PAUL HARRIS
PLASTIC SURGEON

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.

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, and where you are happy with the existing volume, so no tissue is removed and no tissue is added. This set of circumstances usually occurs when the skin has become stretched following marked weight loss, pregnancy or advancing age.

What does the surgery involve?

The operation is performed under general anaesthetic, 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 needs 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 larger amounts of skin are excised, an additional scar is needed horizontally, in the sub-mammary groove (infra-mammary crease). The length of the scar varies, but is usually hidden within the crease.

The breast tissue or gland is also reshaped, in an effort to produce greater projection and a 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 breastfeeding?

You should wait six months to a year after pregnancy and breastfeeding before considering a mastopexy. During this time the breast tissue will shrink (involute) and there is a danger, if you have breast surgery too early, 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 higher rate of wound breakdown following surgery if it is undertaken too soon after breastfeeding, although it is difficult to quantify the additional risk. Finally, operating too soon can re-stimulate milk production.

What will happen before the operation?

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 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, but do not bring cosmetics or jewellery. You should have a shower at home before you attend hospital, or on the ward the morning of the operation.

When you arrive in hospital, you will be evaluated by a nurse, seen by the anaesthetist and visited by Mr Harris, who will discuss your surgery in detail with you. He may take pre-operative photographs and draw markings on your body 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 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 two to three hours and is performed under general anaesthetic. You may need to have drains placed in the breast, which are removed the following morning, before you go home.

Do I need to buy a special bra?

It is important that the breasts are held in place firmly, but comfortably, for the first few weeks after the surgery and a well-fitted supportive bra helps with this. Mr Harris can provide appropriate bras for you and you can discuss your needs with his nurse. It is best if you have two bras, so that you can maintain

support whilst a bra is being washed. You should bring one of the bras to hospital, 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 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 is a mastopexy augmentation?

Some patients wish to increase the size of their breasts and also have significant ptosis (drooping) of the breast. A straightforward breast augmentation in these patients does not always correct the problem, as the implant will not fill the breast, and might lie too high compared with the low nipple, making the breast look abnormal. In this situation, Mr Harris may 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.

What are the side effects of surgery

The important complications to be aware of are scarring and reduction in nipple sensation. In many patients scarring is of extremely good quality but in younger patients and some darker skinned patients, there is 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. Mr Harris has never experienced this complication.

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 require an adjustment of one or both breasts.

Will my breasts droop again after surgery?

Your breast shape is determined by the amount of skin surrounding your breast, and the supporting ligaments within it. In some patients, the supporting ligaments 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 cannot 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 droopy shape again.

Recent long-term studies have analysed breast shape after mastopexy in terms of the different areas within the breast. They have shown that, initially, the entire breast is elevated 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 reshaped and lifted for much longer. The nipple will be repositioned on the breast permanently.

Mr Harris may suggest the use of an internal mesh if he thinks your breasts are at risk of early drooping (see information sheet on Galaflex mesh).

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. During surgery, 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 both the skin and the ligaments again, leading to a more drooped look. This will mean that the mastopexy will not last as long as usual and is another reason to delay surgery until you have completed your family.

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