PAUL HARRIS
PLASTIC SURGEON

www.paulharrisplasticsurgeon.co.uk

Mastopexy (Breast Uplift) Information Sheet

This information sheet is a general guide for patients undergoing a breast uplift (mastopexy) procedure under the care of Mr Paul Harris. It should help to clarify the answers to some questions that you may have. There are many additional factors that can have an effect upon your individual operation, your recovery and the long-term result. Some of these factors include your overall health, your chest size and body shape, previous breast surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

What is a mastopexy?

Mastopexy is the name used for the operation where the breast is hitched or lifted up because it is too droopy, particularly if you are happy with the volume of the breast. So no tissue is removed and no tissue is added. This set of circumstances usually occurs when the skin has become very stretched following marked weight loss, pregnancy or advancing age.

What does the surgery involve?

The operation is performed under general anaesthetic, usually with a one night stay in hospital afterwards. You are marked out before the operation, and it is designed on the pattern of a breast reduction technique. When only a small amount of skin is required to be excised, there is the usual scar around the nipple areola, which is lifted up to a new normal position, and a vertical scar running down from this to the sub-mammary groove. When large amounts of skin are excised, an additional scar is needed horizontally, lying in the sub-mammary groove (infra-mammary crease). The length of the scar can be variably but it is usually hidden within the crease.

The breast tissue or gland is also reshaped in an effort to produce greater projection and an overall more rounded look. As the nipple is moved, it may also be separated from the breast tissue and this can impact on the ability to breast feed.

How long should I wait after pregnancy and breast-feeding?

You should wait six months to a year after pregnancy and breastfeeding before considering a mastopexy. During this time the gland will be getting smaller (involuting) and there is a danger, if you have breast surgery this early on, that the position of the nipple and the residual gland may not be quite right as the breasts continue to change. There is also a recognised higher rate of wound breakdown following surgery if it is undertaken too soon after breastfeeding, although it is difficult to quantify the additional risk.

What will happen before the operation?

If you are unwell before the operation, please call Mr Harris' secretary (tel: 0207 927 6520) as the date of surgery may need to be postponed. No aspirin or medication containing aspirin should be

taken for ten days before surgery. If you smoke you should stop completely for three weeks before surgery to reduce the likelihood of post-operative complications.

If surgery is scheduled for the morning then please do not eat or drink anything after midnight the night before, although you can sip water up to two hours before the actual procedure. If the procedure is in the afternoon, you should stop eating and drinking at 7:00am. Please bring with you a nightdress, dressing gown, slippers and toiletries. Do not bring cosmetics or jewellery. You should have a shower at home before you go to hospital, or on the ward the morning of the operation.

When you arrive in hospital, you will be seen by a nurse who will talk to you about your general health and examine you to make sure that you are fit for surgery. They may also arrange for you to have some blood tests, a heart trace (ECG) and a chest X-ray. An anaesthetist will visit you to discuss the anaesthetic. Mr Harris will also come and discuss your surgery in detail with you. He will often take some pre-operative photographs and draw some markings to guide the surgery. It is important that you do not wash these lines off.

You will then be asked to sign a consent form. Make sure that you are fully informed of and fully understand all the consequences of the surgery prior to signing this. Signing this form does not take any of your normal rights away, it merely states that Mr Harris has explained the operation to you and that you have had an opportunity to discuss the anaesthesia with an anaesthetist.

How long does the operation take?

The operation takes one to two hours and is performed under general anaesthetic. You may need to have drains placed in the breast. These are removed the following morning.

Do I need to buy a special bra?

It is important that the breasts are held in place firmly for the first few weeks after the surgery and a well-fitted supportive bra often helps with this. Mr Harris can provide appropriate bras for you or his nurse can give you some advice on where to buy them. It is usually best if you have two, so that you can maintain support whilst a bra is being washed. You should bring one of the bras to theatre so that it can be put on at the end of the operation whilst you are still asleep. These bras need to be worn for six weeks following the surgery, both during the night for sleeping and during the day.

How will I look after surgery and how soon can I return to work?

Following surgery your breasts will be covered with a paper tape dressing which will provide a degree of support in addition to the bra. Nothing further should be required until you re-attend the hospital after seven to ten days, when the dressing will be removed and the wounds inspected. Mr Harris uses dissolving stitches and therefore their removal is not necessary.

The time for recovery is less than for a breast reduction. You should allow between one and two weeks off work and four weeks before you return to full activity.

What are the complications that can happen?

The particular complications to be aware of are firstly the scarring. In many patients this is of extremely good quality but in younger patients and some darker skinned patients, they do run a risk of developing raised, red hard scars (hypertrophic) which in a few patients can go on to become keloidal. Scars never become invisible.

The second important side effect is nipple sensation. Approximately 5% of patients will lose some or all feeling in one of their nipples following this operation. Often immediately after surgery, the nipple

sensation is decreased but in most this comes back over a period of 12 to 18 months. Very rarely you might develop an infection to the breast, which can cause a delay in healing. If this affects the nipple it may cause loss of some of the areolar or in extremely exceptional circumstance, even the nipple itself.

What may be a late complication of surgery?

Apart from the appearance of the scars, there may be minor asymmetry in size, volume or shape between the two breasts and in particular in the shape of the nipple areolar complex. It is always a matter of judgement and very occasionally patients do require an adjustment of one or both breasts.

Will my breasts droop again after surgery?

Your breast shape is determined by the amount skin surrounding your breast and the supporting ligaments within the breast. In some patients, the supporting ligaments of the breast are permanently damaged by stretching at the time of pregnancy or by weight gain, and hence the breasts droop excessively afterwards. A mastopexy operation reshapes the breast gland and removes excess skin but it does not repair the internal ligaments. This usually maintains a good shape for several years, but slow changes do take place because of the effects of gravity and eventually the breasts will take up a more droopy (ptosed) shape again.

Recent long term studies have been undertaken to analyse breast shape after mastopexy in terms of the different areas within the breast. They have shown that initially the entire breast is lifted on the chest wall. Hence the beginning of the upper part of the breast, where it leaves the flat chest wall (known as the breast 'take off' position), is elevated. However, this 'take off' slips back to normal over approximately 18 months. The lower drooped portion of the breast below the nipple, is however reshaped and lifted for much longer. The nipple will be repositioned on the breast permanently.

Will I be able to breast feed after a mastopexy?

Although some women are able to breastfeed after a mastopexy, this is the exception rather than the rule. You should assume that you will not be able to breast feed no matter how long after the surgery you have children. The ability to produce breast milk depends on the remaining part of the breast gland being connected to the nipple by the breast ducts. The nipple is moved, therefore these ducts are usually cut at the time of surgery. It is therefore best to wait until you have completed your family before considering a mastopexy. In addition, if you do become pregnant after a mastopexy, the breasts will enlarge and stretch the skin and ligaments again leading to a more drooped look. This will mean that the mastopexy will not last as long a usual and is another reason to delay surgery until you have completed your family.

I have heard that you can have a mastopexy with an augmentation at the same time, is this true?

Some patients who wish to increase the size of their breasts following weight loss or pregnancies, may also have significant ptosis (drooping) of the breast. A straightforward breast augmentation in these patients does not always correct the problem, as the prosthesis might lie too high compared with the low nipple and the breast would look abnormal. In this situation Mr Harris will possibly advise a breast augmentation with a mastopexy procedure.

This type of operation can be carried out as a single procedure or as a two-stage procedure, i.e. the mastopexy first and then the breast augmentation at a later date. Whilst most patients prefer one operation, they do run an increased risk of both the complications of a breast augmentation, in particular encapsulation (scarring) around the prosthesis, and the complications of mastopexy, particularly scarring and altered sensation in the nipple. However despite this, some of Mr Harris'

happiest breast surgery patients are those who have had a mastopexy augment as a single operation. This is because their breasts before the surgery presented a very marked deformity that often made them extremely self-conscious and the improvement achieved by the surgery was striking.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (http://www.thelondonclinic.com) and at The Royal Marsden Hospital, Fulham (http://www.royalmarsden.nhs.uk). He also consults and operates at Parkside Hospital, Wimbledon (http://www.parkside-hospital.co.uk). All provide a full range of medical support services.

Main correspondence, appointments and administration

Although some patients are referred by their General Practitioner, the majority are recommended by previous patients. You may, therefore, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:
5 Devonshire Place
London
W1G 6HL

For appointments please contact:
appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:
admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:
nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878