

Mastopexy (aka Breast Lift)

As your breasts age, they will begin to droop. This is accelerated through pregnancy, breast feeding and weight loss. When your nipples end up lower than your infra-mammary fold or your upper poles are excessively flat, breast rejuvenation will involve a mastopexy to reposition your nipple higher and can redistribute your tissues to help fill the upper poles better. In order to accomplish this, you **MUST** accept scars. An implant may be necessary as well if your desire is to be larger or markedly fuller (faker look) in the upper poles.

There are several techniques on lifting breasts as well as incision patterns.

Crescent mastopexy – *scar around areola from 9 o'clock to 3 o'clock*

Minimal repositioning of nipple with a resultant oval shaped nipple complex

Benelli Peri-areolar Technique – *limits the scar to around the nipple*

Scar can stretch out if suture fails and this flattens nipple projection

Difficult to reproduce consistently – know the doctor's revision policy

Best for minimal lifts

Auto-augmentation – *lollipop scar/superior-medial pedicle*

Redistributes inferior pole tissue to upper pole to help with fullness

Less risk for bottoming out and needing a transverse plication later

Risk of vascular compromise to the transferred tissue resulting in tissue

Ischemia and formation of a mass that slowly diminishes with time

Wise-pattern [*Anchor Scar*]

Most scarring

Best for very heavy or ptotic breasts or where an implant is desired

Rubin Mastopexy

For massive weight loss/severe atrophic breasts that have good

volume but extreme droopiness and *no desire for implant*

Risk for some settling if sutures fail

Requires prolonged support with use of supportive bra

4.5 hour procedure

Risks specific to this procedure include nipple problems from loss of sensation, inability to breast feed, asymmetry and nipple malposition, to actual nipple loss. There are also potential risks for breast contour irregularities, wound complications, delayed healing, asymmetric breast volumes and tissue ischemia leading to formation of lumps.

Post-operatively, a bra is usually worn around the clock except for showers. Normal, unrestricted activities can usually be resumed 3 weeks post-op when wearing a good quality supportive sport bra. If an implant is used, the protocol will be different, depending on how you are healing. *Your cup size may be smaller following this procedure.*

When combined with an augmentation using implants, this creates a condition where the procedures are opposed against each other. The mastopexy is attempting to tighten your skin envelope while the augmentation is trying to stretch it out resulting often in less than perfect results. Expect a revision when these procedures are combined.