

By David J. Levens, MD, PA, FACS

### **Breast Lift Post-Pregnancy**

Happy Mother's Day to all of Parkland Life readers who have experienced the joy and weathered the challenges of motherhood.

As a plastic surgeon, I often hear firsthand how those challenges include post-pregnancy changes to the body that no amount of exercise can improve: previously flatter abdominal contours that now bulge due to separated abdominal muscles, previously "perky" breasts that sag after pregnancy.

First, some good news. While many prospective Moms fear that breastfeeding will distort breast shape, a new study concludes that breastfeeding, of any duration and even for multiple children, does not cause breasts to sag. The real culprits, according to the study presented at a recent American Society of Plastic Surgeons (ASPS) meeting, are a larger baseline body mass index (BMI) with a corresponding larger pre-pregnancy bra size, the number of pregnancies, smoking history, and age. Expectant and new mothers should rest assured that in addition to definite positive effects both for the child and themselves, breastfeeding will not by itself lead to sagging breasts.

Second, more good news. For Moms determined to reclaim their pre-pregnancy figures, there are surgical solutions. Tummy tucks were covered in last month's column, so this issue's focus will be on breast lifts.

A recent plastic surgeon survey showed more than 100,000 women had a breast lift last year—a 96% increase since 2000. In many cases, women opting for a breast lift also choose to have breast implants. However, implants are not necessary for an attractive outcome if existing breast volume is adequate. It's the patient's choice.

The medical term for breast lift is "mastopexy". It is typically done on an outpatient basis. During this procedure, the surgeon makes incisions in the lower part of the breast and surgically removes some of the lower skin envelope so that the breast mound can be repositioned upward. The nipple and areola are then repositioned upward onto the newly shaped breast.

Incisions, and resulting scars, are usually located around the nipple, from the lower center of the areola to the fold beneath the breast, and at the fold beneath the breast. The extent and location of the scars depends to a large degree on the size, shape and degree of droopiness of the breasts. The scars improve significantly over 6-12 months. If necessary, excess breast tissue and fat may also be removed to provide better symmetry or improve overall appearance.

Prior to performing a mastopexy the surgeon makes detailed markings on the patient's

breasts with the patient in a seated position, then uses the marks as a guide during the surgery to help achieve as pleasing a shape and as much symmetry as possible. Before closing, the patient is brought up to a seated position so the breasts can be carefully compared. Then, all incisions are carefully closed with sutures placed beneath the skin.

In a small percentage of cases, risks common to all surgical procedures can occur, such as bleeding, infection and scar tissue formation. The nipple is maintained attached to a stalk of tissue within the breast to preserve its blood and nerve supply. Therefore it is very rare for a patient to completely lose sensation after mastopexy. Normally, no two breasts are identical, and often there are significant differences in size, shape and/or nipple location between a woman's two breasts. A breast lift can reduce major differences, but not entirely eliminate them, and therefore, slight differences can persist.

After surgery patients wear a special bra for 2-3 weeks. They can shower or bathe after a few days. Discomfort after a breast lift is typically minimal and generally not long lasting. A typical recovery schedule is: Bruising and swelling, 10-14 days; return to work and social activity, 5-10 days; aerobic or strenuous activity, 14-21 days. Patients are encouraged to return to normal activity as soon as possible but to avoid any strenuous activity for at least 2-3 weeks.

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