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What is Mastopexy?

Mastopexy is the lifting of the breast, and repositioning of the nipples if necessary. This surgery is beneficial for patients who are happy with the appearance of the breast while in a bra; but would like a better shape and contour out of a bra. The nipple in a youthful breast sits in line, or above the crease of the breast, with some fullness under the nipple. This surgery will rejuvenate the shape of the breast and restore a more youthful, firmer appearance, without changing the size. Mastopexy or breast lift is used to correct pendulous or droopy breasts, lack of firmness, nipples that point downward and are usually below the breast crease.

For women who need a lift but also desire a change in size to a larger fuller breast, implants may be inserted during surgery. A mastopexy on its own does not give the same result as implant surgery. Patients should be aware of this and consider the expectations they have very carefully. Patients should be aware that mastopexy will give you a lift and added firmness for quite a few years; however this will not last forever. The effects of time will again, take their toll. Pregnancy, aging, and fluctuations in weight can also cause the skin to become lax again. Patients who have had an implant along with the mastopexy may have a longer lasting result.

Details of Procedure

Mastopexy surgery is performed under a general anaesthetic, and can take approximately 1-2 hours to perform. There are 3 different types of incisions that are made depending on the severity of the breast laxity. After measurements are taken Dr. Khanna will discuss the variables that can affect which technique will be performed. Some of these variables are the size and shape of the breast, the condition of the skin, age, and if an implant is being inserted during surgery.

The first is a minor incision around the areola only; this is known as a benelli incision. The excess tissue is removed, and in some cases the nipple can also be reduced. The skin is then drawn together and closed. The idea is similar to a draw string.

The second is a lollipop incision. The incision is made around the areola and down the front of the breast, in one line, to the inframammary crease. Again, the excess tissue is removed, and the nipple can also be reduced at this time if need be. The incision is then closed. This scarring will be in the form of a lollipop outline. Approximately 90% of patients will require this technique.

The third is a full mastopexy. This technique involves an incision similar to the lollipop, but an additional incision is made along the bottom of the breast, from right to left slightly above the crease of the breast. This incision looks similar to an anchor. This technique is usually used on a patient who has very ptotic or sagging breasts. There tends to be more tissue to remove in this case.

For patients who are having an implant inserted, a pocket will be made under the breast tissue, or deeper under the chest wall muscle, to accommodate the implant. This can be done in combination with any of the techniques listed above if needed.

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Post Treatment Care

The recovery for mastopexy is between 4-6 weeks. Following surgery patients will have gauze dressings, and must wear a surgical bra. The breasts will be swollen, and bruised. Any discomfort can be controlled with pain medications prescribed by the surgeon. Patients are able to shower 2 days after the surgery. The sutures used are dissolvable and therefore do not have to be removed, though they may be trimmed 7 days after surgery if necessary. Patients should not be doing heavy lifting or strenuous activities for 4-6 weeks. The breasts may seem slightly misshapen for the first few weeks after surgery. The breasts will eventually relax into a normal rounded position.

Possible Risks

The specific risks and the suitability of this procedure for a given individual can be determined only at the time of consultation. All surgical procedures have some degree of risk. Minor complications that do not affect the outcome occur occasionally. Major complications are unusual.