance as employees, and legitimate registration in the state or territory in which they are working.”

***I recommend you look for the right credentials and choose a surgeon who operates only in accredited medical facilities.***

You should also ensure that any prospective surgeon is a specialist in the procedure you want. Your GP may be able to recommend qualified specialists. Or you can seek independent advice from a consultant like Clarify Clinic in Sydney. In any case, be sure to discuss your procedure with three surgeons before making your decision.

***“Ask to see ‘before’ and ‘after’ photos...”***

You should always ask to see ‘before & after’ photos of people on whom the surgeon has performed the same procedure. Ethical surgeons will show you photos of their actual patients, not just images from a brochure.

Of course the ideal way to vet potential surgeons would be to speak with their patients. That’s what I did when I researched the shortlist of preferred surgeons for Clarify Clinic clients.

And finally, you should be aware that there is a great gulf between “skilled” and “talented”. The truly talented plastic surgeons, like truly talented athletes or artists, are rare people. A consultant like Clarify Clinic can tell you who they are, but you should know that they usually charge according to their talent. You must not expect “the very best” unless you are able to pay “the very most."

***“Medical tourism has become a huge industry...”***

All of the above are either difficult or impossible if you’re thinking of having your surgery done overseas. Medical tourism has become a huge industry; some countries have special hospitals just for foreign visitors. The most popular destination is Thailand, where 1.5 million visitors had procedures worth over $6 billion to the Thai economy. Other key players are India, Malaysia, South Korea, Singapore, Vietnam, Turkey and the Philippines.

The savings can be astounding. As reported in Marie Claire, a Melbourne woman had three procedures done in Thailand for $10,000, which would have cost her $36,000 in Australia.
But the downside was just as dramatic. All three procedures were botched. Because they were done overseas, the surgeons and hospital had no liability. The travel agent who set it up for her had gone kaput. She finally borrowed the $36,000 to have it all re-done in Melbourne.

Another medical tourist from Queensland was told by the tour company that all work was “guaranteed”, and they would pay to fix any problems. But the fine print said she agreed to a waiver that absolved the company of any responsibility. Her corrective surgery in Australia has cost $50,000, consuming her entire life savings.

Melbourne plastic surgeon Dr Chris Moss has operated on 15 women whose original surgery was bungled overseas. He has seen women with severed nerves that cause irreparable droopy smiles or facial numbness.

“In such cases, I suspect the surgeons may have little knowledge of the anatomy of the face,”

Dr Chris Moss says. Nose jobs can prove equally risky. “One woman had been left with a hole as big as half a thumb in her nose.”

A rare but real problem with medical tourism is a new type of potentially life-threatening “superbug” being brought back home after operations in India. “This is a concerning public health threat because these bugs are extremely resistant to antibiotics,” says Brisbane plastic surgeon Dr Mark Magnusson. Such bugs can breed in hospitals with poor infection control and be transmitted if staff don’t wash hands or use alcohol hand rubs between patients. “There is also a risk of contracting diseases like Hepatitis B or HIV,” warns Dr Magnusson.

You can protect yourself to some degree by restricting your search to surgeons who are members of the International Society of Aesthetic Plastic Surgery (ISAPS). This means they have some form of internationally recognised qualification. You might be able to check that the devices and products used – breast implants, for instance – are brands that have been approved by the Australian TGA.

**General risks of plastic surgery**

When performed by qualified surgeons in accredited facilities, major complications are rare. Minor complications occur occasionally, but these do not affect the overall cosmetic results or endanger the health of the patients.

When specific procedures attract special risks, I have noted them in the chapters regarding those procedures.

For more information on the consultation process and our independent surgery advice click here.
Both our natural instincts and our childhood training teach us to seek information about other individuals by looking at their faces. And the face is the only part of our bodies almost never covered by clothing. So it should be no surprise that facial procedures are the most popular forms of plastic and cosmetic surgery. This is true for both men and women.

Surgical procedures on the face include:

- Rhinoplasty
- Blepharoplasty
- Facelift
- Otoplasty
- Cheek and chin implants

Non-surgical procedures on the face mainly involve the injection of fillers. Non-surgical procedures are described in Chapter 5.
Rhinoplasty (re-shaping the nose)

Rhinoplasty is the careful re-contouring of the bone and cartilage that gives your nose its shape. Most incisions are placed inside the nose where they are least visible (seamless rhinoplasty).

Nose surgery improves the appearance and proportion of the nose, enhancing facial harmony. It is usually chosen by people who have asymmetrical or misshapen noses, and a successful rhinoplasty can do wonders for their self-confidence. Rhinoplasty is often done at the same time as a facelift or chin augmentation, as it can help balance the new features.

The surgery can also correct deformities that cause breathing problems, and some sinus disorders can be corrected.

At Clarify Clinic, I only deal with the best plastic surgeons.

But for some corrective nose surgery, an Ear Nose and Throat (ENT) surgeon may be your best choice. In certain cases I recommend ENT surgeons who are also experienced facial plastic surgeons. These doctors are members of MBBS, FRACS, FAAPS and FACCS.

Rhinoplasty can be performed on children as long as the skeleton of the face is over 90% developed. Plastic surgeons and ENT surgeons generally agree that this is around age 13-14 for girls and 15-16 for boys.

Cost
The price will range from $9,000 to $20,000. The main variables are your choice of surgeon and whether your case requires closed or open rhinoplasty. Because it is more complex, open rhinoplasty is generally more expensive.

Procedure Description
Nasal surgery generally requires anaesthesia and is performed as an inpatient procedure. The two types of rhinoplasty differ according to where the incisions are made:
1. Closed technique

Small incisions are made inside the nose, and specialised instruments are used to separate the skin from the supporting bone and cartilage. The bone and cartilage are sculpted to the desired shape, then the skin is re-draped over the new framework. Dissolvable sutures are used to close the incisions. This usually leaves no visible scars.

2. Open technique

Small incisions are made across the columella (the skin that separates the nose). This provides more exposure, especially in complex cases. It is often used in revision Rhinoplasty. This incision heals very well, and the resulting scar is usually inconspicuous, sometimes resembling a tiny line or a flattened ‘z’.

Recuperation and seeing results

A splint or cast is applied to maintain the new nose shape and to limit the amount of post-operative swelling. You will be monitored in recovery for a couple of hours or overnight, and you’ll need to wear the cast for about 7 days.

If you had a Rhinoplasty where the nostrils were narrowed (in the case of flared nostrils), you will have to return to have your sutures removed, which may sting a bit.

You will have swelling, especially in the tip if you are having tip work performed. The swelling usually begins to subside within the first month, but you may not see the final result of your rhinoplasty until at least 9 months after the surgery.

The bones take a couple of months to completely mend, so you must be very careful not to bump your nose during this time.

With surgery to straighten the nasal septum, you should notice easier breathing after about 3 weeks.

Risks of rhinoplasty

- **Bleeding** – Your surgeon will try to minimise damage to blood vessels, but it’s likely some will be disturbed. Although rare, some post-rhinoplasty nosebleeds require a blood transfusion. Certain medications, such as aspirin, can temporarily thin your blood and make you more susceptible to blood loss.

- **Anaesthesia Reactions** – Anaesthesia can cause nausea, constipation or allergic reactions that may affect your breathing. Tell your surgeon if you have had a negative reaction to anaesthesia in the past.

- **Nasal Obstruction** – Although rare, surgery can alter the airflow into and out of your nasal passage. This can cause nasal mucus crusting that makes breathing harder. Also, scarring from incision may cause scar tissue to obstruct your nasal passages.
Unhappy Results – There’s always the chance that when your skin heals, you may be unhappy with the outcome. Discussing your limitations and realistic expectations with your surgeon can ensure this risk does not come true.

Asymmetry – The face is normally asymmetrical. Producing long-term post-operative symmetry of the nasal tip represents perhaps the most challenging effort in rhinoplasty. Hence, it may be necessary for further surgery to correct asymmetry.

Delayed healing – Some areas around the nose may take a long time to heal. Smokers have a greater risk of skin loss and wound healing complications.

For more information on this procedure visit our website. Or Visit our blog.
Blepharoplasty (re-shaping the eyelids)

Blepharoplasty is commonly called an ‘eyelid lift.’ It’s a procedure to remove fat and skin from the upper and lower eyelids. It improves droopy eyelids and puffy bags below the eyes – features that may make you look older than you are and more tired than you feel. It may be combined with an eyebrow lift to correct drooping eyebrows.

Successful blepharoplasty gives a more youthful and alert appearance of the eyes. It can also improve vision by widening the visual fields of patients with excessive upper eyelid skin partially blocking their sight.

Cost

The costs will vary depending on the surgeon, the extent of work involved and the facility used.

Upper eyelid surgery usually costs between $2500 and $9,100 (AUD), including surgeon’s and assistant surgeon's fees, anaesthetist's fee, facility and hospital costs.

Procedure Description

The operation does not require hospitalisation and is usually done under local anaesthesia. However, in most cases blepharoplasty is done in an accredited medical facility under a general anaesthetic.

Incisions are made with either a “Colorado” needle or a scalpel to minimise bleeding and scarring.

Upper Lid

The incision for the upper eyelid is usually made along the natural eyelid crease. The incision for the lower eyelid may be made inside the lower eyelid, which avoids external scars, or externally just below the eyelashes. Excess skin and fat are removed.

Lower Lid

If the lower eyelid is too slack, a canthopexy may be done to tighten it. This involves and incision along the outer portion of the lid just below the eyelash line.

Blepharoplasty is often done in conjunction with a forehead lift (endo eyebrow lift), facelift, carbon dioxide laser resurfacing, chemical peel, or Botox injection, to maintain the balance of facial features.
Recuperation and seeing results

Initial discomfort is usually mild and controlled with oral medication. Sutures are usually removed within 7 days.

You can resume using eye makeup following removal of sutures and healing of the incisions. Discard any old makeup, as it may contain bacteria which could cause postoperative infection.

You may have difficulty closing your eyes, particularly at night when sleeping. This is usually limited and corrects itself after a week. Bruising and sensitivity to light usually subside within 1-2 weeks. Swelling usually disappears within 2 weeks.

You can wear contact lenses after the sutures have been removed and the incisions have fully healed, usually in 7 to 10 days.

Risks of blepharoplasty

- Unnatural position – The main risk is that the final position of the eyelids will be either too high or low.
- Asymmetry – About 10% of cases result in asymmetry severe enough to require corrective surgery.
- Noticeable scarring
- Too much skin removed – This can expose the cornea to injury.
- Skin infection – The risk is very low.
- Allergic reaction to anaesthesia – The risk is very low.
- Loss of eyesight – The risk is very low.

For more information on this procedure visit our website. Or Visit our blog.
A facelift removes and redistributes fatty deposits, tightens underlying muscles and removes sagging skin. The standard facelift addresses the lower third of the face and the upper neck.

The face is three-dimensional, so surgeons often combine this procedure with others to restore volume and maintain balance throughout the face and neck. Which procedures are done will depend on your needs and must be discussed with your surgeon.

Cost

Prices range from $14,000 to $26,000. The main variable is the amount and type of specific surgery you require. The secondary variable is your choice of surgeon.

Facelift options may include:

**Full Facelift**

If the flesh and musculature have sagged extensively, doctors may recommend a traditional facelift. Depending on your facial enhancement goals, your surgeon may suggest an approach that could include a brow lift or neck lift as well.

**Mini-Facelift**

If you have good skin tone but moderate sagging, a mini facelift may achieve your objective with the least recovery time and post-procedure discomfort. The mini-facelift focuses on the jawline, cheeks, and mid-face. These procedures allow for an incision hidden behind the ear. Some patients will benefit from a dual approach that includes non-invasive treatments such as facial fat grafting, or facial fillers along with the mini-facelift.

**Mid-Facelift**

Also known as a cheek lift, a mid facelift lifts and shapes the cheeks to achieve a natural smooth look for those who do not yet need a full facelift. Mid-facelifts reduce puffiness under the eyes, improve the contour of the upper cheeks, and reduce nasolabial folds.

**Neck Lift**

This procedure combines cervical and submental lifts to tighten loose muscles and eliminate excess skin or fat near the neck and chin. In some cases a surgeon can pair this with an upper-facial procedure to provide a symmetrical, balanced appearance.

**Summary**

In general, these procedures give you a sharper and better-defined jawline, and improve the angle of your neck and chin. Successful facelifts make you look younger and more alert.
By themselves, the "lifting" procedures do not affect lines around the mouth, and they will not repair skin surface defects or discolourations. However, they are sometimes combined with other treatments such as chemical peels, laser resurfacing and microdermabrasion to improve the skin appearance and texture.

They may also be used with Botox, fillers, lipotransfer and/or implants to restore lost volume. As they only affect the lower part of the fleshy structure of the face, they can also be performed in conjunction with eyelid and forehead rejuvenation and rhinoplasty.

**Procedure description**

The surgeons recommended by Clarify Clinic only perform facelifts under general anaesthesia in an accredited hospital facility.

The surgeon usually makes incisions in front of and behind the ear. This should be discussed with your surgeon. After re-shaping of the underlying tissues, the incisions are closed with sutures and/or staples. An elastic dressing is placed around the face and neck during recovery and initial recuperation.
Recuperation and seeing results

Recovery may be at home with a responsible adult, in a recovery facility, or overnight in the hospital. If surgical drains are used, they are usually removed after 1 to 3 days.

The compression bandage may be worn around the lower face and neck for about a week. It’s common to experience stiffness in the neck and some soreness when eating and swallowing.

Sutures and staples are removed within two weeks. Bruising and swelling are normal and may take several weeks to go down.

Make-up can be applied over the skin immediately, but not over the incisions for 2-3 weeks. Only use brand-new makeup after a surgical procedure. Old makeup often has bacteria that could cause infection.

Risks of facelifts

Facelift surgery is considered relatively safe. You can expect minor scarring, but an experienced plastic surgeon will minimise and conceal facelift scars. For this reason, it is important to choose a qualified and experienced plastic surgeon. The specific risks are …

- Injury to the nerves that control facial muscles - this is usually temporary.
- Problems with healing of the skin - this is common for patients who smoke.
- Scarring - there will be some light scarring, although the surgeon will always try to conceal the facelift scars.
- Scab on the incisions - this will be temporary.
- Numbness or tingling around the incision areas - this should be temporary.
- Skin or hair loss - this is rare.
- Skin discoloration: this is a rare condition that can continue for several months.

Common postoperative complications are …

- Reaction to the anaesthesia
- Bleeding – although some light, postoperative bleeding is normal, uncontrolled bleeding is dangerous and can lead to painful hematomas.
- Infection – typically occurring in a specific area, symptoms of infection are swelling, sensitivity, redness, and localised heat. Unless it is severe, an infection can be relieved with antibiotics.

For more information on this procedure visit our website. Or Visit our blog.
Otoplasty (re-shaping the ears)

Otoplasty corrects protruding or disfigured ears in children and adults. The procedure can change the shape, position or size of the ears. The goal is ears with a natural shape, in proportion to the rest of the head and face.

Various surgical procedures can be used to correct protruding ears. The one selected will be based on the underlying cause of the protrusion and your surgeon’s clinical experience. Some patients benefit from placing simple sutures in the ear cartilage to reposition the ears closer to the skull, while others require actual removal of cartilage. Often both are done in combination.

Otoplasty can be performed safely on children age 5 or over. Knowledgeable surgeons recommend doing it before the child begins school, to avoid teasing and ridicule.

Other options - Moulding and taping the ears of infants may be effective. But only if it’s done during the first months following childbirth. Moulding and taping must be done under the direction of your paediatrician and surgeon.

**Cost**

Prices vary widely depending on what surgery is actually required, so I can only give you a broad guide. $4,000 to $6,000

**Procedure Description**

Otoplasty should be performed in an accredited hospital facility under general or local anaesthesia.

A hidden incision is usually made behind the ear. Specialised sutures are used to pin the ears back to a more pleasing position and restore normal ear anatomy. An additional procedure involves removing a small piece of excess cartilage to create a more natural and longer lasting result.
Recuperation and seeing results

A head bandage is usually worn for the first 1 to 3 days after surgery. When the bandage is removed, the surgeon may ask the patient to wear a headband for several weeks to assist in keeping the ears in the correct position.

Patients with long hair can immediately cover their ears and return to work or play as soon as the bandage is off.

The recovery period averages 7 to 10 days. Children's activities should be reduced for the first 2 weeks. Wearing bike helmets and playing contact sports are discouraged for 6 to 8 weeks.

Risks of otoplasty

- Infected wound – that may require treatment with antibiotics or further surgery.
- Allergic reaction – to sutures, dressings or antiseptic solutions.
- Haematoma - A large blood clot may form beneath an incision site, requiring drainage.
- Chest infection – may develop after general anaesthesia.
- Keloids and hypertrophic scars - Raised, red and thickened scars may form over the healed incisions. These can be itchy, annoying and unsightly, but the are not a threat to health.
- Assymetry – Further surgery may be necessary to correct symmetry problems or irregularities in the cartilage.
- Nausea and loss of balance – related to fluid accumulation in the inner ear.
- Permanent loss of sensation - in the skin around the surgical site and the surface of the ear

For more information on this procedure visit our website. Or Visit our blog.
Chin and cheek augmentation (implants)

The shape of the chin can have a powerful impact on overall facial aesthetics. Chin augmentation extends the jawbone at the chin. It can be done by itself, to build out a weak chin, or in conjunction with other procedures to balance the face.

Cheek augmentation adds definition to the cheeks. Prominent cheekbones are a mark of beauty and youth in our culture, so people with flat cheekbones or a thin face often opt for cheek augmentation.

Those who have hollow or sagging cheeks as a result of age or weight loss may also want to fill in this area.

Cheek augmentation is often performed in conjunction with other surgical procedures such as chin augmentation and eye-, brow- or facelift. If you are considering facial surgery and the recovery time that goes with it, it is worth considering a combination of procedures to maintain balance and proportion.

Cost

Prices range from $6,000 to $9,000 for a single procedure. Multiple procedures will cost more. However, when multiple procedures are planned, performing them at the same time reduces the overall cost and consolidates recovery time. The main variable is the specific procedure you want. The secondary variable is your choice of surgeon.
Chin augmentation – Procedure description

A chin implant can take from 20 minutes up to 2 hours. It can be done under local anaesthesia with intravenous sedation administered by a board-certified anaesthetist or under general anaesthetic.

The surgeon makes an incision in the crease under the chin or inside the mouth where the gum meets the lower lip. Gentle stretching of this tissue creates a space big enough to insert the implant.

The most common implant is made of solid silicone, manufactured to be as hard as natural bone. Another material is polytetrafluoroethylene (ePTFE), the material in GoreTex® fabrics. The ePTFE implant allows existing bone tissue to grow onto the implant. This makes it much stronger and more solid than silicone. Either material quickly adheres to the jawbone and looks and feels like a real chin.

Chin implants – Recuperation and seeing results

Your surgeon may give you specific post-operative instructions, such as icing the area to reduce swelling. Swelling and discolouration subside in 3 to 4 days. Sutures are removed within 5 days.

It’s a good idea to sleep with your head elevated for a week or two. You can expect to be back to work and most normal activities in about two weeks. Save strenuous activity, such as exercise, until about 3 weeks after surgery.

You will experience some tightness in your chin when your face moves. Itching is also common, caused by cut nerve endings. Both should subside after about a month.

Scars are hidden under the chin or in the mouth, and are generally invisible. Follow your surgeon’s instructions on scar-healing treatments. The scars can take up to a year to heal completely.
Cheek implants - Procedure

Description

Surgery takes about two hours and is performed in a hospital or approved clinic under anaesthesia. Incisions are made at the hairline, below the lower eyelids, or in the mouth on the upper lip crease. The implant is then sewn into place with small sutures that dissolve over time. When the incisions are made inside the mouth, there is no external scar.

Cheek implants - Recuperation and seeing results

Following a surgical procedure you will go home on the same day, but you should have no warm fluids or hot meals for 24 hours. You will need to rest for 2 to 3 days, followed by light duties for one week.

If the incision was made within your mouth, drink fluids through a straw and eat only soft foods until it becomes more comfortable.

The surgeon may ask you to do a salt rinse several times a day for at least a week. Swelling will last for about 10 days. You can reduce swelling by keeping your head elevated during this time.

You will need to keep your face still for at least a week following the surgery. After this you can gradually and gently begin to move your face. You should be able to return to work and normal activities in 10 days, but you should avoid strenuous exercise for 6 weeks.

Cheek implants – Non-surgical options

Non-surgical procedures take about half an hour and can be done in a clinic with some light pain medication. Filler material is simply injected into the cheeks, which is quick, economical and leaves no scar. The material can be your own fatty tissue or any of a number of TGA-approved synthetic fillers.

Fillers like hyaluronic acid and/or collagen are injected with a fine needle in the office with or without local anaesthetics. These will give instant results that last for about 6 months. Some new fillers are effective for up to 18 months. Using your own fatty tissue will last for 1 to 3 years.

When the effect starts to wear off, you will need to repeat the injections. For my Clarify Clinic clients I recommend treatment every three months for the first year, and then repeat only as needed.
These treatments are provided at the same day of consultation with your surgeon. You can resume normal life the next day, but you may have some bruising for up to 48 hours.

**Risks of chin and cheek augmentation**

- Heavy bleeding.
- Infection that may require treatment with antibiotics or further surgery in some cases. But sometimes emergency procedures need to be undertaken and the implant removed.
- Allergic reaction to sutures, dressings or antiseptic solutions.
- The formation of a large blood clot beneath an incision site, resulting in a painful lump that may require drainage.
- Pain, bruising and swelling around the incision site.
- Keloids and hypertrophic scars that are raised, red and thickened scars. Scars from chin surgery are usually inside the mouth.
- Scarring itself can become a problem in very few cases, resulting in tightening over the implant and the need for anti-inflammatories.
- Difficulty talking or smiling for several weeks.
- Movement of the implant, which will require further surgery.
- Slow healing, often related to smoking or diabetes.
- Short-term nausea following general anaesthesia and other risks related to anaesthesia.
- Further surgery to treat complications.

- Blood clots that may cause potentially fatal cardiovascular complications such as heart attack, deep vein thrombosis or stroke.
- If the implant is not correctly placed then it will not produce a particularly good cosmetic result.
- There have been some reported cases of patients losing some feeling in their chin, although after three months this seems to ease and eventually full sense is recovered.
- In the long-term the implant, if misplaced, can cause erosion of the bone and damage to dental roots.
- These risks are very rare, however, they do need to be discussed with your surgeon before the procedure takes place. With a good surgeon any potential risks are seriously lessened and the implants are seen as a safe and reliable form of cosmetic surgery.

For more information on this procedure visit our website. Or Visit our blog.
3 Breast Procedures
Augmentation (implants)

Enlarging or re-shaping the breasts is usually done to enhance a woman’s appearance. The procedure is also used to replace breast volume lost following pregnancy and breast-feeding. It is also used to balance assymetrical breasts.

The implant is made of a flexible outer shell made of silicone. The shell is filled with saline solution or silicone gel. The outer surface may be smooth or textured. Implants are moulded into many sizes and shapes to meet the individual needs of each woman.

Augmentation alone will not correct underlying defects in the shape and form of the breasts. If the assymetry of breast size or nipple position is severe, additional procedures may be necessary. Women should be aware that a noticeable difference in the size, shape or orientation of the two breasts is actually normal, and perfect symmetry is rare.

This procedure has a higher patient satisfaction rate than cosmetic surgery in general. A recent USA study followed up on 450 women 10 years after they received implants, and 93% were satisfied or very satisfied with their breast implants. Most of the unsatisfactory outcomes result from implants that are too small or too large, or from lack of surgical skill to deal with difficult breast conditions.

Surgeons today expect the satisfaction rates with new-generation silicone implants will be even higher due to their softer and more natural look and fewer problems with leakage.

The procedure is not performed on women with breast cancer or connective tissue diseases.

Cost

Current prices are in the range of $9,000 to $15,000. The biggest variable is your choice of surgeon.
Procedure Description

Breast Augmentation is usually performed in an accredited outpatient surgical facility under general anaesthesia or conscious sedation with local anaesthesia. Incisions are made as explained below, and the implants are inserted either above or below the chest muscles.

There are four methods, varying by where the incisions are made:

- Transaxillary – incisions in the armpits
- Periareolar – incisions around the areolae
- Inframammary – incisions at the lower breast folds
- Transumbilically – incision in the navel (for saline implants only)

The scar/s are usually obscured by skin folds or, in the case of periareolar incisions, by the difference in texture between the areolae and surrounding skin.
Recuperation and seeing results

Patients are usually discharged right after surgery, provided there's a responsible adult to help them recover at home. Discomfort is controlled with oral medications and long-acting local anaesthesia.

A soft bra or compression garment is usually worn for several days. Light activity may be resumed in 7 days. All sutures are usually removed in 1 to 2 weeks. Sports activities may be resumed in 3 to 6 weeks, depending on the surgeon’s instructions.

The US Food and Drug Administration (FDA) recommends a magnetic resonance imaging scan (MRI) at 3 years after surgery and then every 2 years thereafter. These scans can often detect weakness in an implant that may lead to a rupture.

Risks of breast augmentation

- Cancer – There was a scare associated with the French PIP implants, but studies in Australia, France, the UK and USA suggest that there is no direct link between the gel and increased risk of breast cancer.
- Leakage – 10% of silicone implants break or leak within 10 years.
- Tightening of the scar tissue around the implant (capsular contracture).
- Shifting – Some implants may shift position after a while.

For more information on this procedure visit our website. Or Visit our blog.
Breast revision (corrective surgery)

Breast revision is a second surgery to correct problems with the original augmentation implants. As noted above, there is a generic risk that about 10% of silicone gel implants will leak sooner or later, at which time they will have to be replaced for health reasons.

But most revision surgery is done for cosmetic reasons. The most common are these:

- To replace saline implants with silicone gel - Saline implants are occasionally replaced because of “rippling”, or because the patient wants a softer, more natural-feeling breast.
- To correct ‘double bubble’ - When the breast fails to take on the shape of the implant, there’s a visible line separating the bottom edge of the implant and the bottom edge of the natural breast. This happens more often to women whose breasts were very tight or constricted before the original surgery, or when there is significant droop. NOTE: This problem cannot always be fully corrected.
- To correct ‘symmastia’ – When the original implants move toward the midline of the chest, the skin can lift from the chest wall, creating the dreaded “uniboob” appearance. This usually happens as a result of overly-aggressive release of the chest muscle during the original implant surgery, extending the release to the mid-chest.
- To correct ‘bottoming out’ – Over time an implant can drop to where it is too low compared to the nipple and the other breast. This is cosmetically undesirable.
- To correct changed proportions – When a woman has a child, breast-feeds or loses a lot of weight after the original augmentation, she may want to replace the implants with smaller ones to restore balanced proportions.

Good communication is the key to satisfaction

The biggest predictor of success in breast revision surgery is the quality of communication between the surgeon and the patient prior to the surgery. Demand and receive a full and honest explanation of what you can expect, and you are more likely to be satisfied with the results.

Revision surgery is always more difficult than primary breast augmentation, for several reasons. First, the scar tissue makes it more difficult to predict a good result. Second, the surgeon is dealing with the stretching of tissues or anatomical changes caused by previous implants. For these reasons, many surgeons charge higher fees for breast revision than for primary breast augmentation.
**Procedure Description**

Breast revision surgery may be performed in a hospital or an accredited surgical suite in your surgeon’s office. General anaesthesia is more desirable in most instances, but occasionally local anaesthesia and intravenous sedation may be used. The specific procedure depends on the nature of the correction:

**Double bubble**

Incisions are made to avoid any original scars. Then the tissues of the lower breast are aggressively released to allow the breast to take on the shape of the implant.

**Symmastia**

Incisions are made to avoid any original scars. The original implants are removed and the space in the middle of the chest is closed. The implants remain out of the body for about 12 weeks or more, allowing the chest to heal, then they are replaced in a third surgical procedure. If the implants are replaced too soon, gravity and the pressure of daily activities may cause the problem to recur.

Regardless of the specific procedure, breast revision is sometimes more successful when the new implant is placed on a different plane from the first, i.e., from over the muscle to under the muscle, or vice-versa. The other plane usually has less scar tissue and less tissue deformity from the first surgery. The best technique is always determined on an individual basis.

**Bottoming Out**

Incisions are made to avoid any original scars. The implants are removed, and the lower portion of the ‘pocket’ - the space inside the breast where they sat – is closed off with internal sutures. As with symmastia correction, the implants remain out of the body for about 12 weeks or more, allowing the breasts to heal. If the implants are replaced too soon, gravity and the pressure of daily activities may cause the problem to recur.

The other corrective procedures, like replacing saline implants with silicone gel, or basic re-shaping, are performed just like the original procedures. However, most surgeons will not make new incisions over the original scar tissue.

**Recuperation and seeing results**

After surgery, you will be taken into a recovery area and closely monitored. Your breasts will be wrapped in gauze dressings or a surgical bra depending on your surgeon’s preference. Your surgeon may insist that you stay in the hospital or surgical facility overnight.

Your dressings will be removed within a few days. Your surgeon will probably permit you to shower after 1 to 3 days. Sutures that don’t dissolve on their own will be removed in about a week. While it will...
take several days to return to more normal activities, it is important to your recovery that you get up and move around.

Your surgeon will give you specific instructions and restrictions in terms of physical activity. You may be able to return to work within 7 to 10 days, depending on the type of activities that are required at your job. But you should avoid heavy physical activity for at least the first fortnight. After that, take care to be gentle with your breasts for at least the next month.

It is important to follow all patient care instructions as directed and stay in close touch with your plastic surgeon’s office as you heal. Healing after revision surgery will take a little longer than it did for your first breast surgery. Some discolouration and swelling may occur initially, but this will resolve as you heal. Most residual swelling will disappear within a month.

You may be instructed to wear a support bra during the early healing period. You should not immerse your breasts underwater for at least four weeks after surgery, and then only if you are healing well.

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**Risks of corrective surgery**

Corrective surgery carries the same risks as the original augmentation.

For more information on this procedure visit our website. Or Visit our blog.
Breast reduction reduces the size of the breasts to improve the overall contour or to correct asymmetry. It also helps in the treatment of neck, shoulder and back pain experienced by many women with large breasts. These women may also experience chronic skin irritation along their bra straps and under the breast folds.

An added benefit where ptosis (droop) exists is a simultaneous uplift of the nipple areolar complex to a more youthful position. Breast reduction usually results in some permanent scarring.

**Cost**

Total cost will range from $7,000 to $10,000, depending mainly on your choice of surgeon. Variables include the technique used and whether or not post-operative care is included in the surgeon’s fee. If the size of your breasts were causing health problems like back pain, you may be eligible for Medicare and private healthcare rebates.

**Other options**

In addition to the surgical procedure described below, some breast reduction and re-shaping can be done using liposuction and/or liposculpture. This may be accompanied by taking a section out of the skin of the breast. A restricted amount of breast reduction can be accomplished using skin re-section alone, without liposculpture.

**Procedure description**

Breast reduction is performed in an accredited outpatient surgical facility or in an accredited hospital facility under general anaesthesia or conscious sedation with local anaesthesia.

Incisions are made where appropriate for the individual case, and skin, breast tissue and fat are removed. The areolae around the nipples may also be reduced to maintain pleasing proportions. Your surgeon will discuss the options for skin envelope closures. These determine the size and location of your permanent scars.

As a rule the surgical techniques preserve breast tissue and maintain a healthy blood supply to the breasts. A drain may be inserted at the time of surgery, and breast tissue is usually submitted for biopsy.

**Recuperation and seeing results**

Postoperative discomfort is usually controlled with oral medications or a pain pump. Postoperative care the first night may be at home with a responsible adult, an overnight care facility, or overnight at the hospital.
You should be seen the next day for evaluation. If surgical drains were used, your surgeon will decide when to remove them. You may wear a special postoperative bra for several weeks.

Light activity may usually resume in less than 10 days. Sutures will remain in place for about 2 to 3 weeks. Your surgeon will determine when to remove them. Sports activities may be resumed in 6 weeks or longer, depending on your surgeon’s advice.

The swelling will go down over a period of several weeks. It can take from 6 months to a year before you see the final result in terms of shape and size.

**Risks of breast reduction**

- Bleeding, though only rarely does this require a transfusion during the operation.
- Infection and reactions to anaesthesia.
- Incisions may not heal properly, requiring corrective surgery.
- Assymetry - The breasts may not be perfectly symmetrical or the nipple height may vary slightly.

For more information on this procedure visit our website. Or Visit our blog.
Breast lift with implants

Mastopexy, or breast lift, restores the breasts to a youthful, upright position. The main causes of sagging breasts (ptosis) are age, pregnancy, breast feeding and weight loss.

If sagging is accompanied by a loss of volume or an increase in asymmetry, your surgeon may recommend doing an implant enhancement at the same time. Likewise, if sagging is accompanied by excess volume, you may want a breast reduction at the same time.

In addition to lifting the breasts, mastopexy also results in tighter skin over the breasts, improved symmetry and a more pleasing shape. However, some of these results may require augmentation. Your surgeon will advise what is required and appropriate in your case.

**Cost**

The cost will range from $12,000 to $18,000, depending mainly on your choice of surgeon.

**Procedure Description**

Breast lifts are usually performed in an accredited outpatient surgical facility under general anaesthesia or conscious sedation with local anaesthesia.

The specific procedure used will depend on the severity of the droop. In most cases incisions are made around the nipple areolar complex and in front of the breasts. Sometimes they may extend into the lower breast fold.

Excess skin is removed and the nipple areolar complexes (nipple and surrounding dark skin) are lifted. The breasts are recontoured, and the skin is pulled tight and sutured together around their new shape.

Depending on preoperative size, appearance and asymmetries, the nipple areolar complexes may also be reduced.

If the droop is severe, incisions may extend around the nipple areolar complex, into the front of the breast, and down into the breast fold. In these cases, some scarring may remain visible even after healing.

**Recuperation and seeing results**

Patients are usually discharged right after surgery, provided there’s a responsible adult to help them recover at home. Discomfort is controlled with oral medications and long-acting local anaesthesia.

A soft bra or compression garment is usually worn for several days. Light activity may be resumed in 7 days. All sutures are usually
removed in 1 to 2 weeks. Sports activities may be resumed in 3 to 6 weeks, depending on the surgeon's instructions.

**Risks of breast lift**

The risks are generally the same as those for breast reduction. If implants are also used, they carry the same risks as when used for augmentation.

For more information on this procedure visit our website. Or Visit our blog.
Post-mastectomy reconstruction

Breast reconstruction is plastic surgery to restore a breast to near-normal appearance following a mastectomy. Don’t consider a reconstruction unless you are able to cope with your diagnosis and treatment. You should have a positive outlook and realistic goals for restoring your breast and body image.

Although reconstruction can rebuild your breast, the results are highly variable, and you should be aware of the limitations:

- A reconstructed breast will not have the same sensation and feel as the breast it replaces.
- Visible incision lines will always be present on the breast, whether from reconstruction or mastectomy.
- Certain surgical techniques will leave incision lines at the donor site, commonly located in less exposed areas of the body such as the back, abdomen or buttocks.

If only one breast is affected, it alone may be reconstructed. In addition, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to maintain symmetry of size and position of both breasts.

The reconstruction can be performed at the same time as the mastectomy, or it can be delayed for weeks, months, or even years.

Cost

Costs vary so widely that I cannot even give a meaningful range. However, all breast reconstruction associated with breast cancer is not considered cosmetic surgery and as such, is covered by Medicare and Health Fund Rebates.

Procedure Description

In consultation with your surgeon and oncologist, you may choose to have the breast reconstructed with an implant or a tissue flap, or a combination of the two. A tissue flap is a section of skin, fat, and in some cases muscle, which is taken from the lower abdomen, back, or other area of the body and placed in the area of the removed breast.

Breast reconstruction typically involves several procedures performed in multiple stages. It may be performed at the same time as the mastectomy, or it may be delayed to allow you to heal and recover from any additional cancer treatments. The decision will be made by your plastic surgeon in consultation with your oncologist.

With mastectomy

Once the mastectomy procedure has been completed, the implant is placed in the space created by the missing breast tissue, or
behind the chest muscles. In effect, the mastectomy and the reconstruction are a single, combined operation.

**Delayed, or 2-stage reconstruction**

This is easier than the combined operation if the skin and chest wall tissues are taught and flat. A tissue expander is implanted at the time of the mastectomy. The surgeon will inject a salt-water solution every 4 to 6 months through a valve under the skin. Once the skin has stretched, a second surgery removes the expander and places a permanent implant. The delayed reconstruction allows options for the oncologist. If the surgical biopsies show that additional radiation therapy is needed, the second part of the reconstruction can be delayed until the radiation treatment is complete.

**Tissue-flap procedures**

These procedures use tissue from the abdomen, back, thighs, or buttocks to reconstruct the breast. The 2 most common types of tissue flap procedures are the TRAM flap (or transverse rectus abdominis muscle flap), which uses tissue from the lower abdominal area, and the latissimus dorsi flap, which uses tissue from the upper back. A breast reconstructed in this way will behave more like the rest of your body. For instance, the breast may enlarge or shrink as you gain or lose weight. Also there is no need for future replacement due to shifting or leakage.

**Recuperation and seeing results**

Healing will continue for several weeks as swelling decreases and breast shape and position improve. Continue to follow your plastic surgeon’s instructions and attend follow-up visits as scheduled. However, this will depend on the type of mastectomy - recovery could be a long process.

**Risks of reconstructive surgery**

The general risks of breast reconstruction include bleeding, infection, poor healing of incisions, and anaesthesia risks.

Risks specific to the two main techniques are as follows:

- Flap surgery – includes the risk of partial or complete loss of the flap and a loss of sensation at both the donor and reconstruction sites.
- Rupture and leakage – Implants used in reconstructive surgery carry the same risks as those used in augmentation.
- Mammograms – may be more difficult because of the implant.

For more information on this procedure visit our website. Or Visit our blog.
4 Body Procedures
Plastic and cosmetic surgery on parts of the body other than the face and breast are mainly concerned with lifting sagging features and removing excess fat.

They also include reconstructive surgery following removal of tumours.

**Cost**

Body procedures differ greatly in their complexity, so their cost will vary widely. The biggest variable is your choice of surgeon. The total will also depend on the length of hospital stay, type of hospital and anaesthetist.

I advise clients of Clarify Clinic to expect these sorts of ranges:

- **Liposuction** $2,000 to $3,000 per area.
  
  A combined liposuction on hips, legs, abdomen and buttocks could be $6,000 to $8,000.

- **Labiaplasty** $4,000 to $7,000

- **Thigh lift** $5,000 to $10,000

- **Gluteoplasty** $12,000 to $18,000

- **Mummy Makeover** $12,000 to $20,000

- **Full body lift** $15,000 to $20,000
Abdominoplasty (tummy tuck)

Abdominoplasty is a procedure to reshape the abdomen, also known as a ‘tummy tuck’. It removes excess skin and fat while tightening the underlying muscles. The procedure corrects sagging skin and muscles that have been stretched by age, pregnancy, fluctuating weight or prior surgery.

When the sagging is mainly in the lower abdomen, a mini-abdominoplasty may be an option. This is a simpler procedure that may be done on an outpatient basis followed by a more rapid recovery.

When the sagging is not severe, liposuction and liposculpture may be sufficient.

Procedure Description

Standard abdominoplasty is usually performed at an accredited outpatient facility or hospital. Anaesthesia may be local with oral sedation, conscious sedation or general. Mini-abdominoplasty can be performed under conscious sedation on an outpatient basis.

The actual placement of incisions and design of the abdominal incisions vary depending on the looseness of the underlying tissues, the amount of fat to be removed, the condition of the overlying skin and prior scars. Small suction drains may be inserted with both procedures.

Standard abdominoplasty tightens all of the abdominal wall skin leaving a standard scar. Mini-abdominoplasty tightens the lower abdominal wall skin only. This leaves a smaller scar that can usually be hidden under a bikini.
Recuperation and seeing results

Discomfort is usually controlled with oral medications. You can recover at home with a responsible adult caregiver, or in hospital or a supervised recovery facility with an overnight stay.

A compression garment with dressings holds and protects the incisions. If drains were used, they will be removed in 2 to 7 days. Any external sutures are usually removed in 2 to 3 weeks, but the compression garment is usually worn for 4 to 6 weeks.

You can usually resume light activity in 7 to 21 days, but sport will probably be uncomfortable for about 6 weeks.

For more information on this procedure visit our website. Or Visit our blog.
Brachioplasty (arm lift)

Brachioplasty, or ‘arm lift’ is a procedure to tighten the skin, to remove excess fat, and to improve the contour of the upper arm. It corrects loss of skin elasticity normally caused by increasing age or significant weight loss.

The procedure is also performed on people who have had radical cosmetic surgery to their bodies, such as Lap-Band or Gastric Bypass. The objective in these cases is to restore pleasing proportions among different parts of the body.

Procedure Description

Arm lifts are performed in an accredited office facility, outpatient surgical facility or hospital.

The surgery may be performed under general anaesthesia or local anaesthesia with conscious sedation.

The most common technique is an incision on the inside or back of the arm, from the armpit to the elbow. This allows for maximum skin and fat removal. When less skin and fat need to be removed, the incision can be smaller. Your cosmetic surgeon will review your situation and recommend the appropriate incision type for you.

Excess skin is removed and the incision is closed with sutures. If significant fat removal is required, the surgeon may use liposuction. Surgical drains may be installed.

Incision and skin removal

Healing line
Recuperation and seeing results

Recovery may be at home with a responsible adult, in a recovery facility or overnight in a hospital. The arms are usually wrapped with an elastic dressing. You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after brachioplasty surgery.

If drains were used, they are usually removed after less than 7 days. Sutures or staples are usually removed within 2 weeks.

Bruising and swelling are normal and may take several weeks to resolve. During this time you’ll probably wear a compression garment to aid healing. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling (including the forearms and hands) and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Stiffness of the arms, especially when bending, is common and usually resolves within a few months. Some numbness is normal and usually goes away within a few months.

It is common to experience diminished or lost skin sensation in areas that have had surgery, which may be permanent. It is rare to experience permanent changes in sensation in the hands and forearms after brachioplasty.

After lifting the arm skin, there can be a sensation of the arm skin being tight. Usually this feeling subsides over time. Additional surgery may be required to correct this problem.

The incisions can be treated with scar creams and ointments, but the scar will take 8 to 12 months to look its best.

For more information on this procedure visit our website. Or Visit our blog.
Gluteoplasty (butt lift)

Gluteoplasty includes procedures commonly called ‘butt lift’, ‘Brazilian butt lift’ and ‘butterfly lift’. The objective is to restore the loss of skin elasticity in the buttocks and upper outer thighs due to age or significant weight loss.

Gluteoplasty is often performed on patients who have had bariatric surgery, to restore normal body proportions. Patients with collagen-elastic disease may also benefit.

If the skin tone and elasticity are good, your surgeon may recommend liposuction instead of gluteoplasty. Tight skin is also required for a satisfactory Brazilian lift, which includes liposuction and fat grafting.

In cases of very small or flat buttocks with slight or minimal sagging, the surgeon may recommend placement of gluteal implants. These are made identically to breast implants, but are different sizes and shapes.

Procedure Description

Gluteoplasty is usually performed in an accredited office facility, outpatient surgical facility or hospital. The surgery is usually performed under general anaesthesia but may be performed under local anaesthesia with conscious sedation.

The surgeon usually makes an incision across the lower back from hip bone to hip bone. A less involved reduction may have a shorter incision. Fat is removed from the buttocks and upper thighs, and a portion elevated to a higher position using internal sutures. Drains are often installed to reduce fluid collection beneath the elevated tissue. Excess skin is removed and the incision is closed with external sutures.
Variants of the technique use a smaller incision, but these give less dramatic results. The butterfly butt lift involves incisions placed more toward the center of the buttock and along the intergluteal crease. Your cosmetic surgeon will review your situation and recommend the most appropriate incision type for you.

Liposuction is used only when there is substantial excess fat. It is usually performed above the incision rather than in the buttocks.

Recuperation and seeing results

Recovery may be at home with a responsible adult, in a recovery facility or overnight in hospital. Drains are usually removed within 7 days after the procedure. External sutures, or staples, if used, are removed within 2 weeks.

Many surgeons may require lying on your stomach rather than your back for the first several weeks. Bruising and swelling are normal and may take several weeks to resolve. An elastic compression girdle may be worn off and on for approximately 3 to 4 weeks.

Numbness in the outer buttock and thigh is normal and usually goes away within 8-12 months. The incisions can be treated with scar creams and ointments, but the scar needs to heal for 8 to 12 months before looking its best.

For more information on this procedure visit our website. Or Visit our blog.
Thigh lift is a procedure to re-shape the medial portion of the upper leg by removing excess skin and fatty tissue. It is often combined with liposuction to reduce the volume of the thigh. Scarring is concealed in the groin and inner thighs. An excellent surgeon is your best assurance of minimal scarring.

For most patients, the results of a thigh lift are extremely satisfying, but the procedure is not a panacea. You need to have a positive outlook and realistic goals for what thigh lift surgery can accomplish. You need to keep your weight fairly stable, through a healthy lifestyle including proper nutrition and fitness.

Alternatives to a thigh lift include liposuction-liposculpture of the area.

**Procedure Description**

The procedure may take 2 to 6 hours and is usually performed in a hospital or accredited surgical facility. Anaesthetic choices include intravenous sedation and general anaesthesia. Your surgeon will recommend the best choice for you.

Incision patterns vary based on the area or areas to be treated, the degree of correction required, and patient and surgeon preference. Incisions are commonly made in the groin, extending downward and wrapping around the back of the thigh. The underlying tissue matrix is reshaped and tightened. Excess skin is removed, and the remaining skin is re-draped over the new body contours.

You may qualify for a minimal-incision, medial thigh lift. This involves an incision only in the groin area. Your surgeon will determine what’s appropriate.

Drainage tubes may be installed. Incisions are closed with dissolving sutures, which are also taped for greater support.

**Recuperation and seeing results**

You can go home right after surgery, but arrange for someone to help you out for a few days. You’ll be up and around in 24 to 48 hours, but you’re likely to feel tired and sore for a few days. Most discomfort can be controlled by prescribed medication.

Within a week, the supporting tape will be removed and the wound will be checked. You'll wear a compression garment to reduce swelling and assist in shrinking and tightening the skin.

You should be able to return to work within a week, depending on the level of activity required for your job. You can resume gym and normal activities in 3-4 weeks.
The smoother, tighter contours from a thigh lift will be apparent as soon as the swelling and bruising have disappeared, usually within a few weeks. The scars will be firm and pink for 6 weeks. They're permanent, but they will begin to fade to a fine white line after about 6 months. The overall results are long lasting provided that you maintain a stable weight and general fitness.

For more information on this procedure visit our website. Or Visit our blog.
Mummy Makeover (multiple procedures)

During pregnancy, the abdomen expands, the breasts enlarge, and there’s usually an increase in fluid weight, which is not lost by giving birth. While many new mothers manage to lose weight through exercise and diet, some are still troubled by loose skin on the abdomen and sagging or deflated breasts.

‘Mummy Makeover’ describes a range of procedures done at the same time, to correct these changes in body shape. The most popular makeovers include breast enhancement, abdominoplasty and liposculpture. The exact procedures are chosen based on the needs of the individual patient.

For instance, some patients need only a simple breast augmentation to refill a breast that appears deflated. Others may need an implant in combination with a breast lift. And still other women may actually need a breast reduction, combined with a lift.

In the abdominal area, most patients need body contouring procedures such as a full tummy tuck. This will tighten the muscle layer as well as remove the excess skin and fat.

Many patients need liposuction of the hips, love-handles or thighs in order to smooth out their contours and lengthen the appearance of their torsos.

Procedure Description

Because a mummy makeover is a set of procedures rather than one alone, the surgery can take between 4 to 8 hours to complete. As a result, it is almost always done in a fully-equipped hospital surgical suite. This is a significant surgery when done in a single operation, but you have only one trip to the operating room and only one recovery period.

Sometimes a surgeon may space the operations weeks or months apart, rather than complete the entire range of procedures on the same day. How many procedures are performed at once, and in what order, will depend on your surgeon.

In most cases, the surgeon will start with breast surgery—reduction, enhancement or lift.

The tummy tuck is usually done next, then liposuction.

Recuperation and seeing results

Depending on the extent of the surgery, you may need to stay 2-3 nights at the hospital. Any pain and discomfort will be controlled by medication. You will be given a special elasticised garment to wear during the recovery period.
Your surgeon will probably give you a post-operative examination 5 to 7 days after discharge from the hospital. Non-dissolvable sutures will be removed at this time. Wounds will be checked and cleaned, and you will get instructions for their care.

You will probably get another appointment at 4 to 6 weeks after the operation, so your surgeon can assess the scars and deal with any swelling.

It will be 6 to 12 months before you experience the final outcome of your mummy makeover.

For more information on this procedure visit our website. Or Visit our blog.
Truncoplasty (full body lift)

A body lift is a surgical procedure that removes large skin folds and fat from the hips, outer upper thighs, lower abdomen, and upper buttocks. The procedure is a form of body contouring surgery and is designed to improve the lower body’s appearance by modifying its size or shape.

Candidates for a satisfactory body lift usually have loose skin on many areas of the body. This is usually as a result of bariatric surgery (lap band or gastric bypass), significant weight loss, or sagging skin due to ageing or childbirth.

Stretched skin hanging loosely can make it look as though the skin is too large for the body. And often, despite surgery or weight loss in other parts of the body, some fat deposits may remain, which give a lumpy or disproportionate look.

Conversely, an augmentation can be performed to add fullness to buttocks that have become deflated over time.

The abdomen, buttocks and thighs are the most common areas treated. However, many women also choose to have an arm lift, thigh lift, breast lift and liposuction (liposculpture) to achieve the specific body shape they want. Experienced plastic surgeons can combine a body lift with a breast lift, breast augmentation, or both, in a single procedure (see Mummy Makeover).

Procedure Description

The procedure is done under general anaesthetic in a hospital and takes 4 to 6 hours depending on its complexity. For a body lift, incisions will extend from along the lower abdomen, around the hips, and toward the buttock crease. There is another scar in each groin crease for the inner thigh lift. The more skin that is removed, the more extensive will be the scars.

Excess skin from the lower abdomen is removed and the navel is repositioned. The skin from the upper abdomen is drawn down to the lower abdomen so it can be sutured along the lower fold. Skin and fat can also be removed and tightened around the thighs, hips and buttocks.

One of the most common procedures is a ‘circumferential abdominoplasty’. This is an abdominoplasty in which the incision is extended around the body. The result is extensive improvement to the entire lower body in one procedure.

Depending on your particular needs, your surgeon may also perform liposuction (liposculpture) to remove fat from problem spots such as the hips, flanks, pubic area or abdomen.
Recuperation and seeing results

Depending on the extent of the surgery, you will be kept in hospital for 1 to 4 nights. You will have a simple dressing covering the wound site and a special compression garment to hold everything in shape.

You will experience moderate discomfort for 5 to 10 days. This will be controlled by prescription pain medication. Your surgeon will see you again in 7 to 10 days to remove the bandages and examine the wounds. The sutures will dissolve on their own.

Swelling will go away over 2 to 6 weeks. Depending on the nature of your surgery, you should be able to resume normal duties within 2 to 4 weeks. You’ll want to avoid exercise for 4 to 6 weeks. You’ll see the final result after the scars have matured, which will take about 6 months.

For more information on this procedure visit our website. Or Visit our blog.
Labiaplasty is also known as labial rejuvenation. This procedure reduces and re-shapes the inner lips of the vagina (labia minora), to make them smaller than the outer lips. The procedure may also be performed on the outer lips (labia majora). Labiaplasty can be done for either cosmetic or functional reasons, or both.

Women usually want a labiaplasty when their inner labia protrude beyond the outer labia, or either inner or outer labia are irregular or assymetrical. The main causes are natural changes in the vagina due to childbirth or age. Some women consider the surgery because their labia may be visible through swimwear or underwear, or the appearance of their vagina might make them lack confidence during sex, particularly with a new partner.

However, the surgery is appropriate for those women who experience pain as a result of having large or oddly shaped labia. They may suffer painful intercourse, when the labia are forced into the vagina, and they may be unable to wear tight-fitting clothing, which can cause the folds of the labia to rub together. For these women, labiaplasty is done for health reasons.

Another option is vaginal tightening, which reconstructs the muscle and lining of the interior canal. It is often requested by women who have given birth and are dissatisfied with the resulting lack of vaginal tone and tightness.

Not all surgeons perform labiaplasty, but some are specialists in this field. Make sure the surgeon you choose has experience with this procedure.

**Procedure Description**

The procedure usually takes 1-2 hours. It is normally performed on an outpatient basis.

The surgeon will use either a scalpel or a laser to remove excess tissue. The scar is minimal and usually well hidden by the natural creases of the labia.

**Recuperation and seeing results**

You will probably be sent home a couple of hours after you’ve recovered from the effects of anaesthesia. Your surgeon will usually tell you to wash the area twice a day to keep it clean. A spray bottle full of water is handy for this.

You should be able to return to work and normal activities in 3 to 4 days after surgery. You should wear loose clothing during these few days. You won’t be able to engage in sexual activity, wear a tampon or do any strenuous exercise for 6 to 8 weeks.

For more information on this procedure visit our website.
Liposuction, also known as liposculpture, removes excess fat and re-shapes the fatty layer to create a more aesthetically appealing shape. The procedure is most widely used on areas that are resistant to diet and exercise. These include the face, neck, breast, abdomen, upper arm, hips, thighs, knees, and ankles.

It is important to understand that liposuction is not a treatment for obesity. You should not think of it as a way to lose weight. Rather, it is a way to remove persistent and unwanted subcutaneous fat. Keep in mind that liposuction reduces size, not weight, and you are more likely to be satisfied with the procedure.

Procedure Description

Liposuction is usually performed under local, or conscious sedation, in an approved outpatient facility. The duration of the procedure depends upon the amount of fatty tissue to be removed.

Small incisions are made in natural skin folds. A special tumescent solution is injected into the fatty areas to be removed. This solution provides anaesthesia and limits blood loss.

Fat is then carefully removed using a surgical instrument called a cannula, which is attached with tubing to a suction machine. If multiple areas are to be treated, your surgeon may do them all at one time, or may elect to spread the treatments out over time. The decision is largely driven by accepted guidelines for safe volumes which may be removed in one session.

At the end of the procedure, the skin openings may be sutured or left open to heal, depending on their size. Either way, the incisions are small and heal with minimal scars.

Recuperation and seeing results

You will be discharged home to the care of a responsible adult shortly after the procedure. You will be placed in a support (or compression) garment to help the tissues heal properly in their new shape. It’s a good idea to be up and about the first night.

Expect some blood-tinged drainage for the first several days. After that you can resume light household work. You will also have swelling, bruising and discomfort. The compression garment will minimise this and assist in the retraction of any loose skin.

Progressively increased exercise aids healing. You can usually resume light work duties within 3 to 5 days. Normal activities and vigorous exercise may resume in 2 to 4 weeks.
Some results are immediately apparent, but your new shape will continue to improve as the swelling subsides. However, the final results may not be evident until after 6 months. During this time your body balances fluids in the skin and remodels underlying tissues.

I must stress again that liposuction is not an alternative to exercise and a healthy diet. You are more likely to be satisfied with your final results if you eat sensibly and exercise regularly.

For more information on this procedure visit our website. Or Visit our blog.
If detected when the cancer is still in its localised stage, skin cancer patients have an almost 99% survival rate. The survival rate decreases steadily in proportion to how far the cancer has spread at the time of detection. This is why regular screening is so important.

The best way to accomplish skin cancer excision while preserving as much normal tissue as possible in highly visible areas is the Mohs technique. This consists of meticulously removing cancerous tissue one layer at a time. Some well-trained dermatologists now perform Mohs surgery as a cure for basal cell and squamous cell skin cancers, particularly those on the face.

Mohs Surgery is most useful for …

- Basal cell cancers that have come back
- Basal cell cancers that are growing into the surrounding skin tissue
- Large skin cancers
- Cancers in areas where it is important to remove as little tissue as possible (near the eyes and nose, for example)

A surgeon using the Mohs technique must have a lot of experience in facial plastic surgery and a thorough understanding of the anatomy of the face.

Regardless of the technique used to remove the tumours, reconstructive surgery, commonly called a ‘skin graft’, repairs the damage caused. The procedure is used less frequently to repair scarring caused by severe burns.

You should understand that skin cancer treatment may result in scars or disfigurement that cannot be fully corrected. Your plastic surgeon will explain what results you can expect, in terms of both your health and your appearance.

Reconstruction may require more than one procedure to achieve the best results.

**Procedure Description**

Depending on the size and location of the tumour, both its removal and the reconstructive graft may be performed during the same operation.

Once all of the cancerous tissue has been removed, the surgeon will remove an equally-sized piece of skin from elsewhere on the body (called a flap), and place it over the depression caused by the removal of the tumour.

The flap is taken from close to the area that has been excised. In many cases, it is excised more deeply than a skin graft, but is left...
partly connected to its original site. Thus, the skin flap is still connected to the blood supply. The flap is then positioned over your wound and stitched in place.

There are two main types of flap used in reconstructive plastic surgery:

**Local (pedicled) Flap**

The tissue is freed and moved or rotated from an adjacent area to cover the defect site, but it remains attached to the body, while its base has blood vessels that enter into the flap from the donor site. The type of flap movement determines which of the four main types of local flap is used …

- Advancement flap moves directly forward, with no lateral movement.
- Rotation flap rotates around a pivot point to be positioned into an adjacent defect.
- Transposition flap moves laterally in relation to a pivot point to be positioned into an adjacent defect.
- Interpolation flap rotates around a pivot point to be positioned into a nearby, but not adjacent defect. A portion of the flap passes above or below a section of intact tissue, forming a sort of skin-bridge. This type of flap will usually be separated from the donor site in a subsequent procedure.

**Free Flap**

Tissue from another area of the body is detached and transplanted to the recipient site and the blood supply is surgically reconnected to blood vessels adjacent to the wound.

Because flaps have their own blood supply, they are more resilient than skin grafts, and usually produce much better results from a cosmetic standpoint because they can provide a better match for skin tone and texture. Skin flaps are also a better choice when tissue “bulk” is needed to fill contour defects. However, in cases where there have been very large areas of tissue loss, use of a skin graft may be necessary.

**Recuperation and seeing results**

This depends on the area treated. Full-thickness grafts need a longer recovery period. Most people with these grafts need to stay in the hospital for 1 to 2 weeks.

New blood vessels begin growing within 36 hours. Most skin grafts are successful, but some do not heal well. You may need a second graft.

Depending on the location of the graft, you may need to wear a dressing for 1 to 2 weeks. Avoid exercise that might stretch or
injure the graft for 3 to 4 weeks. Some people need physical therapy after their skin graft.

Total recuperation can take months. Visible scars will always remain at incision sites.

**Specific risks of skin reconstruction**

The main risk in any skin graft is that the graft will not “take”, and further surgery will be required. There is also a risk of some damage to deeper structures – such as nerves, blood vessels, muscles, and lungs, which may be temporary or permanent.

You should also be aware that the original cancer may recur and spread, even after a successful removal and reconstruction. Discuss the signs of skin cancer with your doctor, perform regular self-examinations for suspicious lesions, and schedule a skin cancer screening every year, without fail.

**Other specific risks of flap surgery include ...**

- Infection
- Unfavourable scarring and/or skin discolouration
- Excessive bleeding or haematoma
- Skin or fat necrosis (tissue death)
- Poor wound healing or wound separation
- Blood clots
- Anaesthesia risks
- Deep vein thrombosis
- Cardiac and pulmonary complications
- Persistent oedema (swelling) or fluid accumulation
- Persistent pain
- Temporary or permanent change/loss of skin sensation
- Unsatisfactory aesthetic results requiring revision

For more information on this procedure visit our website. Or Visit our blog.
Risks associated with most body procedures

- Heavy bleeding that may require a blood transfusion.
- Infection that may require antibiotics or further surgery.
- Allergic reaction to sutures, dressings or antiseptic solutions.
- Haematoma (large blood clot) beneath an incision site may require further surgery.
- Heart attack, pulmonary embolism or stroke may be caused by a blood clot, which can be life threatening.
- Keloid and hypertrophic scars may form. These are raised, red and thickened scars that may form over the healed incisions. They may be itchy, annoying and unsightly but are not a threat to health.
- Areas of skin that do not heal may require a skin graft.
- Difficulty in bending forward due to the tightened skin. Other movements may also feel constrained.
- Seroma (excess fluid under the skin) may require one or more drainage procedures with a needle.
- If the procedure requires the removal of a large amount of skin, you may need at least one blood transfusion.
- Palpable lumps or discharge from the wounds caused by fat that has a poor blood supply.
- Assymetry – As with face and breast procedures, the final result may not be perfectly symmetrical.
- Damage to internal organs – resulting from liposuction, though this is relatively rare.
Today there are non-surgical ways to achieve some results formerly available only through surgery.

Because no incisions are made, non-surgical procedures are far less risky than surgery.
Non-surgical fat removal – Fat Freezing

Cryolipolysis, also called CoolSculpting, is gentle and effective procedure to remove and reshape fat without surgery, pain or downtime.

Harvard University researchers had discovered that prolonged local cooling can cause loss of fat without damaging the skin. Their paper was published in November 2008, and the patented technology used in the procedure was only approved by the USA Food and Drug Administration only in 2010.

It works like this: Intense cold causes the affected fat cells to release cytokines and other inflammatory mediators. Over time lipids from the affected cells are processed as if they were fat from food. Because the process is so gradual, there is no harmful change in blood lipids or liver function.

Clinical studies demonstrate that the procedure provides measurable fat reduction in properly selected patients over the course of 2 to 4 months after the procedure.

To benefit from CoolSculpting, you should be relatively fit, with some excess fat that you haven’t been able to lose through diet and exercise. The procedure is not intended for weight loss or obesity, and it is not a substitute for invasive methods such as liposuction.

Cost

$750 to 890 per treatment.

Procedure, recuperation and seeing results

A precisely-controlled cooling method is applied to fat cells in localised bulges. The procedure is non-invasive as well as non-surgical.

A treatment on-site lasts one hour – the same time you might spend at the gym. So you can easily fit your appointment into a lunch break.

There is no recuperation period because there has been no surgery. However, because your body has to excrete the dead fat cells naturally, it will take at least 8 to 12 weeks to see the final results.
The use of injectable facial fillers to enhance features is one of the fastest growing procedures in the field of cosmetic surgery. Recent advances in the last 5 years have led to fillers that are safer, more predictable and longer lasting.

Ageing causes the face to lose volume. Features become less distinct, while wrinkles and skin folds become more noticeable. Injectable fillers can subtly reduce these signs of ageing.

There are three classes of injectable fillers:

**Fillers**
To restore lost volume. These fill the lip or wrinkle and are gradually digested by the body.

**Botulinum toxin**
To reduce wrinkles and lines. This works by weakening the underlying muscles to restrict their movement.

**Lipotransfer**
For those who don’t want a foreign material injected. This is the extraction and reinjection of your own fat.

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**Procedure description, recuperation and seeing results**

The procedure is usually performed in a medical clinic. Most surgeons use a topical anaesthetic cream and local anaesthetic injections prior to injecting fillers. Ice may be applied before and after the filler injection.

You may notice immediate swelling that will give the appearance of over-treatment. But don’t worry; this generally goes away after several hours. Occasionally a patient will suffer extreme swelling dramatically, especially in the lips.

You can generally return to work the next day. However, first-time patients often schedule their initial injection on a Friday. You may have some bruising, but this can usually be covered with make-up. Don’t schedule filler injections right before an important social function.

For more information on this procedure visit our website. Or Visit our blog.
Statistics show that plastic surgery is overwhelmingly sought by women. In the UK in 2011, only 10% of procedures were performed on men.

The most popular procedure for men is rhinoplasty, which is no different for men than for women. The second most popular procedure is breast reduction to get rid of ‘man boobs’ (gynecomastia).

An increasing number of young men are having phalloplasty, or penis enhancement.

Hair transplants for the treatment of baldness are not considered cosmetic surgery.
Breast Reduction

Excess male breast development is called gynecomastia. The condition may occur due to weight gain or loss, use of certain drugs like hormones or steroids, fatty tumours, genetic predisposition or hormonal imbalances.

If only one breast is enlarged, it should be tested for the presence of a tumour. If found, this must be tested for the presence of cancerous cells.

Surgical treatment of gynecomastia may include liposuction alone, or combined with direct excision of excess fat. Scars are often hidden in the breast folds and around the areolae (darker skin around the nipples).

For the best result, several adjacent areas may need to be treated in addition to the breasts.

**Cost**

The cost will range from $6,000 to $12,000. The main variables are your choice of surgeon and the method used. Liposuction alone is generally less expensive than liposuction combined with excision. The other variable is your choice of surgeon.

**Other options**

As noted above, gynaecomastia may be a symptom of an underlying health problem. In these cases, medical therapy and follow-up with an endocrinologist may be more appropriate than surgery, or it may be done in conjunction with corrective surgery.

Diet and exercise with a trained dietician and/or exercise therapist can also reduce the size of the breasts for men who are overweight.

A combination of therapies, including psychiatric support, can be beneficial with or without plastic surgery.

**Procedure Description**

The procedure is usually performed in an accredited outpatient surgical facility under local anaesthesia, conscious sedation with local anaesthesia, or general anaesthesia.

The choice of techniques is individually determined and depends on the size of the breast tissue, the assessment of the amount of fat versus actual breast tissue and the amount of breast droop. Direct surgical excision of tissue may be required along with liposuction-liposculpture.
Small incisions are made around the areolae or in the folds below the breasts. A special tumescent solution is injected into the fatty areas to be removed. This solution provides anaesthesia and limits blood loss.

Fat is then carefully removed using a surgical instrument called a cannula, which is attached with tubing to a suction machine.

At the end of the procedure, the skin openings may be sutured or left open to heal, depending on their size. Either way, the incisions are small and heal with minimal scars.

**Recuperation and seeing results**

You’ll either spend the night in a postoperative care facility, or be discharged for closely monitored home care. Discomfort is controlled with oral medications and long-acting local anaesthesia.

You should be seen the next day for a follow-up visit by your surgeon. Expect some fluid drainage for several days after your surgery. If sutures were used they will usually be removed in 1 to 2 weeks.

You can resume light activity in 2 days, but you shouldn’t plan on anything strenuous for 2 to 4 weeks, depending on your surgeon’s instructions.

You’ll usually wear a post-operative compression garment for several weeks, according to your surgeon’s instructions.

For more information on this procedure visit our website. Or Visit our blog.
Phalloplasty (penis enlargement)

At one time or another, most men have wished their penises were larger. For some, the size of the penis is worrying and leads to anxiety or depression. For these men, increasing the length and/or girth of the flaccid penis may be worth the risk and expense.

The penis can be enlarged by increasing the length or by increasing the girth (circumference). Increasing the girth of the penis is a more complex procedure. Both procedures can be performed together or in isolation.

The length of the penis can be increased by anything from a few centimetres up to 25% of its flaccid length. The actual increase will not be known until after recuperation.

A man’s ability to achieve and maintain an erection is not influenced by phalloplasty. As long as no complications ensue, the sensitivity of the skin and the head of the penis are not altered.

Cost

The cost will range from $6,000 to $15,000. The main variable is the technique used. As the more complex of the two, increasing the girth is generally more expensive. The other variable is your choice of surgeon.

Procedure description

Phalloplasty can be performed under local or general anaesthesia. The procedures to increase length and girth can be performed together or separately. Discuss these options with your surgeon.

**Phalloplasty to increase length**

The ligament that suspends the penis inside the body is loosened, so that part of the penis which was inside the body is ejected and ends up on the outside. The erectile tissue is then fastened to its new position. Fatty tissue is re-positioned to further elongate and stabilise the penis during erection. Finally the skin flap is advanced to further elongate the skin of the penis at its base.

**Phalloplasty to increase girth**

Fat is usually extracted out of the pubic area, abdomen and waistline via liposuction. Blood and oil are removed from the fatty tissue, and the remaining healthy fat is re-injected around the penis shaft. Around 20 - 30ml of fat is usually needed to fill the whole shaft and crown of the penis.
Recuperation and seeing results

Phalloplasty is performed on an outpatient basis. You can go home as soon as you've recovered from the effects of anaesthesia, typically a few hours after surgery.

Pain will vary from person to person. Your doctor will prescribe medication to help with the pain. Phalloplasty to increase the girth of the penis is usually the less painful of the two procedures.

Your pubic area will be bandaged. To avoid infecting the wound area, keep the dressing on until you next see your surgeon. Keep the dressing dry by washing in the basin, not the shower. Clean the area as directed by your surgeon.

If you've had a penile lengthening procedure, make sure you wear the penile weights as directed by your surgeon. This ensures the suspensory ligament heals in a position where more of your penis is exposed outside your body.

Itching is common after surgery. It will go away as you heal. Scars may take a year to fully diminish or disappear. Follow your surgeon's instructions on scar-healing treatments.

You can resume most normal activities, with the exception of sex, about a week after surgery. Avoid sex and masturbation for at least six weeks.

For more information on this procedure visit our website. Or Visit our blog.