

Bilateral Breast Mastopexy: General Information

Procedure time	2 hours
General/local anaesthetic	General
Number of nights in hospital	1-2 nights
Time off work	2-4 weeks
Back to normality/sports	4-6 weeks
Back to Driving	2-4 weeks
Flights	3 weeks
Showering / Bath	10 days / 3 weeks

Introduction and Indications

The female breast is made up of a gland, the nipple and surrounding skin – this may be an obvious statement, but many of the plastic surgery procedures of the breast simply rebalance these components for a cosmetically improved result. The breast can be reduced, reshaped and remodeled, and the skin redraped around it, placing the healthy nipple at the apex of the remodelled breast. Your surgeon may elevate the breast (mastopexy/uplift) in conjunction with a reduction, depending upon your aims. Your surgeon assesses the amount of breast and skin, and the position of the nipple on the breast mound. If the breast is loose in a large excess skin envelope, then there is scope to elevate the breast and tighten the skin around it – re-siting the nipple appropriately. If the breast is large and the skin closely applied, then your surgeon will reshape and remove breast tissue, protecting the nipple and re-siting it on the reshaped breast mound to make a comfortable, proportionate bust.

There are many different techniques of breast uplift and so the position of the resultant scars may vary. There is always a circular scar around the nipple and a second vertical scar running from the nipple to the fold beneath the breast. A transverse scar may also be created which runs along the fold beneath the breast. The length of the overall scars reflects the amount of breast skin removed. Breast scars are visible initially, but with time become fine, pale and flat.

The Operation

The operation is performed under a general anaesthetic and takes two and a half hours. After the operation the breasts are supported with waterproof dressings and an unwired bra for 4-6 weeks. Drains are usually placed and removed at 24-48 hours. Usually the patients stay in hospital for one or two nights. Antibiotics and routine pain relief may be prescribed for the immediate peri-operative period. Small areas of weeping through the suture line are dressed within the bra if necessary, otherwise the scars are left bare for showering, massage (with E45) and topical silicone therapy. Underwired bras are avoided for 6 weeks. Sutures are usually dissolving and do not require removal.

It is important to wear an unwired bra for six weeks in order to support the breasts as much as possible whilst they acquire their stable final shape. During the first two weeks following the surgery, the breasts are swollen and feel 'tight', bruised and tender. Excessive lifting, carrying and household activities should be avoided. For most occupations two weeks is necessary off work and strenuous exercise should be avoided for six weeks. Driving should be avoided until seat belts can be worn comfortably. In most cases this is possible after 10 – 14 days post op.

Nipple and skin sensation returns variably after the surgery. Many women with large breasts have altered nipple sensation before surgery, and in some of these women, nipple sensation will improve post-operatively. Small irregularities in scar and breast skin fade out over time. The bust softens and falls into a natural drop with time.

Possible complications

Complications after breast uplift are not common. When they occur they are mostly a temporary nuisance rather than having a long term consequence. Examples of the more worrisome complications are given below, and include but are not limited to -

- A blood clot may accumulate in the breast after the surgery. This may need evacuation under a general anaesthetic. This has no long term effects on the outcome of surgery.
- Patients experience altered sensation of the nipple (decreased or occasionally increased sensitivity) especially in the short term. In the vast majority of patients this sensation returns to normal within four to six months of surgery.
- Wound healing can occasionally be problematic. This can lead to a small area of skin breakdown at the junction of the vertical and the horizontal scars. This problem is usually treated with regular dressings. Scars may remain pink and dark for a while but to settle with time, scar therapy and silicone.
- Occasionally a small area of the nipple can be lost. This is rare and occurs mainly in smokers or in very large breast reductions.
- as we are unable to influence ageing and gravity, the initial firm and snug breast shape may loosen over time and occasionally require a repeat tightening procedure carried out through the same skin scars.