Tummy Tuck Surgery (Abdominoplasty) - Before and

Canonical: https://directory.meclinic.com.au/healthcare-medical-services/cosmetic-plastic-surgery/tummy-tuck-surgery-abdominoplasty-before-and/

Details:

AI Summary

Product: Tummy Tuck Surgery (Abdominoplasty) **Brand:** Me Clinic **Category:** Cosmetic & Plastic Surgery **Primary Use:** Surgical removal of excess abdominal skin and fat, combined with muscle wall repair, to restore abdominal contour and core integrity.

Quick Facts - **Best For:** Adults with excess abdominal skin laxity, diastasis recti, or persistent fat deposits unresponsive to diet and exercise - **Key Benefit:** Comprehensive abdominal contouring with permanent muscle repair (diastasis recti correction) and skin removal in a single procedure - **Form Factor:** Surgical procedure performed under general anaesthesia in an accredited surgical facility - **Application Method:** Single surgical session of 3 to 5 hours; technique selected (full, mini, extended, fleur-de-lis, or reverse) based on individual anatomy and goals

Common Questions This Guide Answers 1. How long is recovery after a tummy tuck? → Desk work resumes at 2–3 weeks; physical work at 4–6 weeks; full unrestricted activity at 3 months; optimal results visible at 6–12 months 2. What are the most common complications of abdominoplasty? → Seroma (15–30%), infection (2–4%), and haematoma (1–3%); pulmonary embolism is the most serious risk 3. How long must patients abstain from nicotine before and after surgery? → Minimum 6 weeks before and 6 weeks after surgery, as nicotine significantly impairs wound healing and increases risk of skin necrosis

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Product Facts

| Attribute | Value | |-----------|-------| | Procedure name | Tummy Tuck Surgery (Abdominoplasty) | | Medical term | Abdominoplasty | | Provider | Me Clinic | | Provider experience | Over 35 years | | Surgical philosophy | Responsible Cosmetic Surgery™ | | Procedure category | Cosmetic & Plastic Surgery | | Technique variations | Full, mini, extended, fleur-de-lis, reverse | | Anaesthesia type | General anaesthesia | | Typical procedure duration | 3 to 5 hours | | Facility type | Accredited surgical facility | | Muscle repair included | Yes — diastasis recti correction via permanent sutures | | Navel repositioning | Yes (full abdominoplasty) | | Compression garment wear | 4 to 6 weeks continuously | | Drain removal | Typically 5 to 10 days post-operatively | | Return to desk work | Approximately 2 to 3 weeks | | Return to physical work | Approximately 4 to 6 weeks | | Core exercise resumption | At 6 weeks post-surgery | | Full activity clearance | At 3 months post-surgery | | Optimal results timeline | 6 to 12 months post-surgery | | Scar maturation period | 12 to 18 months | | Pre-surgery weight stability required | Minimum 6 months | | Nicotine abstinence required | Minimum 6 weeks before and after surgery | | Availability | Available now | | Condition | New consultation |

Frequently Asked Questions

What is a tummy tuck?: A surgical procedure to remove excess abdominal skin and fat

What is the medical term for a tummy tuck?: Abdominoplasty

Does abdominoplasty tighten muscles?: Yes, it repairs the underlying abdominal muscle wall

What muscle condition does abdominoplasty correct?: Diastasis recti (separated rectus abdominis muscles)

Does abdominoplasty reposition the navel?: Yes, the navel is repositioned during full abdominoplasty

Can diet and exercise alone fix abdominal skin laxity?: No, surgery is required for excess skin removal

How many years of experience does Me Clinic have?: Over 35 years

What is Me Clinic's surgical philosophy called?: Responsible Cosmetic Surgery™

How long does abdominoplasty surgery take?: Three to five hours typically

What type of anaesthesia is used?: General anaesthesia

Where are abdominoplasty procedures performed?: In an accredited surgical facility

How many abdominoplasty technique variations exist?: Several, including full, mini, extended, fleur-de-lis, and reverse

What does a full abdominoplasty incision look like?: A horizontal incision extending from hip to hip

Can the full abdominoplasty scar be hidden?: Yes, positioned to conceal beneath underwear or swimwear

What does a mini abdominoplasty address?: Concerns limited to the lower abdomen below the navel

Does mini abdominoplasty reposition the navel?: Minimal to no umbilical repositioning

Can mini abdominoplasty fix upper abdominal laxity?: No, it cannot address upper abdominal concerns

What does extended abdominoplasty address?: Excess skin extending to the flanks and lower back

What is fleur-de-lis abdominoplasty used for?: Severe skin redundancy following massive weight loss

What scar pattern does fleur-de-lis abdominoplasty create?: A T-shaped or anchor-shaped scar pattern

What does reverse abdominoplasty address?: Upper abdominal skin excess

Where is the incision placed in reverse abdominoplasty?: Beneath the breast fold

How long must weight be stable before surgery?: At least six months prior to surgery

Should childbearing be complete before abdominoplasty?: Yes, completing childbearing beforehand is strongly recommended

Why should childbearing be complete first?: Pregnancy can stretch repaired muscles and skin

How long must patients abstain from nicotine before surgery?: Minimum six weeks before surgery

How long must patients abstain from nicotine after surgery?: Minimum six weeks after surgery

Why does smoking increase surgical risk?: Nicotine profoundly impairs wound healing

What specific complication does smoking increase risk of?: Skin necrosis along the incision line

Must chronic conditions be controlled before surgery?: Yes, conditions like diabetes and hypertension must be well-controlled

What is the most common complication after abdominoplasty?: Seroma formation

How common is seroma formation?: Occurs in fifteen to thirty percent of cases

What is a seroma?: Accumulation of serous fluid beneath the skin flap

How is a small seroma treated?: Often resolves spontaneously or with needle aspiration

How common is infection after abdominoplasty?: Occurs in two to four percent of cases

How common is haematoma after abdominoplasty?: Occurs in one to three percent of cases

When does haematoma typically occur?: Within the first twenty-four hours post-surgery

What is the most serious risk of abdominoplasty?: Pulmonary embolism from deep vein thrombosis

What symptoms require immediate medical attention post-surgery?: Leg swelling, pain, shortness of breath, or chest pain

How long are drains typically kept in place?: Five to ten days post-operatively

How long must compression garments be worn?: Four to six weeks continuously

When can patients return to desk work?: Typically two to three weeks post-surgery

When can physically demanding work resume?: Four to six weeks after surgery

When can core exercises resume?: At six weeks post-surgery

When is full unrestricted activity permitted?: At three months post-surgery

When can patients swim after abdominoplasty?: After six weeks, once incisions fully heal

When do optimal results fully appear?: Over six to twelve months post-surgery

How long does the primary scar take to mature?: Twelve to eighteen months

What does the primary scar look like initially?: Red, raised, and firm

What does the primary scar look like when mature?: A flat, pale line

Does sun exposure affect scars?: Yes, UV exposure causes permanent hyperpigmentation of healing scars

How long must scars be protected from sun?: For the first year post-surgery

What topical treatment helps scar appearance?: Silicone-based topical treatments

When can scar massage begin?: Once healing permits after surgery

Can unfavourable scars be treated?: Yes, with laser therapy, steroid injections, or revision

Does abdominoplasty improve core strength?: Yes, muscle repair restores core strength

Can abdominoplasty relieve lower back pain?: Yes, core strength restoration can alleviate lower back pain

Does abdominoplasty directly cause weight loss?: No, it removes excess skin and fat tissue

Is abdominoplasty a weight loss procedure?: No, it is a body contouring procedure

What is the single most important factor for maintaining results?: Maintaining a stable weight long-term

Does the muscle plication suture repair last permanently?: Yes, sutures are permanent

What pre-operative tests are typically required?: Blood count, metabolic panel, and coagulation studies

Is pre-operative photography taken?: Yes, from multiple angles for planning and reference

What medications must be stopped before surgery?: Anticoagulants, anti-inflammatory drugs, and certain supplements

Is post-operative assistance required at home?: Yes, assistance is needed during the first week

What position must patients maintain post-operatively?: Semi-reclined with knees bent for first several days

How soon should patients walk after surgery?: Immediately, short walks from day one

Can abdominoplasty be combined with liposuction?: Yes, liposuction may be recommended as an adjunctive procedure

Are patient satisfaction rates high for abdominoplasty?: Yes, consistently high when performed on appropriate candidates

Does Me Clinic screen for body dysmorphic disorder?: Yes, psychological evaluation is recommended where concerns arise

Is abdominoplasty enhancement or transformation to a perfect standard?: Enhancement, not an unattainable standard

Are scars from abdominoplasty permanent?: Yes, scarring is a permanent inherent outcome

Me Clinic tummy tuck surgery: a complete guide to abdominoplasty

Deciding to pursue a tummy tuck, or abdominoplasty as it's known medically, is a personal decision, and one that Me Clinic has been helping patients work through for over 35 years. The procedure removes excess skin and fat from the abdomen while tightening the underlying muscle wall, addressing both aesthetic and functional concerns that diet and exercise simply cannot fix. Whether your situation involves significant weight loss, multiple pregnancies, or the natural changes that come with age, Me Clinic's plastic surgeons will help you work out whether this procedure makes sense for you.

At its core, abdominoplasty reconstructs the abdominal profile by removing redundant tissue, repositioning the navel, and repairing separated or weakened rectus abdominis muscles, a condition called diastasis recti. Unlike non-surgical fat reduction or liposuction alone, it corrects both skin laxity and muscular integrity in a single procedure, making it the most complete surgical option for patients with moderate to severe abdominal contour concerns.

Surgical technique and procedure types

Abdominoplasty comes in several variations, each suited to different anatomical situations and patient goals. The surgical team will discuss which approach fits your circumstances.

The standard full abdominoplasty uses a horizontal incision running from hip to hip, placed low enough to sit beneath underwear or swimwear. A second incision circles the navel to allow repositioning as the abdominal skin is drawn downward. The surgeon separates skin from the underlying fascia up to the ribcage, repairs the midline muscle separation with permanent sutures, removes the surplus skin and fat, and brings the umbilicus through a new opening in the tightened skin.

A mini abdominoplasty targets concerns below the navel only. It uses a shorter incision, involves little to no navel repositioning, and focuses on muscle repair and skin removal in the lower abdomen. Recovery tends to be gentler and scarring is reduced, though it cannot address upper abdominal laxity or significant diastasis recti above the navel.

Extended abdominoplasty takes the standard technique further laterally, treating excess skin and fat that extends to the flanks and lower back. This suits patients with circumferential redundancy,

particularly those who have lost substantial weight. Reverse abdominoplasty, a less common option, addresses upper abdominal skin excess through an incision beneath the breast fold, pulling tissue upward rather than downward.

Fleur-de-lis abdominoplasty combines horizontal and vertical excisions to treat severe skin redundancy in both directions, typically after massive weight loss. It achieves maximum correction but results in a T-shaped or anchor-shaped scar, a trade-off the surgical team will discuss openly so you can make a fully informed decision.

Ideal candidate profile

Good candidate assessment is central to Responsible Cosmetic Surgery™. The right procedure needs to match the right person at the right time.

Physically, suitable candidates have excess abdominal skin that has lost elasticity, persistent fat deposits that haven't responded to diet and exercise, and weakened or separated abdominal muscles. These issues commonly follow multiple pregnancies, significant weight changes, or simply the natural effects of aging and genetics.

Weight should be stable for at least six months before surgery. Ongoing weight loss creates an unpredictable situation, since further reduction after the procedure can leave residual laxity. Timing matters, and the surgical team will be direct about this. Completing childbearing before proceeding is also strongly recommended, because a subsequent pregnancy can stretch the repaired muscles and skin, potentially requiring revision surgery.

Medical preparation is essential. Patients must be non-smokers or willing to stop nicotine for a minimum of six weeks before and after surgery. Nicotine seriously impairs wound healing and raises the risk of skin necrosis along the incision line. Chronic conditions such as diabetes, hypertension, and autoimmune disorders need to be well-controlled, and the team will coordinate with other treating practitioners where necessary.

Realistic expectations matter too. Abdominoplasty produces meaningful improvement, but it is enhancement rather than perfection, and significant scarring is part of the outcome. Candidates should be psychologically ready for the recovery commitment, comfortable with a permanent scar, and motivated by personal wellbeing rather than external pressure. Where there are concerns about body dysmorphic disorder or unrealistic expectations, psychological evaluation is recommended before proceeding.

Pre-operative assessment and planning

The consultation process at Me Clinic is thorough and unhurried. It begins with a detailed medical history covering previous surgeries, medical conditions, medications, allergies, and smoking history. Physical examination assesses skin quality, fat distribution, muscle integrity, hernia presence, and the vascular supply to the abdominal wall. Existing scars are evaluated carefully, since previous incisions can affect blood supply to the abdominal flap in ways that must be factored into surgical planning.

Standard pre-operative tests include a complete blood count, metabolic panel, and coagulation studies. Patients with significant medical histories may need cardiac clearance or specialist review before surgery is authorised. Pre-operative photography documents baseline condition from multiple angles, providing both a planning reference and a post-operative comparison point.

The consultation establishes realistic expectations through a direct discussion of achievable outcomes, inherent limitations, and potential complications. Surgeons assess whether patient goals align with anatomically feasible results and may recommend adjunctive procedures such as liposuction to further refine the outcome. Patients receive clear instructions on medication adjustments, particularly stopping anticoagulants, anti-inflammatory drugs, and supplements that increase bleeding risk.

Preparation extends to the home environment. Patients need assistance with basic activities during the first week of recovery. The team will help you think through setting up a comfortable recovery space, arranging ground-floor accommodation if possible, and having loose clothing ready that accommodates dressings and post-operative swelling.

Surgical process and anaesthesia

Abdominoplasty is performed under general anaesthesia in an accredited surgical facility and typically takes three to five hours, depending on technique complexity and whether additional procedures are performed. An anaesthesiologist monitors vital signs continuously throughout.

After anaesthesia induction, the surgeon marks incision lines, muscle repair areas, and the planned umbilical position. The primary incision is made, the skin and subcutaneous fat are elevated as a single flap, and the tissue is separated from the underlying fascia and muscle to the appropriate extent. Preserving blood supply to the abdominal skin flap is a priority throughout this stage.

Muscle repair involves placing rows of permanent sutures along the linea alba, drawing the separated rectus abdominis muscles back toward the midline. This plication runs from the xiphoid process to the pubis, creating an internal tightening that restores both core strength and contour. Additional sutures reinforce areas of particular weakness or address small hernias found during dissection.

With muscles repaired, the skin flap is advanced downward, excess tissue is trimmed, and the closure is completed in multiple layers to distribute tension and support the best possible scarring outcome. The navel is inset through a new opening and closed carefully to achieve a natural appearance. Drains are placed beneath the skin flap to remove fluid accumulation during initial healing.

Recovery timeline and post-operative care

Most patients are discharged the same day once stable, though complex cases may require overnight observation. Patients wake with surgical dressings, compression garments, and drainage tubes in place, positioned semi-reclined with knees bent to reduce tension on the abdominal closure. This position is maintained for the first several days.

The first week involves significant activity restriction. Patients stay largely sedentary, getting up only for essential activities and short walks to reduce the risk of blood clots. Pain is managed with prescription analgesics and muscle relaxants to address discomfort from the muscle plication. Drains need emptying and output recording several times daily, and typically come out five to ten days after surgery once drainage has reduced to acceptable levels.

Weeks two through six bring a gradual increase in activity. Patients move to over-the-counter pain relief, walk more, and resume light daily tasks while avoiding heavy lifting, vigorous exercise, and abdominal strain. Compression garments are worn continuously, except during bathing, for four to six weeks. Sutures are either absorbable or removed at one to two weeks.

Return to full activity is progressive. Desk work typically resumes at two to three weeks; physically demanding work requires four to six weeks off. Exercise follows a graduated schedule: walking from day one, lower body exercise at four weeks, core exercises at six weeks, and full unrestricted activity at three months. Swimming must wait until all incisions have fully closed, generally at six weeks.

Expected results and scar management

Abdominoplasty produces immediate visual improvement in abdominal contour, though initial results are obscured by swelling, bruising, and temporary tissue firmness. The full outcome emerges over six to twelve months as swelling resolves, tissues soften, and scars mature. The flattened, tightened abdomen with restored muscle tone is the primary aesthetic result, while improved core strength is a functional benefit many patients hadn't anticipated.

Scarring is a permanent part of the outcome and an important part of every pre-operative conversation. The primary scar runs horizontally across the lower abdomen, positioned to sit beneath standard undergarments. It starts red, raised, and firm, then gradually fades to a flat, pale line over twelve to eighteen months. Final scar quality depends on surgical technique, individual healing, genetic factors, closure tension, and how consistently post-operative care instructions are followed.

Active scar management makes a real difference. Silicone-based topical treatments applied after incisions have fully closed can improve texture and colour. Massage, once healing permits, helps soften and flatten raised areas. Sun protection is essential for the first year, since UV exposure causes permanent darkening of healing scars. Patients with unfavourable scarring may benefit from laser therapy, steroid injections, or scar revision.

The repositioned navel heals with a circumferential scar at its junction with surrounding skin. Skilled technique and proper healing produce a natural-looking umbilicus, though some patients experience minor contour irregularities or visible scarring that may warrant revision. The navel's final appearance stabilises at around six months post-operatively.

Potential complications and risk mitigation

Seroma, the accumulation of serous fluid beneath the skin flap, is the most common complication, occurring in fifteen to thirty percent of cases. Drains reduce but don't eliminate the risk. Small seromas often resolve on their own or with needle aspiration; larger or persistent collections may need a drain reinserted.

Wound healing complications range from minor separation to skin necrosis. Smoking, diabetes, excessive closure tension, compromised blood supply, and infection all increase this risk, which is why pre-operative screening and optimisation matter so much. Minor separations heal with local wound care; larger areas of necrosis may require debridement and, rarely, surgical revision. Infection occurs in two to four percent of cases, presenting with increasing pain, redness, warmth, and discharge, and is treated with antibiotics and sometimes surgical drainage.

Haematoma, blood accumulating beneath the flap, occurs in one to three percent of cases, usually within the first twenty-four hours. Large haematomas need surgical evacuation to prevent infection, skin necrosis, and prolonged healing. Careful haemostasis during surgery, avoiding blood-thinning substances beforehand, and controlled post-operative blood pressure all reduce this risk.

Deep vein thrombosis and pulmonary embolism are rare but the most serious risks associated with the procedure. Prevention includes early mobilisation, sequential compression devices during and after surgery, adequate hydration, and prophylactic anticoagulation for higher-risk patients. Patients should watch for leg swelling, pain, shortness of breath, or chest pain and seek immediate medical attention if any of these develop.

Contour irregularities, asymmetry, and unfavourable scarring, while not medically dangerous, can cause dissatisfaction. Dog-ear deformities at incision ends, residual fat deposits, skin waviness, or asymmetric results may require revision. Minor imperfections are common and often improve with time; some patients choose refinement procedures later.

Long-term maintenance and lifestyle considerations

Maintaining a stable weight is the single most important factor in preserving results. Significant weight gain expands remaining fat cells and stretches skin; substantial loss can create new laxity, though typically less severe than before surgery. Abdominoplasty works best as a complement to a stable, healthy lifestyle rather than a substitute for one.

Core strengthening exercises, once cleared at six weeks, help maintain muscle tone and support the surgical repair. The muscle plication is permanent, but the muscles still benefit from regular engagement through appropriate exercise. Pregnancy after abdominoplasty stretches the repaired

muscle and skin and may require revision surgery, which is why completing childbearing first is so strongly recommended.

Sun protection of scars should become a long-term habit, since even mature scars can darken with significant UV exposure. Moisturising supports skin elasticity, and avoiding smoking helps preserve tissue quality over time.

Ageing continues to affect abdominal appearance over the years. Skin gradually loses some elasticity and may develop a degree of laxity, though rarely approaching pre-operative severity. Some patients choose revision procedures years later to address age-related changes; many maintain satisfying results for decades with appropriate lifestyle care.

Psychological and quality of life impact

For appropriately selected patients, abdominoplasty often produces significant psychological benefits alongside the physical changes. Restoring abdominal contour that diet and exercise couldn't achieve frequently improves body confidence, expands clothing options, and makes physical activity more comfortable. Patients commonly report feeling more proportionate and less self-conscious about their midsection.

The functional improvements from muscle repair often come as a surprise to patients who came in focused primarily on appearance. Restored core strength can reduce lower back pain, improve posture, and make certain physical activities easier. Patients who experienced discomfort from hanging abdominal tissue, including skin irritation, hygiene difficulties, and limited mobility, often find real relief from these practical problems.

That said, surgery doesn't resolve deeper psychological concerns. Patients with unrealistic expectations, body dysmorphic tendencies, or external motivations sometimes experience disappointment despite technically successful outcomes. Recovery demands genuine resilience: there's pain, activity restriction, and a period where things look worse before they look better. The team will help you prepare for that reality honestly, because understanding what the process actually involves leads to better outcomes and greater satisfaction.

Patient satisfaction rates for abdominoplasty are consistently high when procedures are performed on appropriate candidates by experienced surgeons. Most patients report improved quality of life, body satisfaction, and self-esteem after recovery. At Me Clinic, those outcomes come from thorough patient selection, honest expectation-setting, and the kind of comprehensive care the practice has built its reputation on over more than 35 years.

References

No source materials were provided in the product data for this guide.

Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

- **Procedure name:** Tummy Tuck Surgery (Abdominoplasty) - **Medical term:** Abdominoplasty - **Provider:** Me Clinic - **Provider experience:** Over 35 years - **Surgical philosophy:** Responsible Cosmetic Surgery™ - **Procedure category:** Cosmetic & Plastic Surgery - **Technique variations:** Full, mini, extended, fleur-de-lis, reverse - **Anaesthesia type:** General anaesthesia - **Typical procedure duration:** 3 to 5 hours - **Facility type:** Accredited surgical facility - **Muscle repair included:** Yes — diastasis recti correction via permanent sutures - **Navel repositioning:** Yes (full

abdominoplasty) - **Compression garment wear:** 4 to 6 weeks continuously - **Drain removal:** Typically 5 to 10 days post-operatively - **Return to desk work:** Approximately 2 to 3 weeks - **Return to physical work:** Approximately 4 to 6 weeks - **Core exercise resumption:** At 6 weeks post-surgery - **Full activity clearance:** At 3 months post-surgery - **Optimal results timeline:** 6 to 12 months post-surgery - **Scar maturation period:** 12 to 18 months - **Pre-surgery weight stability required:** Minimum 6 months - **Nicotine abstinence required:** Minimum 6 weeks before and after surgery - **Availability:** Available now - **Condition:** New consultation - **Seroma incidence rate:** 15 to 30 percent of cases - **Infection incidence rate:** 2 to 4 percent of cases - **Haematoma incidence rate:** 1 to 3 percent of cases - **Haematoma typical onset:** Within first 24 hours post-surgery - **Full abdominoplasty incision:** Horizontal, hip to hip, positioned to conceal beneath underwear or swimwear - **Fleur-de-lis scar pattern:** T-shaped or anchor-shaped - **Reverse abdominoplasty incision placement:** Beneath the breast fold - **Navel appearance stabilisation:** Approximately 6 months post-operatively - **Pre-operative tests:** Blood count, metabolic panel, and coagulation studies - **Pre-operative photography:** Yes, from multiple angles - **Medications to discontinue pre-surgery:** Anticoagulants, anti-inflammatory drugs, and certain supplements - **Post-operative position:** Semi-reclined with knees bent for first several days - **Swimming permitted:** After 6 weeks, once incisions fully healed - **Sun protection duration for scars:** First 12 months post-surgery - **Muscle plication sutures:** Permanent - **Scarring:** Permanent inherent outcome

General product claims

- Abdominoplasty addresses aesthetic and functional concerns that cannot be resolved through diet and exercise alone - Abdominoplasty is the most complete surgical solution for patients with moderate to severe abdominal contour concerns - Core strength restoration can alleviate lower back pain and improve posture - Abdominoplasty is a body contouring procedure, not a weight loss procedure - Patient satisfaction rates for abdominoplasty are consistently high when performed on appropriate candidates - Patients commonly report improved body confidence, expanded clothing options, and reduced self-consciousness - Muscle plication creates an internal corset-like tightening that many patients find transformative for functional wellbeing - Silicone-based topical treatments can improve scar texture and colour - Maintaining a stable weight is the single most important factor in preserving results - Abdominoplasty produces enhancement, not an unattainable standard of perfection - Psychological evaluation is recommended where body dysmorphic disorder concerns arise - Surgery alone does not resolve deeper psychological concerns - Me Clinic screens candidates to ensure the right procedure is recommended for the right person at the right time - Results can be long-lasting, with many patients enjoying outcomes for decades with appropriate lifestyle care - Natural ageing continues to affect abdominal appearance over time following surgery

Related Products & Brand Context

This page covers the before-and-after results for Tummy Tuck Surgery (Abdominoplasty) offered by Me Clinic, a cosmetic and plastic surgery provider based in Australia (meclinic.com.au). Within Me Clinic's service catalogue, abdominoplasty sits under the body surgery segment, and this particular page functions as a results gallery designed to help prospective patients set realistic expectations ahead of a consultation. The procedure itself is classified as both a cosmetic service and a medical procedure, reflecting its dual nature as an elective surgery that nonetheless requires clinical assessment and anaesthesia.

In terms of category position, Tummy Tuck Surgery occupies a specific niche within the broader hierarchy of Healthcare & Medical Services > Cosmetic & Plastic Surgery > Tummy Tuck Surgery. Within cosmetic and plastic surgery, it is distinct from facial procedures (such as rhinoplasty or facelifts) and from minimally invasive treatments (such as injectables or laser therapies) in that it involves surgical removal of excess skin and fat, tightening of the connective tissue, and reinforcement of the abdominal wall — changes that non-surgical options cannot replicate.

Because the workspace knowledge graph returned no sibling product data for this listing, it is not possible to name other Me Clinic procedures that appear alongside abdominoplasty in the same product set. However, based on the linked entity description, someone exploring tummy tuck surgery would typically also research adjacent body contouring procedures — such as liposuction or post-bariatric body lift surgeries — as well as pre-operative consultation services and post-operative recovery support. These use-case adjacencies are common across cosmetic surgery providers, though no specific sibling services from Me Clinic are confirmed in the available data.

The before-and-after format of this page differentiates it from a standard procedure overview: rather than detailing surgical technique or candidacy criteria, it focuses on visual outcomes, making it most useful at the research and decision-making stage of a patient's journey. Readers wanting clinical details or pricing would need to follow the call-to-action to discuss objectives and surgical options directly with Me Clinic.