plastetik

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PATIENT INFORMATION

Mommy makeover

Everything important about the treatment, preparation, the day of surgery and healing – to read at your leisure and as a basis for your consultation.

This patient information was translated with the help of AI. Translation errors are possible – the German version is authoritative.

PART 1 · THE TREATMENT

BODY · BREAST

Mommy makeover – abdomen and breasts after pregnancy and breastfeeding

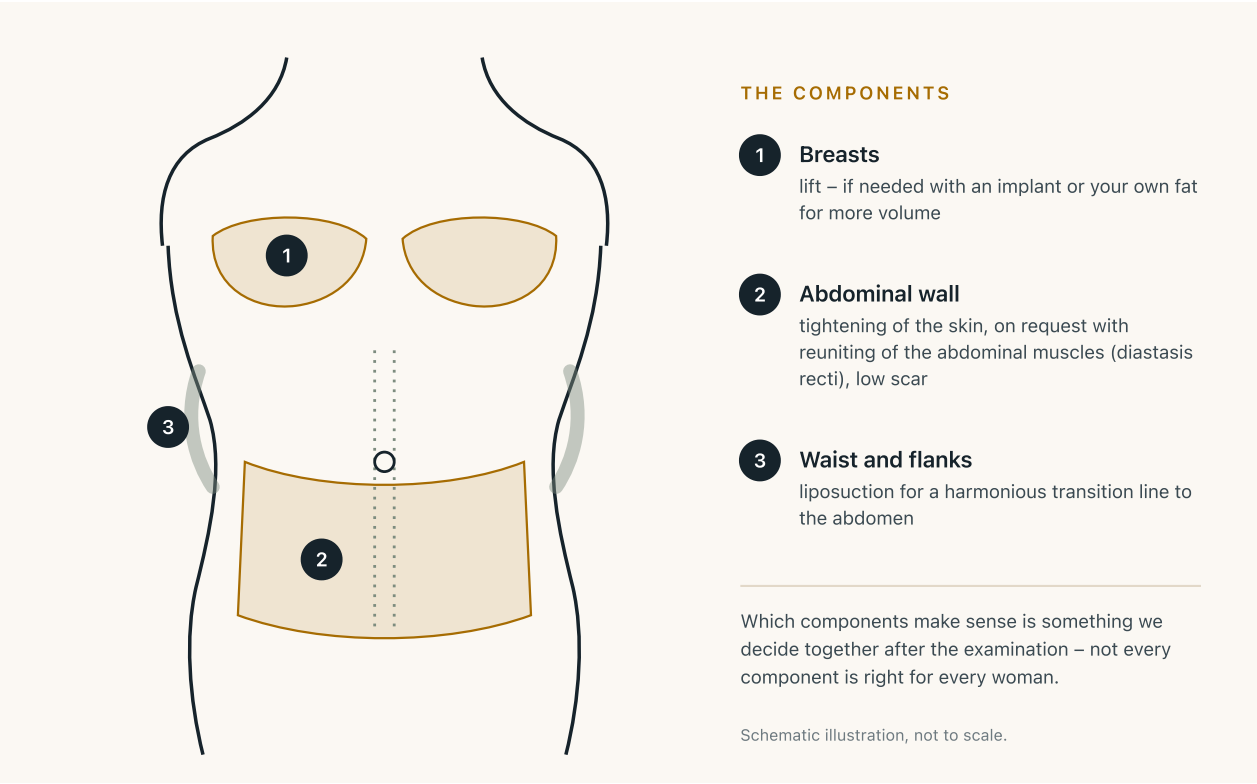
Pregnancy and breastfeeding change the body. If the abdominal wall and breasts no longer recover, specifically combined procedures can help – individually planned, without a package solution and with honest advice.

COMPONENTS	TIMING	ANESTHESIA	GOAL
abdominal wall, breasts, liposuction	at the earliest 6 months after weaning	General anesthesia	a shape you feel comfortable with

Many women come to me for a consultation some time after the birth of their children. Their concerns are similar: the abdomen bulges despite postnatal recovery exercises and sport, the skin has become slack, and the breasts have lost shape and fullness after breastfeeding. This is not a flaw but a normal consequence of what the body has achieved. However, if you feel permanently uncomfortable with it, plastic surgery offers reliable options.

What a mommy makeover is

A “mommy makeover” is not a surgical procedure in its own right. The term covers procedures that treat the typical changes to the **abdomen** and **breasts** after pregnancy and breastfeeding – usually in combination, sometimes in two steps. Which components make sense for you is something we decide together after the examination. I do not offer a fixed package.



The three most common components. Schematic illustration, not to scale.

The components in detail

Tummy tuck

In a tummy tuck (abdominoplasty), I remove excess skin and fatty tissue from the lower abdomen. If the straight abdominal muscles have separated during pregnancy, I can bring them back together in the midline during the same operation. The navel is repositioned at its natural position. The scar lies low above the pubic area, so it is usually covered by underwear or a bikini. More on this on the page Body contouring and tightening.

Breast lift – with or without volume

After breastfeeding, the breasts have often lost firmness and sit lower. In a breast lift, I reshape the glandular tissue, raise the nipple and remove excess skin. If volume is also lacking, the lift can be combined with an implant or with your own fat. If, on the other hand, the breasts are very large and a burden, a breast reduction may be an option. More on this under Breast surgery.

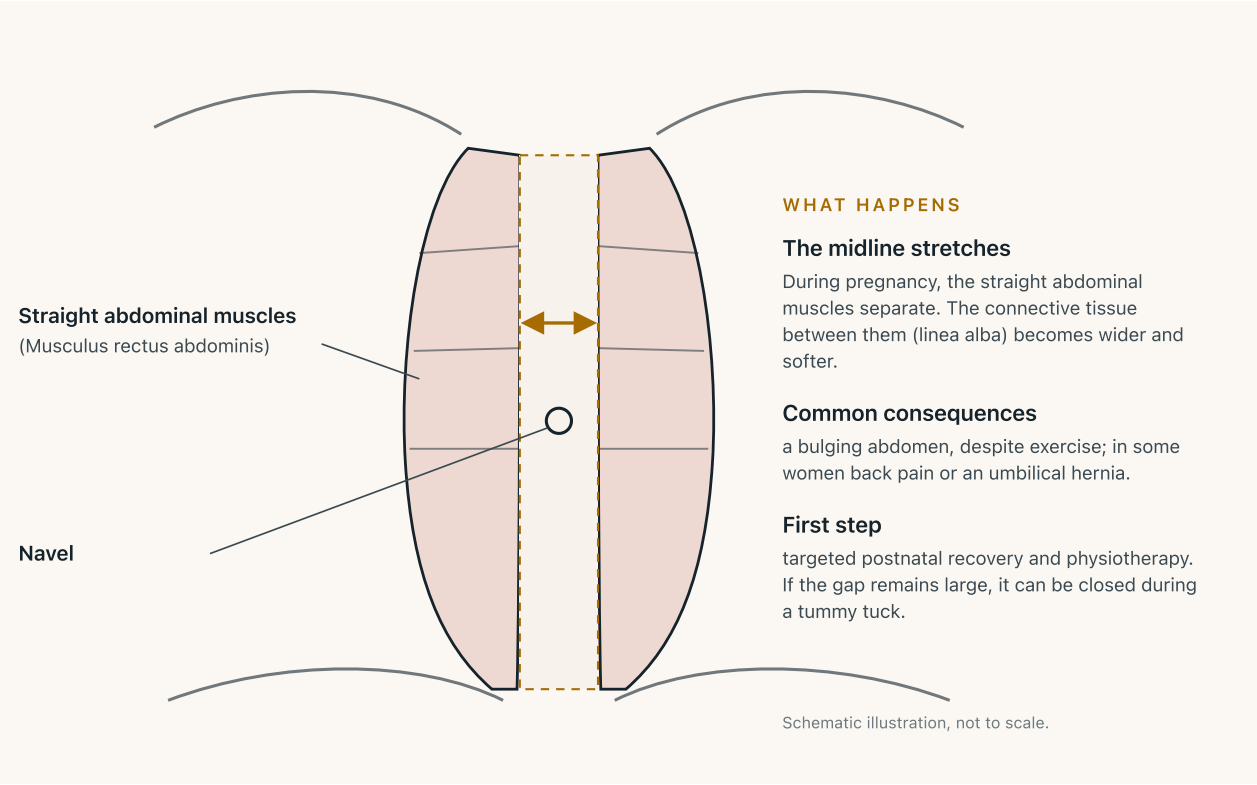
Liposuction

Stubborn fat deposits on the waist, flanks or thighs can be treated with liposuction. In combination with a tummy tuck, this creates a harmonious transition from the waist to the abdomen. The

suctioned fat can – if suitable – be used for breast augmentation with your own fat. More on this under Liposuction.

Diastasis recti: when the abdominal muscles separate

During pregnancy, the straight abdominal muscles move apart to make room for the child. In many women, the gap closes again after birth; in some, it remains. The abdomen then bulges – especially when tensing – despite training, and back pain or an umbilical hernia sometimes occur as well.



Diastasis recti: the midline between the straight abdominal muscles is widened. Schematic illustration, not to scale.

The first step is always targeted postnatal recovery, ideally with physiotherapy. If the gap remains large after a few months, it can be closed during a tummy tuck. Whether there is a gap and how large it is, I examine during the consultation, with ultrasound if necessary.

The right timing

A mommy makeover makes sense once your body has recovered from pregnancy and breastfeeding. I recommend waiting until these conditions are met:

- **Breastfeeding finished** – at the earliest six months after weaning, so that the breast tissue has stabilized

- **Stable weight** – as close as possible to your desired weight and constant for several months
- **Family planning completed** – a further pregnancy can change the result again
- **Postnatal recovery completed** – ideally with physiotherapy in the case of diastasis recti
- **Support organized** – for the first few weeks you will need help looking after your children
- **No smoking** – smoking significantly increases the risk of wound healing problems

In one or in two operations?

The abdomen and breasts can often be treated in one operation. This means one anesthetic and one shared recovery period. However, the procedure then takes longer, and the strain on the body is greater. Whether a combination is justifiable for you depends on your state of health, the extent of the procedures and your personal circumstances. Sometimes it is safer to operate on the abdomen and breasts in two steps, a few months apart. Your safety always takes priority.

Procedure

01

A FEW WEEKS BEFORE

Consultation and planning

Examination of the abdominal wall and breasts, goals and expectations, choice of components and sequence, preliminary examinations, informed consent and time to reflect.

02

DAY OF SURGERY

Operation

Procedure under general anesthesia; depending on the extent, with an inpatient stay.

03

WEEKS TO MONTHS

Aftercare

Compression garment and support bra, wound checks, gradual return to everyday life and sport.

Recovery – planning well with children

Day 1–3
Feeling of tightness and swelling; a slightly bent posture when walking is normal

Week 1–2
Wound checks; office work possible after about two weeks, depending on the extent

Week 1–6
Wear the compression garment and support bra; **do not lift anything heavy – not even your child**

from week 6
Gradually resume sport – after consultation

Month 3–12
Swelling subsides completely, scars become lighter and softer

For mothers, the most important point is this: in the first few weeks you must not lift your child. So plan for support from your partner, family or friends. These figures are guidelines; the actual course depends on the extent of the procedure and on your healing.

Risks

A mommy makeover involves major procedures. General risks include secondary bleeding, seromas (fluid collections), wound healing problems, infections, thromboses and embolisms, as well as conspicuous or widened scars. On the breasts, the sensitivity of the nipple may change; the ability to breastfeed may be restricted. After liposuction, irregularities of the skin surface are possible. If several procedures are combined, the risk increases with the duration of the operation. I discuss all risks with you in detail – and advise against a combination if it is not justifiable for you.

My approach

It is important to me that you make this decision for yourself – not because of other people's expectations and not under time pressure. The goal is not to restore the body as it was before pregnancy, but a shape in which you feel comfortable again and that suits you. This also includes an honest assessment of what an operation can and cannot achieve. Stretch marks, for example, can only be removed by an operation where skin is removed.

Costs

A mommy makeover is generally a self-pay service. The costs depend on which components are combined, how complex they are and whether an inpatient stay is required. After the consultation, you will receive a written, individual cost estimate. In the case of pronounced diastasis recti with symptoms or an umbilical hernia, coverage of the costs by health insurance may be possible in individual cases – we clarify this in advance.

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Frequently asked questions

How long should I wait after giving birth?

The body needs time to recover. I recommend operating at the earliest six months after weaning and waiting until your weight is stable and postnatal recovery is complete. For many women, this is about a year after giving birth or later.

What happens if I become pregnant again afterwards?

A further pregnancy is generally possible but can change the result again – especially on the abdominal wall and breasts. It therefore makes sense to wait with a mommy makeover until your family planning is complete.

How long may I not lift my child?

For about the first six weeks, you should not lift anything heavy – not even your child. Exactly how long depends on the extent of the procedure. Be sure to plan for support during this time.

Will stretch marks disappear?

Only where skin is removed during the tummy tuck – usually on the lower abdomen. Stretch marks above the navel remain but are often shifted somewhat downward. There is no guarantee of this.

Can I still breastfeed after a breast lift?

In a breast lift, the connection between the nipple and the glandular tissue is generally preserved. Nevertheless, a restriction of the ability to breastfeed is possible. We discuss this during the informed consent discussion, especially if a further pregnancy cannot be ruled out.

Does health insurance pay for a mommy makeover?

Purely aesthetic procedures are self-pay services. In the case of diastasis recti with symptoms, an umbilical hernia or very large, burdensome breasts, coverage of the costs may be possible in individual cases. This must be applied for with the health insurance before the procedure.

How visible are the scars?

The tummy tuck scar lies low and is usually covered by underwear; in addition, there is a small scar at the navel. In a breast lift, the scars run around the areola and, depending on the technique, vertically below it. Scars take about a year to become lighter and softer.

Your next step

Nothing can replace a personal consultation. There I answer your questions and together we clarify what makes sense for you.

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More information: www.plastetik.de/en/mommy-makeover/

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Important note: This information is for general education and does not replace a personal medical consultation and informed-consent discussion. Procedures, time frames and healing courses are typical values and may vary individually. A specific result cannot be promised.

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