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Mommy Makeover

Mommy Makeover focuses on providing prospective moms simultaneous rejuvenation of their post pregnancy abdominal and breast changes while not compromising a natural look. Dr. Mordkovich utilizes his artistry and experience to customize your surgical plan to reverse all of the undesired changes incurred by pregnancy. Dr. Mordkovich's mommy makeover involves an individualized and detailed surgical plan combining tummy tuck, breast augmentation and/or breast lift, along, if needed, with liposuction contouring of the flanks and thighs.

Creation of a naturally appearing "innie" belly button allows our patients to show off their youthful tummies while wearing two-piece swimming suits without being embarrassed by exposure of an operated looking belly button. In addition, Dr. Mordkovich is able to correct the most severe abdominal deformed or bulging you think your belly has become; he may even be able to obtain insurance coverage for your procedure to help you find the best Mommy Makeover specials. Dr. Mordkovich's expertise in performing simultaneous breast lift and implant augmentation allows moms to have complete correction of their post-pregnancy breast changes regardless of how deflated, sagging, or deformed you feel your breasts have become. Mommy makeover is dedicated to restoring abdominal, breast, and leg contour adverse changes following pregnancy, in a single operation, to give a natural and aesthetically pleasing look.

Lift and or enlargement of the female breasts as well as tummy reduction surgery performed to erase the undesired pregnancy and breast feeding changes. The routine mommy makeover includes a combination of breast and tummy surgery performed to erase all of the unwanted changes observed following pregnancy and breast feeding. Breast procedures may include one of the following options including breast lift, breast augmentation, and/or breast lift with implant augmentation. Tummy procedure includes either a full or mini tummy tuck depending on the degree of skin redundancy and abdominal wall integrity.

Length: 4 to 6 hours of operative time.

Anesthesia: General anesthesia is routinely used for breast and tummy tuck surgery; epidural anesthesia may be used for patients undergoing a tummy tuck only.

Place of Treatment: Outpatient surgical suite or hospital operating room.

Recovery: The recovery period for mommy makeover ranges from two to six weeks. Expect to be up and walking the day after surgery, though not at your usual pace and with a semi-flexed posture. By the end of the first week, you will be walking upright and taking care of daily chores except for driving. It will take approximately two weeks before you are off of your pain medications and feel comfortable enough to drive a car. You may return to work after two to three weeks depending on the physical demands of your work and whether you require a mini or full tummy tuck. You should expect to resume your usual exercise routine at about four weeks.

Duration of Results: As long as patients watch their diet; keep an active lifestyle; and not get pregnant, they can enjoy a lifetime of an aesthetically pleasing breast shape, abdominal contour and youthful body silhouette.

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Side Effects

Side effects are events that may be experienced by patients as a result of your surgery and should not be considered adverse events. Our patients are counseled regarding these effects and if experienced they are tolerable and often temporary in duration.

Breast Lift/Augmentation

1. Numbness: Swelling after surgery usually results in loss of feeling in the breast and nipple area during the first several weeks. This impairment should be temporary and last no longer than a few months. In some cases, the loss of feeling can last longer following inadvertent injury to sensory nerves during surgical dissection.
2. Hypertrophic scar: Hypertrophic scarring refers to the development of a thickened scar over the surgical incision line. Treatment of hypertrophic scars is available and includes: steroid injection, laser therapy, and silicone pressure therapy.
3. Breast/Nipple asymmetry: Depending on the severity of preoperative breast asymmetry, surgery may result in minimal differences in breast size and shape and/or nipple position. However, the asymmetry should be improved from the preoperative state.
4. Nursing difficulty: Common belief is that breast lift surgery can adversely affect breast feeding potential. However, breast-feeding is typically not affected because the milk glands are not separated from the nipple during surgery. Despite this, patients are advised to not expect to breast feed if they should decide to have more children.
5. High riding implants: Patient's frequently notice high riding implants in the early postoperative period. The implants will drop into their desired, aesthetically pleasing position within 2 to 4 weeks. The tendency for the implants to sit high is countered by wearing of a breast band, which will be provided by your plastic surgeon. The breast band will be worn for approximately 2 to 4 weeks until the implants fall into their desired space.
6. Capsule formation: Capsule formation refers to the normal formation of a scar around an implant. This scar should remain thin; but when thickened, it is termed capsular contracture and can result in distortion of the overlying breast. Capsular contracture is rarely observed with saline implants and has been minimally observed with the use of new generation silicone implants.
7. Deflation: Deflation of the implants occurs at a rate of 1% per implant per year. So in 10 years there is a 10% chance of having an implant deflate.

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Tummy Tuck

1. Numbness: Numbness is inevitable due to separation of the skin and underlying fat off of the abdominal muscles. Since the sensory nerves to the skin travel in the muscle layer prior to crossing over into the skin, they are unavoidably disrupted when elevating the skin and underlying fat off of the muscle. The nerves will regrow with time and patients do not return of sensation on average by one year following surgery.
2. Hypertrophic scar: Hypertrophic scar refers to the development of a thick scar in the skin. Based on the extent of redundant skin excised, patients may experience increased tightness surrounding skin incisions and should expect a longer period for incision redness to dissipate (on average 3 to 6 months). Treatments of hypertrophic scars are available and include: steroid injection, laser therapy, and silicone pressure therapy.
3. Residual contour irregularities: Contour irregularities can persist following tummy tuck surgery and are due to uneven distribution of fat cells throughout the retained abdominal skin. Although liposuction can be used during abdominoplasty to correct uneven fat distribution throughout the abdominal skin, this must be performed conservatively to avoid devitalizing the abdominal skin. Over all, you should expect your contour to be improved from your preoperative state.

Risks

Risks are unwanted events that may occur during or following surgery. These events are recognized as “complications” but their occurrence is minimized by appropriate patient selection, proper surgical decision making, effective surgical technique, and thorough preoperative and postoperative patient management.

Breast Lift/Augmentation

1. Hematoma: Hematoma refers to the accumulation of blood in the breast pocket in the early postoperative period. Hematomas provide an ideal medium for the growth of bacteria. If you have an infection elsewhere in your body, the bacteria will travel through the blood stream and find the hematoma. Additionally, hematomas can promote incision breakdown and even overlying breast skin compromise.
2. Seroma: Seroma formation refers to the accumulation of plasma fluid in surgical pockets due to disruption of lymphatic vessels. Patients may be prone to seromas if they have a low blood count or protein deficiency. Seromas can be a nuisance to patients requiring several aspirations in the office prior to their resolution. Additionally, these plasma-filled pockets may harbor bacterial growth resulting in an infection.
3. Infection: An infection can occur following breast surgery. The infection may disrupt incision lines and may leave the patient with an open wound. Prolonged antibiotics are required to fight the infection

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and to prevent further extension of the infection. Patients requiring breast implant placement are at a slightly increased risk of infection as the implant acts like a foreign body and is more prone to infection. Patients requiring breast implant placement are placed on antibiotics prior to surgery to minimize risk of infection. Infections are less likely in patients who don't smoke cigarettes or in patients who quit smoking for at least 1 month prior to surgery.

4. Skin edge death/open wound: The skin incision can be disrupted if the skin edge dies or if there is local infection. This complication is best avoided by counseling patients on the terrible consequences of nicotine in cigarettes. Nicotine constricts small vessels found in the skin which are critical for the healing of the skin edge. As a result, patients are urged to quit smoking for at least 1 month prior to surgery. In addition, uncontrolled diabetes can lead to the undesired sloughing of the skin. Diabetic patients are urged to be vigilant about controlling their blood sugar levels prior to surgery. If patients develop an open wound, they will require prolonged antibiotics and local wound care with frequent dressing changes. Delays in healing will compromise the aesthetics of your surgical incision line.
5. Asymmetry of breast shape: Asymmetry in shape is very different than asymmetry of size (described above) and occurs when the implant pockets have not been dissected accurately. If the breast pockets are dissected too medially, this can lead to the breast pockets connecting together resulting in a condition called symmastia.
6. Pneumothorax: A pneumothorax refers to the inadvertent puncturing of the lining that covers your lungs. This is a rare event but can occur since implants are placed under the pectoralis muscle. When dissecting under the muscle, only a few millimeters of tissue separate the breast pocket from the lung lining. If the lung lining is punctured, the surgeon will have to place a catheter into the lung cavity and seal the lung lining at the end of surgery. You will require overnight hospitalization and removal of the catheter the following day prior to going home.
7. Deep vein thrombosis (DVT) may occur in the legs immediately following surgery. DVT refers to the clotting off of leg veins which may result in compromised blood flow return from the legs; a more critical consequence may develop from this clot if it is dislodged and travels to the lungs causing pulmonary emboli. Although rare, pulmonary emboli are the leading cause of death following surgery. DVT's are avoided with routine use of pneumatic compression boots during surgery and encouraging patients to walk as soon as possible following surgery.

Tummy Tuck

1. Hematoma: Hematoma refers to the accumulation of blood in the early postoperative period, which pools into a dissected surgical pocket. Hematomas provide a perfect medium for harboring growth of bacteria. So if you have an infection anywhere in your body, the bacteria will travel through the blood stream and grow in the hematoma; this can lead to an infection as well as an open wound. In order to

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avoid a hematoma, drains are placed in surgery so that any fluid accumulation can be drained. Drains are usually kept in place for 1 to 2 weeks.

2. Seroma: Seroma formation refers to the accumulation of plasma fluid in pockets created by surgical elevation of the soft tissue and disruption of lymphatic vessels. This fluid accumulates due to a low blood count and protein deficiency both of which may be present in tummy tuck patients. This fluid can be a nuisance to patients requiring several aspirations in the office prior to their resolution. More importantly, these plasma fluid pockets may harbor bacterial growth and result in a clinical infection. Drains, which are placed in surgery, are very effective in preventing seroma formation. Consequently, seromas may become apparent following premature removal of drains.
3. Infection: An infection can occur after tummy tuck surgery. The infection will disrupt the incision line and may leave the patient with an open wound. Prolonged antibiotics are required to fight the infection and to prevent further extension of the infection. Infections are usually avoided by using drains, which will prevent hematoma formation. In addition, infections are less likely in patients who don't smoke cigarettes or in patients who quit smoking for at least 1 month prior to surgery.
4. Skin edge death/open wound: The skin incision can be disrupted if the skin edge dies or if there is local infection. This complication is best avoided by counseling patients on the terrible consequences of nicotine in cigarettes. Nicotine will literally clog all the small vessels found in the skin, which are critical for the healing of the skin edge. Tummy tuck patients are usually mandated to quit smoking for at least 1 month prior to surgery. In addition, uncontrolled diabetes can lead to the undesired sloughing of the skin. Diabetic patients are urged to be vigilant about controlling their blood sugar levels prior to surgery. If patients develop an open wound, they will require prolonged local wound care with frequent dressing changes. Unfortunately, any delays in healing of the skin edges will compromise your aesthetic outcome.
5. Asymmetry in abdominal contour can occur and is secondary to several factors including: 1) Uneven skin redundancy that should be improved following redraping, trimming, and repair; 2) Stretch marks are areas of the skin which have lost their elasticity and are prone to re-stretching. The surgeon attempts to remove as much of the stretch marks as possible. However, if there are stretch marks left and they are uneven (more on one side than the other), this will result in asymmetric restretching of the skin and a resultant asymmetric contour. Any residual asymmetry in contour can usually be repaired by performing a revision mini tummy tuck surgery.
6. Deep vein thrombosis (DVT) may occur in the legs immediately following surgery. DVT refers to the clotting of leg veins which may result in compromised blood flow return from the legs; a more critical consequence may develop from this clot if it is dislodged and travels to the lungs causing pulmonary emboli. Although rare, pulmonary emboli are the leading cause of death following surgery. DVT's are avoided with routine use of pneumatic compression boots during surgery and encouraging patients to walk as soon as possible following surgery.