

MASTOPEXY

Mastopexy is the name used for the operation where the breast is hitched up because it is too droopy, particularly if you are happy with the volume of the breast. So no tissue is removed and no tissue is added.

This set of circumstances usually occurs when the skin has become very stretched following marked weight loss or following pregnancy.

The operation is designed on the pattern of a breast reduction technique. When only a small amount of skin is required to be excised, there is the usual scar around the nipple areola which is lifted up to a new normal position and a vertical scar running down from this to the submammary groove. When large amounts of skin are excised, we also need to add to these scars a further horizontal scar lying in the submammary groove.

You are marked out before the operation, which is done under general anaesthetic, and it can be done as a day case or as a one night stay.

The particular complications to be aware of are firstly the scarring. In many patients this is of extremely good quality but in younger patients and some darker skinned patients they do run a risk of developing raised, red hard scars (hypertrophic) which in a few patients can go on to become keloidal. Scars never become invisible. The second important side effect is nipple sensation. 3% of ladies will lose some or all feeling in one of their nipples following this operation. Often immediately after surgery nipple sensation is decreased, but in most comes back over a period of months.

The time for recovery is less than for a breast reduction. You should allow between one and two weeks off work and four weeks before you return to full activity. The breast should be supported in a sports bra for a period of three months.

Mastopexy with augmentation

In some patients who wish to increase the size of their breasts following weight loss or pregnancies, ptosis (drooping) of the breast in which the nipple lies below the submammary groove, we cannot undertake a straight forward augmentation as the prosthesis would lie too high compared with the low nipple and the breast would look abnormal. In this situation we would advise you to have a breast augmentation with a mastopexy procedure.

Some surgeons do this as a two-stage procedure, i.e. the mastopexy first and then the breast augmentation later. I am however happier to undertake the operation as a one stage.

The operation is done under general anaesthetic with a one-night stay in hospital. It is a painful operation as the prosthesis is almost invariably placed behind the pectoral (chest wall) muscle. Patients run the risk of both the complications of a breast augmentation, in particular encapsulation (scarring) around the prosthesis and the complications of mastopexy, particularly scarring and altered sensation in the nipple. However despite this some of our happiest breast surgery patients are those who have a mastopexy augment, as their breasts pre-operatively present a very marked deformity that can make the patient extremely self conscious and depressed.