

BREAST LIFT, MASTOPEXY



Version 1 créée nov 2008

Information delivered to :

Cachet du Médecin :

Patient's name :

Date :

This document has been conceived 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. Consequently, we strongly advise you to read it carefully.

● DEFINITION, AIMS AND PRINCIPLES

Breast ptosis is the weighing of the breast gland causing a stretching of the surrounding skin and a global sagging of the breast. The breast lies in a too low position and is flattened in its upper part.

Breast ptosis can be present from the start, or appear after weight loss or pregnancy with breast feeding. It can be isolated (pure ptosis) or associated to mammary hypertrophy.

Conversely, there can be a ptosis with a small breast (hypoplasia or hypotrophic).

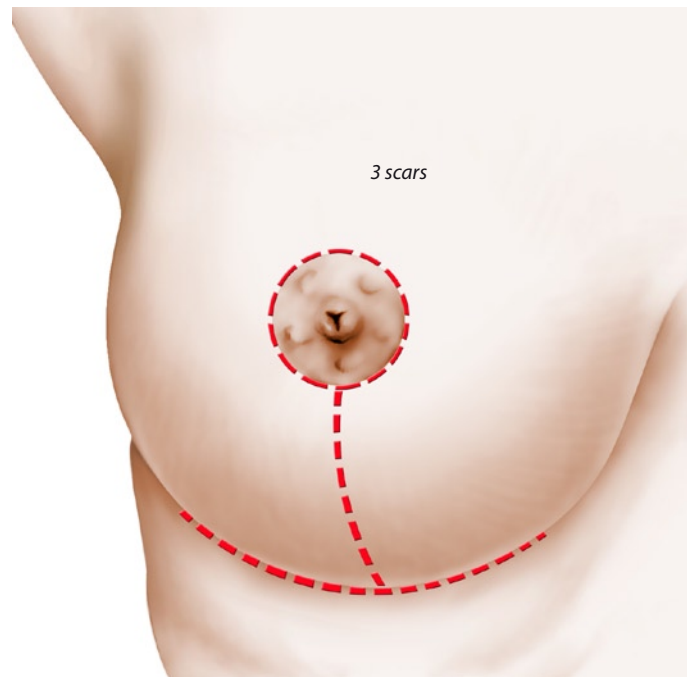
These aesthetic defaults cannot be paid by your health insurance.

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 breast.

The operation shapes the breast by stretching the skin envelope and concentrating the glandular tissue. The gland is concentrated and put back in proper position, after removal of the skin excess, thus placing the nipple and areola back in a youthful position

The skin incisions are sutured and cause scars.

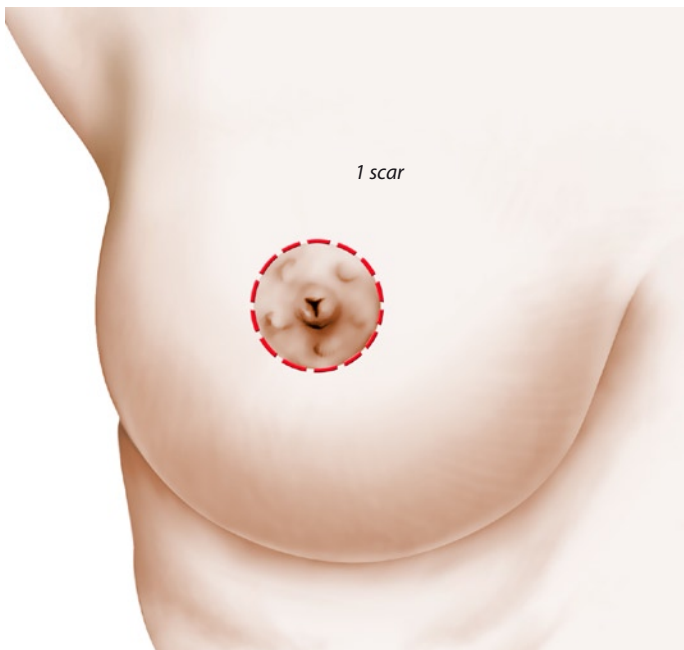
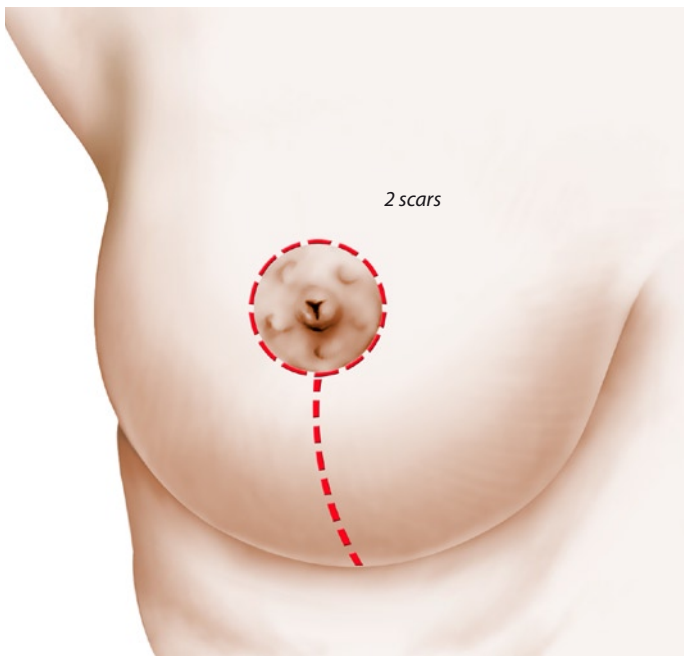
When the ptosis is very severe, the scars have an anchor shape, with a peri-areolar scar between the brown and white skin, a vertical scar from the areola down to the bottom fold of the breast (infra-mammary fold). The length of the horizontal scar is proportional to the severity of the sagging.



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

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

Finally, in case of a too small breast volume (mammary hypoplasia), breast implants can be added, to restore a satisfying breast volume. In this case, it is usually possible to remove the excess skin around the areola and reduce the scar only to a peri-areolar scar



Mammoplasty 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.

● BEFORE THE OPERATION

A preoperative check-up is made according to your surgeon's recommendations.

You will meet the anaesthesiologist in consultation at latest, 48 hours prior to surgery.

Besides the usual preoperative examinations, your surgeon might ask you to have a mammogram (breast x-ray) or a breast ultra-sonography

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

● HOSPITAL STAY AND TYPE OF ANESTHESIA

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

● THE PROCEDURE

Every surgeon has his or her personal technical habits which he or she adapts to every new case, in order to obtain the best possible results. However, there are common principles:

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

After surgery, you will wear a "bra-like" dressing with elastic bandage.

Depending on your surgeon and the severity of your ptosis, the operation can last two to three hours.

● 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 upwards are common symptoms.

Your dressing will be removed after 2 days and replaced with a lighter one, resembling a custom made bra.

You will leave the hospital 1 to 2 days after the operation and attend consultation 2 to 3 days later. You will then be wearing a surgical bra, which size will have been determined 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 one to two months before practising any sports.

● THE RESULT

It can be best appreciated one year after the procedure: the breasts are usually harmoniously shaped, 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.

● **DISAPPOINTING RESULT**

The main concern is scars, which will be closely looked after by your physician. They can often be red and swollen for 2-3 months. Then, they slowly fade away and with time, become moderately visible. However they can remain widened, clear or conversely, brown.

Regarding 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.

You may also notice a breast asymmetry, regarding volume, height, size or nipple orientation. All these imperfections can be corrected secondarily, after one or two 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 and most commonly occur in very large breasts.

There are surgical and anaesthetic complications.

● **Concerning anaesthesia**, the anaesthesiologist will inform you about all the anaesthetic risks. You must be aware that anaesthesia can sometimes cause unpredictable body reactions that can be difficult to control. The presence of an experienced anaesthesiologist, in a surgical environment, means that the risks are statistically practically negligible.

In fact techniques, products and monitoring methods have progressed considerably over the last twenty years, offering optimal safety, especially when the operation is elective and the patient is in good general health.

● **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.

Among possible complications, you must be aware of the following :

- Infection can be treated with drainage and antibiotics.
- Blood clots (haematomas) are quite rare but can occur. They can be evacuated.
- Localised skin or gland necrosis are rare with modern techniques. They can cause delayed healing.
- 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 anaesthesia.

PERSONAL OBSERVATIONS :