

Mastopexy

Patient information leaflet

Plastic Surgery

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Mastopexy

What is the goal of mastopexy?

Mastopexy is the plastic surgery name for a breast lift operation. Mastopexy surgery aims to lift the breasts and enhance their shape, giving a more youthful and aesthetic appearance. There are a variety of techniques of mastopexy, each of which is described below, and the technique used should be tailored to you individually. A mastopexy will not reduce the size of your breasts but works by removing excess skin and tightening the breast tissue on the inside.

What should I think about prior to my consultation?

Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from a mastopexy. Points to consider can include:

- Why do I want a mastopexy?
- Are there any particular aspects of the appearance of my breasts I am unhappy with?
- Are there significant differences in size and shape between my breasts that I am unhappy with?
- Is my weight steady or am I continuing to lose weight as part of a diet or weight loss programme? If so, it is better to postpone surgery until your weight has plateaued for around 6 months.
- Why am I thinking of having a mastopexy at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances.)
- Am I considering having future pregnancies and breast feeding? While not an absolute reason not to have a mastopexy if you are considering having children in the near future, it may be best to postpone a mastopexy until afterwards. The hormonal changes of pregnancy and breast feeding affect the size and shape of your breasts and can stretch the breast tissue again.

What are the limitations of mastopexy?

The outcome of your operation will be partly determined by the shape and size of your breasts and the quality of your skin and tissues before surgery:

- If you have excess fatty fullness around the sides of your breasts going under your arms, a standard mastopexy may not satisfactorily address this. Additional liposuction may be needed to achieve the best result possible.
- Mastopexy may affect nipple sensation (for more detail please see below). If this is a problem for you, please think twice about having a mastopexy. Mastopexy surgery always results in scars.

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- If scars on your breasts are a problem for you, you should not have a mastopexy.
- Although breast feeding may be possible after a mastopexy, there is a chance that the operation may affect your ability to breast feed. Therefore, if this is of concern to you, it may be better to wait until you have completed your family before having a mastopexy.

What types of mastopexy are there?

Mastopexy techniques may be considered according to the scars they leave behind:

Circum-areolar mastopexy

This technique leaves a scar around the areola (the pigmented part around the nipple). It is suitable for small breast lifts in those people with good skin quality, often in combination with a breast implant, or as part of a breast asymmetry correction procedure.



Vertical scar/circum-vertical mastopexy

This type of mastopexy leaves a scar around the areola and vertically down from the areola to the breast crease. It is more frequently used when you have good skin quality and not too much skin excess (so, for example, it may not be suitable if you have lost a great deal of weight and have very loose skin). In the vertical scar techniques of mastopexy, there is often a degree of wrinkling of the skin below the nipple, which lasts for several weeks after surgery. This is intentional and helps the breasts to achieve a good long-term shape. Therefore, if you are undergoing a vertical scar mastopexy, please do not worry if you notice this wrinkling – it is meant to be there. It usually disappears by 2 months after surgery.



T-shape/anchor/Wise pattern breast reduction

This is the most common form of mastopexy performed, and involves a scar around the areola, a scar vertically down to the breast crease as well as a scar along the breast crease itself. It is suitable for those with a large amount of skin excess that needs to be removed.



Can liposuction be performed at the same time?

If you have excess fatty tissue at the sides of your breasts that runs towards your armpit, liposuction is an excellent way to address this. Liposuction aims to empty out the fat pockets and then allow the skin to shrink down at the side of the chest to help produce a more pleasing breast and chest shape. However, it is not always recommended, and Miss Kelemen will discuss with you whether she feels you will benefit from additional liposuction.

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What does Miss Kelemen examine for during my consultation?

A female chaperone is always present during your examination. Miss Kelemen will ask you to take your top clothes off and remain standing or sitting on the edge of the examination couch to examine you. She will make the following assessments of your breasts:

- Your general shape and skin quality
- The amount of loose skin on your breasts
- The degree of asymmetry between your breasts (no-one has identical breasts, but some people are more asymmetric than others)
- The amount of lift your nipples will require for your mastopexy
- The size, weight and fullness of your breasts
- The best technique that will suit your breasts

She will also make the following measurements:

- From the bottom of your neck to your nipples
- From your nipples to the breast crease (inframammary crease or IMC)
- Your breast width

Photography

Miss Kelemen always takes preoperative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your breasts, as well as forming an essential part of your medical records. Your face will not appear in any of the photographs, and your consent for the photographs will be obtained.

Postoperative bras

Following mastopexy surgery it is highly recommended that you wear a supportive non-underwired sports bra for as much of the day and night as possible, ideally only removing it for showering. This helps to support the breasts in their new shape. Post-surgical bras may be purchased from a number of different suppliers and Miss Kelemen's team will be able to advise you on this, or alternatively, good quality sports bras from high street retailers may also be used. The support bra is usually worn for about 6 weeks following surgery.

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What happens when I get to hospital?

When you arrive at the hospital you will be shown to your room on the ward and a nurse will go through a detailed questionnaire assessing your health, your allergies and other relevant details (much of which will have been covered before with Miss Kelemen). You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will visit you to assess you prior to the planned general anaesthetic. You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions or worries. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form (if you have not already done so). She will then carefully draw important markings on your breasts in planning for your surgery. She may also take clinical photographs of your markings for your medical records.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) usually with an overnight stay in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you should be fasting for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may, however, drink water up to 3 hours beforehand. Initially, if planned, any liposuction will be performed prior to the mastopexy procedure itself. As outlined above, the mastopexy requires the lifting of your nipple and the reshaping of the whole breast. Miss Kelemen will use their carefully planned markings that they have drawn on your breasts to guide their surgery. After removing the excess skin, they will use carefully placed internal stitches to reshape your breasts (glanduloplasty stitches). Once the breast has been reshaped, the skin and the nipple are stitched in, using absorbable stitches. The wounds are dressed with surgical tapes, which stay on for about 2 weeks following surgery. A surgical drain may be placed in each breast to draw off any wound fluid produced. If used, the drains usually come out the following day.

How long does the surgery take?

The operation itself takes around 3-4 hours, however, you will be away from your hospital room for longer than this, as it takes additional time for the general anaesthetic, preparation in theatres for your operation and for you to wake up comfortably.

Will it be painful?

Most patients describe a feeling of being achy in the initial post-operative period rather than pain, but this rapidly improves. If you have had liposuction, there may be a dull ache and bruising in the areas of treatment. Usually, any discomfort is easily controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital.

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In addition, as your breasts heal, it is normal to experience occasional shooting pains or electric shock type pains. These are caused by small nerve endings being trapped in scar tissue and are only a temporary effect.

What else can I expect after surgery?

You should be able to get out of bed later on the same day or evening of surgery. If used, the drains can be uncomfortable, but do not stay in for very long. Miss Kelemen will usually put you in a supportive garment following your surgery, and back on the ward, the nurses will help you to get into your bra. You will have compression stockings on your legs that will have been fitted prior to surgery - it is vital that you keep these on and continue to wear them for 2 weeks after your operation. They have an important role in minimising the chances of developing blood clots in the legs.

When will I leave hospital?

Miss Kelemen will see you later on, the day of your surgery and again the following morning (and every day that you are in hospital). She will check your breasts are soft and not tender, as well as assess the amount of fluid in the drains. If placed, the drains are usually removed 24 hours after surgery, and you will go home the day after surgery. Some people produce more fluid than others into their drains. If you are producing a lot of fluid into your drains, Miss Kelemen may discharge you from hospital with your drains still in, with a plan to take them out in another day or so. Should this be necessary, how to look after your drains at home will be carefully explained to you.

What should I do when I get home?

Once you get home, you need to achieve a balance between taking things easy, but not lying down and doing nothing, as this may increase the risk of certain complications. You should take short gentle walks and make sure you drink plenty of fluids - these will both reduce the risks of developing deep venous thrombosis (DVT) in the legs. Your wounds will have been dressed with surgical tapes, which are shower proof. You should therefore shower every day but ensure the shower hose is not directed towards the main wound (as this may encourage the tapes to come off too early). The easiest thing is to face away from the shower for most of your showering. All wounds/tapes may be dried by gently patting with a clean towel or kitchen towel, or alternatively a hair dryer may be used on a cold setting.

What about wearing my bra?

Ideally your bra should be worn day and night for the first 6 weeks after surgery. However, everyone is different and some people vary the length of time they wear it for. It is important that your bra is not too tight - it should be firm but comfortable.

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What is the recovery period?

Most people will be able to return to sedentary activity (i.e. an office job or light duties) at around 2 weeks, depending upon how they feel. Heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the breasts to heal properly. Occasionally, there may be an area of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may extrude out of the wound. This will generally resolve and if necessary, Miss Kelemen can remove the problematic stitch in the outpatient clinic.

How long before daily activities may be resumed?

As outlined above, you should avoid all heavy physical activity and contact sports for at least 6 weeks following the surgery. Driving should be avoided for between 2 and 4 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 4 weeks.

How can I get the best scar possible?

There are a number of strategies that can help scars to mature and soften quickly. The first, and most important of these is regular moisturising and massaging of the scar. This can usually be started from around 3 weeks following surgery. A non-perfumed moisturising cream should be used, and the scar should be massaged for 5-10 minutes every day. If the scars feels firm, it is important to be firm with your massage. Miss Kelemen will discuss massage with you in more detail at the appropriate post-operative visit. In addition to massage, a number of products are commercially available that help with scarring. The most tried and tested are silicone products. These are available in either sticky-backed gel sheets, scar -tapes or alternatively as gels that come in a tube. In order for these products to work properly, they need to be worn on the scar for 23 hours a day, every day for several months.

Day of surgery	Review in hospital, surgical planning and surgery performed
Day 1 after surgery	Review by Miss Kelemen, removal of drains (if used), discharge home
Week 1 after surgery	Hospital appointment with a nurse to check the wounds on your breasts
Week 2	Appointment with Miss Kelemen and change of tapes on the breast
Week 4	Start to moisturise and massage the wound, gentle exercise may start, can resume driving
Week 6	Exercise/heavy physical activity may be started, may stop wearing a support bra (although some continue to wear for further six weeks)

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What you need to know about the possible effects of surgery and potential complications?

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into the breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of the breast, increasing pain, a swollen and purple nipple and the development of severe bruising.

Infection

Rates of severe infection in mastopexy are low. However, minor wound infections or inflammation may occur. If you have had a Wise pattern (T-shaped) breast reduction, this is most common at the T-junction of the scars. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after mastopexy surgery, which is why important preventative measures are taken (compression stockings, pneumatic calf pumps and blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need various investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Intermediate complications (within 6 weeks of surgery)

Suture extrusion

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about, and

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can be dealt with simply in the outpatient clinic. Miss Kelemen can remove any sutures that are extruding of the wound in the clinic, and the wounds should then heal over these areas uneventfully.

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Nipple problems

As described above, nipples need to be re-sited during mastopexy surgery, and in some women having significant breast lifts, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple (possibly because the nipples have had to be moved a long way), this may affect the healing and even the survival of the nipples. In the worst-case scenario (which is fortunately very rare) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. This type of problem is at a significantly higher risk of occurring in smokers. If you smoke, we strongly advise you to stop for at least the period before, during and after your surgery. If you are unlucky enough for this to happen, you may require revision surgery in the future to address poor scarring or to reconstruct a new nipple for you. The incidence of this happening very low, if it does happen, Miss Kelemen will be able to advise you on the best course forward and treat you accordingly.

Fat necrosis

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the assessment of the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further trip to the operating theatre for a formal washout of the breast.

Seroma

Normally the fluid that comes out into the drain bottles stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a chance that the fluid can become infected.

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Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle). Miss Kelemen may inject a small dose of steroid into the seroma cavity after aspirating (sucking out) the seroma as this has been shown to reduce the recurrence of the seroma. The aspiration may need to be repeated on more than one occasion depending upon your situation. Fortunately, this is unusual in mastopexy.

Late complications (after 6 weeks from surgery)

Asymmetry

As described earlier, everyone has a degree of breast asymmetry. Although every effort is taken to achieve the best symmetry possible, there will always be differences between your breasts. If there is a significant difference between your breasts, Miss Kelemen will discuss this with you and together a plan can be made to address this.

Scarring

The mastopexy scars will fade but this can take 1-2 years. Until this time scars may be red and firm. As described above, regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, Miss Kelemen will discuss with you the best ways of treating them. Future pregnancies, significant changes in weight, hormonal changes will affect the size and shape of your breasts as they would have done without any surgery.

Breast feeding

Breast feeding following mastopexy may be possible and if so, it is safe. As the breast tissue has been operated on and moved around, there is a significant chance that you will not be able to breast feed after this surgery.

The sub-optimal result

Despite a successful mastopexy operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry). It is important to discuss any concerns you have with Miss Kelemen. If further procedures are warranted, there may be further costs involved and this will be explained. Miss Kelemen will discuss with you at your initial consultations the limitations a mastopexy will have in your specific circumstances. It is crucial that you appreciate what you can expect from a breast mastopexy prior to undergoing the surgery.

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Conclusions

Overall, most patients are delighted with the results of their surgery. They find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience! Miss Kelemen would be happy to discuss any issues that may have arisen from your reading of this information booklet in addition to any other issues you would like to talk about at your consultation.

Further information: www.noemikelemen.com

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that:

I have read and understood the information leaflet and I consent wish to proceed with the surgery provided by Miss Kelemen.

Name:

Signature:.....

Date: