

## **Mastopexy (breast up-lift surgery)**

Women seeking to restore a more natural and youthful breast shape will find mastopexy (uplift surgery) beneficial. This may have to be combined with breast implant surgery, to get the best results.

Pregnancy, excessive weight loss and ageing can cause droopy or sagging breasts. This creates a loss in breast volume in the upper part of the breast, overstretched skin and low positioned nipples on the breast, itself. Mastopexy can help reverse some of these changes. It is advisable to have completed your family and to have achieved your ideal weight, before thinking about mastopexy. Further pregnancies or future weight gain or loss will affect the post-op result and can mean more corrective surgery, later on.

### **The surgical procedure**

The procedure is performed under general anaesthetic and involves skin incisions around the nipple disc (areola) with possible linked vertical and horizontal incisions to create a lollipop or anchor-shaped scar. The operation remodels the droopy breast into one that is repositioned (to sit back on chest), reshaped and lifted nipples. If the breast shape can be further improved, a breast implant can be used to achieve a better outcome (augmentation-mastopexy). An overnight stay is commonly needed. Mr Misra will explain what procedure will be beneficial to you.

### **What to expect**

Following mastopexy surgery the most obvious change is reshaped breasts and nipple position, when you look down at your chest. Dressings are placed around your breasts, so the nipples are visible and can be looked at easily. This is so the blood supply to your healing breast can be checked regularly, during your initial post-op recovery. Drains (tubes that drain tissue fluid by connection to suction bottles) are placed, during surgery, in each breast, and remain for the time of your hospital stay. This is usually the next day after which the drains are removed on the ward, prior to your discharge.

### **Aftercare**

You will be encouraged to mobilise after the first post-operative day. Most women experience very little - mild discomfort following breast surgery and is easily

controlled by pain killers. Wearing a sports-bra for 6 weeks can offer extra support and help with your recovery.

You will be invited for a return clinic visit at 1 week for a wound check. Following this Mr Misra will advise about showering and getting the incision sites wet. Refraining from physical activity (eg. gym work or other exercise) for 6 weeks following surgery, will help the recovery. At about 3 months, most of the swelling will have settled and this is a good time to be measured for a bra.

## **Risks and complications**

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, no surgery is risk-free. Some of the general risks such as DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection although uncommon, can happen and your risk for will be discussed at consultation. However, specific risks to mastopexy surgery are listed below, although not exhaustive:

### **Bleeding**

Occasionally, post-op bleeding (haematoma) is possible. Usually this means one of the breasts is slightly more tense, bruised and causes more discomfort, as a result. A swift return to the operating theatre will usually correct this and the impact on the recovery is fairly minimal, when responded to in this way. A blood transfusion may be necessary, if the bleeding has caused a drop in your blood (haemoglobin) count.

### **Cup size / shape**

This is unpredictable, but your preference will be taken into consideration during the planning stages. Initial post-op breast tissue swelling will take time to settle and when this takes place (around 3 months in most patients), it will be best to get sized and measured up for a bra. The breast is a glandular organ that changes with life, too. Ageing, pregnancy and weight loss or gain, will affect your results accordingly and warrant possible later surgical revision.

### **Infection**

Occasionally, infection from bacteria normally present in the ducts of the breast can be troublesome. Infection can be treated with oral antibiotics but will delay the healing process, scars are likely to be worse, especially where the vertical scar meets the horizontal scar, under the breast. If you have a discharge from your nipple, it is most important to tell Mr Misra this before your operation.

### **Wound healing**

Occasionally, scabs form in the incision sites and gradually separate to leave a broad scar. The nipple disc (areola) and the skin where the scar meets underneath the breast are parts most likely to be affected. People who smoke are at greater risk of this happening. Usually the scars settle well to end up as pale lines but they will

always be noticeable. However, some people are more prone to lumpy scars that remain sensitive for longer . Mr Misra will explain this in your consultation.

### **Asymmetry**

No paired structures in the human body are perfectly symmetrical and this includes the breasts. Mastopexy surgery relies on an *artistic* eye of what looks the same, but may not measure exactly in the same way. Mr Misra will explain pre-op breast asymmetries (measurements that differ in each breast) and how these will not be entirely correctable by your surgery.

### **Scars**

The scars will be hidden in normal clothing (tucked under a bra / bikini top, as much as possible). Scars fade over months to become paler and less obvious. However, they will always be present and visible out of clothes. In most women they will be thin, but in some they can stretch or become red, sensitive and unsightly. Surgical revision of the scars may be needed, when bad scars fail simple treatments (silicone application / steroid injections).

### **Breast feeding**

Breast feed following mastopexy surgery will not be possible as the nipples and underlying milk ducts are divided as part of the procedure. Mastopexy is no contraindication to pregnancy but young women may well wish to take the fact that they are unable to breast feed into account before embarking on this procedure.

### **Nipple sensation**

The nipples can lose sensitivity after surgery due to disruption of the nerve supply and it is quite possible that numbness will extend over part of the breast as well. This is usually permanent.

### **Long-lasting result**

It is very unlikely that your breasts will regrow after mastopexy surgery, particularly if done when they are fully developed. They will, however change if you gain weight or become pregnant and decrease in size with weight loss. Increasing age can also make breasts droop and sag, too. Similarly the results of mastopexy surgery will be influenced by these body changes.

### **Skin folds at the end of the scar (*dog-ears*)**

When reshaping breasts occasionally folds of skin at the end of the scar, both between the breasts and at the sides, may develop unpredictably. These are traditionally termed dog-ears and can be corrected under local anaesthetic several months later, if problematic.

## **Fat necrosis**

Occasionally, the fatty tissue following breast surgery may not survive and can form scar tissue as a lump or slight indentation, in the breast. This may take place months – years after breast surgery. As with all changes in the breast, urgent assessment of the breast by a specialist should be considered to confirm the diagnosis. Reassurance and massage techniques often help, when confirmed.

## **Smokers**

Chest infection, wound healing problems and tissue non-survival are high-risk complications in smokers. Mr Misra will discuss this with you in clinic and may not be able to undertake your operation until smoking cessation.

## **Breast cancer**

There is no evidence that mastopexy causes breast cancer. Nor does it prevent your breast from being examined for cancer in the usual way.

## **Breast implants**

If your cosmetic needs mean your mastopexy should be combined with implants, Mr Misra, will assess you for this too (please see Breast Augmentation information leaflet).

## **Further information**

If you are interested to know more about mastopexy, please call: 01753 66571 / email: [surgeon@alokmisra.com](mailto:surgeon@alokmisra.com)

**Disclaimer:** This information leaflet is designed to supply useful information but is not to be regarded as advice for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.