

AUGMENTATION MASTOPEXY

AUGMENTATION MASTOPEXY combines breast enlargement with a breast lift. It is a technique suitable for patients with mild, or moderate ptosis (droop) of the breast. It is not suitable for those patients with a nipple centred on the most dependent part of the breast, or in whom the centre of the breast tissue is more than four centimetres below the infra-mammary crease.

Careful planning and meticulous attention to detail are essential to minimize the associated risks. The breast is folded or lifted over the implant, which is placed in the sub-muscular pocket (partially covered by the pectoralis major chest muscles). After surgery the nipple is initially sits comparatively high. Patients should expect the weight of the implant and breast to pull the nipple down in the months after surgery.

After the wounds have healed the surgical scars lie around the nipple areolar complex (the junction between the brown and pale skin of the breast) and vertically down onto the lower pole of the breast. The circumareolar mastopexy technique avoids scars on the lower pole of the breast but is suitable for milder ptosis, and can be associated with a possible widening of the scar after surgery.

For most surgeons: despite careful planning, there is a 10 % revision-rate after this operation.

ALTERNATIVES

No surgical intervention

Two stage procedure: staging the surgery reduces the potential risks but increases the number of procedures and initial cost. Many patients will be pleased with the effect of the lift, and do not proceed with later augmentation.

Large high profile implants: for mild ptosis big implants have been reported to take up the slack breast tissue. The larger implant, the greater the palpability and the greater the risk of subsequent delayed droop of the stretched breast.

POST SURGICAL CARE

Patients need to wear a sports bra for 4 weeks day and night. Oral antibiotics are given for five days. Smoking before and after surgery must be avoided.

RISKS

There are risks associated with breast augmentation such as infection, bleeding, loss of the implant, capsule formation and pain. There are risks associated with mastopexy such as change in nipple sensation and loss of skin blood supply with resultant risk of infection, delayed healing, scarring and further surgery. There are also risks particular to this operation including asymmetry, inappropriate nipple position, and droop of the breast tissue.