



# BREAST UPLIFT

## Background

**Mastopexy (uplift)** and **breast reduction** are surgical procedures to reshape, reduce and/or raise sagging breasts. They are considered together because similar scars result.

**Ptosis** (droop) is the natural consequence of aging and depends on many factors. It is classified by comparing nipple position relative to the infra-mammary fold (IMF) where the underside of the breast attaches to the chest wall. There are 3 degrees of severity:

**Grade 1** is mild and exists when the nipple sits at the level of the inframammary fold and above most of the lower breast tissue.

**Grade 2** is moderate ptosis and occurs when the nipple is below the fold, but higher than the majority of hanging breast tissue.

**Grade 3**, severe droop, sees the nipple well below the fold and pointing downwards at the lowest part of the breast

Post-pregnancy volume loss and ptosis are probably the most common reasons for **mastopexy** because the breasts go through significant changes in shape and size. The most common request is simply to **restore** breasts to their earlier state.

Breasts that also lack volume may require a combination of **mastopexy** and **augmentation** with a prosthesis.

## Pre-Operative Consultation

A detailed consultation is required to assess both your desires and your tissues. Often the element causing most concern is the scarring, but it is vitally important to understand any limitations your own tissues may impose and have realistic expectations. They may impose and have a realistic level of expectations.

## Operative Procedure

General anaesthetic (GA) is required and there will be an incision around the areola. You will probably also have a vertical ('lollipop') scar and large or very droopy breasts require another one in the crease ('anchor-pattern'). Absorbable stitches are used, but overnight stay is required. Overnight stay is required.

## Post-Operative Advice

It is important to mobilise gently after surgery to reduce the risk of thromboses. Pain is unusual and paracetamol is often all that is required.

The dressing must be kept dry until wound review after a week. Strenuous exercise and heavy lifting should be avoided for 6 weeks. Scar massage is helpful, but you should limit sun exposure for the first year.

## Risks and Complications

Whilst any operation has the potential for complications, these are rare with modern techniques. Particularly important are your own expectations as to whether the operation can achieve the result you desire and at what cost in terms of the scar and any individual risks.

CASE STUDY 1: 49-YEAR ♀ GII PTOSIS – VERTICAL SCAR MASTOPEXY



PRE-OP



POST-OP 3 MONTHS

CASE STUDY 2: 32-YEAR ♀ GRADE III PTOSIS – ANCHOR SCAR MASTOPEXY



PRE-OP



POST-OP 6 MONTHS