

MASTOPEXY

Breast lift (Mastopexy)

Descent of the breast commonly occurs as a result of pregnancy, breast feeding and the ageing process. The fibrous bands which support the breasts in their youthful shape tend to stretch, as does the skin, causing the breasts to 'droop'. Weight loss can produce a similar effect.

What is a breast lift?

Whilst it is not possible to recreate surgically the natural supporting structure of the breast, it is possible to reshape the breast into one which looks more youthful and feels more firm. The operation is called a mastopexy. Excess skin is removed from the breast, the breast itself is remodelled into a tighter cone and the nipples are repositioned at a higher level so that they lie at the point of maximal projection of the tightened breasts. Some of the breast tissue in the lower half of the breast can be repositioned behind the upper part of the breast to improve the fullness of the upper part, a so-called 'auto-augmentation'.

Mastopexy can also reduce the size of the areola (the darker skin surrounding the nipple). If the breasts are too small as well as droopy, their size can be increased during the operation by placing silicone breast implants underneath the tightened breasts. The best results are achieved in women with small sagging breast although breasts of any size can be lifted. The results may not last as long with heavy breasts and combining implants with mastopexy has higher complication rates.

Many women seek mastopexy when their families are complete. If you are planning to have further children it may be a good idea to postpone the operation as pregnancy is likely to stretch the breast again and reduce the effectiveness of the procedure.

Surgical techniques and results

Mastopexy alone

This is the commonest procedure and involves removal of excess skin and repositioning of the nipple higher up on the breast. It leaves a scar around the areolar, one running down the central part of the breast under the areolar and sometimes one in the crease under the breast.

Mastopexy with auto-augmentation

In addition to a simple mastopexy, a portion of the lower part of the breast is repositioned behind the upper part of the breast to increase its fullness. The effect softens over time, but can help to give more projection to the breast without having to use breast implants.

Mastopexy with breast implants

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

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.

What are the consequences and possible complications of surgery?

With any operation, the more complicated the procedure, the greater the risk. With breast lifts alone, the most frequent complications tend to be related to wound breakdown and scars.

Consequences

- **Permanent scars**, running around the areolar, vertically down the middle of the breast under the areolar, and sometimes in the infra-mammary crease
- **Swelling, bruising and some pain** for 2-3 days after the operation. This may take up to 2 weeks to improve
- **One to two weeks away from work** (depending on your occupation)
- **Gentle exercise** only for the first 4 weeks
- **The need to wear a support bra** for 6 weeks for as much time as possible, day and night
- **Return to the gym** at 6 weeks

General risks

- Risk relating to having a **general anaesthetic**
- **Infection**, requiring antibiotics. Severe infections may require admission to the hospital and if implants have been used, these may need to be temporarily removed from the affected breast to allow the infection to settle
- **Bleeding**, leading to marked bruising or a collection of blood under the skin (haematoma) which may require surgery to remove
- **Abnormal scars**, which may remain dark (pigmented), lumpy, itchy or painful
- **Chest infection** requiring antibiotics
- **Deep vein thrombosis** (blood clot in the leg) which may require blood-thinning medication (anti-coagulation) for 6 months or more. DVT may lead to permanent problems with the circulation in the leg
- **Pulmonary embolism** (blood clot in the lung) which may require blood-thinning medication (anti-coagulation) for 6 months or more. PE may lead to permanent problems with the lungs, or even death (very rare)

Specific risks

- **Asymmetry**, or a difference in the appearance between each breast, but perfect symmetry would be an unrealistic expectation of surgery
- **Areolar widening**, requiring revision surgery
- **Recurrent ptosis** (droop), which is inevitable with time, but takes many years to develop
- **Over-correction**, where the nipple comes to lie too high on the breast
- **Under-correction**, where the nipples remain too low on the breast
- **Loss of the nipples**, which may be partial or complete and result in a poor cosmetic result
- **Nerve injury** leading to changes in sensation or numbness in the nipple, 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

Smoking

Smoking around the time of your procedure will greatly increase the chance of developing a complication.

During a breast lift the blood supply to the skin and nipples is reduced, even in young non-smokers with no health problems. Smoking produces nicotine, carbon monoxide, and many other toxic tobacco by-products which interfere with the dynamics of normal wound healing. **Wound breakdown or loss of the nipples becomes much more likely and can lead to weeks of dressings and a poor cosmetic result.**

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

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.

Around the house

Recovery takes three to four weeks. Following surgery, you should wear a supportive non-wired bra for 4-6 weeks. This will help to support your breasts and allow the swelling to start to settle. 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 dissolvable and do not need to be removed. However, if permanent sutures are required, they are generally removed within two weeks. Swelling and bruising

takes about three to six months 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 one to two weeks of recovery time before driving.