

Augmentation-Mastopexy (breast lift with implants)

In Augmentation-Mastopexy, your breasts are lifted and enlarged using breast implants in one operation. This operation is for those who have developed drooping of the breasts and lost volume in the breasts as can occur from pregnancy and breastfeeding and following weight loss. Mastopexy techniques provide a breast lift and increase the fullness to the upper part of your breast, and the implant increases the size of your breasts.

How is the operation performed?

The operation is performed under a general anaesthetic and takes about 3 hours. The implant is placed either underneath the breast or the muscle. The skin from below and around your nipple is removed, raising your nipple and tightening the breast tissue inside. The skin is then stitched leaving you with a scar around the areola (the coloured skin around the nipple), vertically down from the areola to the crease under the breast and sometimes a horizontal scar underneath the breast along the breast crease. Surgical drains are placed and the wounds closed with dissolving sutures and covered with surgical tape.

What is the postoperative management?

You will usually stay in hospital overnight. The drains are usually removed the next day before you go home. There may be bruising around the wound edges. This resolves in a few weeks. You will need to go into a support bra immediately after the operation and use this for 6 weeks.

Strenuous activity should be avoided for 2-weeks. You can then gradually increase your activity and should be back to normal in 4-6 weeks.

What are the possible postoperative complications?

- Wound infection & wound breakdown (most likely at the "T" junction). Rarely, this can result in exposure or extrusion of the implant
- Bleeding or haematoma (a collection of blood that may require a return to theatre)
- In the long term, capsular contracture is an important complication to be aware of - the naturally thin scar tissue around the implant thickens and contracts thereby causing the breast to become firm and loose shape. It may also cause discomfort, tenderness or pain in the breast. This would mean further surgery to replace the implant and remove or release the tight scar tissue.
- Lumpy scarring (hypertrophic or keloid scarring) which may be difficult to treat

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- Nipple problems, including a change in nipple sensation (usually less sensitive, but occasionally more) and complete or partial loss of your nipple (a rare but important complication)
- Fat necrosis (dying of some areas of fat within the breast) - this either shows as an oily discharge from the wound or as the formation of lumps within the breast. If discharging, it may require an operation, but can usually be treated with dressings
- Residual breast asymmetry –remember, no two breasts are the same but obvious and correctable differences will be addressed.
- Bottoming out - this is the term given to a large part of your breast dropping below the level of the nipple – this may make your nipples appear above your bra.
- Deep vein thrombosis (DVT) and pulmonary embolus (PE) - these are blood clots that may occur in the leg (DVT) and travel to the lung (PE) which may be very serious - fortunately they are not common.

Augmentation-mastopexies are challenging operations, but provide good results. Occasionally, revisional surgery is needed to obtain a desired outcome. With time (and gravity!) your breasts will droop again. This may not happen for 5-years or more but will at some point as you can set the clock back but cannot stop it from ticking.

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