

Breast Uplift - 'Mastopexy'

What is Breast Uplift?

The position and shape of the breast changes with time. In a youthful breast the nipple is approximately above or at the level of the breast crease ('Inframammary Fold'). Over time, there is a tendency for the nipple and the breast to droop lower than this level. This is influenced by a number of factors especially changes related to childbearing and breast feeding, weight change and ageing. Gravity draws the breast down so that the nipple is below the level of the breast fold and it may point towards the floor rather than straight ahead. This drooping of the breast is known as 'Ptosis'.

The shape and proportion of the breast can be improved to a more youthful appearance by lifting the position of the nipple and reshaping the skin and the breast tissue around it. This operation is known as a breast 'Uplift' or 'Mastopexy'

Is Breast Uplift the right operation for me?

If you are happy with the way your breast fills a bra cup (i.e. the quantity of breast tissue you have) but not with the appearance of the breast when you are without a bra it is possible to 'lift' the breast without removing any breast tissue. It is usually possible to reduce the size of the nipple-pad ('areola') in the process and many patients find this is a pleasing additional benefit.

If you would like more quantity in the breast as well as an uplift, this can be achieved by combining Uplift with a Breast-Implant or by liposuction Fat Transfer at the same time or as sequenced operations. It may be possible to address mild amounts of drooping with a breast implant alone.

Combining Uplift and Breast-Implant into a single operation is complex surgery and the results are not easily predictable with approximately 25% of patients going on to want further operations on the breast.

If you would like to reduce the quantity of breast tissue, a Breast Reduction is done. The design of Breast Reduction is very similar to an Uplift but breast tissue from the lower half of the breast is removed so that the overall size of the breast is reduced.

Are there any limitations to this operation?

It is important to note that the operation can NOT move the base of the breast (i.e. the zone where the breast is attached to the chest wall) upwards, nor is it usually effective at filling the upper part of the breast; it simply reshapes the breast so that the nipple and nipple pad are more centrally positioned over the breast and the lower part of the breast is brought upwards towards the level of the infra-mammary fold.

The 'texture' or 'elasticity' of the breast is determined by the quality and thickness of collagen and elastin structural fibres in the skin and deeper tissues of the breast. These fibres become 'softer' and 'stretchier' with increasing age, hormonal changes, smoking, UV-sun exposure and additional stretching from milk production. The Uplift operation does NOT alter the quality of these fibres. This means that, although the shape and proportion of the breast will be improved by Uplift, the texture of the breast will be much the same as it was before surgery (once the post surgical swelling has settled).

How is the surgery done?

Breast Uplift is a general anaesthetic operation. Measurements and markings are made immediately before surgery. During the operation, skin is removed from the underneath of the breast and from around the nipple. The remaining skin is reshaped around the nipple.

Scars are sited around the nipple pad, another scar is sited from the nipple pad vertically down to the breast crease and a further scar runs side-to-side in the breast crease. You end up with a circular scar around the nipple-pad and an upside-down 'T' shape dropped down from the nipple-pad. In a few cases, where a very small lift is required, only the scar around the nipple is required ('round nipple', 'periareolar' or 'Benelli' technique).

How long does the operation take?

It is a general anaesthetic surgery which takes approximately 2-3 hours. You will be in the operating zone of the hospital for longer than this because of time taken to give anaesthetic and for 'coming-round' afterwards. Usually you will remain in hospital overnight and return home the day after operation.

How long is the recovery time?

Most patients report that their surgery was much less painful than they expected. It is usual to have moderate pain for a few days. Normal pain-medication and rest should be all that is necessary to tolerate this. There will be swelling and bruising and some tightness. It is not unusual for patients to experience a bit more pain/swelling/bruising on one side than the other. Into your second post-op week, things will typically be much more comfortable but you may continue to get some pains and 'twinges' which can persist for longer.

Shower-resistant dressings are used and a soft supportive bandage or bra will be put on you in the operating theatre or on the following day in most cases. Return to gentle daily activities (e.g washing, dressing, preparing and eating food, child care) the next day if you feel ready and comfortable to do so.

Dressings should be left intact until your first check-up 1 week after surgery. You can have a brief shower or strip-wash but bathing and swimming should be avoided for at least 2 weeks or until all wounds are sealed and dry. The bra should be worn continuously (except for washing) for 6 weeks after surgery.

Avoid strenuous exercise / activity / jobs for 6 weeks. Patients may feel able drive the car and return to a calm office environment within a few days. If you have a more active job, you may prefer to plan 2 or more weeks off and if you have young children you should plan to have some support available until you are comfortable and confident enough to cope.

Bruising and much of the swelling will resolve in 2 – 3 weeks. The breasts will initially be larger and firmer than they will finally be - it will take approximately 3 months (sometimes longer) for the texture, size and shape of the breast to completely soften and settle.

It takes approximately 12 months for scars to fade and these can sometimes become quite red and itchy before fading.

There may be some small wrinkles or puckering around or near to the nipple in the early months, especially where the 'round nipple' technique is used. These ordinarily settle within 12 months. With the 'Inverted-T' technique, small folds of redundant skin may remain after surgery at the ends of the breast crease.

What about the results of Breast Uplift?

The breast shape and proportion are improved by moving the nipple upwards and removing skin from the underside of the breast. Most patients are pleased with the improvement in shape.

Ultimately the physical results depend on your own tissues and the way they heal because of

- the pre-existing shape and texture of your own breasts
- the elasticity of the collagen in the skin and breast tissue
- scar and wound healing

It is important to have reasonable expectations about what can be achieved. Because it is impossible to exactly simulate or predict the final appearance and texture of the breast, some patients may be disappointed with the outcome despite a technically sound and appropriate operation.

Symmetry and dog-ears

Most women have differences in the size and shape of each breast prior to surgery and there will be differences after your operation as well. The aim of surgery is to closely match the breasts but it is impossible for surgery to achieve perfect symmetry in the breasts and nipples. Prior to surgery, breast size, shape, and position of the nipple or breast fold are never completely symmetrical. Asymmetry can also be caused by the shape of your rib-cage.

Due to skin elasticity and variability of wound/scar healing, some degree of asymmetry will be present after surgery even where there is a specific attempt to reduce the amount of difference. It is also rarely possible to match the size and shape of the nipple pads exactly. There may be differences in scars as well.

Swelling of the breasts in the immediate weeks after surgery may differ on each side so you should not be concerned if there is some apparent asymmetry during this period as long as this is not excessive, painful or tight.

A secondary fold can develop at the ends of the breast scar and this is known as a 'dog-ear'. Every effort is made to avoid this but it may not always be possible.

Because healing processes are not entirely predictable, costs for further cosmetic adjustments are not covered by your surgical fee.

What happens if I have children?

You must not be pregnant or breastfeeding at the time of surgery. It is advisable not to become pregnant for 12 months after breast surgery in order to allow the breast to fully settle. Pregnancy itself causes no problem in the long term but ability to breastfeed after breast uplift is not guaranteed. It should be remembered that some women with un-operated breasts are unable to breast feed. In most cases breast uplift is requested by women who have completed their families.

How long do results of breast uplift last?

The breast will change in shape and fullness during your natural life. For smaller breasts in women who have stable weight and no further pregnancies, it is likely that the uplifted breast will maintain its shape for many years. For women with heavier or implanted breasts and for those who have further pregnancies or fluctuation in weight, it is much less easy to predict the long term outcome.

Should I be concerned about breast cancer and breast uplift surgery?

This depends on your age and any family history of breast cancer. Breast uplift surgery is not linked with breast cancer. Your surgeon will examine your breasts for lumps when you attend for your consultation.

Current guidelines recommend that women aged 40 years and above should have a mammogram in advance of having breast uplift or other cosmetic breast operations.

What about breast implants and breast uplift ('implant-mastopexy')?

Breast uplift can be combined with breast implant surgery. For some patients this will be their first cosmetic breast operation and on other occasions the circumstances may be that old implants are being exchanged and an uplift will be done at the same time.

Combining breast implants with breast uplift has the advantage of achieving two objectives at once (improving the proportion of a droopy breast and also increasing the size of the breast). It is a single occasion in hospital and there may be some cost saving.

There is however a significant disadvantage because these two operations 'fight' against each other to some extent - it is difficult to use an implant as big as one might want because there has to be enough give in the skin to safely complete the stitching for the breast uplift. Conversely, it is impossible to 'lift' the breast as much as one would like because enough skin has to be left available to accommodate the implant.

With the 'double-hit' of combining these operations, the breast, especially the lower pole, can stretch after surgery and some droopiness will remain as a result. Therefore, each individual procedure is compromised as a result of performing them both at the same time. Whilst good results can be achieved by 'implant-mastopexy' or 'implant-exchange-mastopexy', it is impossible to guarantee and predict the final outcome in any individual case. There is approximately a 25% chance that you may choose to have a further procedure to optimise the appearance of your breasts. The cost for this would not be covered by your original surgical fee. There is also some suggestion that breast implant capsule formation (tightening / shape-change of implant) is a bit more likely with implant-mastopexy operations.

It may be a better strategy to start with one procedure and do the other one subsequently - the best sequence may depend on a number of factors.

What are the risks of Breast Uplift Surgery?

It is impossible to eradicate all the risks associated with surgery. However, Breast Uplift is a safe procedure if performed by a fully qualified and trained Plastic, Cosmetic Surgeon in Hospitals with a high standard of care. The majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from surgery (stroke, pneumonia, punctured lung, heart failure, severe allergy, severe infection, hypoxia)

Dangerous blood clots ('DVT', 'PE')

Bleeding inside the breast (approx 1-2%)

Minor wound infection or stitch problem

Allergy to dressings / antiseptics / stitches

Re-stretching of breast skin and tissue

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds. You are strongly advised to cease smoking for at least one month before and a further month after operation.

May affect cosmetic result - may settle with time or may lead to further investigations, treatment or surgery

Asymmetry (often pre-existant) of breast

Asymmetry of areola shape / size

Seroma (collection of fluid)

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Long term pain

Failure of circulation to nipple resulting in poor healing or sometimes necrosis of nipple

Widening or contracture of scars or poor healing especially at 'T' junction areas

'Dog-ears' - secondary folds at the ends of scars

Swelling, bruising, pain

Numb Nipple

Hypersensitive Nipple

Not able to breastfeed

Numb breast skin

Scar healing abnormality: 'hypertrophy'; 'keloid'

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad.

The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties.

For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and crusts on the wound have separated (usually by 3 weeks).

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 3 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office.