

# AUGMENTATION MASTOPEXY

## (BREAST ENLARGEMENT WITH UPLIFT)

Breast lift or Mastopexy is designed to improve the shape and position of the breasts without reducing their size. It is a term used for breasts which sag but are not necessarily too large. Sagging of the breasts may occur with normal development for some women or as part of aging. Pregnancy, breast-feeding, and weight loss are other conditions which increase breast ptosis (sagging). If your breasts are very empty then some patients will obtain a better shape to their breast if an implant is used at the time of mastopexy – this is called an augmentation mastopexy

Please understand that mastopexy surgery cannot be performed without some degree of scarring. The scars usually heal well but in some cases they can persist for a few years.

*"...Breast lift or mastopexy with or without implant, is considered by most experts in the field of cosmetic surgery to be one of the most difficult breast operations..."* Mr Paul Banwell, FRCS(Plast)

It is becoming increasingly obvious to the savvy plastic surgeon given the spectrum of breast shapes and conditions that simply using breast implants alone will not always produce aesthetically acceptable results. In assessing breast geometry and design, the plastic surgeon must consider 3 crucial parameters:

1. Breast Volume & Shape,
2. Skin condition,
3. Nipple position

Although augmenting breasts can to some extent rectify the volumetric problem in an otherwise perfectly shaped breasts, the issues relating to nipple position and excessive skin envelope cannot always be addressed. This is where an augmentation mastopexy is used.

Breast ptosis (pronounced "toe-sis") or droopiness is a condition that affects women of all ages. Although we tend to associate breast ptosis with old age, young girls after significant weight loss or post-breast-feeding are often faced with varying degrees of droopiness. For these women wearing supportive bra is essential in order to disguise their saggy breasts.

Breast ptosis can be classified according to the position of the breast and nipple in relation to breast fold:

1. Grade 1: Breast is below fold, Nipple-areola at fold
2. Grade 2: Breast is below fold, Nipple-areola is also below fold
3. Grade 3: Nipple-areola pointing to the floor

Lollipop (vertical mastopexy) breast lift surgery is therefore designed to return breast shape to a more youthful appearance in 3 ways:

1. Move the position of nipple-areola complex,
2. Remove excess breast skin,
3. Reshape the breast tissue

Although mastopexy does not change the amount of breast tissue a woman has, it can change the shape dramatically. This in turn can affect the overall breast size and projection. However, there are many cases where breast lifting needs to be combined with a breast implant to produce a desirable breast size. The combined breast lift-augmentation is considered one of the more difficult operations in plastic surgery. It can be performed in either one stage or more commonly in two stages.

Modern plastic surgery is about creating minimal scar in return for achieving the most desirable aesthetic outcome. The prospective patient should be aware of this delicate balance prior to embarking on this procedure.

### **Breast Lift scarring**

The breast lift surgery is basically performed using 4 types of incisions or scars:

2 Types of Nipple re-positioning procedures with little effect on the breast shape but effective in aligning nipple-areolar complex:

1. Crescentic scar (half-moon) Lift
2. Donut-shaped scar (periareolar) around the nipple-areola complex (Benelli-Goes)

2 Types of Breast Lift procedures that can re-shape the breast and modify the nipple-areolar position for moderate to severe droopiness (ptosis):

1. Lolly-pop scar from the areola to the breast crease
2. Anchor-shaped scar, inverted T-scar

Further to the skin scarring pattern, breast tissue often needs to be surgically contoured from an elongated shape into a more youthful conical structure.

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### Augmentation Mastopexy information

#### What happens to the circulation and sensation of my nipple?

Generally, the nipple-areolar complex (brown part of the breast) is carried on some breast tissue to keep it alive. This usually preserves the nipple sensation and keeps it viable but sometimes the blood supply is compromised and the nipple may scab (necrosis)

#### How long will you be in hospital?

An augmentation mastopexy is usually performed as an inpatient procedure requiring hospitalisation. Usually suction drains are left in place for a day or two.

#### What kind of anaesthesia is used?

A general anaesthetic is used for all augmentation mastopexies.

#### Who is on the surgical team?

Mr Banwell will always perform the operation.

#### What can I expect postoperatively?

Discomfort, swelling, and discolouration of the breasts are to be expected for several weeks. Usually, our patients return to almost normal activity after 2 weeks. The scars at the incision lines typically become reddish, raised, and firm a few weeks after surgery, but after many months become pale and soft. After 18-24 months, the scars are relatively inconspicuous but in some cases may stay persistently red. The nipples and some areas of the skin may be numb or sensitive after surgery. Sensation frequently returns within a few weeks or months but may be diminished or overly sensitive.

#### Will the breasts start to sag again?

Gravity continues to have its effect, and there is a tendency for the skin of the breast to stretch over a long period of time. Women vary a great deal in this respect. In general, the smaller the breasts, the less tendency for sagging to recur. If the breasts sag further, minor revisions may be needed to reverse the process. If Mr Banwell tries to lift heavy breasts without making them smaller at the same time, sagging will return much sooner. One key point to a satisfying result is having realistic expectations.

#### After surgery?

You should plan to avoid activities, which require much lifting of the arms above the level of the head for 2 weeks after surgery. With great care, you can drive about 14 days after surgery as long as you feel confident to perform an emergency stop. Patients can usually return to work after 2 weeks unless their occupation requires particularly strenuous movements and lifting. In such cases, 3-4 weeks should be allowed. Walking can commence within 7 days and light jogging within 4 weeks.

#### Complications of surgery?

Unfortunately complications can occur following any surgery and patients need to be fully aware of this. Mr Banwell does his utmost to minimise the complication rate and likes to practise in a safe manner. The commonest complications are scarring, bleeding, haematoma formation and the need to return to theatre, infection, removal of implants, numbness, alteration in nipple sensation, asymmetry in the healing and the final result, palpability, visibility, rippling, clots in the legs and lungs, capsular contracture, skin ruckling, difference in nipple size, shape and heights and nerve damage. Damage to the blood supply of the nipple-areolar complex, although uncommon, can occur.

#### Success and satisfaction

This is an excellent operation with high patient satisfaction. However, as mentioned above, technically this is a challenging operation because of the unpredictable behaviour of pre-existing skin laxity. As a result it is not uncommon to perform secondary procedures or adjustments.

#### Important Notice

*Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed.*

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## NOTES & QUESTIONS

### AT A GLANCE

**SURGERY TIME**

2.5 - 3 hours

**HOSPITAL STAY**

2 - 3 nights

**ANAESTHETIC ASSESSMENT**

No

**PRE ADMISSION TESTS**

Possibly

**SLEEPING POSITION**

Sleeping on back recommended for 4 weeks.

**REASONABLY MOBILE**

1 day

**WASHING**

Shower after 1 day. Bath after 2 weeks.

**DRIVING**

3 weeks

**EXERCISE INCLUDING GYM**

8 weeks

**SEXUAL ACTIVITY**

Restricted activity after 4 weeks

**FULL RECOVERY**

8 weeks

**TIME OFF WORK**

2 weeks

**BRAS & GARMENTS**

Sports bra worn for 8 weeks. Wired bra after 2 months.

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