This leaflet provides further information for patients considering breast uplift surgery (i.e. mastopexy) without silicone breast implants. The leaflet goes through what the procedure involves, the potential risks and long-term consequences of having a mastopexy.

What is a mastopexy?

A mastopexy is breast uplift surgery. It aims to reshape the breasts and reposition the nipple to create a fuller, more projected and youthful appearance.

The shape of breasts can change and become more ‘droopy’ (also called breast ‘ptosis’) following pregnancy, child birth and breast feeding, weight loss or with natural ageing. In such cases, a mastopexy can remove any excess skin and help reshape the breasts and reposition the nipples to give a more youthful appearance to the breasts.

A mastopexy can also be performed to improve breast asymmetry if there are differences in the breast size, shape and nipple position.
What is an augmentation mastopexy?
If you do not have enough breast tissue or wish to enhance the size of your breasts, silicone implants can be placed to achieve the desired breast size. The implants can be inserted either at the same time as the mastopexy or months later as a separate procedure. Any difference in the breast size can also be corrected by placing different sized implants to even up the breasts.

This information leaflet is for patients having a mastopexy without any implants. Please see our patient information leaflet on ‘Augmentation Mastopexy’ for more detailed information specific to this procedure.

What are the requirements for breast uplift surgery?

**Smoking status**
Smoking adversely affects blood supply to tissues such as skin and fat and impairs wound healing. Patients who smoke are more prone to complications such as, delayed wound healing, wound infections, ‘fat necrosis’ where fat within the breast forms a hard lump due to a poor blood supply, or skin or nipple ‘necrosis’ (where the breast skin or nipple may not survive), again due to poor blood supply. Therefore, if you are smoker, it is critical that you do not smoke for at least 8 weeks before and after surgery to minimise these risks.

**Stable weight**
It is best to achieve a healthy ideal weight before proceeding with surgery. Weight loss after mastopexy surgery could potentially change the look of your breasts with ‘loose’ skin and greater ‘ptosis’ i.e. drooping of the breasts.

**BMI (Body Mass Index) status**
Your BMI should be less than 36 to have surgery and you must be fit for a general anaesthetic. Patients with a high BMI can be more prone to complications such as delayed wound healing, wound infections, ‘fat necrosis’ where fat within the breast forms a hard lump, or skin or nipple ‘necrosis’ (where the breast skin or nipple may not survive), due to poor blood supply. In addition, the risks of a general anaesthetic as well as blood clots forming within the legs (deep vein thrombosis, DVT) or the lungs (pulmonary embolism, PE) is greater in those with a high BMI.
How is a mastopexy (breast uplift) performed?

Breast uplift surgery is performed under general anaesthetic and can take 2 to 3 hours. An overnight stay is usually required. However, a small breast uplift could potentially be performed as a ‘day case’ procedure so that you are able to go home the same day.

Technique and Scars

There are different techniques of breast uplift and the technique used depends upon the amount of breast uplift required as well as the amount of excess breast skin. The resulting scars can vary depending on the technique used. At your consultation, Miss Tadiparthi will advise you as to which technique would give the best result and whether implants would be needed.

‘Periareolar’ or ‘Circumareolar’ technique results in a circular scar around the nipple area but usually only suitable for a small uplift.

‘Vertical scar’ technique results in a circular scar around the nipple area and another vertical scar running from the nipple down to the breast fold. This technique allows a greater degree of uplift.

‘Wise pattern’ technique has anchor shaped scars with a circular scar around the nipple area and another vertical scar running from the nipple down to the breast fold and a small horizontal scar along the breast fold. This technique allows the greatest amount of uplift and is suitable for patients with significant drooping of the breasts and excess skin.

Regardless of the technique used, the procedure involves keeping the existing nipple area alive on a block of tissue called the ‘pedicle’. The skin over the pedicle is removed, leaving just breast tissue and fat. Any excess breast skin and also some breast tissue may also be removed if one breast is larger than the other breast in women with asymmetry.

The nipple area is then secured into its new, higher position. The remaining breast tissue is then brought together and reshaped to give a tighter and more uplifted appearance to the breasts.

Before closing the wounds, a ‘drain’ (a plastic tube) may be inserted into each breast to remove any excess fluid. The drains may be removed either the day after your surgery before you are discharged home or you may be allowed home with the drains or they may removed 2 to 3 days later once the daily drainage amount is minimal.
What are the risks of breast uplift surgery?

Every surgical procedure has the potential for complications and these should be carefully considered before going ahead with surgery. Miss Tadiparthi will discuss these in more detail with you during your consultation. The main risks and complications of mastopexy surgery include:

**Permanent Scars**
The scars resulting from the operation will vary depending on the technique used but will be permanent. They can be red and prominent after surgery but usually settle down and improve over the next 12 to 18 months.

**Bleeding/Haematoma**
You will be observed closely after surgery. Blood can accumulate within the breast tissue and you may need to return to theatre to drain the blood clot (called a ‘haematoma’), stop any visible points of bleeding and washout the tissues.
Infection / abscess
If there is a simple wound infection, you may be given a course of antibiotics. However, if the infection is deeper within the breast tissue (called an ‘abscess’), this will require a further operation for drainage and washout of the tissues in theatre.

Bruising / swelling / pain
There will be bruising and swelling over the breasts which settles over a number of weeks after the operation.

Poor Scars
The quality of the scarring varies with each individual’s own healing ability. The scars may be stretched in appearance or become red, painful, lumpy and itchy (called hypertrophic or keloid scarring). Further treatment may be needed if hypertrophic or keloid scarring develops and this is at extra cost to patients.

Poor/delayed wound healing
Poor healing is often due to a poor blood supply to tissues and some of the skin flaps may not survive. You may need prolonged dressings until the area heals. Wound healing problems are more common in smokers and those with a high BMI or have other medical conditions.

Stitch extrusion
This is where some deep stitches are recognised by the body as foreign material and work themselves out through the wound. These sutures are usually easily be removed in the clinic.

Allergic reaction
You may develop an allergic reaction either to the anaesthetic, the antiseptic skin cleaning solution used in theatre, the stitches used to close the wounds or the dressings applied to the wounds. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

Nipple and breast skin sensation
The sensation to the nipple and the breast skin may either be the same, be reduced, or become more sensitive. You may find that the sensation may improve or return to normal over time.

Fat necrosis
If the blood supply to the fatty tissue within the breast is compromised, it can form a hard lump called ‘fat necrosis’ or occasionally there may be oozing through the wounds as the body breaks down the fatty lump. Fat necrosis can be more commonly seen in smokers and those with a high BMI or other health conditions.
Seroma
Clear or straw like fluid can accumulate within the breast as the drainage of the tissues is disrupted. This usually settles down over time but may require drainage of the fluid in clinic with a needle and syringe. Occasionally, drainage under guidance with an ultrasound scan may be needed and this would be at extra cost to patients.

Nipple loss and skin loss
If blood supply to the nipple is compromised, either all of it or part of it may not survive. This is more common in smokers and those with a high BMI or other health conditions. Further procedures are available to recreate the nipple area at a later stage. Very rarely, areas of the breast skin may also be compromised.

Breast feeding
It is usually not possible to breast feed after standard mastopexy surgery as the breast ducts and glands that produce milk. If you wish to breast feed, it is best to postpone your surgery until you have completed your family. There are special mastopexy techniques.

Inability to guarantee a cup size
If you are undergoing a mastopexy for breast asymmetry, the breasts will be reduced so that they are more symmetrical but the final cup size cannot be guaranteed.

Asymmetry and further procedures
After your surgery, there may be slight differences between your breasts in terms of the size, shape or nipple size, shape or position. There may also be slight differences in the scars to the breasts. Any major differences may be improved with further surgery. Once everything is fully healed and the breasts have settled (at least 6 months later), you may require further surgery to make minor adjustments to the final result.

Long term changes
The shape and appearance of your breasts may change as a result of ageing, pregnancy or weight gain or loss. You may need further surgery or other treatments to maintain the results of the breast uplift.

Thromboembolic complications
Rarely, blood clots can form within the legs (Deep Vein Thrombosis or DVT) and can potentially travel to the lungs (Pulmonary Embolism or PE). We employ multiple strategies including injections to thin the blood, support stockings to your calves and calf pumps to help reduce this risk. It is important that you start mobilising soon after your surgery to improve your circulation and minimise the risk of a DVT or PE.

Risks of anaesthesia
General anaesthesia is safe in most cases but the anaesthetist will speak to you in more detail with regards to the potential risks of an anaesthetic.
What is the post-operative care and recovery after mastopexy?

- You should be allowed home the same day once you are mobile and your pain is controlled with regular painkillers. It is important that you take the prescribed medicines regularly and that you keep mobilising following your surgery.

- You will be given advice on the supportive post-op bra and the size to order before your procedure. Please ensure that you bring the bra(s) with you on the day of your surgery as you will be put in this bra straight after surgery. A supportive bra should be worn day and night for 6 weeks. You should have at least 2 of these bras to allow a spare one for washing. Although you should be able to wear a underwired bra after 6 weeks, it may be more comfortable to do so after 3 months.

- The stitches used in the operation are all dissolvable and do often do not need to be removed. However, you will be seen by one of the nurses in the clinic for a wound check 10 to 12 days after surgery. You should be able to fully shower from 10 to 12 days after the surgery once your wounds have been checked in clinic.

- After 2 weeks, the wound should be mostly healed and dressings are often no longer required. The scars should be massaged ideally twice a day with a simple moisturising cream e.g. an aqueous cream such as E45 or Bio oil to help the healing process.

- It should be possible for you to return to work after 10 to 14 days with most standard occupations. However, the time needed off work depends on your job. You should be able to work from home a few days after surgery.

- Driving is not recommended for at least 2 to 3 weeks. You should be able to do an emergency stop to be able to drive. It is important that you inform your car insurance company of your surgery to ensure that your insurance is still valid.

- Swimming, heavy cardiovascular exercise, any strenuous activity or heavy lifting should be avoided for approximately 6 weeks after the surgery. These activities can increase the risk of wound infection and wound dehiscence. The scar is still weak at this stage and there is a risk of wound breaking down and coming apart (wound dehiscence).

- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, you should avoid smoking for at least 2 to 3 months before and after surgery. Tests may be performed to assess your nicotine levels before surgery. Any blood thinning medicines such as aspirin, warfarin, clopidogrel, rivaroxaban should also be stopped prior to surgery. You will be advised regarding stopping any medication at your pre-assessment prior to your surgery and when to restart it after surgery.
What follow-up will I have after surgery?

- At approximately 10 to 12 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds. Miss Tadiparthi will usually also be at the dressing clinic to check on your progress.

- You will be seen in the outpatient clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months and 9 to 12 months following surgery. Follow-up appointments are included in your surgeon fees.

Where can I get further information?

Recommended websites for further information on mastopexy surgery:

**British Association of Aesthetic Plastic Surgeons (BAAPS)\nhttps://baaps.org.uk/patients/procedures/5/breast_uplift_mastopexy**

**American Society of Aesthetic Plastic Surgeons (ASPS)\nhttps://www.plasticsurgery.org/cosmetic-procedures/breast-lift**