



Breast Lift (Mastopexy) / Breast Reduction Surgery

OVERVIEW

Breast Lift (Mastopexy) Surgery involves reshaping and repositioning of the breasts to improve their aesthetic appearance. It is sometimes combined with breast augmentation.

Breast Reduction Surgery involves removing skin and breast tissue to reduce the size and reshape the breasts.

Breast Lift and Breast Reduction Surgery share some similarities in regards to the surgery and recovery processes and for this purpose have been included together on this information sheet.

Note:

The following information has been created by A/Professor White as a general guide to assist his patients and is intended to provide a broad overview of the important considerations related to the decision to have breast lift (mastopexy) or breast reduction surgery.

Although the specific nature of the surgery may vary with each individual and is dependent on the exact circumstances of each patient, the information outlined below describes what you would reasonably expect to follow.

Patients are encouraged to further discuss this information along with any specific questions or concerns with A/Professor White during their consultation.

BREAST LIFT SURGERY (Mastopexy)

COMMON REASONS FOR MASTOPEXY SURGERY

- After children or having lost a significant amount of weight the breast may have changed shape
- To correct changes that have occurred due to the ageing process
- Skin irritations such as rashes/fungal infections beneath the breasts
- Bring overall body shape into proportion

WHAT IS INVOLVED WITH MASTOPEXY SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2-3 hours
- Complex pre-operative markings are made by A/Professor White which are created to achieve the desired surgical outcome
- Breast tissue including skin, some glandular tissue and fat is excised or repositioned
- The breast is re-modelled and sutured together including repositioning of the nipple
- A breast implant may be inserted if necessary
- The final scar pattern varies depending on individual anatomy and desired results but usually involves a scar around the areolar (coloured skin around the nipple) and a vertical scar
- Dressings are applied
- Drain tubes are not routinely used



BREAST REDUCTION SURGERY

COMMON REASONS FOR BREAST REDUCTION SURGERY

- Reduce the weight of heavy breasts which may be contributing to neck or back pain
- Heavy breasts may also cause bra straps to dig into the shoulders
- Skin irritations such as rashes/fungal infections beneath the breasts
- Clothing that fits well may be difficult to find
- Breasts may get in the way of your arms at the side
- Improve posture and ability to exercise
- Above issues resistant to exercise and diet

WHAT IS INVOLVED WITH BREAST REDUCTION SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2-3 hours
- Complex pre-operative markings are made by A/Professor White which are created to achieve the desired surgical outcome
- Breast tissue including skin, some glandular tissue and fat is excised or repositioned
- The breast is re-modelled and sutured together including repositioning of the nipple
- The final scar pattern varies depending on individual anatomy and desired results but usually involves a scar around the areolar (coloured skin around the nipple) and a vertical scar
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MINIMAL SCAR BREAST REDUCTION

The traditional breast reduction technique involves an 'anchor' type scar pattern. There is a circular scar around the areolar (coloured area around the nipple), a vertical component and a long horizontal scar based in the fold beneath the breast.

The minimal scar technique that A/Prof White uses for most breast reductions eliminates the long horizontal scar beneath the breast.

The advantages of this are:

- Reduction in the amount of scars. Sometimes the scars that result from traditional breast reduction surgery are visible in the cleavage area and give rise to puckers or 'dog ears' - either in the cleavage area or under the arms.
- Preserving breast tissue in the cleavage and removing it in the lower parts and beneath the arm (lateral).
- Better projection.
- More durable, long term results.
- Less wound healing issues.
- Better sensation and less risk of nipple necrosis (tissue death).

The disadvantages are:

- Initial large gathering of excess skin beneath the breast. The bigger the reduction the more excess skin there can be.
- A non natural shape in the first few weeks with over projection.

These appearances start to resolve quite quickly in the first few weeks post surgery. It is usually at about 6 weeks after surgery that a true idea about the end result will be possible. In the vast majority of cases these issues settle - in a small group some minor revision may be necessary at about 12 months.



RECOVERY AFTER SURGERY FOR BOTH BREAST REDUCTION & MASTOPEXY

- Patients most commonly require a hospital stay of 1-2 nights
- The area will feel a little uncomfortable for a few days
- Gradually increase mobility and activity; generally back to most normal day to day activities at two weeks
- Most people allow approximately 2-3 weeks off work. However, you may require additional time if your job is more physically demanding. This can be discussed with A/Prof White
- Able to drive when comfortable to do so
- No heavy lifting or exercise for 6 weeks.

POST OPERATIVE CARE - REVIEW APPOINTMENTS

Post operative visits with A/Prof White

- Approximately one week after after surgery: Appointment is to ensure you are healthy and to review the surgical wounds
- Six weeks post surgery: Appointment is to review the final result from surgery. If all is progressing well, A/Prof White will give you the all clear to resume normal activities
- Four - Six months post surgery: Review
- 12 months: Review

If, at any point in time, there are concerns then you will be seen more frequently.

SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual issues you will have discussed with A/Prof White related to your decision to have this particular surgery
3. Minimise scars
4. Durable, long term pleasing shape

BEFORE DECIDING TO HAVE BREAST REDUCTION OR BREAST LIFT (MASTOPEXY) SURGERY YOU SHOULD CONSIDER THE FOLLOWING

- Desire for any further children
- Stable, healthy weight
- If a smoker: STOP smoking
- Generally fit and healthy
- Be over 18 years old and have finished breast development
- Breast screening up to date: In women over 50 and/or where regular breast screening and mammograms has been recommended

ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- Using a professionally fitted and comfortable bra



RISKS TO CONSIDER

ANAESTHETIC - In otherwise well people, general anaesthesia is very safe with modern techniques. A/Prof White's rooms will give you the details of your anaesthetist prior to surgery to discuss any specific concerns

BLEEDING/HAEMATOMA - This may need a return to the operating theatre to evacuate blood clot

INFECTION IN THE WOUND - If this does occur it can usually be cleared up with antibiotic tablets

DVT/PE (Deep Venous Thrombosis/Pulmonary Embolus) - These are blood clots that are potentially very serious and even life threatening. The clots may form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

SCARS - Typically the resulting scars are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your followup visit with A/Prof White to assist in achieving the goal of a thin, barely noticeable scar.

WOUND SEPARATION/DELAYED HEALING - This is much more common in smokers or if there is an infection.

SENSATION - This is very commonly altered with surgery. The nipple area is often numb or may even become more sensitive. Generally this will settle down over weeks to months.

BREAST SYMMETRY - The final result will take several months to achieve. The majority of patient's have different sized or shaped breasts before surgery. These differences are taken into account for your operation but small differences may continue to exist or even new ones created. The scars may be slightly different on your right compared to your left side.

BREAST FEEDING - Ability to breast feed after this surgery may be affected

BREAST CANCER - The risk of breast cancer is no higher or lower with this type of surgery. It is prudent to address any concerns in this area prior to breast surgery.

NOTE

In the interest of clarity and full transparency, not all possible risks are listed here. The most common and most serious risks have been listed.

NO SURGERY IS RISK FREE

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications.

Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant post operative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long term effect on an excellent final result.