

BREAST LIFT EXPLAINED

SYDNEY PLASTIC SURGEON **DR KOUROSH TAVAKOLI** EXPLAINS HOW A BREAST LIFT CORRECTS DROOPING BREASTS AND IMPROVES THEIR SHAPE AND POSITION.

What is a breast lift?

A breast lift, or mastopexy, is designed to improve the shape and position of the breasts without reducing their size. Known as breast ptosis, sagging of the breasts can occur with normal development, as part of the ageing process or as a result of pregnancy, breastfeeding or weight loss. For some patients, a breast lift can yield a better breast shape if implants are also used.

It is becoming increasingly obvious to the savvy plastic surgeon given the spectrum of breast shapes and conditions that simply using breast implants alone does not always produce aesthetically acceptable results.

In assessing breast geometry and design, the surgeon must consider three crucial parameters:

1. Breast volume and shape
2. Skin condition
3. Nipple position.

Although augmenting breasts can, to some extent, rectify the volumetric problem in an otherwise perfectly shaped breast, the issues relating to nipple position and excessive skin envelope cannot be effectively addressed.

Breast ptosis (pronounced 'toe-sis') or droopiness is a condition that affects women of all ages. Although we tend to associate breast ptosis with old age, young women after significant weight loss or post-breastfeeding are often faced with varying degrees of droopiness. For these women, wearing a supportive bra is essential in order to disguise their saggy breasts.

Breast ptosis can be classified according to the position of the breast and nipple in relation to breast fold:

1. **Grade 1** Breast is below fold, nipple-areola at fold
2. **Grade 2** Breast is below fold, nipple-areola is also below fold
3. **Grade 3** Nipple-areola pointing to the floor.

Breast lift surgery is therefore designed to return the breast shape to a more youthful appearance in three ways: moving the position of the nipple-areola complex; removing excess breast skin; and also reshaping the breast tissue.

Although mastopexy does not change the amount of breast tissue a woman has, it can change the shape dramatically. This in turn can affect the overall breast size and projection. However, there are many cases where

breast lifting needs to be combined with a breast implant to produce a desirable breast size. The combined breast lift-augmentation is considered one of the more difficult operations in plastic surgery. It can be performed in either one stage or, more commonly, in two stages.

Scarring

Mastopexy cannot be performed without some degree of scarring. The scars usually heal well but in some cases they can persist for a few years. Modern cosmetic surgery is about creating minimal scars while achieving the most desirable aesthetic outcome. The patient should be aware of this delicate balance prior to embarking on this procedure.

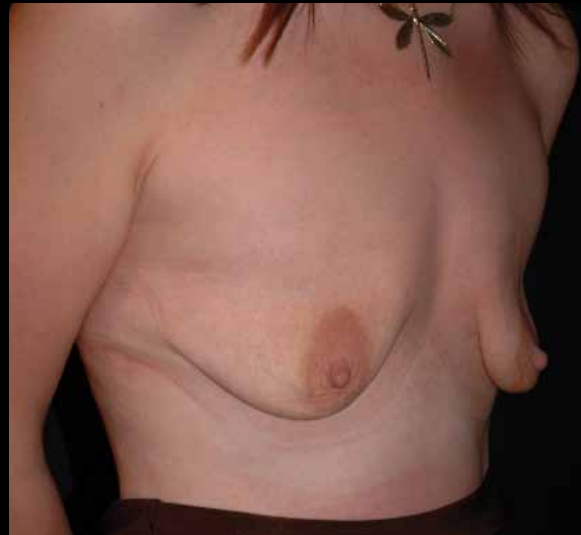
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The breast lift surgery is basically performed using three types of incisions or scars:

1. Donut-shaped scar around the nipple-areola complex (Benelli-Goes)
2. Lollypop scar from the areola to the breast crease (LeJour-Hammond)
3. Traditional anchor-shaped scar, inverted T-scar (Wise pattern).

Further to the skin's scarring pattern, breast tissue must be surgically contoured from an elongated shape into a more youthful conical structure. This manoeuvre is an integral part of the breast remodelling process.

Patients must stop smoking for at least two months before and after the operation as it increases the chance of bleeding, infection and long-term scarring. Time off work from this procedure is usually 10 to 14 days for recovery and healing to take place. **acsm**



BEFORE



AFTER mastopexy with implants by Dr Tavakoli



BEFORE



AFTER mastopexy with 'auto-augmentation' by Dr Tavakoli, no implants



BEFORE



AFTER mastopexy with implants by Dr Tavakoli



Actual patient of Dr Tavakoli



Actual patient of Dr Tavakoli