

Bilateral Breast Uplift (Mastopexy)

In certain people the breasts can become droopy. This may be aggravated by breast feeding or fluctuations in weight. In the breast uplift operation the aim is to give the breast a more youthful and pert appearance, usually elevating the nipple to a more ideal position (it should normally sit at the midpoint of the upper arm bone – or 19-22 cm from the collar bone). The scars are placed in inconspicuous positions designed to be hidden when wearing a bra' or bikini. The nipple is left attached to breast tissue to preserve its blood supply, and retain its natural appearance. If the areola is too large this will be reduced at surgery.

There are several types of uplift operation which can leave scars limited to around the areola, to more extensive scars around the areola and down from the areola to the breast crease and also along the breast crease underneath the breast. In some people breast augmentation may additionally be required, in others breast augmentation alone may produce the desired result. This will be discussed at the initial consultation.

Pre-operative Advice

Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for at least 6 weeks prior to and for two weeks following surgery. Smoking significantly increases the risk of wound infections and breakdown as well as vascularity problems with the nipple. Aspirin and anti-inflammatories should be avoided for a similar time period as they may promote bleeding. Patients on oral contraception (not HRT) should ideally stop taking the Pill for six weeks prior to surgery as there is a slight increased risk of thrombosis. During this period alternative forms of contraception are required. What happens before the operation. Patients are usually admitted on the day of surgery and are seen before surgery by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr. Khan. Mr. Khan will take pre-operative photographs as well as planning the operation by drawing on the breasts preoperatively. Additionally before surgery the patient may require a blood test and will also be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and to reduce the risk of thrombosis.

On return to the ward patients will have an intravenous drip to provide fluids for the 24 hours following surgery. Drains may be placed into each breast to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed prior to discharge. If any pain or discomfort is experienced following surgery, painkillers are given either by injection or as tablets. Pain is not a significant feature in breast uplift surgery. The patients will have dressings over all of the wounds.

Risks & Complications

There is a small risk of bleeding on the night of surgery resulting in an accumulation of blood within the breast tissue (a haematoma). Should this occur patients may need to return to theatre for evacuation of this haematoma. This is a rare complication. In the two to three weeks following discharge wound infections in the breast are relatively common and may result in prolongation of the period of time required for dressings or antibiotic treatment. Occasionally some element of wound breakdown may occur in the lower portion of the wound. This again may necessitate prolonged dressings and very occasionally secondary surgery. A very rare complication is interference of

the blood supply to the nipple which can lead to partial or full nipple loss. Should this occur secondary surgery may be required to reconstruct the nipple at a later date. This is fortunately a very rare complication.

As with all cosmetic surgical procedures undertaken by Mr. Khan, there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Follow up. After discharge patients require a wound check usually 7 days post discharge. This is done by the nursing staff in the outpatients where the surgery was undertaken. Dressings are then required for two to three weeks postoperatively. Appointments for the initial dressing change are made prior to discharge. You will also be reviewed by Mr. Khan at 1 and 4 months postoperatively. These appointments will be sent in the post.