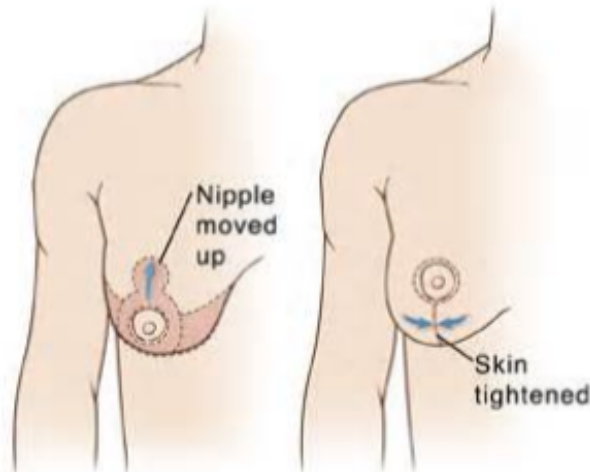


### WHAT IS BREAST MASTOPEXY?

Mastopexy is a surgical procedure to lift and reshape your breast. As your skin loses elasticity, the breasts often change shape and begin to lower as a result of gravity. Factors which contribute this are ageing, pregnancy, breast feeding and large weight changes.

A variety of techniques are used 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 half of your breast. The technique which you will be offered will depend on the size of your breast and the lift required.

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).



### 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 to reduce volume 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.

### POST-OPERATIVE COURSE

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

You will be asked to sit out of bed and mobilise on day one post-operatively and perform deep breathing and coughing exercises. Your anaesthetist will ensure that you are comfortable post-operatively. Any pain experienced will improve significantly with time and you will be discharged with pain relief as required.

Your expected hospital stay will be 1 day. The drain tubes will be removed once drainage has decreased. There may be swelling and bruising post-operatively. This will continue to improve over time; however it may take several months to achieve your final result.

With regards to physical activity post-operatively you will be required to rest for 1 week. After this you may increase your activity level, however it will be 6 weeks before you can undertake heavy exercise or lift heavy objects.

# POTENTIAL RISKS OF SURGERY

**Bleeding/haematoma:** Any bleeding after surgery is usually minor. 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:** Your wound will be carefully closed however some people may develop widened or elevated scars. WPRS 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. 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, it may need to be aspirated, or drained.

**Fat necrosis (dead fat):** May occur in small areas of the breast tissue. This may cause lumps that may be palpable. These often resolve with time.

**Skin loss:** Rarely the blood supply to the skin is compromised. 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 risk 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.

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.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

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

I consent to WPRS using my images for presentations and educational purposes.

Yes ..... No .....

Signed:.....