



Warrnambool Plastic & Reconstructive Surgery

Breast Lift (Mastopexy)

Breast lift or mastopexy is a surgical procedure to raise and reshape your breast.

As the skin loses its elasticity, the breasts often change shape and begin to sag as a result of gravity. Factors which contribute to this are ageing, pregnancy, breastfeeding and large weight changes.

There are a variety of techniques to achieve a breast lift. Some techniques result in scars only around the areolar, whilst others result in scars which extend on to the lower pole of your breast. All techniques aim to reposition the breast tissue into a better position for your body shape. The technique which you will be offered will depend on the size of your breast and the lift required. Some common mastopexy techniques include:

- **Peri areolar mastopexy**
- **Round block mastopexy** (Benelli mastopexy)
- **Vertical incision mastopexy** (Lejour mastopexy)

It is important to understand that the role of mastopexy is to change the shape, rather than the volume of your breast. If your breasts are large and symptomatic (i.e. back or neck pain) a breast reduction may be more appropriate for you. If you have small breasts and wish to enlarge them, then you may consider combining a mastopexy with augmentation (implants).

Mastopexy unfortunately does not result in a permanent outcome. With time the forces that have caused the initial breast sagging will have a repeated effect. The aim is to give you the best shape for your body utilising a technique that will give you long lasting results.

Alternative Options to Mastopexy

- **Support under garments:** This avoids surgery however does not address the underlying concerns regarding your breast shape.
- **Breast reduction:** If you have larger breasts and would like smaller breasts with improved shape this is a better option for you.
- **Augmentation:** For mild degrees of sag an implant alone will correct this. This operation is limited to a select few with good skin quality. More often, if you wish to enlarge the size of your breast you will need a combination of mastopexy and augmentation.

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Post-Operative Course

Post operatively you will have a scar that runs around your areolar, and in some cases you may have a vertical scar on the lower pole of your breast. If you have a large amount of excess skin a small horizontal scar will also be required to avoid unsightly bunching of the wound. There will be a drain tube in each of your breasts and will have some compression on your breast.

You will be asked to sit out of bed and mobilise on day one post operatively and perform deep breathing and coughing exercises.

Pain post operatively will depend on the extent of the procedure. Your anaesthetist will ensure that you are comfortable. Any pain experienced will improve significantly with time and you will be discharged with pain relief as required.

Your expected hospital stay will be one-two days depending on your comfort level. The drain tubes will be removed if drainage has decreased to an appropriate level. If large amounts of drainage continue, you may be discharged home with the drains and reviewed at WPRS for removal.

There will be some swelling and bruising post-operatively. This will continue to improve over time; however it will take approximately 3 months to achieve your final result.

With regards to physical activity post operatively you will be required to rest for 2 weeks. After this period you may increase your activity level, however it will be 6 weeks before you can exercise or lift heavy objects

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions or concerns we encourage you to ring WPRS to discuss these either with Mr Toma or the dedicated team of nurses at WPRS.

I have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Signed.....

Potential Risks of Surgery

- **Bleeding/haematoma:** any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre.
- **Infection:** uncommon, however if it occurs you may be required to commence antibiotics.
- **Wound separation/delayed healing:** with long scars small areas may break down. This is often managed with dressings and rarely requires revisional surgery.
- **Scar widening/hypertrophy:** this can occur with any scar. At WPRS we will provide careful follow-up, monitoring and information to avoid this potential complication.
- **Uneven scar:** At times there may be small bulge of tissue at either end of the scar ('dog ears'). To remove these at the time of surgery would result in a longer scar. They often resolve post operatively or improve significantly. Rarely do they require revisional surgery.
- **Asymmetry:** It is uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have symmetry post operatively there may be small differences.
- **Fluid collection (seroma):** This can occur in up to 5% of people. If fluid accumulates, then it will need to be drained, which can be performed in the rooms.
- **Fat necrosis (dead fat):** May occur in small areas of the breast tissue. This may cause hard lumps that may be palpable. These often resolve with time.
- **Skin loss:** Rarely the blood supply to the skin is compromised during your procedure. This is often managed with dressings, however very rarely may require a second operation.
- **Altered nipple sensation:** 30% have decreased sensation, 30% have increased sensation and 40% have no change. Any change normally settles with time. Complete loss of nipple sensation occurs in <2%.
- **Nipple Loss:** A very rare complication of surgery with slightly higher risks in larger breast reductions and smokers. Hence, surgery will not be offered to people who smoke.
- **Breast Cancer Surveillance:** Your risk of breast cancer is not affected by mastopexy, however it is important that you inform people performing surveillance mammograms.
- **Anaesthetic complications:** sore throat, nausea/vomiting, other rarer complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.
- **Deep venous thrombosis (DVT)/pulmonary embolism (PE):** risk of a DVT is 1 in 100 with procedures such as mastopexy. These rarely can be fatal if they become a PE. Special precautions are taken in hospital to avoid this. These include: calf compression devices, anticoagulant injections and early mobilisation.

