

PROCEDURE NOTES

Breast Uplift

This operation uplifts breasts that have sagged, without making them bigger or smaller. Sagging breasts can be restored to give a more youthful shape. Mastopexy is also used to improve breasts which have an unusual shape, such as those where the crease is high so that the nipple and areola descend over it and point downwards. By lifting the nipples to a better position and changing the position of the crease underneath, a mastopexy can produce a more normal appearance.

The most common reason for doing this operation is when a woman has had children, or lost weight and the breasts have become sagging and empty with the nipples lying lower than the breast crease whilst standing. If the nipple is above the crease, then breast augmentation is a better choice of operation. Often the skin of the breast seems stretched after having children, and the breast contents may have shrunk so that the skin no longer fits nicely over the breast tissue. The aim of the operation is to tighten up the breast tissue, lift the nipples and then re-drape the skin so that it gives the breast a better shape.

If the breasts are droopy because they are very bulky, then a breast reduction should be performed. This combines the skin tightening and nipple raising operation with removal of breast tissue. If, on the other hand, the breasts are going to be too small even when raised to a better position, then mastopexy can be combined with augmentation.

There are no exercises that are capable of shrinking stretched skin. Once a breast has drooped, exercises will not help. A good supporting bra worn routinely, particularly during pregnancy, is the best prevention.

Before the operation, the new nipple site is marked with the patient standing. Under general anaesthetic, an incision is made around the edge of the areola, and skin on the lower central part of the breast is removed, but not the breast tissue. The nipple is lifted to its new position, often a few inches higher, and the skin is brought together underneath. There are several techniques available, depending on the surgeon's preference, and on the case in question. There will be scarring which is permanent. Usually this is around the areola, and then in a vertical line down to the breast fold. Occasionally, a horizontal scar in the breast fold may be used. Wound drains may be used in some patients. After the wound is sutured, a padded dressing is applied and the patient usually goes home the following day. Sutures are removed 7-9 days after surgery and soft sports bra will be worn for six weeks.

As with any type of surgery, this operation may be subject to complications:

1. Scarring: Although the surgeon will try to make the wound look as neat as possible, it is unlikely that the scar will ever completely disappear. Occasionally the scars may stretch or become red and raised and may require further treatment.

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2. Infection: This can occur after any operation and is normally treated with antibiotics. This complication is rare.

3. Bleeding/haematoma: is a rare complication of this procedure and may require return to the operating theatre.

4. Soreness and pain: This is likely to be present soon after the operation but is not usually severe.

5. Recurrence: In some patients there is a risk that the problem may recur and the breasts may become droopy again afterwards. Wearing a well-fitting support bra reduces the chance of this happening.

6. Sensitivity of the nipples: This may well be reduced or altered. Except for a small minority, this will return to normal.

7. Asymmetry: all breasts are asymmetrical, ie one is larger than the other. If the size difference is significant the surgeon will discuss the possibility of reducing the larger breast.

8. Loss of the nipple: in very rare cases the blood supply may become restricted, especially if there is a lot of post-operative swelling or if the patient has been a smoker. To reduce the chances of this complication it is essential to stop smoking four weeks prior to surgery and for two week after.

As in all surgery it is essential to see a surgeon who will be able to tell you whether your problem can be remedied by surgery, and what the risks are. Thereafter you will be in a position to decide whether you should go ahead or not.