

## **Mastopexy (Breast Uplift)**

This operation is for those who have developed drooping of the breasts and still have adequate 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.

### **How is the operation performed?**

The operation is performed under a general anaesthetic and takes 2-3 hours. There are different techniques that leave slightly different scars. The technique used generally depends on the degree of lift needed and the amount of excess skin to be removed. 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 for many people, a horizontal scar underneath the breast along the breast crease (an inverted "T" or anchor shaped scar). Surgical drains may be 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. Drains if used 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). This usually settles with simple dressings.
- Bleeding or haematoma (collection of blood that may require a return to theatre)
- Lumpy scarring (hypertrophic or keloid scarring) which may be difficult to treat
- 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.

[These notes are intended to be used with your consultation](#)

- Residual minor breast asymmetry –remember, no two breasts are the same but obvious and correctable differences will be addressed.
- Bottoming out - this is the term used when a large part of your breast droops below the level of the nipple – this may make your nipples appear above your bra. Fortunately, with careful planning this is uncommon.
- Deep vein thrombosis (DVT) and pulmonary embolus (PE) - these are blood clots that may occur in the leg (DVT) and may travel to the lung (PE) which may be very serious - fortunately they are not common.

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 some years but will at some point as you can set the clock back but cannot stop it from ticking. This process will occur faster if you have tissues that are not the best quality like thin and stretched skin.

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