

## MASTOPEXY or BREAST LIFT

Mastopexy or breast lift involves the re-shaping and lifting of the breast to achieve a more youthful appearance. It may be required after breastfeeding or after significant weight loss or occasionally as part of a rejuvenation procedure to correct the ageing changes in your breast. The surgery involves coming into hospital usually for an overnight stay and takes approximately 90 minutes.

### What is involved with mastopexy/breast lift surgery?

During the surgery the nipple and areola complex is isolated on its underlying nerve and blood supply and then lifted vertically on the breast mound so that it is now relocated to the centre of the breast.

If only a small amount of vertical lifting is required it may be possible that this can be done with a small incision simply around the upper part of the nipple and areola complex. When more lifting is required, an additional incision needs to be made below the breast to provide nipple and areola complex with support and also to address the often redundant amount of tissue in the lower or inferior pole of the breast. There have been various techniques described to perform this type of lift, the most common being the techniques popularized by Dr Betsy Hall-Findlay and by Prof Madeline Lejour. These techniques are therefore respectively known as the Hall-Findlay and Lejour mastopexies. Today it is unusual to use the traditional Wise pattern or anchor shaped incision in mastopexy procedures.

Following the re-shaping of the breast, the wounds are sutured using dissolving sutures and a small very soft drain is inserted to collect any fluid that may accumulate inside the breast. Waterproof dressings are then applied and soft bandaging is used to further support your breasts. Most patients say that the surgery is not particularly painful and would rank it as a 2-3 / 10 on a pain scale from 1-10. Not infrequently patients comment that they don't require any pain relief at all.

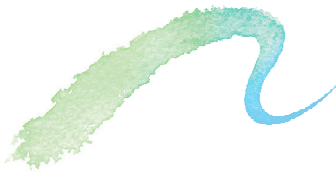
### Recovery from surgery

We would suggest that following surgery you avoid tight or restrictive bandaging and that you don't wear a bra until we are confident that the wounds are completely healed – this is usually somewhere between ten days to two weeks. A bra will be supplied at your postoperative visit.

The recovery is a little quicker than that for breast reduction and we find most patients are able to return to light duties and light work, particularly if it is on a reduced number of hours per day at about 1-2 weeks.

Following surgery it is not infrequent for you to notice an alteration in your nipple sensation. Most commonly we see that the nipple sensation actually increases after surgery and it may well be that 2-3 weeks after surgery that your nipples become so tender and sore that moving outside into cold winds or in crowded areas can be very uncomfortable. This hypersensitivity in the nipple and areola complex normally settles by itself over the next 2-3 weeks and your nipple sensation usually has returned back to normal by six to eight weeks following surgery.

The mastopexy operation is not associated with any decrease in your capacity to breastfeed.

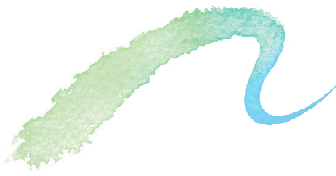


## Combined procedure

The mastopexy may also be combined with other surgical procedures, the most common of which is the placement of an implant at the same time as performing the breast lift. This is done to add extra volume to the upper pole of your breast. Mastopexy in combination with augmentation is not a straightforward procedure and should only be undertaken by experienced surgeons who are familiar with the risks and possible complications that may occur when combining these two operations. Nonetheless, as long as the operation is performed safely and a conservative amount of breast lifting and breast augmentation is utilized, it is a very good procedure and allows quite significant rejuvenation of the ptotic breast.

## Things you must know about breast lift surgery:

1. Like any surgical procedure there are risks associated with this operation. It is conducted under a general anaesthetic and therefore it is imperative that the operation is performed in a fully accredited hospital with appropriate anaesthesia, anaesthetic machines and anaesthetic staff. I would strongly recommend that you do not smoke before, during or after the surgery, especially if you are thinking of combining a breast lift procedure with an augmentation or breast enlargement.
2. It is imperative that you allow sufficient time to recover after this surgery. As mentioned, the operation is not particularly painful and hence it is relatively easy to over-do exercise in the early postoperative period. While gentle exercise and gentle work is entirely reasonable we would strongly advise against returning to gym or heavy lifting for at least a month after surgery.
3. **Delayed healing or wound breakdown** – occasionally despite everything progressing extremely smoothly during surgery, and despite your initial dressings proceeding without incident, sometimes we find that at about 3-4 weeks after surgery there may be some problems with wound healing. It is more common in patients who smoke or who have a history of diabetes. Often this seems to occur when patients are not wearing their bra in an environment such as bathing or having a shower. Usually no further surgery is required and often only a simple clean dressing needs to be applied to the wound until such time as it closes spontaneously. If the area of delayed wound healing is more extensive we may need to take you back to the operating theatre to close this wound surgically.
4. **Smoking** - we know that smoking critically damages and alters the blood supply in the small blood vessels surrounding the breast, nipple and areola. Even one or two cigarettes will have a detrimental effect on both the blood supply to the nipple and areola and on wound healing within the breast. Smokers also have significant airways problems and have a much higher complication rate with things such as pneumonia or chest infections after surgery.
5. **Fat necrosis** - occasionally fatty tissue within the breast may be damaged during the surgery. Most often this is due to intermittent or transient damage to the blood supply to the fat. When this occurs the fat may become firm or hard and may be transformed into scar tissue. Clinically we notice this area of scar tissue when it becomes palpable and may be felt as a small lump in the breast. With a better understanding of the blood supply to the breast, fat necrosis is now very uncommon. However, it still does occur, particularly in patients who smoke or in patients who are diabetic.



6. **Asymmetry** - whilst every endeavour is made to ensure your breasts are exactly the same size and shape following surgery, occasionally your breasts will be slightly different to each other. If asymmetry is present it is usually very minor and can be corrected with a minor revision.
7. **Nipple ischaemia** - this is fortunately a very rare complication of all breast surgery. It occurs because the blood supply to the nipple and areola is damaged to such an extent that the nipple and areola becomes ischaemic. If this compromise to the nipple's blood supply is detected early the situation can usually be salvaged through a release of dressings, removal of tight sutures and drainage of any blood collection. Nipple ischaemia is more common in patients who continue to smoke in the postoperative period.
8. **Risks of general anaesthetic / surgery** – there are other risks associated with general anaesthetic, and this will be discussed during your consultation.

## If I decide to proceed, what can I expect?

### Hospital and Admission

Everyone performs surgery differently.

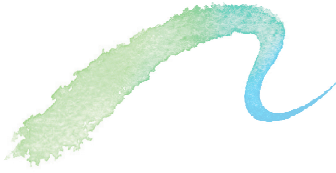
We perform our surgery at **Frances Perry House**. This is a tertiary referral hospital, co-located on the campus of the Royal Women's and the Royal Melbourne Hospital, in Parkville Victoria. All rooms are private rooms with your own ensuite and bathroom facilities. There are three state of the art operating theatres with the latest anaesthetic machines and the latest theatre equipment. There is onsite Intensive Care, High Dependency Unit and access to almost every medical specialty. There is 24 hour onsite medical emergency care.

Our mastopexy surgery is performed on Level 6 at Frances Perry House, a unit specializing in gynaecology and breast surgery. We conduct all forms of breast surgery on this ward, from breast reconstruction after breast cancer, breast reconstruction for congenital abnormality, breast augmentation, revisional breast augmentation surgery and breast reduction surgery.

Most of our breast augmentation surgery is performed in the morning and involves you being admitted to hospital between 7 and 8 o'clock in the morning. You would normally have fasted from 12.00 midnight the night before. All paperwork is normally forwarded to you in an information pack some 3-4 weeks prior to your operation so that any questions you may have can be answered well before your admission.

### Surgical Procedure

The surgery normally takes between 90 and 120 minutes and is conducted in one of the three operating theatres. It is conducted under a general anaesthetic by a fully accredited specialist anaesthetist. In addition to the general anaesthetic your breast is infiltrated with local anaesthetic to minimize the amount of blood loss and also to ensure that when you wake up after anaesthetic you don't have any pain. All wounds are sutured using a dissolving Monocryl suture to avoid the need for removal of sutures in the postoperative period. Gentle gauze bandages and waterproof dressings are applied to your wounds which means that you can shower after your operation.



## Postoperative Care

Following surgery and recovery in the Post Anaesthetic Recovery Unit you will be returned to the ward where you will normally spend the next 24 hours in hospital. This allows us to ensure that you have excellent medical care and supervision, that we can monitor the amount of drainage coming out of your drains and that we can ensure that you don't have any postoperative pain.

After your stay in hospital overnight and following review by me the next morning you would be free to be discharged. The nursing staff would change your dressing to ensure that everything is progressing smoothly. You will be discharged home on antibiotics and will have an appointment to come and see us in our rooms, which are also located within the Royal Women's Hospital complex at approximately one week following surgery. After this you would normally return to see us again two weeks after surgery. During this period we will monitor your recovery and your progress and precisely advise you as to how much activity or exercise you should undertake and also advise you on things we may need to change in your postoperative management.

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