PROCEDURE

Skin sagging treatment - underarms

An underarm lift removes excess upper-arm skin to create a smoother, firmer contour.

PURPOSE
Remove excess upper-arm skin and improve contour

PROCEDURE TYPE
Therapeutic surgical removal of skin, sometimes with liposuction

WHERE IT IS DONE
Operating theatre or accredited outpatient surgical facility

ANAESTHESIA
General, sometimes local with moderate sedation

HOW LONG IT TAKES
About two to three hours

PREPARATION
Medication review, nicotine avoidance, and fasting as instructed

RECOVERY
Same day usually; no driving while sedated or taking opioids

MAIN RISKS
Scarring, wound problems, fluid collection, nerve or lymph injury

RESULTS
Visible immediately; final contour after swelling settles

Overview

Surgical treatment for sagging underarm skin is usually called an arm lift or brachioplasty . It removes loose skin from the upper arm, usually between the armpit and elbow. The surgeon may also remove some fat with liposuction.

An arm lift can produce a larger change than non-surgical skin-tightening treatments. The trade-off is a permanent scar, often running along the inner or back part of the upper arm.

This procedure is different from surgery inside the armpit or treatment for excessive sweating. It is also not a weight-loss procedure. Its main purpose is to improve the shape of an upper arm that has excess skin.

Why the procedure is performed

Upper-arm skin may become loose after substantial weight loss or as skin loses elasticity with age. Some people find that the skin hangs, rubs, becomes irritated, or makes clothing difficult to fit. Others seek treatment because they are uncomfortable with how their arms look.

Exercise can strengthen the muscles beneath the skin, but it cannot remove skin that has lost its ability to tighten. An arm lift may be considered when loose skin remains despite stable weight and healthy habits.

The procedure may:

It cannot create perfect symmetry or prevent future changes caused by aging or weight gain and loss.

- Remove hanging upper-arm skin
- Reduce folds that rub or trap moisture
- Improve the contour from the armpit toward the elbow
- Make some clothing easier to wear

Who should and should not have it

An arm lift may be suitable if you have a stable weight, significant loose upper-arm skin, and realistic expectations about the result and scar. You also need to be well enough for anaesthesia and wound healing.

The procedure may be avoided or delayed if:

Previous lymph node surgery, radiation treatment, arm swelling, or lymphoedema needs careful assessment. Lymphoedema is swelling caused by a build-up of lymph fluid. Arm-lift surgery can affect the small lymph channels that help drain this fluid.

Your surgeon should explain the likely scar position, how much change is realistic, and whether liposuction or another approach would be more appropriate.

- You are still losing weight or expect major weight changes
- You are pregnant or your body is still changing after pregnancy
- You smoke, vape nicotine, or use other nicotine products
- Diabetes, heart or lung disease, or another condition is not well controlled
- You have an infection, open wound, or active rash near the surgical area

- A blood-thinning medicine cannot be adjusted safely
- The expected improvement does not justify the scar or surgical risk

How to prepare

Your treating facility's own instructions take priority because fasting, medicine changes, and arrival times differ between facilities and types of anaesthesia.

Tell the surgical team about all prescription medicines, over-the-counter products, vitamins, supplements, allergies, and previous problems with anaesthesia. Do not stop blood thinners or other regular medicines unless the clinician responsible for them gives you a plan.

Nicotine reduces blood flow to healing tissues. Your surgeon may require you to stop smoking, vaping, or using nicotine products before and after surgery. Ask what applies to nicotine patches or gum rather than changing them on your own.

If you are having sedation or general anaesthesia, follow the facility's instructions about when to stop eating and drinking. Arrange for an adult to take you home and, if advised, stay with you during the first night.

Prepare loose clothing that opens at the front and does not need to be pulled over your head. Ask whether you need to obtain a compression garment before surgery.

What happens during the procedure

Before surgery, the surgeon examines your arms while you are standing and marks the skin to be removed. The team confirms the planned procedure, anaesthesia, allergies, and side or sides being treated.

Most full arm lifts are performed under general anaesthesia, meaning you are unconscious. A smaller operation may sometimes be performed using local anaesthetic to numb the area with medicine that makes you relaxed and sleepy.

The surgeon makes an incision along the inner or back part of the upper arm. Its length is based on where the loose skin is located and how much must be removed. Extensive sagging may require an incision from near the elbow into the armpit. A limited arm lift uses a shorter incision near the armpit but removes less skin.

Liposuction may be used to reduce localised fat and shape the arm. The surgeon removes the planned skin while protecting important nerves, blood vessels, and lymph channels. The incision is then closed in layers.

Small drainage tubes may be placed to remove blood or tissue fluid. Dressings and a compression garment are commonly applied before you leave the operating area.

Recovery and what to expect afterward

Pain: Your arms will probably feel sore, tight, bruised, and swollen. Pain is often strongest during the first few days and should gradually improve. Take pain medicine exactly as directed. Some numbness around the incision is common and may take time to settle.

Eating: You can usually drink and eat light foods once you are awake and no longer nauseated. Return to your usual diet as tolerated, unless your team gives different instructions.

Activity: Gentle walking helps circulation, but avoid heavy lifting, pushing, pulling, and strenuous upper-body exercise until your surgeon says the wounds can handle it. Keep the incisions clean and dry as instructed. You may need to limit how high you raise your arms at first.

Driving: Do not drive home after sedation or general anaesthesia. Resume driving only when you are no longer taking medicine that affects alertness, can move your arms comfortably, and could perform an emergency stop without hesitation.

Work: People with desk-based jobs may return sooner than those whose work involves lifting or repeated arm movement. Ask your surgeon for a plan based on your operation and job.

You may wear a compression garment to control swelling. If you have drains, the team will show you how to empty and record the fluid. Do not remove dressings, drains, or stitches unless instructed.

Risks and possible complications

Every arm lift leaves scars. Scars usually fade with time but do not disappear. They can become wide, raised, thick, darker, or lighter than nearby skin.

Other possible complications include:

Nicotine use, poor circulation, and some medical conditions can make wound problems more likely. Your personal risk is influenced by your health, the amount of tissue removed, and any previous surgery or radiation near the armpit.

- Bleeding, infection, or a collection of fluid called a seroma
- Delayed healing or separation of the wound edges

- Uneven shape, remaining loose skin, or differences between the arms
- Persistent numbness, altered sensation, or nerve injury
- Lymph-channel damage and ongoing arm swelling
- Skin or fatty tissue losing its blood supply
- Blood clots, anaesthetic complications, or the need for another operation

Results and follow up

The change in arm shape is visible immediately, although swelling and bruising initially hide the final contour. The arms usually continue to settle over several weeks or months.

Routine follow-up visits are used to check the wounds, remove drains or non-dissolving stitches, and review swelling and arm movement. Attend these visits even if healing appears normal.

Ask when scar care can begin. Silicone products, massage, or sun protection may be suggested once the incision has fully closed. Do not put products on an open wound unless your team approves them.

Results can be long-lasting when your weight remains stable. Aging continues, however, and future weight changes can stretch the remaining skin.

Alternatives

You do not have to have treatment if the loose skin is not causing problems that matter to you. Avoiding surgery means no surgical scar or recovery period, but the skin contour will remain.

Other options include:

Ask to see where each proposed incision would sit when your arms are raised and lowered.

- Exercise and stable weight: These can improve muscle tone and general health but do not remove excess skin.
- Compression sleeves or clothing changes: These can support or conceal loose skin without surgery, but only while they are worn.

- Non-surgical energy treatments: Radiofrequency, ultrasound, or some laser treatments may produce modest tightening when looseness is mild. They may require several sessions and cannot remove a large fold of skin. Burns, pigment changes, and scarring are possible with some devices.
- Liposuction alone: This removes fat through small incisions and leaves less scarring than an arm lift. It does not remove skin and may make sagging more noticeable when skin elasticity is poor.
- Limited-incision arm lift: This keeps the scar mainly near the armpit. It trades a shorter scar for less correction and is suitable only when excess skin is limited.
- A full arm lift without liposuction: This avoids liposuction-related swelling and contour risks but may not address localised fat.

When to call your healthcare team

Contact your surgical team promptly if you develop increasing redness, warmth, swelling, or pain; cloudy or bad-smelling drainage; a fever; wound separation; a drain that stops working unexpectedly; or one arm becoming much more swollen than the other.

Routine questions about dressings, compression garments, scar care, activity, or returning to work can usually wait for normal office hours or your planned follow-up.

Seek emergency medical help for difficulty breathing, chest pain, fainting, coughing up blood, sudden severe swelling, uncontrolled bleeding, or rapidly worsening symptoms. Do not drive yourself in an emergency.

Common questions

Will I be asleep?

Most full arm lifts use general anaesthesia, so you are unconscious. A smaller procedure may sometimes use local anaesthetic with moderate sedation. Your anaesthesia team will explain the plan beforehand.

Can I drive home?

No. You need an adult to take you home after general anaesthesia or sedation. Do not drive again until your movement, comfort, and alertness make it safe.

How painful is an arm lift?

Soreness, tightness, bruising, and swelling are expected, especially during the first few days.

Pain should gradually improve. Pain that is severe or getting worse should be reported.

Where will the scar be?

A full arm-lift scar commonly runs along the inner or back of the upper arm and may extend into the armpit. Its exact length reflects how much skin must be removed.

When will I know the final result?

You will see a change straight away, but swelling can hide the final shape. The contour and scars continue to settle over several months.

Will health insurance cover it?

Arm lifts are often treated as cosmetic procedures. Coverage may be considered in some situations involving documented medical problems, but this is determined by your insurer and policy.

Sources

- American Society of Plastic Surgeons. Arm Lift
- British Association of Aesthetic Plastic Surgeons. Arm Lift - Brachioplasty
- Mayo Clinic. Arm lift
- Royal College of Anaesthetists. Patient information resources about anaesthesia and risk
- World Health Organization. Smoking greatly increases risk of complications after surgery