



Thigh Reduction

Thigh reduction surgery removes excess skin and fat from the inside and front of the upper thigh to produce a firmer, more youthful contour.



About Thigh Reduction

Losing a substantial amount of weight, excessive sun damage or simply growing older, can cause the skin on the inner part of the thighs to become loose and even wrinkled. Unfortunately, no amount of skin treatment can improve this problem. The only way to re-establish a smoother, more attractive line is with thigh reduction surgery.

In thigh reduction surgery, excess wrinkled skin, as well as fat are removed from the upper thigh and inner thigh to firm and tighten the area. The procedure leaves a scar that begins in the groin area, runs across the inside of the thigh and then under the crease of the buttock. In cases where there is significant excess loose skin on the inner aspect of the thigh going almost to the level of the knee, additional surgery must be done to contour the area properly. This results a vertical scar on the inside of the thigh.

Your consultation

During your consultation your surgeon will ask about your general medical history and discuss your goals for the procedure, including how much change you are seeking and how much scarring you consider acceptable.

- As with any other surgery, the extent of the problem and amount of correction you would like will determine how much skin is removed and how extensive you can expect the scarring to be.
- Postoperative scars on the body are always more visible than those on the face. However scars in the groin area can be reasonably well hidden under an average bathing suit and removing excess skin does improve the appearance of the thigh.

Your operation & what to expect

Thigh reduction is usually done under general anaesthesia. It may be performed as a day case or you may spend a night in hospital after your procedure. As part of your operation, the surgeon may perform liposuction on the inner part of the thigh to reduce volume and mobilize the skin.

An incision is made in the groin crease or the groin crease and inner thigh, the upper part of the skin is undermined and the excess skin is trimmed. Suspension sutures are then used to attach the skin to the groin area and the wounds are closed either with or without drains. The incisions are covered with dressings and a compression garment may be used.

Our services

From your first visit to Dr Briggs' Subiaco office, you'll work directly with Consultant Plastic, Cosmetic and Reconstructive Surgeon Mr. Patrick Briggs, the practice's director.

Together you will explore the possibilities and discuss the results you can expect.

Imaging software will be used to show you how you might look after your procedure and every aspect of your treatment, from evaluation, through surgery to post surgical care will be carefully explained.

A very personal choice

A subtle blend of art and science, cosmetic surgery has become increasingly safe and comfortable in recent years.

Techniques have been refined, new materials have been developed and results have become more natural, predictable and satisfying. No other kind of surgery allows the surgeon more creativity; and no other kind of surgery is more deeply personal for the patient.

15 Railway Road
Subiaco 6008
Western Australia

info@drbriggs.com.au
T 08 9381 9300
F 08 9381 9299

Patrick Briggs
Plastic Surgeon Pty Ltd
ABN 80 084 350 274

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After your surgery

Thigh reduction surgery is not usually associated with a significant amount of pain. However, painkillers should be used regularly during the first week to make wound care more comfortable and help you begin gentle activity.

During your recovery there are several things you should know:

- After this kind of surgery it is especially important to take proper care of your wound to reduce the possibility of infection. Although oral antibiotics will be prescribed, you will need to use an antiseptic wash on the wound area whenever you use the toilet. Once the area has been washed, a light dressing should be reapplied to the area and held in place by a compression garment or support hose.
- You will need to avoid exercise for the first month after surgery to avoid irritating the wounds in your groin crease. You should be able to resume normal activities, including exercise, gradually after the first month.
- If you work in an office you should be able to return to your job in about a week to 10 days.
- You will have four or five office visits after surgery to monitor your progress. In most instances, the scars settled as relatively fine lines, but on occasion they may require treatment if there is a tendency for the scars to build up thickness.

Risks related to Thigh Lift surgery

Like any other type of surgery, thigh lift carries some risks. Fortunately, they are relatively rare, however they require cooperation from the patient in monitoring the wounds and local hygiene.

The general anaesthetic carries risks onto its own, which are relatively low in view of the surgical time, which tends to be between one and 1 1/2 hours.

Bleeding, which is most often manifested as bruising, will only delay rather than alter at the end result.

Infection is a risk in approximately 2% to 3% of cases, and can lead to part of the wounds breaking open. In most of these instances, conservative treatment with dressings allows the wound to settle down. Sometimes there may be a need for a scar revision four to six months later.

Deep vein thrombosis and pulmonary embolism are also risks with this type of surgery. In addition to the measures taken during your operation it is very important to be up and about and mobilising gently very soon after your operation. Fortunately, the surgery is not disabling and will allow most patients to mobilise within hours of the operation.

Thigh lift is sometimes performed as part of more extensive body contouring programs like Body Lift or Abdominoplasty in patients who have experienced significant weight loss.

Mr. Patrick Briggs

Mr. Patrick Briggs is an internationally trained plastic and cosmetic surgeon based in Subiaco, Western Australia.

After graduating from the Royal College of Surgeons in 1977, Mr. Briggs trained in general surgery at St. Bartholomew's Hospital in London, obtaining the fellowship Examination of the Royal College of Surgeons of England in May 1981 and the Fellowship Examination of the Royal College of Surgeons in Ireland in June 1981.

Training in Plastic Surgery followed at Mount Vernon Hospital and University College Hospitals in London, Allegheny General Hospital in Pittsburgh, Pennsylvania, USA and Cork University Hospital, Ireland.

In 1991, Mr. Briggs passed the Intercollegiate Board Examination in plastic surgery as administered by the four Royal Colleges of Great Britain and Ireland – the FRCS (Plastic Surgery). That same year, he was awarded a Certificate of Completion of Higher Surgical Training (CCST) in plastic and cosmetic surgery.

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