Augmentation Mastopexy

Introduction

Augmentation-mastopexy (also known as a mastopexy-augmentation) is an operation for women whose breasts have lost volume and have become droopy, often due to the effects of pregnancy and breast feeding or after weight loss or ageing. An augmentation-mastopexy is designed to enlarge the breast with the use of a silicone implant whilst also lifting the breast to enhance its shape and improve the position of the nipple. It is an operation indicated if there is insufficient breast tissue available to be lifted and tightened with a breast lift (mastopexy) alone or if a breast augmentation alone will still leave loose breast skin and/or a droop in the natural breast tissue over the implant.

It is effectively two different operations performed in sequence. The first involves the insertion of a breast implant either directly behind the breast or under the muscle beneath the breast. The second involves repositioning the nipple, lifting and tightening the breast around the implant and reshaping the breast tissue. While the two procedures are usually performed as part of the one surgery, on occasion, we will recommend that you undergo the breast augmentation and mastopexy as separate procedures. If this is the case, they are usually spaced 3 to 6 months apart.

What should I think about prior to my consultation?

Before coming for your consultation, you should think about what you are hoping to achieve from an augmentation-mastopexy.

Points to consider can include:

- How much bigger would I like my breasts to be?
- Why do I want an augmentation-mastopexy?
- Are there any particular aspects of the appearance of my breasts that I am unhappy with?
- Are there significant differences in size and shape between my breasts that I am unhappy with?
- Is my weight steady or am I continuing to lose weight as part of a diet or weight loss programme? If so, it is better to postpone surgery until you have reached your goal weight and your weight has been steady for around 6 months.

- Am I considering having future pregnancies and breast feeding? While not an absolute reason not to have an augmentation-mastopexy if you are considering having children soon, it may be best to postpone an augmentation-mastopexy until afterwards. The hormonal changes of pregnancy and breastfeeding affect the size and shape of your breasts and can stretch the breast tissue again.
- Why am I thinking of having the surgery at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances.)
- What clothes would I like to wear after my surgery and how would I look?
- What are the limitations of an augmentation-mastopexy?

The outcome of your augmentation-mastopexy will be partly determined by your breasts before surgery:

- If your breasts are widely spaced apart to start with, they are likely to remain widely spaced (although you will be able to move your breasts inwards with a bra to create a cleavage).
- If your nipples point in very different directions beforehand, there can be residual differences in nipple positions after surgery.
- If the creases below each breast are at different levels, a difference may remain after surgery.
- If you do not have much breast tissue to start with, the breast implant may be palpable (you may be able to feel it) and with time it may even become visible (you may be able to see the implant lying under your breast) - if you can feel your ribs with your finger beneath the breast or at the side of your breast, you will be able to feel the edge of your implant beneath your breast and at the side of your breast.
- If feeling an edge of an implant shell could be a problem for you, do not proceed with surgery involving an implant. Instead, you should consider a breast lift without a breast implant. This will reshape and lift your breast and tighten your breast tissue but will not increase the volume of breast tissue that you have. Sometimes in this instance, fat transfer can help to provide additional subtle fullness of your breast or padding over the implant.

Larger implants are heavier and will stretch your tissues over time and will cause more tissue thinning and sagging than a smaller implant. If you are in the position where you need a breast lift to achieve your breast goals, you already have poor support in your breast tissues as they are unable to support the weight of your own breast tissue fully. Your tissues do not improve with age, and they will be less able to support the additional weight of any implant, especially a larger implant. In addition, a larger implant could put you at a higher risk of postoperative complications in an augmentation-mastopexy than

a smaller implant. Therefore, in this operation it is important to understand that a sizeable breast enlargement is not advisable.

If you want a totally natural breast, you should not have an augmentation-mastopexy but alternatively should consider a mastopexy (a breast lift) without the use of an implant. This will reshape and lift your breast and tighten your breast tissue but will not increase the volume of breast tissue that you have. Fat transfer can be helpful in this situation for additional subtle volume.

If you have excess fatty fullness around the sides of your breasts, going under your arms, a standard augmentation-mastopexy may not satisfactorily address this. Additional liposuction or excision of tissue at the sides may be needed to achieve the best result possible.

Augmentation-mastopexy may affect nipple sensation (for more detail please see below). If this is a problem for you, please think twice about having a mastopexy.

Augmentation-mastopexy surgery always results in scars. If scars on your breasts are a problem for you, you should not have a mastopexy.

Although breast feeding may be possible after an augmentation-mastopexy, there is a chance that the operation may affect your ability to breast feed. Therefore, if this is of concern to you, it may be better to wait until you have completed your family before having an augmentation-mastopexy.

What are the different types of implants used?

Implants come in different shapes and have different surfaces. We only use silicone implants in aesthetic breast augmentation. This is because, in our opinion, these provide the best aesthetic results. We prefer more highly cohesive implants that retain their shape for the long term and are less prone to rippling. In some select circumstances, we may use silicone implants covered with a polyurethane shell.

Are silicone implants safe?

Silicone implants have been extensively tested, both in the UK and around the world and have been shown to be safe and have no link with breast cancer or connective tissue disorders (which were concerns in the past). Studies have shown that our bodies are exposed to far greater levels of silicone in everyday life than occurs when you have breast implants. For example, silicone is present in most daily bathroom products such as deodorants, hair products and moisturisers (if you look on the contents label and see

words such as cyclopentasiloxane or cyclomethicone or similar, these are chemical names for forms of silicone).

What are the differences in the shapes of implants?

Anatomical implants (teardrop shaped)

These implants are breast shaped, so are fuller at the bottom and emptier at the top of the implant when under the breast. Anatomical implants used alone (without a breast lift) often result in a more natural looking breast, and can also help lift a breast that has a mild amount of droop. They can also be helpful when correcting breast asymmetry as the width, height and projection can be chosen for different sizes whereas only diameter and projection can be chosen for round implants.

Round implants

Round implants used in conjunction with a mastopexy can produce a very natural looking result as long as a modest sized implant is used that does not have too high a profile. This means that the implant does not project too far away from your chest wall. They may also be chosen when upper breast fullness is one of the key goals of augmentation.

Your breast shape may determine which shape implant is best for you or it may allow a choice between the different shapes. We will discuss with you your goals of a breast augmentation and together with you work out what shape of implant fulfils your needs and fits your breast best.

Who manufactures breast implants?

A variety of companies make breast implants such as (in alphabetical order): Allergan, GC Aesthetic, Mentor (a division of Johnson & Johnson), Motiva, Nagor, Polytech and Silimed. All of these companies provide implants that are CE approved (i.e. the product has met EU consumer safety and health requirements). Modern implants are made from rigorously tested silicone gel, which is cohesive – this means that it is not a runny liquid (as was the case in old fashioned implants), but a firmer silicone that maintains its shape.

What incision is used for an augmentation-mastopexy?

Several different incisions (which will result in the final scars) may be used. The choice of incision is usually dependant on the degree of breast laxity and sagging that you have and the amount of lift needed. An implant is used to augment or enhance your breast volume and/or shape and the mastopexy reshapes your breast tissue further. Usually the

mastopexy will involve some or all of the following: repositioning of your nipple on a tube or section of your breast tissue to keep its blood supply, removal of excess skin from your breast and reshaping of the breast tissue itself. Reshaping of your breast tissue may involve removal of some lower breast tissue and/or folding or overlapping of tissue layers. Very extensive breast sagging or laxity e.g. after significant weight loss may need more extensive lift techniques. You may be advised to undertake augmentation mastopexy in two stages at times in this situation with the mastopexy performed first and the augmentation at a later stage (usually 3 to 6 months later).

Inverted T scar (Wise pattern, anchor scar)

This is the most common way of performing an augmentation-mastopexy and leaves a scar around the areola (the pigmented area around the nipple), vertically down from the areola to the breast crease and then a final scar along the breast crease. It is mostly used when there is a significant amount of skin redundancy, for example, after weight loss or after pregnancies and breastfeeding. It allows more reshaping of the breast and more reduction of lax skin compared to shorter scar techniques.

Circumvertical scar with short transverse scar

This is similar to the inverted T scar but with a very short transverse breast crease scar.

Circumvertical scar (vertical scar)

This is a technique that avoids the scar in the breast crease completely. We use this approach when there is very little skin redundancy and the breast needs to be narrowed as well as lifted. Occasionally, a dog ear (puckering of the skin) at the lower end of the scar persists and may need to be corrected under a local anaesthetic at a future date.

Periareolar scar

This technique results in a scar around the areola only. It is used when adjustment of nipple position is needed but there is very little skin excess or breast reshaping needed. It is suitable for patients requiring a minor adjustment only or for specific breast shapes such as tuberous breasts.

Inframammary fold (breast crease)

In a small number of women, the lower part of their breast has dropped but not their nipple position. In this situation, the mastopexy focuses on reshaping the lower breast via a breast crease incision only without needing to reposition the nipple.

Where is the implant placed?

The implants are usually placed in a pocket or space created either under the breast or partially under the muscle that lies underneath the breast (the pectoralis major muscle). The decision as to which plane (position in relation to the breast) to use is reached after your examination and is principally guided by how much breast tissue you have to start with, as this will determine how much of your own tissue is available to cover the implant. If you have very little breast tissue or fat particularly in your upper breast, we will usually recommend a dual plane approach (described below), otherwise a subglandular or subfascial approach may be better as it does not alter your pectoralis muscle at all.

Under the breast (subglandular)

A subglandular pocket refers to one that is made on top of the pectoralis major muscle but under the breast gland. If you have enough soft tissue cover above your nipple/in your upper breast, this option may be considered.

Under the breast (subfascial)

A subfascial pocket is very similar to a subglandular pocket as it too is made on top of the pectoralis major muscle but under the breast gland. However, it is also underneath a thin tissue layer called the fascia which covers the pectoralis muscle. This adds an additional thin layer of tissue cover and support compared to the pure subglandular position. If you have enough soft tissue cover above your nipple/in your upper breast, this option may be considered and is often chosen in preference over the entirely subglandular position.

Dual plane subpectoral pocket

If you do not have enough soft tissue above your nipple, a dual plane approach may be recommended. A partial subglandular pocket is created over the lower part of the breast and then a subpectoral pocket (under the muscle) is created in the mid to upper breast, with release of the pectoral muscle at its lower border. This allows good implant coverage of the upper pole whilst also allowing the breast gland to drape over the implant.

What size implants should I choose?

Your current breast dimensions, measurements of which will be made during your consultation, determine the range of implant sizes that may be suitable. Your preference for a modest, moderate or large augmentation will also help determine the size of implant chosen. Implants do not come in cup sizes, but in cubic centimetres (cc or mls). We will advise you regarding the size range that is suitable for you and may use external breast sizers. To help further with this, it is possible to perform a “rice bag test” at home after the

first consultation (see description below) and implant simulation apps are also available (third party apps).

As described above, an augmentation-mastopexy entails the combination of two operations in one: a breast augmentation which enlarges the breast, and a breast lift which tightens the breast over the implant. As you can see, there are two opposing or contradictory forces at play in this procedure – an expanding force (the breast implant) and a tightening force (the breast lift). It is important to balance these forces safely, and this is best done by not using large implants. Should a large implant be used, the tightening of the breast tissue over the implant will constrict the blood supply needed for tissue healing, and this in turn may lead to wound healing problems. Larger implants are also heavier and your breast tissue (which already needs a lift and does not support itself very well) may not be able to support this well. We therefore usually recommend a low profile or a moderate profile implant of a small to moderate size for augmentation-mastopexy and not a high profile or very large implant. Sometimes an internal synthetic scaffold or mesh may be needed for additional support of the implant. We will discuss this with you if we think that it would be necessary for your breasts.

THE CONSULTATION

During your consultation, we will endeavour to put you at ease and start by finding out about your motivation(s) for seeking breast surgery. In addition to clearly establishing the various areas of your breasts that you may be unhappy with, we will take a thorough medical history, including any history of high blood pressure, diabetes, other medical conditions, smoking or nicotine use and records of any medication you may be taking and any allergies you may have.

What measurements will be made during my consultation?

A female chaperone is always available for your examination. We will make several breast measurements and observations including some or all of the following:

- Distance from the bottom of your neck to your nipple
- Distance from your nipple to the breast crease
- Width of your breast
- Distance between your breasts
- Thickness of your breast tissue (above and to the side of your nipple)
- Laxity and elasticity of the skin of your breast
- Breast shape
- Breast asymmetries

- Your chest wall circumference
- Your weight

No-one has two breasts that are exactly the same. We will assess any degree of asymmetry between your breasts as part of your examination. Mild asymmetries may not need any specific adjustments, but more significant asymmetries can need to be improved as part of the planned surgery. It is important to be aware that some differences between your breasts will remain after surgery. So if, for example, one breast is slightly larger than the other or a different shape before the surgery, there may still be a difference after the surgery, although as part of the mastopexy operation, adjustments in size and shape may be possible to minimise this difference. Sometimes different implants may be needed in each breast.

Photography

We always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your breasts, as well as forming an essential part of your medical records. Your face will not appear in any of the photographs, and your consent for the photographs will be obtained.

The "rice bag test"

Determining the correct size (volume) of implant is an important decision in your preoperative planning. Ensuring you are happy with the size of implant that your plastic surgeon has suggested is crucial. They will usually guide you towards a range of possible implant sizes. If they feel that your implant size wishes are unsuitable for your breasts, they will talk about this with you and explain why. Implants do not come in cup sizes (and cup sizes are not standard measurements), but rather in volumes. So, how do you know what volume you need to get your desired result? In addition to your examination and discussion during your consultation and the use of external breast sizers in clinic, you can undertake the "rice bag test" at home.

The "rice bag test":

What you need:

- Measuring jug of around 500cc
- Rice, couscous or lentils (usually at least 1kg, uncooked)
- Several pairs of pop socks
- A good quality sports bra that offers firm support with no under wires. This should fit you comfortably round the back, but be of the cup size you would like to aim for

(for example, if you normally wear a 34A bra, but would like to be a C cup, you should wear a 34C sports bra)

How to make rice bag implants:

The rice can be measured out in the measuring jug and then be poured into each pop sock in turn, marking their sizes on the rice bags. The pop sock can then be knotted to seal it and prevent the rice from spilling.

How to do the test:

1. Rice (uncooked), measuring jug, pop socks, post-surgical or sports bra
2. Measure out the desired volume of rice in the measuring jug. At your consultation, your plastic surgeon will have given you a range of implant sizes that may be suitable for you (for example 200cc to 250cc).
3. Pour the rice into a pop sock x 2
4. Tie-off and label each pop sock, filling the various sizes as discussed at your consultation that you are deciding between.
5. Wearing a sports bra, insert the rice bag in front of the breast
6. Adjust to comfort – ensure rice is evenly spread around
7. See how you look in the mirror – try on different tops and look from the front and sides

This exercise gives a good estimation of the breast implant size you will need. Once you are happy with the size of rice bag that works in your bra, you should note the result. Your plastic surgeon will then be able to run through the sizing with you at your second consultation. You can bring the bra you have used for the rice bag test to your second clinic visit.

THE AUGMENTATION MASTOPEXY PROCEDURE ITSELF

Before surgery

We will arrange an appointment with our specialist nurses to help prepare you for surgery. They will discuss how to prepare beforehand, what to expect afterwards and how to look after yourself in the early recovery. You will be fitted for a post-surgery bra. If your surgery is under general anaesthesia (usually the case for augmentation mastopexy), you will also have a preassessment with the hospital where your surgery is planned or combined with your specialist nurse appointment if your surgery is at Purity Bridge. We will also send you surgery consent forms to complete.

What happens when I get to hospital or clinic?

When you arrive at the hospital or clinic, a nurse will go through the health checks needed on the day of surgery. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment prior to your general anaesthetic (going to sleep for your procedure).

Do I see my plastic surgeon before my operation?

You will always see your plastic surgeon before your operation. We confirm the surgery plan and make sure you have no unanswered questions or concerns. Once you have confirmed you are happy to go ahead, we will ask you to sign a consent form unless you have done so already. We will then carefully draw important markings on your breasts in planning for your surgery. We may also take clinical photographs of your markings for your medical records.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) usually as a day case procedure but on occasion with an overnight stay in hospital. You will be given a time to arrive at the clinic or hospital and you should be fasted for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may, however, drink water during this time up to the specific time that you are instructed to.

The operation involves making an incision into the breast to create a pocket (a space) in into which the implant can then be inserted. This may be done through the transverse part of the scar (as described above) or the vertical scar, depending upon your surgical plan. Once this is done, a meticulous check to ensure there is no bleeding is performed prior to the insertion of the implants. Specific steps are taken during implant insertion to reduce contamination risk. The implant cavity is then stitched to seal it in place. Following this, an assessment is made of the amount of loose skin on your breast, in comparison with the pre-operative markings (this is known as tailor-tacking). Once the markings are checked, the outer layer of skin is removed and the nipple then lifted to its new position. A small portion of breast tissue under the nipple is removed, which will enhance your postoperative shape, and then the breast tissue is carefully stitched together internally. Finally, the wounds are stitched using dissolving stitches, over which surgical tape is placed. You will then be placed into your post-surgery bra. Surgical drains are not usually used nowadays but may be used in certain cases. If used, they stay in for around 24 hours.

How long does the surgery take?

The operation itself takes around 2 to 3 hours. However, the whole process is longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Will it be painful?

Most patients describe the feeling after surgery as being very tight, which is not unexpected, considering the nature of the surgery. Women who have given birth often describe the feeling as being similar to what they experienced when the milk "came in" after childbirth. You will be given painkillers to take after the operation, and most people find them helpful to take for a week or so following surgery. The area near your armpits where the drains come out (if used) may be uncomfortable for several days following your operation - this is nothing to worry about and settles down on its own. In addition, as your breasts heal, it is normal to experience occasional shooting pains or electric-shock type pains. These are caused by small nerve endings being trapped in scar tissue, and are a temporary effect.

What else can I expect after surgery?

You should be able to walk around gently later on the same day of surgery. You will also have compression stockings on your legs that will have been fitted prior to surgery - it is vital that you keep these on and continue to wear them for 2 weeks after your operation. They have an important role in minimising the chances of developing blood clots in the legs.

When will I leave the clinic/hospital?

Your augmentation mastopexy is usually planned as day case surgery (going home later the same day). If performed alongside more extensive surgery or you have certain medical conditions, an overnight hospital stay may be planned. If used, surgical drainage tubes are usually removed the day after surgery. Clothing tops that zip or tie at the front are easier than tops that need to be pulled on over your head. Your breasts will be checked before discharge and if any additional instructions or aftercare are needed, this will be explained to you.

In some patients, your plastic surgeon may also explain how to perform massage to the space between your breasts, to ensure the swelling there disappears as soon as possible.

What should I do when I get home?

Upon leaving the hospital or clinic, a series of outpatient appointments will be made for you with our nurses over the first 2 weeks for suture removal, wound checks and recovery

checks. (See example schedule further down) and then with your plastic surgeon at 4 to 6 weeks. We have also put together a list of 'Dos and Don'ts' after augmentation mastopexy for you to follow.

Dos and Don'ts after surgery

There are several things that you can do to help speed up your recovery from surgery:

- Once you get home, you need to achieve a balance between taking things easy, but not lying down and doing nothing, as this may increase the risk of some complications. It is recommended that you do light shoulder exercises after the surgery to prevent you from getting stiff. In fact, the best way to start is to gently wash your own hair the day after the surgery. As you recover, you will be able to increase the amount you do.
- You must continue to wear the post-surgery bra day and night for 6 weeks, taking it off for half an hour to one hour per day for showering.
- After surgery the wound will have been dressed with surgical tape. This is splash-proof and shower-proof (but not bath-proof). You will be able to shower from the day after surgery facing away from the shower hose (so as not to soak the tapes directly), and pat the tapes dry with a clean towel, kitchen towel and then allow to air dry or you can use a hairdryer on a cold setting to dry them.
- If advised to do so, you should perform the central chest massage regularly, around every 2 hours for 4 weeks.
- You should take short walks, ideally accompanied by someone, in case you feel unwell at any time.
- Sleep on your back, ideally elevated with an extra pillow or two. A triangular pillow can be helpful for this.
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort - initially with codeine-based medicines, and then paracetamol. Please follow our instructions regarding painkiller usage.
- It is important to drink plenty of fluids and eat a balanced healthy diet.
- Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- If sleeping is difficult after surgery, please let our specialist nurses or your plastic surgeon know so we can help and advise you about this.
- Generally, visible swelling and/or bruising is present for about 2 weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but can take up to 3 to 6 weeks to settle to discrete levels. The swelling and bruising drifts down from the breast and may appear just below or to the side over the first 2 weeks and often one breast can be more

bruised and swollen than the other. You need to be patient and give yourself time to heal.

- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: “what have I done?” and experience feelings of guilt and low self-esteem. It can often take some time coming to terms with the “new you”. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

Over the first week you will start to feel much more comfortable, and the pain will continue to subside.

How to wear your bra

Your post-surgery bra should be firm and supportive without being tight. When putting your bra on, you should try and rotate your breasts towards the middle of your chest, so the bra helps to support them in a position that pushes them together slightly. This aims to minimise the tension on the skin in the central chest area, to avoid a tenting effect of the skin being pulled up between your breasts. Wearing your bra correctly will help to give you the best cleavage possible.

What is the recovery period?

You will be able to return to sedentary activity (i.e. an office job or light duties) at 1 or 2 weeks after surgery, depending on how you are feeling. You should not feel reluctant to take the painkillers that you have been sent home with if you have pain – there is no need for you to be in significant discomfort.

Occasionally, there may be an area of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may “spit” out of the wound (much in the same way as a splinter may start to work its way out of your finger after it has been there for a few days). This can be dealt with easily, and if necessary, your plastic surgeon can remove any spitting stitch in the outpatient clinic.

How long before daily activities may be resumed?

You should avoid all heavy physical activity and contact sports for 6 weeks following the surgery to prevent damage to your new breasts. Driving should be avoided for 2 to 3 weeks. Light exercise, such as gentle sessions on an exercise bike can be started around 4 weeks. Starting any earlier than this may result in more swelling to the area around your breasts.

How can I achieve the best possible scars?

At around 2 or 3 weeks after your operation, regular daily moisturising and massaging of the scars is important to help the scars to soften and mature as quickly as possible. This should be done twice a day or more once your tapes have been removed, until any redness disappears from the scar (which may take up to a year in some people). There are several creams and oils that may be used e.g. vitamin E cream but the most important thing is to use an unperfumed product initially to avoid irritation of the scar.

In addition, silicone products (gels and tapes), which are available at Purity Bridge and most pharmacies, are an excellent additional means of ensuring good scars. These products are applied directly onto the scars and should be used for as near to 24 hours a day as possible. They will need to be used for several months to have a good effect.

Time for shape to settle

It can take around six months (sometimes longer) for shape to fully settle after an augmentation mastopexy. Both your breast tissue and your implants will be settling into their final position over this time. Most patients have more fullness in the upper part of their breasts (sometimes slightly excessively so) in the early stages as we expect a degree of tissue adaptation and relaxation after this type of surgery. Some implants and some types of breast lift take longer than others to reach their final position e.g. smooth implants usually sit high in the beginning and gradually reach their end position ('drop and fluff').

Summary of typical timeline following operation

Follow up and recovery timeline

We have put together an example timeline below of recovery milestones and follow up appointments after augmentation mastopexy surgery. Your individual schedule can vary from this, but it will give you a good idea of what to expect in the early recovery.

Day of surgery	Review in Purity Bridge or the hospital by your plastic surgeon for surgical planning and surgery itself
Day 1 after surgery	Review in hospital by your plastic surgeon and discharge
(if staying overnight)	home
	Surgical drains removed if used
	Start central chest massage if advised to
	Gentle shower and hair wash with care of tapes
Day 2 after surgery	Start gentle shoulder movements
	Continue daily central chest massage if advised to
Week 1 after surgery	Nurse appointment to check on wounds and recovery
Week 2	Nurse appointment to check on recovery and removal of stitches if needed
	May start to drive (usually)
Week 3	Start to moisturise and massage wounds if not already doing so (should be continued until scars fade)
Week 4	Gentle low or no impact exercise may start
	May stop central chest massage at end of week 4
Week 4-6	Review with your plastic surgeon
Week 6	Exercise/heavy physical activity may gradually be started
	Stop wearing post-surgery bra
Beyond 6 weeks	Longer term follow-up appointments will be arranged by your plastic surgeon to ensure you achieve the best possible outcome

OTHER POINTS TO CONSIDER WHEN THINKING ABOUT HAVING A BREAST AUGMENTATION-MASTOPEXY

Mammograms

It is still possible to have mammograms after an augmentation-mastopexy. You will need to tell the radiographer that you have implants (and have had a mastopexy) so that special views can be taken. It is possible that around 5% of the breast will not be visible on a mammogram after you have had implants. Other means of checking your breasts for breast cancer are also available, such as ultrasound and MRI (magnetic resonance imaging).

Breast feeding

Breast feeding following augmentation-mastopexy may be possible and if so it is safe. As the breast tissue has been operated on and moved around, some people will not be able to breast feed after this surgery.

However, should you be able to breast feed it is safe: studies have been done to examine the quantities of silicone in the breast milk of mothers with breast implants, and the levels found are many times below what would be cause for concern. Therefore breast feeding with breast implants is not an issue.

The effect of having larger breasts

The majority of patients are delighted with their decision to go ahead with their surgery: the boost to their self-confidence seems to permeate into every aspect of their lives. However, depending on the size of breast implants you choose, there can be some unexpected effects. Large implants can be heavy, and some patients do comment on the extra weight they are carrying around. In extreme circumstances, this can result in back ache, so it is important that you consider this when choosing your implant size.

Effects of implants on breast tissue and skin

Breast implants of any size will exert some pressure on the breast from within. The larger the implant the more pressure will be exerted. The long-term effects of this pressure are a loss of some of your own breast tissue (loss of breast volume) and stretching of the skin. Therefore, the larger the implant, the more the loss of breast tissue and the more the skin is stretched over time. Bear in mind that you have needed a breast lift due to poor support within your breast tissue already so your breasts will be less able to support a large implant that breasts that do not need a lift when having implants. These are further important points to consider if you are thinking about a large size.

Antibiotics

An antibiotic and/or disinfectant irrigation solution used during surgery lowers the risk of capsular contracture (see below) in the long term. Antibiotics are also given at the time of surgery. There is no need to be on a course of oral antibiotics after breast augmentation mastopexy surgery - those given at the time of surgery are adequate.

Future pregnancies or significant changes in weight

With any future pregnancies, the same hormonal changes will occur in your breasts as they would have done without any surgery. Therefore, any changes in size and change to your breasts that would normally occur during pregnancy, will continue to happen. After your pregnancy is over, your breasts will again undergo the same changes that they normally would after a pregnancy. This can mean some residual stretched skin and/or a change in the volume of your breast tissue compared to your pre-pregnancy breasts. Likewise with any significant gain or loss of weight, your breasts will gain or lose weight as they would normally do and this will change the size and shape of your breasts as would have happened before your surgery. Ideally augmentation mastopexy should be carried out when your family is complete to avoid some of these changes after surgery, but it is not harmful to your pregnancy if this occurs after surgery.

The future

Although modern implants should last for many years, you should be aware that you will usually need further surgery in the future. This may be for any of the breast reasons outlined above, but also to correct capsular contracture or for implant rupture.

BREAST LIPOAUGMENTATION (FAT GRAFTING) INSTEAD OF OR AS WELL AS IMPLANTS

This is a technique where fat is removed by liposuction from another area of the body such as the hips or thighs and injected into the breast area. It is appealing as it provides a way of augmenting breasts without the use of breast implants, whilst simultaneously addressing areas of concern on the abdomen or hips (where the fat is most commonly taken from). It can also be used in addition to implants to give further cleavage or padding over your implants if your breast tissue is thin. This can be done at the same time as your augmentation mastopexy. No foreign material is left in the breast and this technique can achieve a very natural look and feel afterwards. Only a moderate amount of fat can be injected at one stage so most patients will require several surgeries to bring about a worthwhile effect and/or only have a modest enlargement. Usually 2 to 3 procedures spaced 3 to 6 months apart are needed to bring about the required increase in breast size

if used instead of implants. Some of the fat will be absorbed in the initial weeks after the operation, but fat that lasts beyond this time will bring about a permanent enlargement. On average, patients tend to achieve an increase in breast size of around 75% of their original breast tissue. This is a much more gradual approach compared with implant-based breast augmentation but does avoid a breast implant. Patients also vary in how much of the transferred fat that they keep. On average 70% or so of the transferred fat is retained. This can change in size if you gain or lose weight in the future. There have been some questions about the long-term effects of fat cells on breast tissue and on how screening for breast cancer may be affected. The most recent studies show no increase in breast cancer associated with lipoaugmentation and that experienced breast radiologists can distinguish between changes on a mammogram due to lipoaugmentation and those due to breast disease. These issues are always under research, and more information will be available in the future. If you are very slim, you may not have enough suitable areas to donate fat for the transfer.

What does the operation involve?

The operation involves preparing the area(s) where fat will be removed from by injecting fluid containing adrenaline. A technique similar to liposuction is used to remove fat from the chosen area through very small incisions and then the fat is prepared for transfer in the operating theatre. Once ready, this fat is then carefully injected into your breast after the mastopexy has been done. Absorbable sutures may be used to close the incisions and you will then either be placed into a supportive dressing or a well-fitting sports bra.

Recovery

In the early stages, the recovery process is similar to that following breast augmentation-mastopexy surgery using implants in terms of how to look after your breasts and activity levels. You may have some swelling, bruising and discomfort in the area(s) where fat was removed from for the surgery. Once a stable result has been achieved and your tissues have recovered from surgery, a further procedure can be planned if needed to achieve a larger augmentation. We do not usually judge the success of the procedure until 6 weeks after surgery, to allow for post-surgical swelling to have subsided.

SIDE EFFECTS AND POTENTIAL COMPLICATIONS

Before you decide to undergo augmentation mastopexy surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

After an augmentation mastopexy, there are side effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

Commonly experienced side effects after augmentation mastopexy surgery

Swelling

This is normal following an augmentation mastopexy and reaches a maximum around 3 days following surgery before starting to settle down. Noticeable swelling usually lasts 2 to 3 weeks (occasionally 6 or 8 weeks in some patients) but it will be reducing gradually after the initial during the first week. Commonly, the swelling subsides at different rates on each side, which is quite normal and nothing to worry about. The final residual swelling can take about six months to fully resolve.

Alteration in skin pigmentation (discolouration and bruising)

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. These problems are more often seen in patients with thin, hypo-pigmented and transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Arnica may be helpful to settle bruising quicker.

Loss of or increased sensation

It is usual to have a reduction in skin sensation after an augmentation mastopexy surgery. This can include the skin on the breast and the nipple. Feeling will usually return over a period of 3 to 12 months but can take longer.

Unusual sensations can be experienced while skin sensation is returning. On rare occasions sensation can be increased and sensitive and this will slowly return to normal over a period of weeks to months.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

Although extreme care is taken to minimise bleeding, occasionally a blood vessel will start to bleed after the operation producing a swelling or collection of blood (haematoma). The haematoma is usually noticed within the first 24-48 hours after surgery and usually requires further surgical exploration to drain the collection of blood and stop the bleeding. Untreated, a significant sized haematoma can affect healing or damage the overlying skin and affect the quality of your result. Disclosure of all medications and supplements to us before surgery is important as some can increase bleeding and bruising after surgery. If there is any suggestion that bleeding or a haematoma into one of your breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the implant cavity washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of one of your breasts, pain on one side and the development of severe bruising around the breast.

Infection

Infection rates in breast augmentation mastopexy are low (less than 1%), but if an infection develops it must be taken seriously. If the implant pocket appears to be involved and this does not resolve quickly, you will require further surgery to remove the implant and wash out the cavity. Surgery to replace the implant needs to be delayed for 3-6 months to reduce the risk of the infection recurring around the new implant – you might be at higher risk of future capsular contracture (see below) if you have had an infected breast. In severe infections, breast tissue may be lost.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after augmentation-mastopexy surgery, which is why important preventative measures are taken (compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Damage to pleura

The breast augmentation part of breast augmentation mastopexy is carried out on the undersurface surface of the breast and underneath the pectoralis muscle if the implant is being placed in the "dual plane". Very rarely during the dissection underneath the muscle, the deeper lining (pleura) in between the ribs is breached over the lungs and this can result in a pneumothorax or collapsed lung. This is extremely rare but is more likely to happen if extensive scarring e.g. from previous surgery or capsular contracture is present. In the unlikely event that this should happen, we would take steps to prevent or repair any damage. This may involve observation only or in more extreme cases the placement of a temporary chest drain to help the lung expand up again.

Nipple problems

Nipples need to be repositioned/lifted during augmentation-mastopexy surgery, and in some women having big lifts, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple, this may affect the healing and even the survival of the nipples. Use of nicotine or medical conditions such as diabetes and some medications can also increase this risk. If this happens, there are treatments that we undertake to improve the blood flow such as use of medicated patches and pastes, release of sutures, medications and sometimes detaching and reattaching the nipple. In the worst-case scenario (which is fortunately very rare) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to happen, you may require further operations to enable the area to heal, and in due course revision surgery in the future to address poor scarring or to reconstruct a new nipple for you.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches, from overdoing it straight after surgery, some medical conditions or medications, poor nutrition or for no specific reason other than human variation. Normally this is a minor inconvenience, which can be managed with dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Suture spitting

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they

can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

Nipple sensation

For similar reasons that the blood supply to the nipple may be affected, so too might the nerve supply. This means that there is a chance that your nipples are less sensitive (or even completely numb) following an augmentation-mastopexy. In some cases, nipples may actually be more sensitive. This is important to understand prior to undergoing an augmentation-mastopexy, as the change in sensation can be permanent.

Fat necrosis

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further surgery to washout the breast and can affect final shape and volume. In this worst-case scenario, several operations might be required to get your breast healed.

Seroma

Normally wound fluid stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a chance that the fluid can become infected. Should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out. As there is a breast implant, an ultrasound scan to monitor where the needle tip is in relation to the implant may be needed to do this. The aspiration may need to be repeated on more than one occasion depending upon your situation. This is unusual in augmentation-mastopexy.

Synmastia

This describes an effect where the cleavage between your breasts becomes webbed, resulting in an unnatural appearance. This is unusual and every care will be taken during your operation to ensure this does not happen. Keeping your implant size in proportion to your breast size helps as well as larger implants are wider and increase the risk of

synmastia. Regular central chest massaging may help to minimise mild synmastia that can be caused by swelling in this area. More severe synmastia may need surgical correction.

Late complications (more than 6 weeks from surgery)

Asymmetry

Everyone has a degree of breast asymmetry (differences between the breasts). If this is mild, no special steps are taken to address this, and the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your breasts, how best to address this will be discussed with you, often with the use of a variety of surgical techniques. Sometimes, despite putting the same size implants in both sides and performing the same surgery on both sides or planning surgery to reduce an existing asymmetry, there can be a noticeable difference between your breasts. This may be due to increased swelling on one side, the implants being in slightly different positions, the result of some blood or wound fluid collecting in the wound, or for some other reason. Should you be in this situation, you will be carefully examined and the situation will be discussed with you. Further surgery is sometimes needed.

Capsular contracture

Following the insertion of any implant, the body forms a protective layer of scar tissue (a capsule) around it, to “wall it off” from the body. With breast implants, this capsule is normal and should be soft and undetectable. However, sometimes the capsule thickens, contracts and tightens, resulting in a distortion of breast shape and discomfort. This is known as capsular contracture. The true rate of capsular contracture is unknown, but studies suggest rates are between 2% and 13% at 6 years following breast implant insertion with an average of about 3% at 5 years. The treatment is usually an operation to remove the implant (+/- replace the implant) and to remove part or all of the capsule.

Capsulectomy and implant replacement

Should capsular contracture of any significance develop (i.e. it distorts your breasts or becomes hard and uncomfortable), it is recommended that your implants are removed with the contracted capsule. New implants may be put in as replacements at the time of this surgery, should you wish. Future risks of capsular contracture are higher if you have developed a contracted capsule and range from 11-40%. A capsulectomy and implant replacement operation takes about two hours.

Implant rupture

While quite durable, the outer shell of implants can rupture (tear) or leak. This may not cause any noticeable change in your breast or it may cause a change or distortion in your breast shape. With modern highly cohesive implants, rupture is fortunately much less common than it used to be. Rates of up to 1% per year have been reported. Implant rupture is not dangerous in terms of causing breast cancer or other disease. Treatment of implant rupture requires the removal of the ruptured implant and often the capsule around it. Sometimes, you may drain small amounts of the leaked silicone to the glands under your arms (where your breasts normally drain fluid to). This does not usually need to be removed but we do recommend removing with or without replacing your implants.

Animation deformity

If your implants are placed partially under the muscle (dual plane), sometimes your breasts can move when you strongly contract your chest muscles. Mostly, this is very mild and does not require any intervention. Occasionally it can be more noticeable. If it becomes an issue, further surgery is needed to change this (at further cost).

Scarring problems

Augmentation-mastopexy scars will fade but this can take 1-2 years. Until this time scars may be red and firm. Regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Rarely stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, the best ways of treating them will be discussed with you. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Palpable or visible implants

People who are very slim, have implants placed under the breast (rather than under the muscle), those with large implants and people who have had their implants for a long time are all at risk of palpable or visible implants (i.e. you may be able to feel or see the implants under the breast skin). This is sometimes known as ‘rippling’. Further surgery (usually at further cost) may be needed to address this problem.

Implant malrotation

Rarely, anatomical (tear drop) implants can rotate and cause the breast to change shape. Should this occur, it may be possible to manipulate the implant in the outpatient clinic to get it back to its correct position. If this does not work, you may require surgery to correct this problem.

Implant migration/poor position

While some types of breast implants (smooth surface) are expected to settle into their final position over the months following surgery, this problem refers to the implant moving into or staying in an unplanned position or a less than ideal position. Usually this is when the implant stays too high or drops too low but sometimes it can sit too far to one side (outer side more commonly). Implant movement is more with smooth surfaced implants than with textured surfaced implants. Larger implants that are heavy can drop down below the breast crease. Should this happen, surgery is needed to correct it.

This is another point to consider should you wish for a large augmentation. Breasts with loose tissue or sagging of the tissue or that have had previous implants in place for a long time are also more likely to suffer from this problem as they may not be able to support implants especially large implants well. It might be that a synthetic "scaffold" material is advisable in some situations – if so, this will be discussed with you.

Implant extrusion

The pressure effect of a large implant in a thin-skinned breast can lead to the implant wearing away the skin and working its way out of the breast. Fortunately, this is very rare. If this happens, and the implant appears through the skin, it will need to be removed surgically and corrective surgery performed. As in the case of an infection, if it is appropriate to replace the implant, this will need to be done at a later date.

Silicone leakage

With the older generation implants and with the now banned PIP implants, silicone leakage was a real problem, sometimes causing inflammation in the glands in the armpit, requiring surgery to remove them. With good quality modern implants of higher cohesivity, silicone leakage is much less. Should your implant rupture, all the cohesive gel usually stays within the capsule and is at low risk of migrating outside the capsule (into breast tissue or to lymph glands under the arm). Silicone gel bleed is when the implant shell is intact but small amounts of the internal gel leaks through it.

Explantation

In certain situations, it is necessary to remove breast implants, known as explantation. This would only be done if absolutely necessary, which may be in the following situations: a bad infection, significant capsular contracture or implant extrusion.

Double capsule

This is an unusual phenomenon whereby a second capsule forms within the main capsule around the implant. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell). This implant is no longer on the market.

Late seroma

This is an unusual phenomenon whereby fluid starts to build up around the implant over a year after surgery. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell). This implant is no longer on the market. Should it occur, scans and/or fluid samples may be needed to out rule more serious problems.

Irregular shape of areolae (pigmented area around nipples)

While every effort will be made to shape your areolae in a round and regular shape, sometimes they heal in a less round or a distorted shape. This may be due to how the scar around them contracts as it heals or due to pressure from the breast tissue or implant underneath. If this is an issue for you, revision surgery can be done to improve the shape. This usually incurs further costs.

Areolar stretch

Stretching of your areolae can happen when there is a lot of tension on the areola after mastopexy surgery. It is much more common after periareolar or crescent augmentation mastopexies when they are done instead of a full mastopexy to minimise scars when a full mastopexy was needed for your breast.

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) & other cancers

In recent years, a number of cases of a rare type of immune system cancer associated with silicone breast implants have been reported. The presenting symptoms of BIA-ALCL are a swelling in the breast (from fluid production) over 1 year after surgery and/or a lump in the tissue around the implant (capsule). This has been reported as early as 1 year after surgery but is usually several years later. Scans and fluid samples will be needed in advance of treatment to confirm the diagnosis and usually you will be referred to a specialist centre. The treatment is surgery to remove the implant, drainage of the fluid that has collected and removal of the scar tissue (capsule) around the implant (en-bloc capsulectomy). It is uncommon for BIA-ALCL to spread to any other parts of the body but if it does e.g. to the glands under your arms, further treatment would be indicated such as chemotherapy. A small number of fatalities have been reported. BIA-ALCL is uncommon. It appears to be more common in textured surfaced implants particularly one type of texturing (macro/salt loss texturing) which is no longer available. It may also

be associated with a reaction to chronic low grade unrecognised infection or inflammation. Recent data suggests that some patients that have had BIA-ALCL have an increased genetic risk of cancers. There may also be an ongoing risk of BIA-ALCL after implants are removed if they have been in place for a long time. Research is ongoing in this area and additional information, advice and/or treatment may become available in the future on this issue. An even smaller number of other cancers such as squamous cell carcinoma (BIA-SCC) have also been reported in the medical literature in the capsule around breast implants. These also require scans and surgical treatment.

Recurrence of loose skin/sagging of breast tissue

As your recovery takes place, your breast tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin or breast sagging may occur. This is more likely in thin or very stretched skin with poor tone or stretch marks or when surgery has taken place after significant weight loss or where you had significant drooping or looseness of your breast tissue before surgery or where your breasts are already large and heavy and the implant in addition makes them too heavy. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain. Heavy (large) implants require more support from your breast tissue and are therefore more likely to cause a downward drag on your breasts. A small to medium implant is better for augmentation-mastopexy surgery as it doesn't stress the breast tissue as much as a larger implant. If loose skin or sagging occurs after augmentation-mastopexy, further surgery such as another breast lift and/or change of implants is usually needed to correct this.

Breast implant illness

A small number of women with breast implants in place experience symptoms such as fatigue, hair loss, brain fog, fibromyalgia, ME, irritable bowel syndrome, skin conditions, joint aches and pains, lupus or rheumatoid-like symptoms. It is difficult to directly relate these symptoms to breast implants as there is no scientific evidence directly linking silicone implants to these conditions. The latest research consisting of a series of high-quality clinical trials in the US does not show any infective or contaminant linkage. They also show that while patients may show symptom improvement after removal of their implants, it makes no difference what type of capsulectomy is performed or indeed if any capsulectomy at all is performed or not. We specifically mention this as there is a lot of misinformation about capsulectomy in this situation. Many other medical conditions can also cause similar symptoms and may need to be out ruled ahead of surgery.

Chronic pain

Occasionally patients suffer from chronic pain after breast augmentation mastopexy surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain or painful breasts prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term or surgery for capsular contracture in the long term. It is important for you to understand that having a breast augmentation-mastopexy operation means that there is always a chance that you will need further surgery in the future. This is particularly important if you have implants placed at a young age. As you age over the years, your breasts will change in size and shape and may droop. Over a long time, this can result in a less than optimal shape to your breasts and require surgery to replace the implant or to lift and reshape the breast. Revision surgery may sometimes be indicated to make minor adjustments to areas such as the nipple shape, nipple position, scars position and dog-ears (puckering skin that can occur at the end of the scars).

The sub-optimal result

Despite a successful augmentation-mastopexy operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors, but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry). It is important to discuss any concerns you have. If further procedures are warranted, there are usually further costs involved and this will be explained. It is crucial that you appreciate what you can expect from an augmentation-mastopexy prior to undergoing the surgery.

Other points about breast augmentation-mastopexy

Size issues

Some patients are unhappy with the size of implant they have and wish they had chosen a different option. Getting the pre-operative sizing right is crucial, as once the implants are in, it takes further surgery (and cost) to change them. Therefore, if you have any doubts or anxieties about the size you have agreed, it is vital that you let us know before your surgery. Breast implants do not come in “cup sizes” and bra cup sizes vary between bra

manufacturers, so a specific cup size is not guaranteed following breast augmentation-mastopexy.

Fullness of the breast (particularly upper breast)

It is important to be realistic about the degree of fullness that can be achieved and maintained in the upper breast following augmentation-mastopexy surgery. Your breasts will usually be quite full in the upper areas in the early stages but this will reduce over the recovery period. This is partly due to swelling reducing, partly due to the implants settling into a final position and partly due to your breast tissue softening and settling into a final position over time. It is not always possible to maintain a very full upper breast particularly if you have very thin, stretched or lax breast tissue.

Secondary or revision breast augmentation and/mastopexy surgery

If you are having replacement breast augmentation surgery with a mastopexy after having a problem with previous implants or after having implants in place for a long time or after a previous mastopexy, it is crucial that you understand that it is not as straightforward as first time round. There will be scar tissue in your breast from the previous surgery and/or problems and your breast tissue will usually have been stretched from the previous implants and may not have the same degree of support in it this time. There is a higher risk of asymmetry or problems with the position of the implant or supporting the implants. If you had a previous infection, enough time for it to fully resolve must have passed before replacing breast implants. If it is a long time since the first surgery, you will also have some ageing of your breast tissue which again affects support of an implant and its ability to hold a lift. You may not have the same result as before or be able to have the same implants as before. Some risks may be higher e.g. of nipple problems if it must be moved a second time.

Future information about implants

Silicone breast implants were first used for breast augmentation in the 1960s. Since then, there have been advances in how the implants are made, in surgical technique and in understanding the long-term effects and side effects of breast implants. This research, knowledge and development continue. It is therefore important for you to be aware that there may be new effects or side effects or risks of breast implants discovered and medical advice regarding breast implants may change in the future as new information and//or implants become available.

CONCLUSIONS

Overall, most patients are delighted with the results of their surgery. They find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience! We hope this information has helped you to understand what augmentation mastopexy can achieve and what is involved.

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