PROCEDURE

Panniculectomy

Panniculectomy is surgery to remove a hanging apron of excess skin and fat from the lower abdomen.

PURPOSE
Remove hanging abdominal tissue that causes functional problems

PROCEDURE TYPE
Therapeutic surgery removing excess lower-abdominal skin and fat

WHERE IT IS DONE
Operating theatre, with same-day discharge or overnight stay

ANAESTHESIA
General

HOW LONG IT TAKES
About two to five hours

PREPARATION
Fasting, medication review, nicotine cessation, and home support

RECOVERY
Several weeks; no driving while impaired or movement remains restricted

MAIN RISKS
Infection, bleeding, fluid buildup, and poor wound healing

RESULTS
Visible immediately; final contour after swelling settles over several months

Overview

A panniculectomy removes a pannus: an apron of loose skin and fat that hangs from the lower abdomen. A pannus may remain after major weight loss, or it may develop with changes in body weight, aging, or pregnancy.

The surgeon removes the overhanging tissue and closes the skin across the lower abdomen. The operation may make hygiene, walking, exercise, and clothing more manageable. It can also reduce repeated irritation beneath the skin fold.

Panniculectomy is not the same as a tummy tuck, also called abdominoplasty. A panniculectomy focuses on removing the hanging tissue. A tummy tuck is usually performed to improve body shape and may tighten separated abdominal muscles or reposition the belly button. The two procedures can sometimes be combined.

Why the procedure is performed

Panniculectomy may be offered when excess lower-abdominal tissue causes physical or practical problems. These may include:

Photographs and records of treatments for rashes or infections may be needed if insurance coverage is being requested. Coverage rules differ, and surgery performed only to change appearance may not be covered.

The operation removes existing excess tissue. It is not weight-loss surgery, and it does not prevent future weight change.

- Repeated rashes, skin infections, sores, or unpleasant moisture beneath the fold
- Difficulty washing and keeping the area dry
- Pain, pulling, or discomfort during movement
- Trouble walking, exercising, working, or finding suitable clothing
- A skin apron that remains after substantial weight loss

Who should and should not have it

You may be a suitable candidate if the pannus causes ongoing functional or skin problems, your weight is reasonably stable, and you are healthy enough for a major operation. You also need to understand the likely scar, recovery period, and limits of the result.

The operation may be delayed if you are still losing a significant amount of weight. Further weight loss can create more loose skin and change the surgical result. Planned pregnancy may also be a reason to wait because pregnancy can stretch the abdomen again.

Smoking, vaping nicotine, or using other nicotine products raises the risk of skin loss and poor wound healing. Your surgeon may require you to stop before and after surgery.

Surgery may not be appropriate, or may need additional planning, if you have:

A higher body weight does not automatically rule out surgery, but it can increase wound, infection, blood clot, and anaesthesia risks. Your surgical team should discuss your individual balance of benefits and risks.

- An active skin or other infection
- Poorly controlled diabetes or another unstable medical condition
- Serious heart or lung disease that makes anaesthesia unsafe

- A bleeding disorder or medicines that cannot safely be adjusted
- Nutrition problems that could interfere with healing
- Expectations that cannot be achieved by panniculectomy

How to prepare

Your treating facility's own instructions take priority over general information in this article.

Before surgery, you may have a health assessment, blood tests, photographs, and sometimes heart or breathing tests. Tell the team about all prescription medicines, over-the-counter products, vitamins, supplements, allergies, and previous reactions to anaesthesia.

Your team will tell you which medicines to take or pause. Blood thinners like warfarin or apixaban , aspirin, and some anti-inflammatory medicines may need special planning. Do not stop a prescribed medicine on your own.

You will usually be told when to stop eating and drinking before general anaesthesia. Follow those fasting instructions exactly. Arrange for an adult to take you home and stay with you during the early recovery period.

Prepare a comfortable sleeping place and place commonly used items within easy reach. Ask whether you will need wound supplies, a compression garment, or help caring for surgical drains.

What happens during the procedure

You receive general anaesthesia, so you are unconscious and do not feel the operation. Devices are placed to monitor your heart rate, blood pressure, breathing, and oxygen level.

The surgeon makes an incision across the lower abdomen. Its length and position reflect how much tissue must be removed. In some cases, another vertical incision is needed to remove tissue from the middle of the abdomen.

The surgeon separates and removes excess skin and fat. A panniculectomy usually does not tighten the abdominal muscles unless another procedure is being performed at the same time.

Small drainage tubes may be placed under the skin. These allow blood and tissue fluid to leave the surgical area rather than collect beneath it. The incision is closed with stitches, surgical adhesive, staples, or a combination. Dressings and sometimes a compression garment are then applied.

Recovery and what to expect afterward

Pain, tightness, bruising, swelling, and reduced skin sensation are expected early in recovery. Pain medicine can help. You may walk slightly bent forward at first because standing fully upright pulls on the incision. Numbness may improve slowly, but some altered sensation can remain.

You can usually start with fluids and light food once you are awake and not nauseated. Return to your usual diet as tolerated, unless your team gives different instructions. Protein, fluids, and balanced meals support healing.

Short, frequent walks are encouraged to support circulation and lower the risk of blood clots. Avoid strenuous exercise, heavy lifting, and movements that strain the incision until your surgeon clears them. You will be shown how to empty and record fluid from any drains.

Do not drive while taking opioid pain medicine or other medicines that impair alertness. You should also wait until you can sit comfortably, move normally enough to control the vehicle, and make an emergency stop without significant pain.

Many people need about two to four weeks away from desk-based work. Work involving lifting or substantial activity may require four to six weeks or longer. Your recovery may take longer if the operation is extensive or if wound healing is slow.

Risks and possible complications

Every operation has risks. Panniculectomy involves a large surgical area, so wound care and follow-up are especially important.

Possible complications include:

Risk is influenced by the amount of tissue removed, other medical conditions, nutrition, body weight, nicotine use, and whether other procedures are done at the same time. Some complications require drainage, antibiotics like amoxicillin or doxycycline , wound care, or another operation.

- Bleeding or a collection of blood called a hematoma
- Infection
- A seroma, which is a pocket of clear fluid under the skin
- Slow healing, wound opening, or loss of skin near the incision
- Thick, raised, wide, or uneven scars

- Lasting numbness or changes in skin sensation
- Uneven contour or dissatisfaction with appearance
- Blood clots in a leg or lungs
- Anaesthesia-related breathing, heart, or medication problems

Results and follow up

The hanging tissue is gone immediately, but swelling can hide the final contour. The abdomen usually changes over several months as swelling settles and scars mature. Scars are permanent, although they often fade and flatten with time.

You will have scheduled visits to check the incision, drains, swelling, and overall healing. Drains are removed when the amount and type of fluid meet your surgeon's criteria. Keep these routine appointments even if you feel well.

Results are generally long-lasting when weight remains stable. Significant weight change or pregnancy can stretch the remaining skin. Ask your team when to begin scar care and return to exercise.

Alternatives

The best alternative depends on whether your main concern is skin irritation, function, weight, or body contour.

- Skin care and support garments: Keeping the fold clean and dry, using prescribed treatments, and wearing supportive clothing may control irritation. These measures avoid surgery but do not remove the pannus.
- Weight-management treatment: Nutrition support, physical activity, medicines, or bariatric surgery may improve health and reduce fat. They do not reliably remove skin that is already stretched, and further weight loss may create more loose skin.
- Abdominoplasty: A tummy tuck can remove skin while reshaping the abdomen and sometimes tightening muscles. It may offer more contouring but can involve additional surgery, cost, scarring, and recovery.
- Liposuction: Liposuction removes fat through small tubes but does not remove substantial loose skin. If skin elasticity is poor, it may leave the area looking more deflated or sagging.

- No operation for now: Delaying surgery allows time for weight stability, pregnancy plans, nicotine cessation, or medical conditions to be addressed. Functional problems may continue during that time.

When to call your healthcare team

Contact your surgical team promptly if you have worsening redness, warmth, swelling, pain, pus, an opening incision, or a fever that meets the threshold in your discharge instructions. Also call if a drain stops working, falls out, develops foul-smelling fluid, or suddenly produces much more blood.

Seek urgent assessment for new pain or swelling in one leg, especially in the calf.

Call emergency services for difficulty breathing, chest pain, coughing up blood, fainting, severe confusion, or bleeding that does not stop with the measures your team provided.

Mild swelling, bruising, tightness, numbness, and small amounts of drain fluid are often part of routine recovery. Mention them at follow-up, or call sooner if they are increasing rather than improving.

Common questions

Will I be asleep?

Yes. Panniculectomy is usually performed under general anaesthesia, meaning you are unconscious throughout the operation.

Can I drive home?

No. You need an adult to take you home. You cannot drive safely after general anaesthesia or while taking medicines that impair alertness.

How painful is it?

Pain and tightness are common during the first several days. The discomfort should gradually improve and can usually be managed with the pain plan provided by your surgical team.

When will I see the final result?

You will notice that the pannus is gone immediately. Swelling and scar changes continue for several months, so the final contour is not clear at first.

Will I have drains?

Many people do. Drains reduce fluid buildup and usually remain until their output has fallen to

an acceptable level. Your team will teach you how to care for them.

Is this the same as a tummy tuck?

No. Panniculectomy removes hanging lower-abdominal tissue for functional relief. A tummy tuck usually includes additional cosmetic shaping and may tighten abdominal muscles.

Sources

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