



BEAUTY *after* BABY

DR. RADY RAHBAN



THE OFFICIAL

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MOMMY  
MAKEOVER  
MANUAL

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BY  
DR. RADY RAHBAN

# TABLE OF CONTENTS

<b>Introduction.....</b>	<b>1</b>
<b>What is a Mommy Makeover?.....</b>	<b>2-5</b>
<b>Body After Baby.....</b>	<b>6-9</b>
Physical Changes After Pregnancy.....	6-9
Breasts.....	6-7
Abdomen.....	7-8
Weight Gain.....	8
Pubic Area.....	8
Emotional Changes After Pregnancy.....	9
<b>The Decision: Is a Mommy Makeover right for me?.....</b>	<b>10-12</b>
Overview.....	10-11
Cosmetic Candidacy.....	11-12
Further Factors.....	12
The Final Verdict.....	12
<b>Procedures.....</b>	<b>14-19</b>
Breast.....	14-17
Breast Lift.....	14
Breast Reduction.....	15
Breast Augmentation.....	15
Breast Revision.....	15-16
Nipple & Areola Reduction.....	16
Inverted Nipple Correction.....	17

Body.....	17-19
Standard Tummy Tuck.....	17
Mini Tummy Tuck.....	17
Extended Tummy Tuck.....	17-18
Liposuction.....	18
Labiaplasty.....	18
C-Section Scar Revision.....	18-19
Other.....	19
<b>Pre, Intra and Post.....</b>	<b>20-25</b>
Preparing for Surgery.....	20-21
What Occurs During Surgery.....	21-22
The Recovery Process.....	22-25
<b>Dr. Rahban's Pearls.....</b>	<b>26-45</b>
Choosing Your Surgeon.....	16-30
Mommy Makeover Scars - The Healing Journey.....	30-36
What to Ask Your Doctor.....	36-45
<b>Mommy Makeover Cost.....</b>	<b>46-47</b>
<b>FAQ.....</b>	<b>48-51</b>



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# INTRODUCTION

Welcome to the Mommy Makeover Manual. During his many years of being in practice, Dr. Rady Rahban has all too often heard patients expressing their frustration with the lack of coherent information regarding plastic surgery. Despite the overwhelming amount of information on the internet, many patients are still confused about the process. The purpose of this manual is to help streamline that for you and give you all the information you need, almost as if you were the surgeon yourself.

If you are considering a Mommy Makeover, do your homework, do your research. People spend more time researching their next car than they do their surgeon. Don't be misled by slogans, attractive websites or compelling photographs. Really look into the qualifications and background of your surgeon.

In the large and often complex world of plastic surgery, it's important to know that you have a resource. Here at Beauty After Baby, we are your guide to all things Mommy Makeover. The only thing we can't tell you is how this procedure applies specifically to you. That will require a personal consultation with a qualified, board-certified plastic surgeon.

As a recognized authority on this complex, rejuvenating procedure, Dr. Rady Rahban has seen many botched Mommy Makeovers and as such, has felt compelled to share his insights with potential patients. This manual comes from a surgeon who not only has performed hundreds of successful Mommy Makeovers, but who has also corrected countless procedures performed by other surgeons. His purpose is to help patients get it right the first time, preventing the need for complex, distressing and costly revisional surgery that will ultimately never be as good as it would be the first time.

This manual is full of pearls that Dr. Rahban has gleaned from his many patients. Unfortunately, a lot of this information has come from patients who have had bad outcomes and wished they had this information prior to undergoing the procedure. Take your time as you read through this website and manual. It is full of crucial tips regarding how to avoid complications and dissatisfaction. If while reading this manual there is something missing, please refer to the website [www.beautyafterbaby.com](http://www.beautyafterbaby.com) as it is much more comprehensive. If you still have questions, feel free to reach out to our office. Let us help you get the care you deserve.

CLICK TO VIEW THE MOMMY MAKEOVER VIDEO

# WHAT IS A MOMMY MAKEOVER?



Following childbirth, mothers invariably will undergo predictable changes in their body. A Mommy Makeover is a combination of procedures to help mothers restore their pre-pregnancy figure. Because every mother's body responds differently to pregnancy, every Mommy Makeover should offer a different set of procedures, based on what each patient's body has been through. In general, a Mommy Makeover addresses areas that are most commonly affected by pregnancy:

**BREAST • TUMMY • FLANKS • PUBIC AREAS**



A Mommy Makeover allows mothers to safely undergo multiple procedures in a single surgery. For example, a patient may receive a breast lift with a tummy tuck, which will help her address multiple aspects of her appearance. Because these procedures are delivered concurrently, women don't need to undergo multiple recovery periods, and their desired results are seen that much sooner. The Mommy Makeover is a well recognized, safe and effective procedure when done by someone familiar with combination surgeries.

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## WHAT'S INVOLVED IN A MOMMY MAKEOVER?

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By definition, a Mommy Makeover includes two or more procedures to rejuvenate a patient's appearance. These procedures directly address cosmetic issues that can arise from pregnancy. They include:

### BREAST ENHANCEMENT

Whether a breast augmentation, breast reduction or a breast lift, any breast enhancement helps the breasts become fuller, more youthful and more proportionate to the rest of your body.

### TUMMY TUCK

Designed to eliminate loose skin, tighten separated abdominal muscles and remove stretch marks, a tummy tuck dramatically improves one's abdominal appearance.

### LIPOSUCTION

Used precisely and subtly, liposuction can help patients eliminate pockets of stubborn fat after pregnancy, restoring a more pleasing and beautiful contour.

### PUBIC REJUVENATION

The forces of pregnancy often leave the pubic area stretched and sagging. It's crucial that this area be addressed during a Mommy Makeover.

## — MOMMY MAKEOVER CONSULTATION —



During a Mommy Makeover consultation, Dr. Rahban covers several crucial points. Firstly, he gathers data regarding your specific cosmetic objectives. After all, the goal is *your* satisfaction and confidence. Plastic surgery is all about what you are trying to accomplish. Just because a surgeon likes a result, it does not mean you will like it. In all plastic surgery, you are the unique element in the equation.

Second, after an examination, Dr. Rahban defines the exact problem, allowing you to better understand what your body has been through. Next, he lays out your options, including incisions, amount of skin to be excised, and other factors, including which procedure(s) will produce the best results. Finally, he will discuss what you can expect from your Mommy Makeover, both in terms of the cosmetic result, as well as the physical and mental aspects.

As an extension of this, Dr. Rahban also reviews what patients should **not** expect from surgery. He is well known for telling his patients the truth and establishing a healthy level of expectation. Most patient dissatisfaction is related to inaccurate understanding and expectation of their surgery. Dr. Rahban deals in full disclosure to prevent this from occurring.

In the interest of helping his patients fully understand the procedure, Dr. Rahban will take this opportunity to review all potential risks. While some risks are quite unlikely, he still wants his patients to be aware of the potential downsides of surgery. All surgeries come with risks. Therefore, he believes the only time to engage in surgery is if the benefits far outweigh the risks. If you will only have a mild improvement, Dr. Rahban will most definitely recommend you do not undergo the procedure.

During a consultation, Dr. Rahban has one primary purpose—total patient education. He wants each patient to fully understand the nuances of a Mommy Makeover, as well as every risk and exactly how the procedure applies to them, allowing them to make the best decision for themselves. With his honest, candid approach, Dr. Rahban brings a new level of care to ensuring his patients know exactly how a tummy tuck works.

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# BODY AFTER BABY

From conception to birth and beyond, a mother's body goes through a combination of changes that cannot be compared to any other physical phenomena. While one can clinically describe these changes, they are no substitute for the real experience, both emotionally and physically. Despite this, we've attempted to cover the significant physical changes below, giving you some idea of what actually occurs to your body. In addition, we'll touch on the emotional side of pregnancy.

## — PHYSICAL CHANGES AFTER PREGNANCY —

After undergoing pregnancy, your body is significantly different than it was before. There have been hormonal changes and physical strain, such as the weight of a baby on your organs and skeletal structure. In some cases, women eventually return to their pre-pregnancy state. In most cases, however, women undergo noticeable physical changes that are not reversible with diet and exercise, leaving them frustrated. When women are left with an altered appearance, it can affect their self esteem. This phenomenon is very common among women who have been pregnant. If you have undergone physical changes that are affecting your confidence, you are in the vast majority of mothers.

**Below are the significant changes that women may expect following pregnancy:**

### BREAST

As the first and most obvious change, the breasts become enlarged during pregnancy because estrogen is telling the body to prepare for breastfeeding. Milk-producing glands multiply, concurrently becoming able to produce milk. This may cause the breasts to feel firm and tender.

During the final weeks of pregnancy, the breasts will begin to create colostrum, which appears as a yellowish and milky liquid. Colostrum is also produced directly after delivery before breast milk. It contains many minerals and antibodies, which are the first meals for a baby who is breastfed.

After pregnancy, the breasts are at the height of their engorgement. Once a mother is done breastfeeding, her breasts will begin to slowly shrink, as there is no need for the extra glands. **Two things will often occur:**

1. Many women experience their breasts becoming smaller in volume than they were before pregnancy, and there is a process of involution or loss of breast mass.
2. Additionally, since the breasts may have stretched out quite excessively, some of that skin will not retract, leaving the breasts sagging.

**This combination is often what most women present with:**

1. Loss of volume, in other words the breasts are small
2. Sagging, in other words the nipple is pointing downward

**Some other, smaller changes may concurrently occur:**

1. Stretch marks
2. Enlarged areolas
3. Enlarged nipples

## **ABDOMEN**

**The abdomen is affected in two primary ways after pregnancy:**

The better-known change is the fact that the stomach skin stretches significantly during pregnancy. Depending on the resilience of one's skin, it may not retract completely, or at all. This leaves one with a sagging envelope of skin in the belly, despite a potentially tight core.

The other change is in the abdominal muscle wall. As the baby grows, the rectus muscles are subjected to quite a bit of pressure, often stretching beyond the body's ability to keep these muscles together in the midline. This phenomenon is called diastasis. These separated muscles lead to bulging of the



abdominal wall, thereby contributing to a “poochy” appearance in the belly. Even if one’s skin has retracted after pregnancy, the stomach will still protrude if one has this diastasis, thereby giving a barrel appearance when the abdomen is relaxed. Unfortunately, while exercise can help tighten the overall abdominal musculature, it cannot bring the rectus muscles together once separated.

As the belly button sits between the rectus muscles, many women also note their belly button becoming an outie following pregnancy. This is because they may have developed an umbilical hernia as the rectus muscles are no longer holding the abdominal contents in place.

In addition to the above, the stomach can also develop stretch marks, which is a very frustrating phenomenon. The truth is, there is no real, good explanation regarding their cause. Unfortunately there is no solution for stretch marks, despite the numerous marketing ploys. Only those stretch marks that are within the area being excised during a tummy tuck can be eliminated.

## WEIGHT GAIN

During pregnancy, there are many reasons for weight gain. First and most obvious is the baby, who can account for anywhere from 6 to 8 pounds. Your breasts may increase as much as 2 pounds in preparation for breastfeeding. Another 6 pounds can be tacked on for the enlarged uterus, placenta and amniotic fluid.

While the above sources of weight gain are fleeting, the body also stores fat during pregnancy, which may not be as fleeting. After pregnancy, this fat can turn into stubborn pockets that won’t budge with diet and exercise. The good news is this stubborn fat can usually be eliminated with selective liposuction.

## PUBIC AREA

Following pregnancy, many women feel their pubic area, also known as the mons, has become fuller and sagging. This is quite common, as when the abdomen stretches during pregnancy, there is a lot of force in this region. Much like the abdomen that may not recoil to its normal anatomy, the mons is also subject to the same predicament. If you are to undergo an abdominoplasty, it is crucial this area be rejuvenated concurrently and not as an afterthought.

In addition to the pubic region, many patients also note that their labia have also become stretched and enlarged as a result of pregnancy. This can lead to embarrassment and discomfort during exercise and intimacy. A labiaplasty may be performed in order to rejuvenate or correct this appearance.

## EMOTIONAL CHANGES AFTER PREGNANCY

The miracle of pregnancy and childbirth can sometimes be clouded by the tremendous effort women go through during the process. There's no question that pregnancy is a roller coaster ride, with many highs and lows. At the end, women should have nothing but a feeling of total accomplishment and pride, having gone through a 9-month process that no man will ever have to endure. Unfortunately, this doesn't always occur.

During and after pregnancy, feelings of sadness are completely normal. Such feelings are likely due to the massive hormonal changes occurring in the body. Despite these feelings, it is of course important to maintain care for one's self and not lose sight of the fact that you are still an individual, not just a mother.

It's been found that emotional changes can be directly linked to physical changes a mother has undergone. While a new mom may rigorously use diet and exercise to get her old body back, these actions won't necessarily correct her perceived cosmetic issues. This can lead to quite a bit of frustration, feeling she can never have the body she wants.

Additionally, there is the fact that one must take care of her child. With a new life in her hands, she may feel taxed and fatigued from the effort put forth. With all this newfound responsibility for a baby, mothers may feel selfish for thinking about themselves every once in a while. Despite this, it is important to keep in mind that you are not doing your baby any favors by depriving yourself of your own pleasure. That being said, it is important to elicit support from one's partner or family throughout the journey, ensuring that one is able to actually enjoy life and her baby.

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# THE DECISION: IS A MOMMY MAKEOVER RIGHT FOR ME?

In determining if you should undergo a Mommy Makeover, education is key. Make certain that you do your research. All too often, people spend more time researching a car purchase than they do plastic surgery. Do not be easily persuaded by uneducated friends' suggestions, disingenuous physicians, or over-promising marketing ploys. There is an abundance of information available—you simply have to do your part to sift through it.

While the information in this manual will provide generalized data, it may not fully relate the procedure to you. For this reason, your decision to undergo a Mommy Makeover is always dependent upon a personal consultation with a board-certified plastic surgeon. If you have any lingering questions after reading this manual, refer to the rest of the website or schedule a consultation to see Dr. Rahban.

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## OVERVIEW

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Because a Mommy Makeover is a major surgery, it is not a procedure to be taken lightly. While some physical effects of pregnancy are irreversible, such as loss of volume in the breasts or excess skin on the stomach, many changes can be improved without surgery. If you simply have a bit of extra weight to lose, it is important to exhaust all non-surgical approaches, such as diet and exercise. Surgery should never be used as an alternative to a healthy lifestyle. It is crucial that you are at a stable place in weight, health, body and mind prior to embarking upon surgery.

In deciding if you want a Mommy Makeover, in addition to being physically prepared, you want to make sure that other aspects of your life are aligned. Factors such as a good support system and financial stability are crucial to ensuring the surgery is successful and as unstressful as possible.

**Some questions to ask yourself are:**

1. Am I emotionally prepared?
2. Do I have support of friends and family?
3. Can I afford it?
4. Am I at my ideal weight?
5. Am I done having children?

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## COSMETIC CANDIDACY

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From a solely cosmetic perspective, candidates for a Mommy Makeover are unhappy with some aspect of their appearance after giving birth to one or more children. They may find the skin on their stomach has become stretched out or their breasts have become a bit saggy. More specifically, candidates for a Mommy Makeover will be dissatisfied with the following physical changes:

### BREAST:

- Small breasts, or feeling one's breasts are not large enough
- Large breasts, or feeling one's breasts are too big
- Sagging breasts, or feeling one's nipples are pointing downward
- Breast asymmetry, in which one breast appears larger than the other
- Enlarged areolas and nipples, in which the areola appears stretched out and the nipples are too prominent
- Breast stretch marks

## ABDOMEN:

- Excess skin above and below the belly button
- Abdominal wall bulging, also known as the “pooch”
- Stretch marks
- Stubborn pockets of fat along the hips, thighs, buttocks and flanks
- Protuberant belly button, or possible umbilical hernia
- Unsightly c-section scar

## OTHER:

- Prominent and sagging pubic area, or mons
- Enlarged or lengthened labia
- Excess skin along flanks or lower back

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## FURTHER FACTORS

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Candidates for a Mommy Makeover should be in good general health and close to their ideal body weight or a stable body weight. Often this takes six months for a woman’s hormones to return to normal, thereby allowing her to lose the baby weight. There are two primary reasons for this. Firstly, a patient close to her ideal body weight is in better shape to undergo the rigors of surgery. Second, in order for the Mommy Makeover to have the best results, one should not experience significant weight fluctuations after surgery, as loose skin of the breasts and abdomen will recur.

Lastly, women considering a Mommy Makeover should not be done if they are planning on having more children, as this will likely result in the need for revision surgery.

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## THE FINAL VERDICT

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The final verdict is between you and your physician. The advice and consultation of a board-certified plastic surgeon can never be replaced by any amount of data you collect online. Therefore, spend adequate time researching a surgeon or surgeons you feel will have your best interest at heart and will take the time to determine whether you are truly a good candidate. For more information, please visit [Choosing Your Surgeon](#).





# PROCEDURES

In determining how your specific Mommy Makeover will go, your plastic surgeon will combine two or more of the below procedures to help you regain or possibly improve your pre-pregnancy figure. Each applicable procedure is then further tailored to meet your exact needs. Remember, just because you're having a Mommy Makeover, doesn't mean you're having every available procedure. Make certain that when a procedure is suggested by your surgeon, you agree that it is something you need. Unfortunately, recommendations are sometimes made that are more financially based than in your own interest.

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## BREAST

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### BREAST LIFT

A breast lift, otherwise known as a mastopexy, is a cosmetic procedure designed to lift and reshape the breasts while placing the nipple in a more desirable location. In the world of Mommy Makeovers, the breast lift is a crucial procedure. After pregnancy, the breasts become engorged to accommodate breastfeeding. Then, whether you breastfeed your baby or not, the overall breast volume eventually reduces, often leaving saggy, stretched skin with no support. Breast feeding, especially for long periods of time, can result in greater change and more sagging.

A breast lift, as opposed to a breast reduction, removes excess skin only while not touching underlying breast tissue. Depending on the amount of breast volume you have, a breast augmentation may or may not be necessary to fill out the new shape. In other words, the breast lift gives the new shape, while the implant gives it its volume or fullness. Additionally, the areola size may be reduced, as it has often become enlarged or stretched out. The result is youthful, perky and beautiful breasts that no longer succumb to the effects of pregnancy.

## BREAST REDUCTION

A breast reduction, also known as a reduction mammoplasty, is a surgical procedure that removes excess skin and tissue in the breasts to reduce their size and improve their shape. This is different from a breast lift, in which only skin is removed. During a breast reduction, you are getting a reduction in volume as well as a lift. A breast reduction actually is a breast lift, while also removing tissue. A breast reduction lifts and reshapes the breasts, giving them a younger, perkier shape and position.

With a breast reduction, patients not only experience increased comfort due to reduced weight on their chest, they also experience a surge in self-esteem and confidence. It's curious to note that breast reduction patients are generally the happiest group of patients after surgery. They have increased activity with less pain. Additionally, the most significant impact tends to be a broader selection of clothes available. All told, breast reduction patients have gotten relief from a cosmetic and physical burden that has been with them their whole life.

## BREAST AUGMENTATION

Also known as augmentation mammoplasty, breast augmentation is a procedure that uses implants to increase the volume of the breasts. These implants are placed under the breast gland or under the chest muscle. In many cases, breast augmentation is a way for women to enhance their image and proportions. Breast augmentation is a highly effective procedure in enhancing a woman's confidence, making it one of the most popular cosmetic procedures available. As a general statement, patient satisfaction with breast augmentation is very high. It is one of the most often performed procedures with the highest satisfaction rate of all plastic surgery procedures.

While breast augmentation has some impact on the shape of the breast, it is generally not a procedure designed to alter the breast shape. If the breast shape needs to be altered significantly, one must consider a breast lift in conjunction with a breast augmentation.

## BREAST REVISION

Also known as corrective breast surgery, breast revision is performed when previous cosmetic breast surgery does not lead to the desired results. This may occur as a result of pregnancy-related changes that may have looked good prior to pregnancy but now no longer do. It may also be due to recently done breast surgery that was done in error.

During breast revision surgery, the goal is to try to correct or reverse the elements that make the breasts unattractive. Unfortunately, not all aspects are correctable and thus require the consultation of a skilled and knowledgeable plastic surgeon. Corrective surgery is considered one of the most difficult areas of breast surgery, as you are not dealing with native tissue, but rather scarred or damaged tissue.

## **NIPPLE & AREOLA REDUCTION**

Nipple and/or areola reduction is a brief outpatient surgery that effectively reduces the size of the nipple and areola. For women with enlarged areolas or nipples, this surgery can provide great relief from cosmetic issues that cause embarrassment or lack of confidence.

Nipples and areolas may be enlarged from birth. They may also be enlarged due to overly large breasts that sag, stretching the areola with their weight. In some cases, breastfeeding stretches nipples beyond their regular size. Whatever the cause, nipple and areola reduction is an effective solution, allowing women to find a life beyond enlarged nipples and areolas.

## **INVERTED NIPPLE CORRECTION**

Inverted nipples affect approximately 2% of women. While inverted nipples certainly present a cosmetic issue, they may also cause an inability to breast-feed. In some cases, inverted nipples are present since birth. In others, they develop as the result of milk ducts and other tissue in the breasts shortening over time.

Inverted nipple correction is a brief surgical procedure done to reverse inverted nipples, restoring them to more projected position. Inverted nipple correction is a very minor surgery and is usually done under local anesthesia. It may easily be done in conjunction with other breast enhancement procedures, such as a breast reduction, breast lift or breast augmentation.

## STANDARD TUMMY TUCK

A tummy tuck is a surgical procedure to remove excess skin from the abdomen and create tighter, smoother contours in the stomach.

When the skin and muscles expand to accommodate a pregnant belly, they unfortunately don't always retract after childbirth. If the skin and muscles have stretched, there is no amount of diet or exercise that will cause these crucial structures to retract. A tummy tuck will effectively eliminate this excess skin, tighten the underlying muscles, and leave you with a flat and smooth abdomen.

**Specifically, a tummy tuck accomplishes three important goals:**

- Removal of excess skin, which may include stretch marks
- Tightening of loose and stretched out muscles, thereby correcting the bulge, also known as rectus diastasis
- Reconstruction of the belly button if necessary

## MINI TUMMY TUCK

A mini tummy tuck is a surgical procedure that removes excess skin from the abdomen to create tighter, smoother contours in the tummy. When the skin expands to accommodate a pregnant belly, it unfortunately doesn't always retract after childbirth. If the skin has stretched, there is no amount of diet or exercise that will reduce its bulk. A mini tummy tuck is performed when excess skin has accumulated only below the belly button. A mini tummy tuck will effectively eliminate this excess skin, leaving you with a stomach that is smooth and lean.

## EXTENDED TUMMY TUCK

In many cases, pregnancy can cause a buildup of loose, excessive skin that extends beyond the abdomen. When loose skin can be seen on the flanks in addition to the tummy, an extended tummy tuck is the correct procedure to eliminate excess skin and tighten the underlying musculature.

The key with a tummy tuck, just like a tailor or seamstress, is the surgeon must remove whatever pre-



cise amount of excess skin is present. Sometimes it's a small amount, in which case the patient only needs a mini tummy tuck. Sometimes it's an "average" amount, requiring a regular tummy tuck. In other cases, an individual has a tremendous amount of excess skin, which extends beyond the front of the abdomen and includes the sides and flanks. When this amount of excess skin is present, the tummy tuck incision must be extended further than usual, thus the name "extended tummy tuck."

## LIPOSUCTION

Liposuction is a cosmetic procedure that removes stubborn pockets of fat in virtually any part of the body. Contrary to popular belief, liposuction is not a method of weight loss. Instead, it is a contouring procedure, used to deliver beautiful curves and proportions to the body.

In liposuction, there is an importance placed on the overall physical appearance of a patient. Rather than only addressing a single trouble area, a competent plastic surgeon takes the entire body into consideration, ensuring that fat removed in one area doesn't create disproportion in another.

## LABIAPLASTY

Labiaplasty is a surgical procedure to reduce the labia minora (inner labia) or labia majora (outer labia). Following pregnancy, many mothers find their labia has become enlarged due to hormones and physical strain placed on their vagina. When this occurs, women may become self-conscious due to the appearance of their enlarged labia. In addition, this can become physically uncomfortable due to chafing. With labiaplasty, patients get relief from these symptoms, restoring their labia to their original size and appearance.

## C-SECTION SCAR REVISION

Following a c-section, many women experience a retracted or otherwise unsightly scar on their abdomen. In some cases, there is a bulge above the scar, or overhanging skin above the scar due to the fact that the scar is retracted. Additionally, the scar may be thick or raised, or all of the above may be present.

These phenomena occur because many doctors who perform c-sections are not trained in cosmetic closing techniques, and they are primarily concerned with the safety of the mother and the baby, which is appropriate. However, this means that all layers may not be properly closed after the procedure, resulting in a conspicuous or unsightly scar.

For women who have an unsightly scar following a cesarean section, a c-section revision is a method of removing or excising the old scar, as well as the scar tissue down to the muscle layer. C-section revision releases the tissues to their original position and closes them, restoring a smoother appearance on the abdomen and a thinner-looking scar.

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## OTHER

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The above procedures are standard components of a Mommy Makeover. However, there are many other beautification procedures that, while not directly related to pregnancy, still help mothers look and feel beautiful. Such procedures include:

- BOTOX and facial fillers, helping to reduce wrinkles and hollowness throughout the face
- Facial plastic surgery, allowing for more rejuvenation of facial aging, such as a brow lift, facelift, eyelid surgery or rhinoplasty
- Nonsurgical spa treatments such as facial peels and Ultherapy

The purpose of a Mommy Makeover is to help mothers increase confidence in their physical appearance. Any procedure that achieves that goal could be deemed part of a Mommy Makeover. As such, no two Mommy Makeovers are the same. To learn more about how the Mommy Makeover procedure applies to you, please call our office.

# PRE, INTRA & POST

Before a patient undergoes surgery, one of the most important aspects is mental and physical preparation. In this interest, we want patients to understand the entire process before, during and after surgery. This education is paramount to a good result, as an educated patient is generally more relaxed than one who doesn't know what to expect. To accomplish this goal, we've reviewed the salient points of preparation, surgery and recovery. While the below is a relatively thorough overview, it may not cover every aspect of surgery. Your surgeon will provide you with a complete list once your surgery is scheduled.

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## PREPARING FOR SURGERY

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The most critical element leading up to your Mommy Makeover surgery is **being the ideal weight**. Here is the real information: Losing more weight after your procedure will prevent an optimum result. If you have excess fat, no tummy tuck or liposuction will produce your desired results. Many surgeons will not tell you that you need to lose weight because they do not want to lose you as a patient. If you know in your heart that you're overweight, despite what your surgeon says, do not undergo surgery. A Mommy Makeover is an expensive, long and precise procedure. You want to do it when you get the best outcome.

The above applies to both the breasts and the abdomen. With regard to the breasts, they may look fine right after surgery, but as you lose more weight, they will sag more than anticipated. This can be avoided by achieving one's ideal weight prior to undergoing a Mommy Makeover. Remember that the ideal weight does not necessarily mean the weight you were prior to having children. It simply means being at a weight where you feel comfortable, and are able to maintain throughout your life. Do not undergo any starvation diets, because after surgery you will rebound and also disrupt your outcome by regaining weight.

Additionally, patients must be in good health before undergoing a Mommy Makeover. While being one's

ideal weight is good for cosmetic reasons, it also helps ensure the surgery is safe and successful. In the months and weeks leading up to surgery, you and your surgeon will ensure you are physically prepared to undergo surgery. This begins with a medical history and thorough physical exam to determine your health for surgery. Based upon the results, your surgeon may recommend a fitness and diet regimen to ensure you're at your ideal weight to get an optimum outcome. Once you are physically cleared for surgery, there are other preparatory actions to ensure your body is ready for the rigors of surgery, as well as the healing process:

- Establish support for the immediate portion of your recovery—1 to 2 weeks
- Arrange your home to be convenient during your recovery
- Arrange a ride after surgery and help around the house following your procedure
- Avoid any medications that can increase bleeding 2 weeks before surgery, such as aspirin or anti-inflammatories
- Stop all supplements that increase bleeding 2 weeks before surgery, such as flax seeds, fish oils and chia seeds
- Don't drink excessively prior to your surgery, and no drinking two weeks prior to the date of your surgery—in particular red wine as it promotes bleeding
- Stop smoking at least 4 weeks prior to surgery, as smoking inhibits your ability to heal
- Partake in physical activity at least several times per week
- Maintain a generally healthy diet

## — WHAT OCCURS DURING SURGERY —

Depending on your surgeon's arrangement, your Mommy Makeover may be performed in a standard, accredited hospital or in an independent, freestanding surgical facility. It is crucial that you do your homework and make sure the facility is properly accredited. Medicare-certified facilities are ideal.

While certain plastic surgery procedures only require local anesthetic, your Mommy Makeover will require general anesthesia. An anesthesiologist or nurse anesthetist may administer the anesthesia. Dr. Rahban recommends your surgeon use a board-certified anesthesiologist in order to ensure the highest level of safety. Additionally, your surgeon should be in the room with you as you undergo anesthesia and awaken from your procedure. This ensures that he's continuously monitoring your experience.

Next comes the surgery itself. Your surgeon will perform the surgery according to your agreed upon surgical plan. During your surgery, you want to feel confident that your surgeon is doing what's best. You want a surgeon who is paying attention to all others in the surgical environment, including the nurse, the surgical tech and the anesthesiologist.

Dr. Rahban firmly believes the surgeon should be the only one performing the procedure on the patient, and that includes closure. Make certain that your surgeon, not his tech or his assistant, will be the one closing you, as scars are one of the most important measures of outcome. Because you're asleep and vulnerable during surgery, you have to trust your surgeon and know he has your back.

Once the surgery is over and your incisions are closed, surgical dressings will be placed, possibly along with devices called surgical drains. These are tubes placed to help extra fluid drain and prevent swelling.

Once everything is completed in the operating room, you go to a recovery room where you will be monitored for approximately an hour following surgery. When you are fully stable, you can go home with your arranged ride. In some cases, you may stay one or two nights in an accredited aftercare facility.

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## THE RECOVERY PROCESS

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A Mommy Makeover is a significant surgery, and patients should be fully prepared for recovery. While the recovery is definitely tolerable, it is certainly not easy, and therefore we want to inform you so you are not underprepared. The following is a approximate timeline detailing the different stages of the recovery process. Dr. Rahban's approach may be different than your surgeon's, but the following roughly applies to most Mommy Makeovers.

- Directly after surgery, you will awaken from anesthesia, at which point you will have little to no pain, as both the general anesthesia and the local anesthesia are still present in your body. You will have a surgical bra on to hold the breast tissues in place, and an abdominal binder to hold the abdominal tissues in place. Dr. Rahban's approach is to leave everything in place for one week until he sees you for your first post-operative visit.
- At one week, you will see Dr. Rahban, at which time your bandages will be removed along



with some of your sutures. As Dr. Rahban does a multiple-layer closure using both absorbable and non-absorbable sutures, you have many layers of sutures that need to be incrementally removed. The second sutures will be removed at the second week. This technique ensures optimal scarring. He will then begin telling you how to care for your scars. Refer to Dr. Rahban's scar management protocol for more information. [\[link\]](#)

- Most patients return to work after about 10 days. During this time, you will still need to wear surgical garments, but they can be taken off to shower. These garments ensure your tissues heal properly and that you get the best cosmetic result from your Mommy Makeover. Exercise should remain limited for about six weeks after surgery. If your surgery involves the abdomen, you will return to work in two weeks. If the surgery only included your breast, it will take one week.
- The second visit occurs at 2 weeks after your surgery, at which time your pain is significantly less, and the focus is on wound care. The rest of your surface sutures will be removed at this time, leaving behind hundreds of deeper, absorbable sutures maintaining your wound integrity. As Dr. Rahban's closure is quite compulsive, it is the deeper sutures that allow your wound to heal with minimal scarring. During this visit, Dr. Rahban will continue to ensure you know how to care for your scars.
- The next visit is at 6 weeks. You will be able to resume all strenuous activities and exercise. You will discard your surgical bra and binder and purchase your first set of bras.

\* Note that at this juncture, your scars will start to become more inflamed, and perhaps more obvious, as your body is beginning to do its healing work. Refer to [Dr. Rahban's timeline on wound healing in the wounds section for more information.](#) [\[link\]](#)

- After three months, most tissues will have settled into place and the swelling will have subsided. At this point, you will be enjoying the full results of your Mommy Makeover. Please note the incisions may be slightly red or inflamed. This is because they are still healing fully. But rest assured, after several more months, they will be virtually invisible.
- After one year, Dr. Rahban will see you for your final appointment. At this point, he checks the integrity of your results and makes sure everything is as it should be. He makes sure there is no scar formation or any other complication present.

Your relationship with Dr. Rahban continues long after your Mommy Makeover is over. At any point after your surgery, he and his office are available to help with any questions or concerns that arise. Even several years later, his door is open to patients who have concerns about their implants.

During the duration of your recovery, it's paramount that you follow all postoperative guidelines. You will be given a comprehensive list of such guidelines by your surgeon's office. This will include instructions to help your body recover, along with problems to look out for. Your recovery time will vary based on which Mommy Makeover procedures you received, as well as your body's natural ability to heal. Your postsurgical guidelines are the way in which you can ensure the smoothest recovery possible.

#### **Some basic precautions and instructions include:**

- During the first week, you must remain flexed at all times. This will include sleeping with pillows behind your back and a pillow under your knees to keep your legs slightly bent. This decreases tension on your tummy tuck incision.
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- If you notice any potential problems, call your surgeon immediately for assistance. Such problems include severe pain, discharge from the wound, abnormal swelling or vomiting. Your surgeon will provide a complete list of red flags based on the procedures you will undergo.

- You will give you a surgical bra to wear after your breast surgery. This bra fulfills a very specific purpose. While normal bras lift the breasts up, this bra allows the breasts to settle naturally. If you were to wear a normal bra, the breasts would heal higher than they should.
- Similarly, you will wear an abdominal binder to help your abdomen heal. The abdominal binder is crucial as it allows the tissues to readhere and prevent fluid accumulation under your skin flap. Dr. Rahban is quite strict and recommends his patients wear the binder consistently for six weeks, except when showering.
- After a Mommy Makeover, there must be no significant physical activity for the first six weeks. This includes sports, jogging, strenuous exercise, heavy lifting, etc. Your surgeon will help you determine when you can get back to your usual activities.

# DR. RAHBAN'S PEARLS

## CHOOSING YOUR SURGEON

Beyond the decision to undergo surgery in the first place, choosing your surgeon is possibly the most important decision when it comes to a Mommy Makeover. There are a large number of surgeons who are performing Mommy Makeovers. However, not all of them are necessarily the same. As such, it is a field that requires careful navigation. Below are some crucial points to evaluate before choosing your Mommy Makeover surgeon.

### IS YOUR SURGEON A “COSMETIC SURGEON” OR A “PLASTIC SURGEON”?

While these two terms are often thought to be the same, they are not. Due to marketing, this field can be very confusing. People use the terms cosmetic, aesthetic and plastic interchangeably while they are absolutely not. It is crucial to understand the distinction between these terms in order to make an informed decision about your surgeon. Unfortunately, just because a patient's friend had a successful outcome, it does not mean that surgeon will reproduce those same results. One or two successful results does not guarantee high quality work in a reproducible fashion.

The term aesthetic surgeon has no real meaning. Aesthetic surgery is not a discipline, it is an adjective. Aesthetic, referring to the world of beauty, is a term that does not distinguish a surgeon's qualification by any means. It simply means the surgeries they perform are in the realm of beauty. Therefore, if your prospective surgeon is marketed as an aesthetic surgeon, you must dig deeper as to his or her training and qualifications.

The term cosmetic surgeon is not an officially recognized specialty by the American Board of Medical Specialties. Essentially, it is an unregulated field, despite the fact that it looks very similar to the field of plastic surgery. If a physician is called a “cosmetic surgeon,” this does not mean he has undergone extensive training in plastic surgery. It is possible that he has completed a short fellowship under another cosmetic surgeon, or he may have simply done a series of weekend courses. In either case, he can legally call himself a cosmetic surgeon, and in neither case is he actually a board-certified plastic surgeon. Dr. Rahban has treated countless patients who received a botched surgery, all because the surgeon was not properly trained in plastic surgery. For this reason, it is of critical importance that your surgeon is board certified in plastic surgery.

When a surgeon is marketed as a “board-certified cosmetic surgeon,” patients often become confused. The truth is, there is no such thing as a board certified cosmetic surgeon, because the field of “cosmetic surgery” is not recognized by the American Board of Medical Specialties. The term “board-certified cosmetic surgeon” is an illusion created to give the impression that someone is a board-certified plastic surgeon. So how is this possible?

For the sake of illustration, let’s take a physician who is trained in an entirely separate field. Perhaps he’s an OB/GYN, ENT, orthopedic surgeon or even general surgeon. He completed his original training in this field and became board certified. At a later date, he decides he wants to perform aesthetic surgery. He gets some kind of training, hopefully, and calls himself a cosmetic surgeon. Therefore, if your surgeon is a “cosmetic surgeon,” you must ask him what field he is originally trained in.

As a side note, there is an organization called the American Board of Cosmetic Surgery. However, this organization is unrecognized by the American Board of Medical Specialties. If a surgeon is a “board-certified cosmetic surgeon,” this shouldn’t hold very much weight.

Patients often ask how this is possible. Isn’t anyone regulating this? Unfortunately, there is no larger authority overseeing these surgeons and preventing them from doing things they are poorly trained to do. In the US, once you are trained in surgery, you can do anything you want in the privacy of a surgery center. There is no larger, regulatory board that oversees all surgeons to make sure they deliver only procedures they are qualified to deliver. Because of this, it is incumbent on each patient to do her homework and decipher the true qualifications of her surgeon. This includes checking their training, reading their reviews and looking for malpractice suits.

Patients should not be deceived by official looking letters following a cosmetic surgeon’s name in advertising. In many cases, these titles are self-regulated and self-created. In the world of cosmetic

surgery, such things often have nothing to do with plastic surgery. These titles are created by the cosmetic surgery community at large and are not regulated by the ABMS, which is the most well-respected organization since the conception of medicine.

Once you've determined if your surgeon is a plastic surgeon, the next level of distinction is discovering board certification.

## IS YOUR SURGEON BOARD-CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY?

To become a plastic surgeon in the US, a surgeon must complete either an entire general surgery residency followed by a plastic surgery fellowship, or directly complete an entire plastic surgery residency, after which time he or she is a plastic surgeon. On average, this takes between 6 and 8 years. Once they have completed their training and are in practice, they have the opportunity to sit for their board certification. This is an additional examination, which further scrutinizes their capabilities and is one more measure by which you can determine your surgeon's qualification.

If your surgeon is board-certified, it doesn't 100% assure you that your surgeon is excellent, but it is the single best measure that your surgeon is well trained. You must still do your diligence in investigating your surgeon based on his patient reviews, as even board-certified surgeons can be bad surgeons. In today's world, there is a sufficient number of board certified plastic surgeons who are well qualified and are good surgeons, causing no reason for a patient to compromise the quality of her surgeon.

While you can certainly ask your surgeon directly, you can also visit the [American Board of Plastic Surgery website](#) to verify his or her membership.

### **From the American Board of Plastic Surgery website:**

*"The mission of The American Board of Plastic Surgery, Inc. is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification, and maintenance of certification of plastic surgeons as specialists and subspecialists."*

As such, all physicians who have earned board-certification in this prestigious board are subject to continuous scrutinization. They have demonstrated a stable record of outstanding results and satisfied patients.



## DOES YOUR SURGEON SPEND ENOUGH TIME WITH YOU?

If your consultation feels rushed or lacking in care or succor, it may indicate the level of care present in the operating room. While plastic surgery is elective, it is still a major surgery, and surgeons should show the care and bedside manner that's warranted. When it comes to your surgeon, you want someone who is going to be there for you from beginning to end, and even long after surgery is over. Your surgeon is your partner in the plastic surgery journey, and you should feel 100% comfortable and trusting.

Your consultation should be done by your plastic surgeon and not by his staff, such as his patient coordinator. Many times patients are offered free consultations, but you must understand that generally means you'll get a hurried or inadequate consult. As a point of reference, Dr. Rahban on average spends up to an hour with each patient, reviewing not only what the patient came in for, but also explaining all the nuances such as the risks and alternatives to what that patient has requested. There is no way to accelerate the dissemination of knowledge when it is so complicated and crucial.

## EXAMINE YOUR SURGEON'S BEFORE AND AFTER PHOTOS

At the end of the day, plastic surgery is all about a good cosmetic result. Unlike other medical specialties, plastic surgeons cannot hide their results. Therefore, patients should be able to obtain a decent idea of the surgeon's overall skill prior to selecting him.

**When looking at a surgeon's before and after photos, here are some pointers:**

- If your surgeon only has a few photos, be wary. Any well qualified surgeon with extensive experience should have multiple photos of each procedure in his gallery.
- Be wary of surgeons who have a poor quality of photos. This is often a reflection of how they approach all aspects of their care.
- Beware of flash photography, as this can disguise contour irregularities that may exist in patients who have undergone liposuction or other body contouring procedures.
- Do not become enamored by any single result. Many patients will come in holding onto one photo of a breast as if it's a sofa they're ordering from IKEA. You need to see many good results in order to feel confident that your surgeon and you have the same aesthetic goals. If a surgeon only has one

result that you like in his entire gallery, it is unlikely that he will be able to reproduce that result again.

- Surgeons are like designers. They generally have a style and an aesthetic. And it is crucial that you find a surgeon whose overall body of work you like.
- Unfortunately we do live in a world of Photoshop, and there are surgeons who are unscrupulous. If you see no scars on any patient, this should be considered suspect.

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## MOMMY MAKEOVER SCARS THE HEALING JOURNEY

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Prior to a Mommy Makeover, many patients' reluctance to undergo surgery is rooted in a fear of having unsightly scars. For many, the concern is exchanging one physical deformity for another and hence not feeling like it will actually regain their self confidence. With any surgery, scars are an inevitability. However, with a skilled and fastidious surgeon, the visibility of scars can be minimized almost completely.

In most cases, wound healing is very predictable—the healing process is very similar from one patient to the next. There are mild variations, but most patients stick to the same basic timeline. This healing journey is covered below.

### THE HEALING JOURNEY

During the first one to three weeks, provided your surgeon closes you well, your incision will be very thin, flat and narrow. This is known as the inflammatory phase. The edges have been brought together in a precise fashion, and it usually looks very secure. At this stage, however, the incision has not even begun to heal, and if enough force were applied along the wound edges, the wound would separate.

Between three weeks and six months after surgery, the body moves into the proliferation phase. This is the time you will have scar tissue formation and new blood vessel regrowth. This is your body welding itself closed. It is normally during this period of time that the incisions become redder, thicker and firmer. Patients often also note some itching during this period of time.

Finally, between six months to two years, your incisions will transition into the remodeling phase. During this time, your incisions should gradually become flatter and lighter, and in the best of scenarios, become very difficult to see. This is due to your collagen or scar tissue rearranging itself in a more organized fashion, hence the name remodeling.

## HOW TO ACHIEVE THE IDEAL SCAR

Now that we've described the natural progression of wound healing, let's discuss the difference between a desirable scar and a poor scar. People are often misled to think that plastic surgery means no scars. That is not the case. All surgery, including plastic surgery, will leave you with scars. The goal of good plastic surgery is to leave you with scars that fade over time and are very difficult to see.

While many patients are led to believe that bad scars or unsightly scars are a result of their own biology, this is usually not the case. All too often, Dr. Rahban sees patients who come to him for revisional work with unsightly scars who have been labeled as poor healers or keloid formers. Over years of doing scar revisions, it became apparent to him that, when these patients did not form these scars again, the issue was not their biology but their poorly done surgery. Certainly in some cases a patient will make thicker scars than other patients, but they represent the vast minority of patients.

So what are the factors that lead to a desirable scar? There are many things that your plastic surgeon should do in order to optimize your wound healing. These things include:

1. Treating your skin or tissue delicately while performing surgery. Remember that whatever is cut has to eventually be closed. If, during surgery, your tissue is either damaged from mishandling or cauterization, the wound edges will become inflamed and heal poorly.
2. Removal of excess tissue either during breast lifts or tummy tucks will lead to too much tension between the edges of the incision. Your body's response will be to create more scar tissue to hold things together. Because of this, it's crucial that your surgeon remove the correct amount of tissue as well as place multiple, deep stitches to offset the tension on the skin edge.



*Within two weeks of surgery*

3. Low grade or overt infections of the wound will lead to increased inflammation and later thickened scars. It is imperative that your wounds be properly irrigated during surgery, and you have appropriate post-operative wound management.



*Proliferation phase*



4. Minimizing strenuous activity for the first six weeks reduces unnecessary tension on your scars. Remember, as the body begins the proliferation phase, it is responding to the tension on your wound edges to determine how much scar tissue it needs to create. The more tension the body feels along the skin edges, the more cement, or scar tissue, it will form to weld your scar together. Early strenuous activity tells the body to create a greater, thicker scar as it's undergoing more tension.



*Remodeling phase*

5. Accuracy of closure of the final skin layer of an incision. While the deeper tissues have to be realigned accurately, the final layer of skin is the most crucial in the prevention of scar formation. Many times surgeons close the skin in a rush, with the skin edges not perfectly aligned, leaving the body to correct the gap. The body only has one form of healing, and that is through scar formation. Therefore, the more accurate the skin closure is, the less burden is placed on your body, and the less scar tissue is formed. When Dr. Rahban closes the final skin layer, he does so in two additional layers, whereas many doctors only close with one layer.

## **DR. RAHBAN'S COMPULSIVE CLOSURE**

As mentioned above, one of the most crucial elements for a desirable scar outcome is how the wound is brought together. Once a tissue is incised, many layers have to be separated from the skin all the way down to the muscle layer. When a wound is closed, it is imperative that the same layers that were

initially opened are brought back together. While that may seem obvious, many surgeons either omit layers or close them incompletely, therefore leading to less than ideal outcome.

Dr. Rahban's closure technique includes the use of multiple, deep, under-the-skin, absorbable sutures to close the fat and muscle layers, followed by multiple absorbable sutures to close the dermis, hence creating a tension-free skin layer. The final layer is re-alignment of the skin itself. Because there are so many absorbable sutures placed deep, Dr. Rahban can use permanent sutures to close the skin, as he will be removing them within a week. He uses these permanent sutures to fine-tune the edges, leading to minimized scar formation.

Since the wound is not relying on these outermost stitches for integrity, he is able to remove these stitches after seven days without any separation. He uses permanent sutures because they are less inflammatory than absorbable sutures and lead to less scar formation. This is a time consuming process, both to place the sutures and to remove them in the office. The reason many surgeons do not do this step is because it requires lots of time in the office to remove these sutures.

Additionally, Dr. Rahban firmly believes that the surgeon himself should be the only one closing the patient. While this may seem obvious, it is far from the case in today's world of aesthetic surgery. More often, the scrub technician or an assistant surgeon, unbeknownst to the patient, will assist during closure. This is done in order to accelerate the time of surgery, hence increasing profit for the surgeon. Dr. Rahban will only do as much surgery as he can himself close.

## WHAT ACTUALLY WORKS

So much emphasis today is placed on wound management once a bad scar is formed. As you have read above, Dr. Rahban's philosophy regarding scars is focused on prevention rather than treatment after the fact. However, many patients feel strongly or have been sold on the idea that there are special creams, potions or lasers that can make their scars better. Dr. Rahban is very academic about the way he practices medicine. He is a big believer of science and evidence-based medicine. As such, the overwhelming majority of scar management treatments today have no evidence that they work. There are only several things that do actually work, and these are as follows:

1. **Massaging scars.** This is the cheapest and probably the most effective method of wound management. As we mentioned above, during the proliferation phase, the body is placing collagen and scar tissue in a disorganized fashion. By massaging, you are telling the scar to reorganized into a more flat and narrow arrangement. This leads to a more desirable scar.



2. Avoiding sun exposure for nine to twelve months is crucial, as the scar is very vulnerable and re-active during this period of time. Unnecessary sun exposure will lead to formation of pigment and darkening of your scar.
3. High grade medicinal silicone, either in the form of sheets or creams. Historically, doctors used silicone sheets in the area of burn care. Patients who are burned often make the worst scars, and a lot of the science in wound care comes from those patients. The science is a little bit unclear as to why silicone works, but we know that it definitely helps with scar management. As silicone sheets are difficult to wear, we've now advanced to liquid silicone which can be applied on the wound. It is crucial to understand that liquid silicone is merely a small adjunct to wound management and can definitely not take the place of good surgical closure.
4. Steroid or kenalog injections. Be very careful when it comes to injecting scars with steroids. While many surgeons and dermatologists routinely do this when a scar begins to thicken, it is **extremely risky**. Steroids are intended to change the biology of the wound healing process, reducing the amount of scar formation. However, this process is incredibly inaccurate. In addition to thinning out undesirable scar formation, steroid injections are notorious for causing damage to surrounding healthy tissue. This is most commonly seen by thinning out or atrophy of adjacent tissue like skin and fat. Dr. Rahban has had many patients present to him after their surgeon or dermatologist injected them with several rounds of steroids, only to be much worse than they were prior to the injections. Dr. Rahban seldom injects steroids in scars for this reason.

## SCAR MYTHS

**Lasers.** Daily, Dr. Rahban hears patients coming in for revisions, asking if lasers can improve their scars. Despite marketing and mass media, the effect of lasers on unsightly scars is limited or none. They may help slightly with wounds that have color issues, as lasers are designed for pigmentation issues. They will not, however, help with thick or wide scars, as that is not what they are designed to do.

**Mederma.** Mederma is a very well-known scar cream being sold with thousands of claims. There is no real science that has proven that Mederma has significant clinical benefit. Understand that all scar creams will show you before and after photos with scars that appeared unsightly and became flat and thin. Remember that if nothing had been done, those scars would most probably have improved without

the treatment over time. Therefore, the claims that the ointment produced that effect is unsubstantiated. In order for a cream to be proven to work, they need to compare it with controls, which very few manufacturers are willing to do.

**All other lotions and potions.** Just like Mederma, there is no actual proof that ointments or creams are effective in minimizing scars. For this reason, we cannot stress enough that you vet your surgeon to ensure his closing technique is exquisite. Closure of your incision is the number one factor in scar prevention.

All in all, Dr. Rahban believes strongly that the only two elements that are relevant in your wound healing are:

1. Your surgeon and his skill
2. Your biology

As your biology is not within your control, and as Dr. Rahban mentioned, most people's biology is favorable, then the only thing you can choose is your surgeon. All too often, patients forego the skill of their surgeon in hopes that some special scar management treatment will help them get the results they want. In reality, ninety-nine percent of their outcome is determined by their surgeon's closure technique.

Don't be fooled by surgeons who tell you that they have a post-surgery scar management protocol. That is all marketing. All too often, patients are misled to think that their doctor has some special scar management technique that allows him to get great results, when in reality there are very few things, other than his own technique, that have been **PROVEN TO WORK**. This technique is to get a leg up on another doctor, giving the impression that he has a treatment that no one else has. It doesn't exist except to close the deal.

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## WHAT TO ASK YOUR DOCTOR

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At Beauty After Baby, our purpose is to give mothers the power of knowledge. When you visit a prospective surgeon, it's important to be armed with plenty of questions. Below are questions as they relate to individual procedures. To learn more about each procedure, please visit [beautyafterbaby.com](http://beautyafterbaby.com).

## GENERAL QUESTIONS

### **Do you close my incision or does someone else?**

In closing an incision, Dr. Rahban carefully sutures each underlying layer from the inside out, maximizing support. It is crucial that your surgeon personally closes all incisions, as there are some plastic surgeons who allow a surgical tech or surgical assistant to close.

### **Do you use layered closure? Tell me about your closing technique.**

Closure of incisions can be as simple as staples and/or glue, and as complex as a multiple-layered technique. Dr. Rahban feels strongly that closing the skin with multiple layers in a fastidious fashion is the single most important step in having scars that will be minimal and that will ultimately fade over time.

An enormous number of deep sutures which are absorbable are placed in order to reduce tension on the skin. The less tension on the skin, the less thick the scar will be. Additionally, there are multiple, permanent sutures placed within the skin that will be removed at two weeks in order to align the skin edges, giving the most optimal outcome.

### **Do you offer a second consultation prior to my procedure?**

Every patient goes through a thorough pre-operative process. This begins with a pre-op visit two weeks prior to surgery. This is similar to a second consult. During this time, you will go over the details of your surgery with Dr. Rahban, and you will get a second opportunity to ask questions and go over your procedure, thus ensuring a complete understanding.

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### **How many follow-up appointments do we have?**

After a Mommy Makeover, Dr. Rahban schedules a total of five follow-up appointments. Most plastic surgeons schedule two follow-ups, during which time you may not even see the doctor. During every follow-up appointment, Dr. Rahban sees his patients personally. He generally sees you at one week, two weeks, six weeks, three months and one year.

# BREAST

## BREAST AUGMENTATION

### **Do you perform dual-plane breast augmentation? Am I a candidate?**

With the dual-plane approach, the implant is under the muscle, yet the muscle is released or moved out of the way so the implant can settle into the bottom half of the breast, filling it in a more natural way. This technique tends to be Dr. Rahban's preferred approach.

### **How do you help me determine size? Do you use sizers during surgery?**

One of the most common causes for unhappiness after breast augmentation is inappropriate size. Many patients are disappointed as they did not receive the size they are requesting. This is because there is no ideal way pre-operatively to determine cup size. Most doctors utilize bras filled with implants, rice or peas to determine size. This is obviously very inaccurate, as the ultimate goal is not based on CCs or a cup size, but rather the aesthetic outcome.

Dr. Rahban uses a unique technique, whereby he has you select photos of breasts that you feel are slightly too small, slightly too large, and ideal. He then places these photos in the operating room during your surgery and uses multiple sizers during surgery, sitting you up and down until you look like the photos you have selected. This requires time and energy by your surgeon but leads to a much higher satisfaction rate, as there is no certainty to the exact size before. Dr. Rahban uses a measurement system measuring your breasts exactly and only using implants that fit your measurements.

### **Do you sit me up during surgery so you can see how the implants naturally sit?**

At this point, he will refer to the photos you have given him, and will insert the size of implant he believes will accomplish the goal. He will then sit you up while you are asleep and look at the photos and compare to determine if the size is correct. If need be, he will repeat this procedure with various sizers until he feels confident that your size is consistent with what you selected, and that both breasts are symmetrical in size.

### **Do you have a full consignment of all sizes of implants in your surgery center or do you bring specific implants?**

Dr. Rahban has the entire range of breast implants on consignment in his operating room, so he does

not need to guess preoperatively which implants to bring during surgery. Dr. Rahban does not try to determine the exact size of your implants before surgery, as he is aware there are nuances that occur during surgery. He uses sizers to determine what is best for you and is not limited by the implants that he brought to surgery by speculation.

### **Do you use a Keller Funnel?**

When inserting silicone implants, the implant is large and the opening is small, requiring force to insert the implant into the pocket. This jeopardizes the integrity of the implant, and often causes damage to the skin around the incision. Dr. Rahban uses a product called the Keller Funnel™ which is a device that facilitates the insertion of the silicone implant into the pocket with great ease. This is a one-time-use device and he absorbs the cost himself, as he feels this is paramount in achieving a good result.

## **BREAST LIFT**

### **Do you mark my breasts prior to surgery or do you wait until I am lying down?**

The most crucial step in a breast lift is marking the breasts prior to surgery. The markings will determine how well the surgery is performed in terms of symmetry and overall shape. Some physicians do the markings during the surgery. However, Dr. Rahban finds this to be incredibly inaccurate, as patients are lying down and their breasts are not sitting naturally.

### **How do you make sure your markings are accurate before proceeding with surgery?**

Next, prior to making any incision, Dr. Rahban likes to confirm that the markings done preoperatively are accurate. Therefore, with the patient asleep, he will temporarily staple his markings into place and sit the patient up, looking at each breast for its own shape as well as symmetry between the two.

## **BREAST REDUCTION**

### **Do you use the superomedial pedicle technique or do you use a different pedicle?**

The most common way that breast reductions are done in America is with an inferior pedicle technique. The term “pedicle” refers to the blood supply. In this technique, the upper breast tissue is removed, leaving behind the heavy lower tissue. This often leads to bottoming out and deficiency of the upper breast area post-operatively. Dr. Rahban does not like this technique for this reason, and therefore uses

a different technique called the superomedial pedicle technique. This technique preserves the upper breast tissue while removing the lower, heavy breast tissue, leading to a better looking breast that lasts longer.

**Can this be done using my insurance? If so, what is the minimum breast tissue you need to remove? Will my breasts will appear attractive?**

Cautionary note: Make sure that your breasts are not over-reduced in an effort to meet insurance guidelines. Many insurance companies have strict volume reduction requirements in order for you to qualify. Some doctors may remove too much breast tissue in an effort to meet these requirements, leaving patients with breasts that lack fullness.

**Is the size that I'm asking for still going to have a round and attractive appearance? Or will it look boxy and flat?**

Often, patients will tell their surgeon that they would like to be a small C, and to their dismay, when the swelling settles and 6 months have gone by, their breasts look wide and flat, not small and round like an attractive breast. This is the result of over-reduction.

In many cases, breast reductions are considered solely from a size perspective and aren't approached with the same aesthetic consideration as other cosmetic procedures. Doctors may feel that a patient with smaller breasts will be happy irrespective of the shape, as the primary goal is reduction in volume. However, without proper markings, patients may find their breasts are boxy or misshapen after breast reduction surgery.

**Can you maintain my scar within my crease?**

Some surgeons are not compulsive with their markings preoperatively and rely on adjusting markings during surgery. Often this requires them to extend the incision into the armpit or the cleavage, hence making scars that are visible and destroying the result. It is crucial that your surgeon spends ample time marking you preoperatively and adhering to those markings.

**Do you sit me up during surgery to ensure the proper size and symmetry and how many times?**

In the operating room, patients' arms should be safely secured on arm boards, allowing them to be safely sat up during surgery. One of the main methods to ensure accuracy and attractive outcomes is



sitting the patient up multiple times throughout the surgery. While this may take extra time for a physician, this critical step allows for him to see the progression of his breast reduction and create symmetry.

## **BREAST REVISION**

### **What is my exact diagnosis? How will you fix it?**

With a vast amount of experience with breast surgery, Dr. Rahban has seen all types of breast complications. The key with breast revision is correct diagnosis. Your surgeon must know what the problem is in order to give patients the correct options. As the breast tissue is no longer 100% normal, it is unforgiving and therefore an error in diagnosis will lead to a very poor outcome and make further revision even more difficult.

### **Will my breast revision require the use of extracellular matrix? Have you used it before? How many times?**

Extracellular matrix (ECM) is tissue from other sources, removed of all its cellular components, leaving behind a matrix or scaffolding of tissue. Your surgeon needs to be familiar with not only the various ECM products, but also how to use the material effectively. Unfortunately, this material is still quite expensive, and therefore should only be used when truly necessary.

### **If I have capsular contracture, will you perform a complete or partial capsulectomy?**

The correction of capsular contracture requires either a capsulectomy or capsulorrhaphy. Dr. Rahban's preferred approach is a complete capsulectomy. This involves removal of the entirety of the scar tissue, hence creating a brand new pocket without any of the old scar tissue.

### **How do you perform my scar revision?**

Unfortunately, unsightly scars are a very common problem following breast surgery. All too often, patients are told that the cause for their unsightly scars is their poor healing, when in reality it was due to poor closure. In this instance, your surgeon would need to excise all of your scars and re-suture them using a multi-layered closing technique.

### **If I'm reducing my implant size, do I need a lift? Which kind?**

Correction of large implants may involve not only exchanging to a smaller implant, but may necessitate some type of lift procedure. When an implant is downsized significantly, the breast is left with excess tissue that, if not addressed with some type of lift, would lead to sagging.

### **Have you used the neo pocket procedure for correction of symmastia, double bubble or lateral displacement? How many times?**

In order to correct symmastia, double bubble or lateral displacement, there is a new and advanced technique called a neo pocket procedure, whereby your surgeon will create a new implant pocket above the old capsule that is smaller to accommodate the actual size of the implant.

## **INVERTED NIPPLE CORRECTION**

### **What technique do you use for inverted nipple correction?**

Because inverted nipples are usually caused by some kind of tethering, the corrective surgery usually involves releasing the fibers that keep the nipples inverted. This begins with an incision at the base of the nipple to access the ducts or fibrous tissue that is holding the nipple down. From there, tissue is rearranged in order to allow for improved nipple projection. Finally, the incision is closed with precise sutures that create minimal scarring.

### **What do you do to maintain the erect position during the healing process?**

Special care is then taken to maintain the nipple in the erect position during the healing process. Dr. Rahban uses a special technique to keep them projected. This is crucial, as the nipple has a tendency to retract during the early healing phase.

## **NIPPLE AND AREOLA REDUCTION**

### **Which technique do you use for reducing my nipples?**

Most commonly, Dr. Rahban addresses enlarged nipples by using a telescoping technique, in which he removes redundant tissue at the base of the nipple, allowing him to set back the nipple into the areola. With this approach, the nipple retains sensation and breast milk production. If a nipple is too large, he

uses another technique called the transection technique whereby the nipple is reduced from the top down. With this technique, sensation and breastfeeding may be altered.

### **What's your technique for reducing the areola?**

In reducing the areola, Dr. Rahban makes an incision around the areola in the size that he would like. He then makes a second incision around the residual pigment that is larger than the desired areola. He then removes the intervening pigment and subsequently closes the outer incision using a pursestring technique with a permanent suture. This allows the overall size to be significantly smaller and permanent. If a permanent suture is not used, your areola will stretch out again.

## **BODY**

### **TUMMY TUCK**

#### **Will the length of my incision fully address all excess skin and avoid a dog ear?**

A tummy tuck is not about the length of the incision, but rather the contour of the abdomen. A shorter scar with poor contours is not better than a slightly longer scar with smooth and beautiful contours. If the scar is too short, residual tissue will be left on the outer side of your abdomen, creating a lump, also known as a dog ear.

#### **Do I have enough extra skin on my flanks that I require an extended tummy tuck, or is a standard tummy tuck sufficient?**

In many cases, pregnancy can cause a buildup of loose, excessive skin that extends beyond the abdomen. When loose skin can be seen on the flanks in addition to the tummy, an extended tummy tuck is the correct procedure to eliminate excess skin and tighten the underlying musculature.

#### **Do I have rectus diastasis? Is it severe enough that I need a standard tummy tuck or is a mini tummy tuck sufficient?**

As the belly expands during pregnancy, it does not only affect the outer skin—it also stretches the underlying abdominal muscles, known as the abdominal fascia, hence creating rectus diastasis. When this occurs, the muscles tend to bulge outward, creating a pooch and unflattering appearance. That

being said, during a mini tummy tuck, the muscle separation is often not address or addressed incorrectly, making the abdominal contour worse.

### **What percentage of my stretch marks can I anticipate will be removed with my tummy tuck?**

When it comes to the stomach, stretch marks are an extremely common problem. There is no treatment that has been proven to reduce stretch marks, beyond surgical removal of the offending skin. If your stretch marks fall within the area being excised, they will be removed.

### **What will you do with my mons during my tummy tuck?**

During your tummy tuck, Dr. Rahban will rejuvenate the pubic area and the mons. Plastic surgeons will often ignore the pubic region, leaving it sagging and puffy. They only rejuvenate the abdomen and reattach it to a puffy mons. With every single tummy tuck, Dr. Rahban rejuvenates the mons or pubic region. He removes excess fat from underneath the mons and removes excess skin. He then lifts up the mons and re-secures it to the abdomen, creating a younger looking pubic area.

## **LIPOSUCTION**

### **Do you believe my skin will be smooth and tight after liposuction?**

Liposuction candidates should have good skin elasticity, which will allow it to conform to the new, slimmer contours. If this is not the case, liposuction will produce some improvement, but at the same time will make you look worse, as the fat underneath the skin is what's holding the skin tight. Quite often after having even one child, a woman's skin has lost enough elasticity to make her a relatively poor candidate for liposuction. Remember, the goal is not slimmer, but tighter.

### **How many access points do you use for my liposuction? How do you close the cannula sites?**

The key to liposuction is using multiple access points—from which the cannula will remove fat—rather than one. While at first patients are concerned about the number of incisions, it's more important that the target area get addressed from multiple areas so the contour is smooth. When closed well, incisions should heal with a minimal scar. Make sure that your surgeon closes your cannula sites in a multiple layered closure just like your tummy tuck, in order to prevent unsightly scars.

### **Do you use a basket cannula to equalize the fat?**

After Dr. Rahban is done removing the fat, he goes back with a special cannula called a basket cannula that equalizes the remaining fat. Because fat is solid or semisolid, it is removed in globules rather than a flowing stream. The remaining fat doesn't naturally fill in the removed globules. By breaking up the remaining fat with the basket cannula, Dr. Rahban helps it to settle in a natural, even contour.

### **What do you do during liposuction to preserve my superficial layer of fat?**

In order to accomplish smooth contours, you need to leave behind an upper layer of fat that's been untouched. The fat is generally divided into superficial and deep layers. The fat in the deep layer is the fat that should be removed, leaving behind the superficial layer untouched as a buffer so your skin looks smooth.

### **If you perform liposuction of my love handles, what position am I in when you do it?**

If a patient is undergoing a tummy tuck, surgeons may say their waist won't look good without liposuction. Dr. Rahban feels this is often simply an upsell and is not actually needed. If liposuction of the flanks is to be performed, he believes it must be done with the same cosmetic forethought as the tummy tuck itself.

Many doctors will perform liposuction of the flanks as an afterthought, with the patient lying on her back. This is not ideal. The correct way to perform liposuction of the flanks is to start patients on their stomach, perform the liposuction, then turn them onto their back for the tummy tuck.

## **LABIAPLASTY**

### **What steps do you take to ensure that my labia are not over-reduced?**

The labia will be marked prior to any infiltration of local anesthetic. The markings are the most crucial element. Since the labial tissue is stretchable, the biggest error with labiaplasty is over-resection. Surgeons may pull too hard on the labia when marking, therefore thinking there is more tissue than there actually is.

# MOMMY MAKEOVER COST

Unlike buying clothes or a car, plastic surgery is not about finding the best bargain. Just like any health-care, we're talking about the well-being of your body. Plastic surgery involves critical, delicate actions from beginning to end. It requires constant diligence to ensure each aspect of the procedure goes smoothly. This applies to both the cosmetic outcome as well as the patient's physical safety.

Remember that when you pay for plastic surgery you are not only paying for your surgeon, but also you are paying for other elements that are crucial in your outcome. Such elements include your anesthesia provider, the operating theatre, and the quality of implants used. For example, some physicians may choose to use a nurse over an anesthesiologist, creating a cheaper cost with increased risk. Additionally, all operating rooms are not created equal. Cheaper ORs are often less maintained, hence creating a potential safety issue.

All in all, the cost of surgery includes the following elements:

1. The skillset of your surgeon. Is he or she plastic surgeon or a cosmetic surgeon? Is he or she board certified? A board certified plastic surgeon will often be more expensive.
2. How long it takes to perform the procedure. Generally the faster your surgeon, the less facility and anesthesia fees and the greater the surgeon's profit. Therefore, surgeons have an incentive to work more quickly. When it comes to surgery, faster is not better. Be sure to ask your surgeon how long the procedure will take and be wary if it seems too quick.
3. The anesthesia provider. There are many types of anesthesia providers. An anesthesiologist who is a medical doctor will be more expensive than a nurse anesthetist. Do your research and find out



who provides anesthesia for your plastic surgeon. Dr Rahban is partial to using an anesthesiologist as opposed to a nurse anesthetist.

4. The facility in which your operation is performed. Unfortunately, surgery centers and hospitals are not all created equal. The more sophisticated the facility, the more expensive its hourly fee. Facilities that are Medicare-certified tend to be more costly as well.

**PERFORM YOUR DUE DILIGENCE IN ENSURING YOU ARE NOT GETTING PLASTIC SURGERY  
FROM SOMEONE WHO WILL COMPROMISE YOUR SAFETY AND RESULTS.**

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# FREQUENTLY ASKED QUESTIONS

## WHAT IS A MOMMY MAKEOVER?

A Mommy Makeover is a combination of surgical procedures that restore a woman's figure after childbirth. Because each woman's body responds differently to pregnancy, no two Mommy Makeovers are the same. However, a Mommy Makeover generally combines breast enhancement, such as breast augmentation or a lift, along with body contouring, such as a tummy tuck or liposuction. A Mommy Makeover can include other rejuvenating procedures, such as facial plastic surgery or noninvasive spa services. It all depends on each patient's goals.

## HOW LONG AFTER GIVING BIRTH CAN I HAVE A MOMMY MAKEOVER?

Usually anywhere from 3-6 months. Essentially you want your body to fully recover from the effects of pregnancy. This includes all tissues settling back into place, as well as hormone levels and weight loss. We want your body as stable as possible before undergoing surgery. In this way, the effects of surgery will be lasting and beautiful. Additionally, you want to make sure you have sufficient help with your newborn so you can take necessary time for herself.

## SHOULD I HAVE A MOMMY MAKEOVER IF I PLAN ON HAVING MORE CHILDREN?

In short, no. But we should be clear about this. Undergoing a Mommy Makeover in no way prevents you from having children in the future. Just be aware of the fact that you may need to undergo revision surgery, depending upon how the pregnancy affects your body. For this reason, it is generally recommended that women wait until they are finished having children to undergo a Mommy Makeover.

## HOW MUCH WEIGHT SHOULD I LOSE BEFORE HAVING A MOMMY MAKEOVER?

A Mommy Makeover is best performed on patients who are within 10% of their ideal body weight. If your weight goal is 150 pounds, you should be at 165 pounds maximum before surgery. While there are health reasons associated with this, it also helps ensure a lasting result—if this patient loses more than 15 pounds after surgery, it may affect her results. Remember that your pre-pregnancy ideal weight is not the same as your post pregnancy ideal weight, as many women are frustrated at their inability to get back to their original weight. The right weight is the weight where you feel most comfortable.

## IS IT DANGEROUS TO COMBINE MORE THAN ONE PROCEDURE?

Combination surgery is only safe if your health permits. Your surgeon and your facility are also crucial, but they do not take the place of your good health. It is not age-related. It is purely health related. A younger woman who has medical problems is more at risk than an older woman who is healthy.

If you undergo a Mommy Makeover from a qualified surgeon in a fully accredited facility, it is safe. These guidelines clearly apply to any form of surgery, but especially when undergoing multiple, concurrent procedures. As with any surgery, there are inherent risks. However, with due diligence and proper adherence to rigorous safety measures, these risks can be minimized.

## WHY IS IT BETTER TO HAVE THE PROCEDURES ALL DONE AT ONCE?

This answer is given under the assumption that you are healthy and are a good candidate for multiple procedures. By having multiple procedures concurrently, it means you don't have to experience multiple recovery periods. There may be slightly increased discomfort, as more than one part of your body has undergone surgery, but this way you don't need to pause your life more than once. Plus, you see the full cosmetic result much sooner.

Additionally, the cost tends to be lower. You're only paying for operating room time and anesthesia for a single surgical period, as opposed to multiple periods

## WHAT SHOULD I EXPECT DURING MY CONSULTATION?

During a Mommy Makeover consultation, Dr. Rahban covers several crucial points. Firstly, he gathers data regarding your specific cosmetic objectives. After all, the goal is your satisfaction and confidence.

Plastic surgery is all about what you are trying to accomplish. Just because a surgeon likes a result, it does not mean you will like it. In all plastic surgery, you are the unique element in the equation.

Second, after an examination, Dr. Rahban defines the exact problem, allowing you to better understand what your body has been through. Next, he lays out your options, including incisions, amount of skin to be excised, and other factors, including which procedure(s) will produce the best results. He will discuss what you can expect from your Mommy Makeover, both in terms of the cosmetic result, as well as the limitations.

As an extension of this, Dr. Rahban also reviews what patients should not expect from surgery. He is well known for telling his patients the truth and establishing a healthy level of expectation. Most patient dissatisfaction is related to inaccurate understanding and expectation of their surgery. Dr. Rahban deals in full disclosure to prevent this from occurring.

In the interest of helping his patients fully understand the procedure, Dr. Rahban will take this opportunity to review all potential risks. While some risks are quite unlikely, he still wants his patients to be aware of the potential downsides of surgery. All surgeries come with risks. Therefore, he believes the only time to engage in surgery is if the benefits far outweigh the risks. If you will only have a mild improvement, Dr. Rahban will most definitely recommend you do not undergo the procedure.

During a consultation, Dr. Rahban has one primary purpose—total patient education. He wants each patient to fully understand the nuances of a Mommy Makeover, as well as every risk and exactly how the procedure applies to them, allowing them to make the best decision for themselves. With his honest, candid approach, Dr. Rahban brings a new level of care to ensuring his patients know exactly how a Mommy Makeover works.

## **HOW DO I PREPARE FOR SURGERY?**

There are a number of physical preparatory actions before undergoing a Mommy Makeover. We've compiled a relatively thorough list on our Preparing for Surgery page. [\[LINK\]](#) In addition to those, you should make sure you fully understand your upcoming procedure. Peace of mind is important in a patient, as it allows her to begin surgery in a relaxed, comfortable frame of mind.

## **WHAT HAPPENS RIGHT AFTER SURGERY?**

A Mommy Makeover is often performed in an outpatient surgery center under general anesthesia. After

surgery you will go to recovery, at which time you will spend an hour under observation. Depending on the length of your surgery, you will either go home or to an aftercare facility. While a Mommy Makeover is a very well-tolerated procedure, you will most likely experience some mild discomfort and some fatigue. Therefore you should have friends family around to look after you. Once this initial period is over, you'll be relatively self-sufficient.

## **HOW LONG IS THE RECOVERY PROCESS AFTER A MOMMY MAKEOVER?**

The initial recovery period lasts about 1-2 weeks, depending on the number of procedures you've undergone. During this time, you will need day to day care from a friend or family member. Once this initial period is over, you can begin resuming some of your daily activities. You will be able to move more and can drive if you are no longer on pain meds. Once about 6 weeks have passed, you should be able to resume full activity, including exercise. Despite this, you should maintain due diligence with your body and take very good care of it. You will continue to have follow-up appointments with your surgeon to ensure everything is healing properly.

## **WHEN CAN I RETURN TO WORK?**

Most Mommy Makeover patients return to work within 2 weeks of surgery. Depending on your specific procedures, it may be as little as 1 week. Your surgeon will help you determine the best time.

## **I'M NOT A MOTHER. CAN I STILL HAVE A MOMMY MAKEOVER?**

Absolutely. The combination of procedures that applies to a Mommy Makeover can apply to other women as well. Through the aging process, congenital factors or massive weight loss, different parts of the body can sag. When this occurs, a breast lift, tummy tuck or liposuction are all applicable procedures. It's simply a matter of your personal goals combined with your surgeon's expert judgment.

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