

BREAST ENLARGEMENT WITH UPLIFT (AUGMENTATION-MASTOPEXY)

What is an augmentation-mastopexy?

This is a surgical procedure that combines using a silicone implant and a breast lift to improve the volume of the breast at the same time as lifting the nipple to a higher position.

Who is the operation for?

The best candidate for this type of procedure is a woman who lacks volume in the breast and whose breasts have become 'droopy' so that the nipple no longer points forward, but down. The typical patient is someone who has had children or who has lost a lot of weight. An augmentation-mastopexy can also be used if you have previously had an augmentation and want to have smaller implants, but need to have a lift at the same time to remove any excess skin caused by the larger implants.

One of the main downsides of the surgery is that the use of an implant tends to stretch the skin, whilst an uplift tightens the skin. This means that there is a higher reported rate of complications with the surgery that with either procedure alone. For patients who do not want to combine the techniques, it is possible to do the lift first and then return to place an implant at a second operation.

Surgical technique

Breast augmentation

The breast augmentation part of the surgery is just like a standard augmentation. I tend to advise a moderate-sized implant to make sure that there is enough loose skin to also perform the breast lift.

Mastopexy

The breast lift is usually performed after the implant has been inserted (in the same operation). A 'pedicle' or stalk of tissue is used to keep the nipple and surrounding areolar alive, which is used to move the nipple to a higher position. Excess skin is removed and the wounds are repaired using dissolving sutures. The typical scars run around the areolar, down the middle of the breast and sometimes also run along the crease under the breast if a lot of skin needs to be removed. Examples of mastopexy scars can be found on my website at www.mattvenus.co.uk/gallery.

What are the consequences and possible complications of surgery?

Combining an augmentation with a mastopexy has been reported to have higher complication rates than either procedure alone. Examples of complications and their reported rates are as follows:

Overall complication rate: 20-30%

Recurrent ptosis (breast droop): 55%

Implant malposition: 35%

Poor scars: 25%

Nipple malposition: 10%

The patient should therefore be prepared to accept that there is a reasonable chance that a further operation may be required before undergoing augmentation-mastopexy.

Smoking

Patients are always advised that **smoking before their procedure will increase complication rates**.

During a combined augmentation-breast lift, the nipple must be repositioned and the blood supply to the nipple relies on a stalk ("pedicle") of skin and breast tissue. The blood supply will be reduced in smokers and so the risk of the nipple dying increases. Nicotine, carbon monoxide, and many other toxic tobacco by-products interfere with the dynamics of normal wound healing.

Patients must stop smoking for four weeks before and four weeks after surgery.

Common complications

Wound infection is perhaps the most common early complication (within 5-7 days of surgery). Such infections, which generally respond well to antibiotics, are usually superficial. Although small areas of wound breakdown are sometimes noted, these heal well over a few weeks when the wound is dressed regularly.

Uncommon and rarer complications

As with every surgical procedure or operation, there are always risks. Although serious complications of this operation are uncommon, they can include:

- **Capsular contracture**, leading to a change in the shape of the breast, hardening of the the breast or pain, which may require further surgery with additional cost
- **Asymmetry**, but perfect symmetry would be an unrealistic expectation of surgery
- Breasts **too big**, requiring implant exchange
- Breasts **too small**, requiring implant exchange
- **Implant rupture**, now very rare
- **Implant malposition**, requiring further surgery if not settling with time
- **Implant rotation** (for 'teardrop' implants only)

- **Nerve injury** leading to changes in sensation or numbness in the nipple, which may last several months or may be permanent
- **Nerve injury** leading to numbness in the skin, which may last several months or may be permanent
- Collections of fluid under the skin (**seromas**) which may require removal in the out-patient clinic on several visits using a needle and syringe
- Enlargement of the glands under the armpit (**axillary lymphadenopathy**)
- Development of **anaplastic large cell lymphoma (ALCL)** in the capsule around the implant. This is extremely rare (1 in 28,000 chance)
- **Areolar widening**, requiring revision surgery
- **Recurrent ptosis** (droop), which is inevitable with the passage of time
- **Copious bleeding** requiring a return to theatre to remove the blood and seal the blood vessels.
- **Fat necrosis** occurs when fat cells lose blood flow and die. The liquefied fat cells can then harden underneath the skin over time, causing lumpiness.
- **Poor wound healing** (hypertrophic or keloid scar). In these instances, the scar can permanently thicken, turn red, be painful and disfiguring. Usually it takes up to 12 months for a wound to heal and demonstrate the final result.
- **Necrosis** (skin death) generally occurs in patients who have not stopped smoking before their operation. With this condition, the skin dies and there is an open wound of variable size. Generally, if this wound is dressed daily, it will heal up in a couple of months, with the final result usually quite acceptable.
- **Additional procedures**, such as scar revision
- **Chronic pain**, a very rare complication
- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, **abnormal scars** may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than surrounding skin. Scar appearance may also vary within the same scar, exhibiting contour variations and “bunching” due to the amount of excess skin. Scars may also be asymmetrical (having a different appearance between the right and left side of the body). There is also the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.
- **Blood clots in the legs or lungs** (DVT/PE) are uncommon but serious complications. You should stop taking HRT or the oral contraceptive pill 4 weeks before surgery and use alternative methods in this time.

What should I do after surgery?

Generally, the majority of patients stay for one post-operative night. Prior to discharge, you'll receive pain medication that can be taken at home. As you are still in the recovery phase of the operation when discharged, it's important to arrange in advance for someone to assist you for the first week following your operation. All patients are encouraged to walk as soon as possible after their procedures to prevent complications and to ensure blood flow quickly returns to normal. However, vigorous exercise should be avoided. You will need to wear a supportive bra for up to 6 weeks after the surgery to help protect the breasts and to aid in reducing the swelling.

Around the house

Recovery takes three to four weeks. Although each patient's recovery is unique, most feel groggy for at least a week. During this time avoid lifting and strenuous movements. Sutures are usually dissolvable and do not need to be removed. However, if permanent sutures are required, they are generally removed within one to two weeks. Swelling and bruising takes about four to six weeks to disappear. Scars will remain visible although they will continue to fade for up to two years. Strenuous physical activity should be avoided for four weeks as this can produce bleeding, bruising and increased swelling, as well as putting strain on the closure of the skin, thereby risking wound disruptions.

Return to work

Most patients can return to work after one week. However, if your job involves strenuous physical activity, you will need two to four weeks of recovery time before returning.

Driving

Allow around 2-4 weeks of recovery time before driving.