BREAST LIFT. MASTOPEXY

«Version 2» nov 2015

Information delivered to : **Doctor :**

Patient's name :

Date :

This document has been formulated under the authority of the French Society of Plastic Reconstructive and Aesthetic surgery (*Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE*) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake mastopexy (also called breast lift).

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Therefore, we strongly advise you to read it carefully.

DEFINITION, AIMS AND TECHNICS

Breast ptosis can be defined by sagging of the breast with laxity of the surrounding skin the breast lies in a too low position and is concave or empty in its upper part.
Breast ptosis can be present from the early development of the breasts but more often, develops after weight loss or pregnancy with breast feeding. It can be isolated (pure ptosis) or associated with mammary hypertrophy.
Conversely, there can be a ptosis with a too smaller breast (hypoplasia or hypo trophic).
These aesthetic defaults be will not be covered by your health insurance.

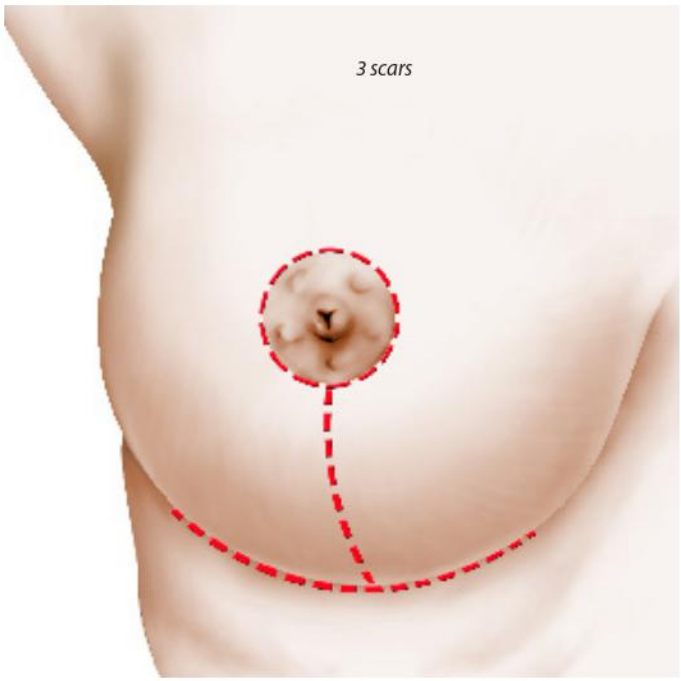
AIMS

The aim of this operation is to elevate the nipple and areola to a more youthful position, tighten the gland and remove excess skin, in order to obtain lifted and harmoniously shaped breasts. The operation shapes the breast by remodelling the skin envelope and concentrating the glandular tissue. The gland is concentrated and lifted& fixed in to a correct anatomical position, excess skin then can be removed thus placing the nipple and areola back in a youthful position thus obtaining well shaped harmonious breasts.

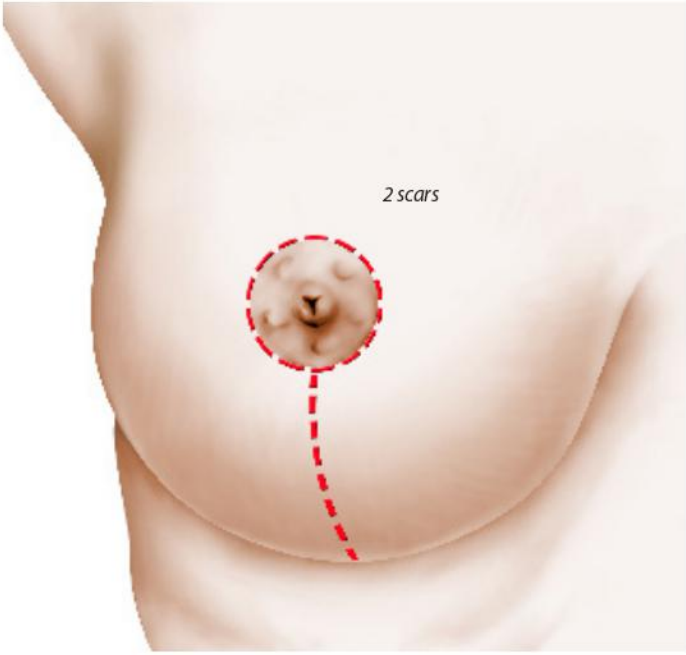
TECHNICS

The operation consists of remodelling the breasts by concentrating & modifying the position of the gland. The outer skin envelope is then adapted to the new breast shape & excess skin removed enabling an elegant shape & a firm breasts while also repositioning the nipples which were too low. The resected skin edges are sutured thus leaving scars.

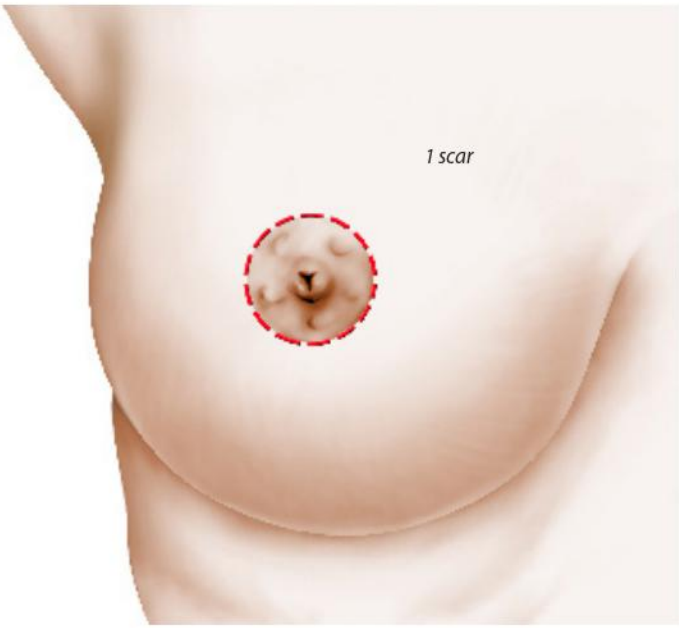
When the ptosis is very severe, the scars have an anchor shape, with a peri-areolar scar between the brown and white skin, a vertical scar from the areola down to the fold of the breast (infra-mammary fold). And a horizontal scar which is hidden under the fold the length of the horizontal scar is proportional to the severity of the sagging.



When the ptosis is moderate , an isolated vertical scar method can be used, thus avoiding the horizontal scar in the fold and leaving only the peri-areolar and vertical scars.



In some cases of very moderate breast ptosis, it is possible to use a concentric (or doughnut) mastopexy, which leaves only one scar around the areola.



Finally, when the breast is to small (mammary hypoplasia), it may be advisable to add breast implants at the same time, to restore breast volume or in some cases ,to add fat by lipostructure in these circumstances, it is usually possible to remove the excess skin around the areola and reduce the scarring only to the peri-areolar area

Mammoplasty for ptosis may be performed from the end of adolescence, when growth has ended, throughout life.

A further pregnancy or breast-feeding are possible, but we advise to wait for a minimum of 6 months after surgery.

This surgery does not increase risk of Breast Cancer.

BEFORE THE OPERATION

A systematic pre-operative health check-up will be prescribed. A consultation with an anaesthetist will be scheduled at least 48 hours before surgery.

As well as the usual preoperative examinations, radiological explorations of the breasts (mammography & or echography) will be prescribed.
It is highly recommended to stop smoking at least 1 month before & 1 month after surgery (smoking can cause delay in healing).
It may be necessary to stop oral contraception especially if there exists added risks (overweight, varicose veins or problems with blood clotting).

No medication containing aspirin will be taken for 10 days before surgery.

HOSPITAL STAY AND TYPE OF ANESTHESIA

Breast mammoplasty is usually performed under general anaesthesia. You will be asleep through the entire operation.

The duration of hospital stay is usually 2 to 3 days.

THE PROCEDURE

Every surgeon has his or her personal technics which he or she adapts to each case, in order to obtain the best possible results. However, there are common principles:
After surgery, you will wear a "bra-like" dressing which may use elastic bandages.
Depending on your surgeon and the severity of your ptosis, the operation can last between 1 ½ to three hours or more.

All removed glandular tissues are sent to a special laboratory for microscopic examination (histological exam).

AFTER THE OPERATION

In most cases, postoperative pain is moderate and usually relieved by ordinary pain medication.
Swelling (edema), bruising and pain, when lifting arms are commonplace.
Your dressing will be removed after 2 days and may be replaced with a lighter one, resembling a custom made sports style bra.
You will leave the hospital 1 to 2 days after the operation and attend consultation 2 to 3 days later. You may then be asked to wear a surgical bra, the size will have been chosen in the hospital, prior to your leaving.
You should wear the surgical bra day and night for at least one month after surgery.
Your stitches, if not dissolvable, will be removed 8 to 21 days after surgery.

You should expect 8 to 15 days convalescence before returning to work.

You are advised to wait for at least one to two months before practising any sports.

THE RESULT

Final results cannot be judged until about one year after the procedure: the breasts are usually harmoniously shaped, symmetrical or practically symmetrical and have a natural shape. Besides the physical improvement, this operation usually has a positive effect on weight control, exercise, clothing and psychological health.
However, before this final outcome, one should be patient, wait for scars to slowly fade, and accept a regular follow-up every 3 months during one year.
The operated breast remains natural and sensitive and responds normally to hormonal shifts. Changes in body and weight:
The aim of this surgery is to obtain the maximum improvement possible but not however perfection, if your wishes & ideas are realistic the results of the operation will be extremely satisfactory.

IMPERFECT RESULTS

Essentially the main point of concern is the visible scars, which will be closely supervised by your physician. They can often be pink and appear swollen for the first 2 to 3 months ,after surgery. Then, they slowly fade away and with time, become barely perceptible. However they can remain wide, pale or conversely, brown.
Concerning scars, it must be stressed that even though they usually fade away with time, they never completely disappear. If the surgeon controls sutures, scarring is a patient related process.
Occasionally a breast asymmetry, volume, height, size or nipple orientation, can persist. All these imperfections can be corrected secondarily it is advisable to wait 1 to 2 years.

POSSIBLE COMPLICATIONS

Mastopexy, even if performed for aesthetic reasons, is a genuine surgical procedure, with the consequent risks related to all medical acts, no matter how mild they might appear.

Post-operative care is usually simple after a Mastopexy. However, complications may occur:
Some are general, inherent to every surgical act, others are local apply specifically to mastopexy .

One should differentiate between Anaesthetic & Surgical complications.

- **Concerning anaesthesia**, it's the anaesthesiologist, himself, who will inform the patient of specific risks. During the pre-operative consultation, one should realise that anaesthesia can very rarely cause unpredictable reactions, which are more or less easy to control: **a competent anaesthesiologist, working in a surgical environment** statistically reduces the risks to an almost insignificant level.

- **Technics of anaesthesia.** The drugs used & the methods of surveillance of the patient during & after anaesthesia have made enormous progress during the last 20 years, this provides the patient with optimal security, especially since the surgery in none urgent and the patient is known to be healthy.

- ***Concerning surgery*** : By choosing a competent and qualified Plastic Surgeon, experienced in performing this procedure, you limit but do not entirely eliminate surgical risks.
Fortunately, genuine complications are rare after a properly performed mammoplasty. In fact, the vast majority of operations meet the patient's satisfaction. While serious complications after a Mastopexy correctly performed are extremely rare they can still occur and you should be made aware of them.

Among possible very rare complications, you should be aware of the following:

• Infection which will be treated by antibiotics., drainage can sometimes be necessary.

• Blood clots (haematomas) rare but can occur. They require an evacuation.

• Slow skin healing process may lengthen post- operative recovery time.

• Localised skin or gland necrosis is very rare with modern techniques. It can cause delayed healing.
Smoking increases the risk of this complication

• Numbness of the nipples may be observed. It is usually transient and most patients recover normal nipple feeling after 6 to 18 months.

Most important to consider is the evolution of scars. These may sometimes become hypertrophic or bumpy (keloid), in a totally unpredictable manner, thus compromising the final aesthetic outcome. Such pathological scars may require long and specific local treatments.

In most cases however, this operation when correctly planned and executed, does offer very satisfying results in terms of comfort and well being, even if scars are inevitable and remain its major drawback.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor one, always has some degree of unforeseeable unknown factors. You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.

These are the facts which we wish to bring to your attention, to complement what you were told during the consultation. Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information. We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

PERSONNAL OBSERVATIONS :