B09 Breast Uplift

What is a breast uplift?

A breast uplift (mastoplexy) is a cosmetic operation to remove excess skin from your breasts to improve their shape.
Your surgeon will assess you and let you know if a breast uplift is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.
If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Is a breast uplift suitable for me?

It is common for breasts to droop after pregnancy and breastfeeding, or after losing weight. You are most likely to benefit from a breast uplift if you are self-conscious about the shape of your breasts.
Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.
Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.
You should let your surgeon know if you are pregnant or planning to get pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

What are the benefits of surgery?

If the operation is successful, your breasts should be firmer and have a better shape. Most women who have a successful breast uplift are more comfortable with their appearance, are able to wear more revealing clothing and their personal and sexual relationships improve.

Are there any alternatives to a breast uplift?

Using padded bras or inserts can make your breasts appear to have a better shape.
If there is not much excess skin and your breasts are not droopy, your surgeon may be able to assess you for a breast augmentation. This involves using silicone breast implants to make your breasts bigger.
If you have a large bust size, your surgeon may be able to assess you for a breast reduction. This involves removing some breast tissue, excess fat and skin to improve the shape of your breasts.

What will happen if I decide not to have the operation?

A breast uplift will not improve your physical health. Your breasts will stay as they are. Your surgeon may be able to recommend an alternative to improve the shape of your breasts.

Will my bra size change?

Your bra size will not usually change. However, your cup size and shape of bra you need may be different.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about an hour and a half.
Your surgeon will make a cut on the line of the areola (the dark area around the nipple) and a vertical cut underneath your areola. They will remove excess skin and reshape the breast tissue. Your surgeon will lift your nipple so it is in a higher position (see figure 1).

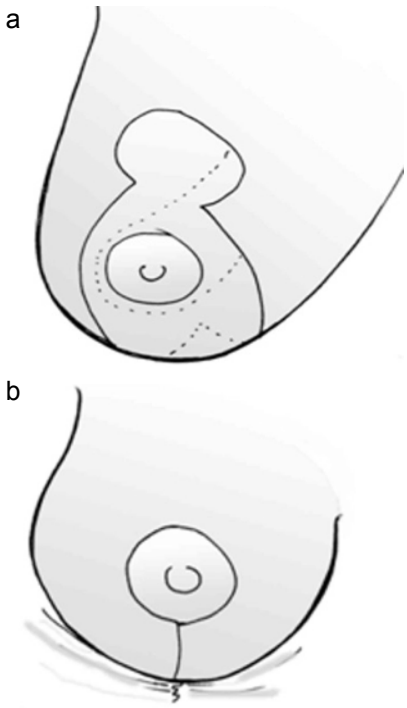

Figure 1

a Excess skin is removed

b The breast is re-shaped and the nipple lifted

If your breasts are droopy, your surgeon may also need to make a cut in the crease under the breast (inframammary fold). This will leave an anchor-shaped scar.
If your breasts are large and droopy, you will need a breast reduction. In extreme cases, your surgeon may need to completely detach your nipple and areola before replacing them at a higher position.
Your surgeon will usually place small tubes (drains) in the cuts to help the wounds to heal. They will usually close the cuts with dissolvable stitches, leaving the drains in place.

At the end of the operation, your surgeon may wrap your breasts in bandages for support.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise.
Let your surgeon know if you are on **warfarin**, **clopidogrel**, **aspirin** or other **anti-inflammatory drugs**, as these are more likely to cause you to bleed after your operation. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
For help and advice on stopping smoking, go to www.gosmokefree.co.uk.
You have a higher chance of developing complications if you are overweight.
For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.
For information on how exercise can help you, go to www.eidoactive.co.uk.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which is usually easily controlled with painkillers. Moving your arms can be quite uncomfortable for the first two to three weeks.
- **Bleeding** during or soon after surgery. This rarely needs a blood transfusion or another operation. It is common to get bruising in the lower half of your cleavage and sides of your breasts.
- **Infection in a surgical wound**. Minor infections are common because the lower part of a vertical cut and any cut made in the inframammary fold are often slow to heal. Any serious infection usually needs treatment with antibiotics or further surgery and can make a scar more noticeable. If the skin around a scar is red and the wound is painful and swollen, please let your doctor know.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots.
- **Unsightly scarring** of the skin. Usually the scars will settle over the first year. However, the scars can sometimes stay thick and red, particularly if you have dark skin. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. It is important to follow the instructions your surgeon gives you about how to care for your wounds.

3 Specific complications of this operation

- **Developing a swelling** inside a breast (risk: 1 in 20). This is caused by blood or fluid collecting. If this happens, you may need to have another operation to remove the blood or fluid.
- **Developing a lump** (fat necrosis). It is common to get lumps in the breast caused by minor damage to areas of fat during the operation. These areas can become hard and swollen. Although they tend to shrink over the next few months, sometimes they turn into scar tissue and the lump will be permanent. You will need to learn to recognise what this kind of lump feels like so you do not confuse it with a breast cancer.
- **Numbness or persistent pain** on the outer part of your breast. This is caused by injury to the small nerves that supply the skin. Any pain or numbness usually settles after a few weeks. However, this can sometimes continue for many months.
- **Stiff shoulder**. Your physiotherapist will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- **Loss of skin**, **including the areola and nipple**. This can happen because the operation can damage the blood supply in the breast, causing areas of skin to die. The risk is higher in women who smoke, are overweight, have very large or very droopy breasts, or have other medical problems such as diabetes.

• **Change of breast and nipple sensation**. This usually gets better in the first year. However, the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach your nipple and areola during the operation.
• **Cosmetic problems**. It is difficult to predict exactly how your breasts will look after surgery. Most breasts are a different shape and size to begin with. Occasionally a breast uplift can make this difference more obvious. It is possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are very common and settle over time. It is possible to have these corrected by a small procedure under local anaesthetic.
• **Reduced ability to breastfeed**. This can happen if the milk ducts in your breast are damaged or removed, your nipple sensation has been affected or your nipple has been lost.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts will look discoloured and feel very firm and swollen.
You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, **a responsible adult should take you home in a car or taxi**, **and stay with you for at least 24 hours**.
If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Most women return to normal activities within two to three weeks. The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. Your surgeon will recommend an appropriate bra for you.
You should be able to return to work after the second week, depending on your type of job. For the first three weeks after the operation do not lift anything heavy or do strenuous housework, like vacuuming or ironing. You should be able to do a limited amount of activity, such as lifting young children, after about two weeks.
You should avoid sex for the first two weeks and then be very gentle with your breasts for at least another month.
Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive until you are confident about controlling your vehicle and comfortable wearing a seatbelt. Always check with your doctor and insurance company first.

• The future

Your surgeon will arrange for you to have follow-up visits to check on your progress. The results of a breast uplift improve gradually over the first six months. Your breasts should become softer and more natural, and the scars should fade.
If you get pregnant or put on a lot of weight and then lose weight, your breasts may become droopy again. However, they should not become as droopy as they were before the operation.
A breast uplift should not interfere with a mammogram (breast x-ray used to detect breast cancer). Sometimes scar tissue can be mistaken for a cancer, so let your doctor know that you have had a breast uplift.

Summary

A breast uplift is a cosmetic operation to improve the shape of your breasts. It is only suitable for certain women. You should consider the options carefully and have realistic expectations about the results.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- For help and advice on stopping smoking, go to www.healthpromotion.ie or call the National Smokers' Quitline on 1850 201 203
- For advice on maintaining a healthy weight and information on how exercise can help you, go to www.irishheart.ie
- www.aboutmyhealth.org - for support and information you can trust

Acknowledgements

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Illustrations: Mr Eoin O' Broin MD FRCS (Plast)

Local information

You can get information locally from:

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