



This leaflet provides further information for patients considering a breast uplift plus silicone breast implants (i.e. an augmentation mastopexy). The leaflet goes through what the procedure involves, the potential risks and the long-term consequences of having mastopexy surgery and breast implants.

What is an 'Augmentation Mastopexy'?

Breasts can become smaller or change shape and become 'droopy' following pregnancy, breast feeding, weight loss or with natural ageing. In such cases, an augmentation mastopexy (i.e. a breast uplift with silicone implants) can help achieve your desired breast size, reshape the breasts and reposition the nipples to give a more youthful appearance to the breasts. The implants can be inserted either at the same time as the mastopexy ('single stage') or months later as a separate procedure ('two stage').

Augmentation mastopexy can also be performed to improve breast asymmetry if there are differences in the breast size, shape and nipple position. Any difference in the breast size can be corrected by placing different sized implants to even up the breast size. Both breasts would require implants where there is asymmetry. This is because a breast with an implant looks very different to a breast without an implant. The mastopexy would improve any differences in breast shape and nipple position.

What is a 'Single Stage' and 'Two Stage' Augmentation Mastopexy?

Single-stage mastopexy

The implants are inserted at the same time as the mastopexy

Two-stage mastopexy

Implants are inserted a few months later as a separate procedure after the mastopexy (typically at least 3 to 6 months later).

A single-stage mastopexy often has more associated risks than two stage mastopexy in terms of breast asymmetry, nipple related problems and is more restrictive in the size of the implant that can be inserted. This is due to the fact that the mastopexy brings the breast tissues together whereas the breast implant due to its size pushes out on the skin, nipple and breast tissues. Breast implant positioning is also more challenging and there is more tension when closing the wounds. As a result, complications such as asymmetry in breast size and shape and nipple size, shape and position, implant position, partial or complete nipple necrosis, poor healing, wound dehiscence, are greater.

A two-stage mastopexy is often recommended in patients with poor quality skin, have had considerable weight loss or in women that require a significant uplift. In a two-stage mastopexy, the implants are inserted 3 to 6 months later, once the wounds have fully healed, the scars are stable and the breast has started to take its shape. Often, a larger implant can be inserted in a two stage mastopexy and the implant can be positioned with greater accuracy as there is less tension on the wounds. Therefore, there is reduced risk of breast asymmetry, nipple or implant-related problems in a two-stage procedure.

Miss Tadiparthi will go through with you what size implant is most suitable or possible, whether a single-stage or two-stage mastopexy would be more appropriate for you and which technique would give the best outcome.

What are the requirements for augmentation mastopexy 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, implant infection requiring removal, '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. Therefore, if you are a smoker, it is critical that you do not smoke for at least 2 to 3 months 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 and you must be fit to have a general anaesthetic to have surgery. 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.

What are the alternatives to 'Augmentation Mastopexy'?

A 'two stage' mastopexy with fat transfer rather than using silicone implants would be the only real alternative to augmentation mastopexy. To increase the size of the breasts, fat can be injected into the breast at least 3 to 6 months after the mastopexy as a second general anaesthetic procedure. However, for fat transfer to the breasts, you must firstly have sufficient areas of excess fat in the hips, thighs, and tummy. In addition, as much as 50% of the injected fat may be reabsorbed by the body and so you may require several fat transfer procedures to achieve the desired bra cup size.

Fat transfer can therefore be financially draining and take a prolonged time to achieve. It is not be a viable treatment option for breast enhancement if there is insufficient fat to harvest in the donor areas or if you wish to have a significant degree of breast enhancement. More information is available on the 'Fat Transfer' in our patient information leaflet.

How is an Augmentation Mastopexy 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.

Techniques and Scars

There are different techniques of breast uplift and the technique used depends upon the amount of breast uplift required. 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 what size of implants can be inserted.

'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 their breasts with a lot of excess skin.

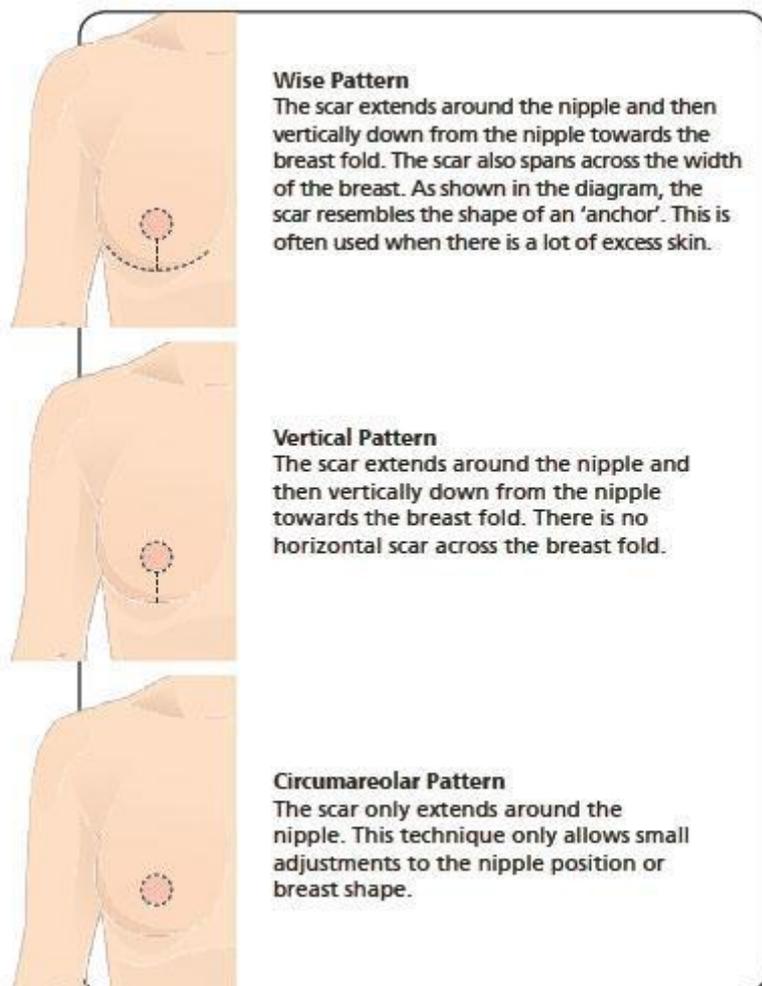
Regardless of the technique used, the procedure involves keeping the existing nipple area alive on a block of tissue called the 'pedicle'. The skin over the pedicle is removed, leaving just breast tissue and fat. A pocket is made under the breast tissue for the implant to be positioned.

If there is breast asymmetry, different sized implants are placed in each breast in order to improve the asymmetry. Miss Tadiparthi utilises a sterile 'inflatable sizer' during surgery. An inflatable sizer is an empty implant that can have a tube connected to it. The sizer can be temporarily placed within the created breast pocket and the volume can be adjusted by inflating and deflating it with sterile fluid drawn up and injected using a syringe. Different amounts of fluid can be injected into the sizer to determine what size of implant can be inserted in the breast pocket and still be able to close the mastopexy wounds. In cases of asymmetry, different sized implants can be inserted to improve the asymmetry i.e. a smaller implant is inserted in the larger breast and a larger implant in the smaller breast.



An inflatable sizer can be placed temporarily in the breast to determine which implants to use.

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 and they may be removed 3 to 5 days later once the daily drainage amount is minimal.



Wise Pattern

The scar extends around the nipple and then vertically down from the nipple towards the breast fold. The scar also spans across the width of the breast. As shown in the diagram, the scar resembles the shape of an 'anchor'. This is often used when there is a lot of excess skin.

Vertical Pattern

The scar extends around the nipple and then vertically down from the nipple towards the breast fold. There is no horizontal scar across the breast fold.

Circumareolar Pattern

The scar only extends around the nipple. This technique only allows small adjustments to the nipple position or breast shape.

What are the risks of an Augmentation Mastopexy?

Every surgical procedure has the potential for complications and there are long-term implications to having silicone breast implants. 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 augmentation mastopexy surgery include:

Breast / wound related risks

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.

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.

Bruising / swelling

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

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.

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

Deep stitches can be recognised by the body as a foreign material and work themselves out through the wound. These sutures can usually easily be removed in the clinic.

Allergic reaction

You may develop an allergic reaction to either the anaesthetic used, the antiseptic skin cleaning solution used in theatre, 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.

Fat necrosis

If the blood supply to the fatty tissue in the breast is compromised, it can form a hard lump called 'fat necrosis' within the breast 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 have other medical 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.

Nipple and skin sensation

The sensation to the nipple and the breast skin may either be the same, reduced, or more sensitive. Sensation may improve or return to normal over a few months.

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 have other medical conditions.

Further procedures are available to recreate the nipple area. Very rarely, areas of the breast skin may also be compromised and may not survive either.

Breast feeding

You will not be able to breast feed after mastopexy surgery. If you wish to breast feed, it is best to postpone your surgery until you have completed your family.

Inability to guarantee a cup size

During a single stage mastopexy, implants that sit comfortably in the created breast pocket and achieve a sufficient increase in size without compromising blood supply to the breast skin and nipple are inserted. Therefore, the final cup size after surgery cannot be completely guaranteed. If you find that the implants placed during the single stage mastopexy are too small, they can be exchanged with larger implants at a later stage (usually at least 3 to 6 months after the initial procedure).

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.

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.

Implant related risks

Implant infection

If an infection around the implant develops and does not settle with antibiotics, the implant will need to be removed. Another implant can be reinserted 3 to 6 months later once the infection has completely settled down.

Palpable / visible implants

The edge of the implant or folds in the implant (called 'rippling') may be visible if your breast tissue over the implant is thin.

Unnatural feeling breast

The feel of the breast may be firm and may not be as soft and natural as a normal breast without any implant.

Implant rupture

The implant may rupture either with injury or it can fragment as it ages over the years. However, there is no set time for the implant to be removed. When the implant ruptures, the breast may become smaller and look deflated or in some cases become swollen and tender. Although the ruptured silicone gel from the implant is contained within the breast pocket, the body can react and lumps (called 'silicone granulomas') may develop in the armpit or near the breast area. These granulomas do not need to be removed unless they become tender or causing other symptoms.

Capsular Contracture

The body can form a tight fibrous scar around the implant called a 'capsule'. This may make the breast feel firm or uncomfortable, or it may distort and change the shape of the breast. If there is thick capsule around the implant, the capsule may need to be released or removed and new implants inserted into the breast pocket.

Breast implant associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

This is a rare form of cancer of the blood cells (lymphoma) that can develop around implants. It has been reported more frequently in textured implants. It is thought to occur in about 1 in every 24,000 breast implants inserted in the UK. BIA-ALCL usually presents with rapid swelling of one of the breasts and it is diagnosed by taking a sample and testing fluid around the implant. It is treated by removal of the implant and capsule and referral to the appropriate NHS breast team.

Change in breast shape or appearance

As part of the normal ageing process, the breasts may change over time in terms of their shape and appearance. The skin in the lower part of the breast may be stretched especially if a heavy implant is used (called 'bottoming out') and the nipple may appear high in position as a consequence. With ageing, the skin and breast tissues can become thinner folds or rippling of the implant may become more visible and palpable.

Long term changes and further surgery

Further operations may be required to maintain the breast shape over time. If the implants are ruptured, they will need to be removed and exchanged for new implants. If there is capsular contracture with a thick capsule around the implant, the capsule may need to be released or removed and new implants inserted into the breast pocket.

Implications of breast screening

The presence of breast implants may interfere with breast screening and the visibility of all the breast tissue with a mammography (an X-ray taken of the breast to detect breast cancer). Special X-ray views can be taken to minimize this interference and visualise more of the breast tissue.

Other general risks

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.

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.

What is the post-operative care and recovery after surgery?

- You will be allowed home once you are feeling well, your pain is under control, you are able to walk around. You may be sent home with the drains that have been inserted and these will be removed in 3 to 5 days when the drainage is minimal.
- You will be given advice on which 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.
- The stitches used in the operation are usually all dissolvable and 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 the dressing 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.
- Driving is not recommended for approximately 2 to 3 weeks depending on your procedure. 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.
- It may be possible for you to return to work by 2 weeks with most occupations. However, time off work depends on your job. However, you should be able to work from home a few days after surgery.
- 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 usually included in your surgeon fees.

What is the UK Breast and Cosmetic Implant Registry (BCIR)?

Every patient in the UK undergoing surgery with implants either for cosmetic or reconstructive reasons in the NHS or private sector are required to enter their information on the national implant registry. The database was set up to maintain patient safety so that patients can be easily traced and recalled if there are any concerns with breast implants. The collected information is kept securely and confidentially by NHS digital. If at any stage you require any details on the implants that you had during the procedure, you should be able to access the information on the registry by contacting NHS digital. Your personal details, such as your name, address and date of birth, NHS number as well as your procedure details, including name of your surgeon, date and name of procedure, and implant details are all recorded on to the database.

More information on the UK Breast and Cosmetic Implant Registry (BCIR) can be found at:

<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/breast-and-cosmetic-implant-registry#overview-of-the-registry>

Where can I get further information?

Recommended websites for further information on mastopexy surgery and breast implants:

British Association of Aesthetic Plastic Surgeons (BAAPS)

https://baaps.org.uk/patients/procedures/5/breast_uplift_mastopexy

American Society of Aesthetic Plastic Surgeons (ASPS)

<https://www.plasticsurgery.org/cosmetic-procedures/breast-lift>

British Association of Plastic Reconstructive and Aesthetic Plastic Surgeons (BAPRAS)

<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-enlargement>

American Society of Aesthetic Plastic Surgeons (ASPS)

<https://www.plasticsurgery.org/cosmetic-procedures/breast-augmentation>

American Society of Aesthetic Plastic Surgeons (ASPS)

<https://www.plasticsurgery.org/cosmetic-procedures/breast-implant-revision>