TITUS ADAMS
PLASTIC SURGEON

Breast Lift (Mastopexy)

In some women, breasts can become droopy over time. This may be more noticeable in those who have breast fed, or who have weighty breasts. A breast up-lifting operation aims to correct droopy breasts and return them to a more youthful appearance. This involves elevating both the breast tissue and also the nipple to a more appropriate position. The scars involved are placed in positions around the nipple and under the breast (often within the crease), so that they are less conspicuous when wearing a bra or bikini. The nipple is still attached to the breast tissue and retains its natural appearance. If the areolar is too large, then this diameter can also be reduced at surgery, without affecting function.

There are several different operations available to achieve the desired goals of surgery. Techniques differ in scar placement and distribution, nipple blood supply and whether additional suspension stitches or man-made materials are used to maintain the lift. Occasionally, breast lifting can be performed at the same time as breast enlargement as a combined procedure. Indeed, breast enlargement may be the most effective way of establishing a breast lift without the need for additional mastopexy scars. The most effective technique will be discussed with you during your consultation. Other surgical procedures can also be employed at the same time, such as arm reduction (Brachioplasty) surgery or tummy tuck (abdominoplasty) surgery.

Other useful Information:

Pre-operative advice: The aims and expectations of surgery will have been discussed with patients at consultation. Smokers have an increased risk of wound healing problems, breakdown of skin and infection, as well as vascularity concerns to the nipple. Patients should refrain from smoking for 4 weeks before surgery and for two weeks afterwards. Aspirin and related anti-inflammatories (ibuprofen, naproxen, diclofenac) should be avoided for a similar period of time as they can promote bleeding. Patients on oral contraception (not HRT) should stop the Pill for 4 weeks prior to surgery as there is a slight increased risk of thrombosis. Alternative forms of contraception will be required.

What happens before the operation: Patients are admitted on the day of surgery and checked by the nursing staff. The anaesthetist will see you as a general anaesthetic is required. Mr Adams will take photographs, make measurements and put markings on the skin. Consent will be obtained. Leg stockings are worn to reduce the risks of thrombosis and improve the circulation. A non under-wired, zip- or popper-fronted supportive sports bra should be brought to theatre.

What to expect following surgery: On return to the ward, an intravenous fluid drip is used until patients are able to eat and drink. Drainage tubes are often placed into each breast to prevent accumulation of ooze or bleeding in the breast. These drains are usually removed prior to leaving hospital the next day. Painkillers are provided, but significant pain is not a usual feature following breast surgery. Micropore tape is placed over the scars and the nipples are monitored. Occlusive

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Opsite© dressings are also used. The supportive sports bra will have been fitted in theatre to help maintain support and shape.

Risks and complications: As with all surgery, complications can occur. There is a very small risk of bleeding on the night of surgery, which can accumulate as a haematoma. This would require evacuation in theatre. The most common complication concerns small areas of wound infection or breakdown along the scar(s). These are usually isolated and not associated with significant cellulitis. Regular cleaning and dressing changes are required until the wounds heal during a couple of weeks delay. Occasionally, an antibiotic may be required. Some part of the wound may breakdown further, requiring secondary surgery and/or prolonged dressings. A change in the nipple sensation may also be noted following surgery but returns to normal over a few weeks. Rarely, nipple sensation can be permanently disrupted. The vascular supply to the nipple can be permanently disrupted, which can cause partial or full nipple loss. Fortunately, this is a very rare complication.

Follow-up: Patients are seen at one week for a wound check and exchange of dressings. Further dressing changes may be required as necessary. An outpatient appointment is made to see Mr Adams at 6 weeks and 6 months; appointments are sent by email.

What happens when I leave hospital?

Wound care/dressings: Micropore tape is applied to the scars in theatre. Occlusive waterproof Opsite© dressings are used to cover the tape, and the nipples are exposed for monitoring purposes. Drains will be in place but removed the following day before leaving the hospital. Dressings are required for up to 4 weeks and usually involve micropore tape only, which can be replaced if it comes away. Showering can take place from 7-10 days and the tape can get wet (it is not waterproof) and it will dry on the skin whilst retaining its position and support.

Stitches: All the stitches are dissolving. At follow-up, trimming of stitches may be required.

Supportive bra and clothing: The sports type bra (no underwire) should be worn as much as possible day and night to provide shape and support for up to 6 weeks. Thereafter, a normal bra can be used. Accurate bra sizing can be established at 3 months after swelling has receded.

Pain relief: Severe pain is not a significant feature of breast surgery. Regular analgesics are prescribed on discharge from hospital.

Appearance: Initially the breasts will appear firm and pert and even too high. This is more pronounced with short, vertical scar techniques, with wrinkling of the skin noted. Over the first few weeks, the breast skin envelope will relax and the breast will take up a more natural shape, but will take 6 months to normalise.

What to expect: The breast will feel tight and firm for 2-3 weeks and then soften. Some bruising and swelling is to be expected. A degree of numbness over the lower skin of the breast might be found. Lumpiness might be present but resolves over a few weeks. Some disturbance of nipple

sensation (up or down) may occur, which might be permanent. Hypersensitivity of the nipple can occur which will require regular massage of both the breast and nipple from 3-4 weeks.

Scar maturation: Scarring can be unpredictable. The scars may go red and lumpy. When healing of the skin is complete at 4 weeks, and after tape removal, massage with Vitamin E containing cream is useful. Occasionally, a steroid treatment to the scar or a silicone gel or sheeting may be required to settle lumpy scars. Red scars can take up to 18 months to fully fade.

Causes for concern: Minor wound infections or small areas of delayed healing can occasionally occur but should not cause significant concerns. These wounds respond well to antibiotics or regular dressings or both. A delay in healing may occur. If significant breakdown does occur, occasionally, secondary surgery might be required. If there are any causes for concern, then either contact the hospital or Mr Adams' secretary.

Follow-up: Appointments are made to see the cosmetic nurse at one week post surgery. Further dressing clinic appointments can be made as required. Mr Adams will arrange an outpatient appointment for 6 weeks and 6 months to be sent by email.