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Breast Lift Can Help Restore Youthful Figure

By David J. Levens, MD, PA, FACS

While the number of breast enlargement procedures has tripled over the past 10 years, the number of breast lift procedures has increased by nearly five times. Breast lift (mastopexy) can be performed on healthy women of all ages and can significantly refresh the body image by eliminating the breast sagging that can occur as a result various factors, most commonly, pregnancy, aging, and weight fluctuation. Implants are not a necessary component to achieve a satisfactory outcome if existing breast volume is adequate to create a pleasing shape. Howeveer, when breast volume has been greatly diminished, women may choose to have implants placed along with the mastopexy.

Mastopexy is typically done on an outpatient basis. The first step is a consultation with a Board Certified plastic surgeon for a full discussion of the health history and a complete examination. The woman's goals and expectations are then discussed at length to assure a satisfactory result. During the consultation, the surgeon determines whether or not there is sufficient breast tissue to proceed with mastopexy alone or whether an "augmentation mastopexy" is indicated. Routine breast imaging as with mammography is indicated (over age 35).

Prior to the procedure, the surgeon begins by making detailed markings on the breasts while the patient is in a seated position. These are used as a guide for planning and are critical during the surgery to help achieve as pleasing a shape and as much symmetry as possible.

Incisions are typically made around the pigmented part surrounding the nipple (the "areola") and often also in the lower part of the breast, removing some of the lower excess skin envelope and excess breast tissue to minimally reduce the breast and allow the breast mound to be repositioned upward. The nipple and areola are then repositioned upward onto the newly shaped breast. If desired, implants are inserted. Surgical incisions, and resulting scars, are usually located around the nipple, from the lower center of the areola to the fold beneath the breast, and sometimes within 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. All scars improve significantly over 6-12 months.

Before closing, the patient is brought up to a seated position so the breasts can be closely compared. Then, all incisions are carefully closed with sutures placed beneath the skin.

Though breast lifts typically are a very low risk procedure, risks common with any type of surgical procedure can occur in a small percentage of cases, such as bleeding, infection, delayed healing, numbness and excessive scar tissue formation. Regarding preservation of sensation, the

nipple is maintained attached to underlying tissue within the breast to maximally preserve its blood and nerve supply. Therefore it is very rare for a patient to completely lose sensation. It is important to remember that no two breasts are absolutely identical, before or after surgery. If there are significant differences in size, shape and/or nipple location between a woman's two breasts, a breast lift can help to reduce those major differences, but not entirely eliminate them, and therefore, slight differences will often 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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