

In Combination

Breast uplift and breast augmentation are two very different procedures but, for some women, a combination of these two procedures is necessary to produce the best aesthetic outcome. Leading plastic surgeon Mr Gary Ross explains

Some women require a breast augmentation and some, particularly after childbirth or weight loss, require a breast uplift or mastopexy. However, for many women a combination of these two procedures is what is required and a skilled and experienced cosmetic surgeon will be able to determine the best option for you.

As you age the skin stretches and breast tissue droops, which can result in the breast tissue lying lower on the chest wall and the breasts may become asymmetric in size and shape. A mastopexy is a fantastic procedure for recreating a more youthful shape, but another side effect of the ageing process, particularly post childbirth and breast feeding or weight loss, is that there is a loss in volume. Implants are therefore essential to increase volume. Different sized implants can also be used to improve symmetry.

Women with a smaller bust can end up very disappointed if they have breast implants that then exacerbate a problem with sagging skin, so it is the plastic surgeon's job to advise them that mastopexy implant procedure might be best for them.

There are a number of different types of mastopexy implant that can be performed. Following breast augmentation one can lift just the nipple and areola by

using a periareolar mastopexy, where the resulting scar is positioned only around the nipple and areola. This gives a small nipple/areola lift and does not require any other scarring.

A vertical scar mastopexy implant requires the positioning of the scar around the areola and a line vertically on the breast. This allows the breast tissue to be lifted and redraped over the implant as well as lifting the nipple and areola. Nipples and areolae can be lifted as high as

direct excision of any excess skin. Although more scarring is required it is sometimes the only method of creating an aesthetic result.

With so many different options, a consultation regarding each method of mastopexy implant is important to determine what your expectations of surgery are and what is achievable. The pros and cons of each need to be discussed and an informed decision made.

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required aesthetically and this technique provides a very flexible means of lifting the breast.

Where there is significant excess skin a mastopexy implant using a vertical scar, an inframammary scar and a periareolar scar can provide an excellent means of lifting the nipple, areola and breast tissue to a new position and also allows movement of the breast tissue upwards while finally allowing

Treatment: Mastopexy implant

Price: From £5,500

Time taken: 1.5 hours

Anaesthetic type: General

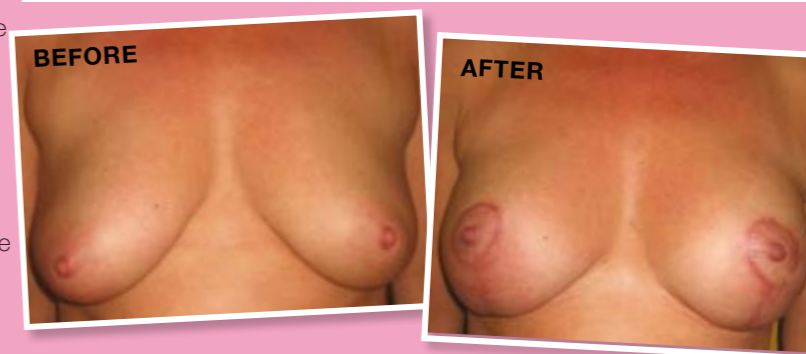
Hospital stay: Less than 24 hours' stay

Available from: For more information on Dr Ross and the procedures he offers visit www.garyross.com or contact him by calling 0800 955 8551 or emailing glross@gmail.com

Info

Raising your Game

This patient wished to increase the size of her breasts and lift the areolae significantly. She underwent a mastopexy implant using a vertical scar mastopexy. The breast tissue was relocated higher on the chest wall along with the nipple and areola.



Balancing Act

This patient underwent a mastopexy implant using a scar around the areola only, which allowed the areolae to be lifted into a new position. The nipples and areolae were lifted differently to improve symmetry. She was able to go home on the day of surgery.



Achieving Symmetry

Mastopexy implant can be performed successfully for asymmetric breasts, modifying the techniques between the breasts to recreate symmetry. Even with a periareolar scarring technique, asymmetry can be adjusted and different implants can be used in each breast to improve symmetry in both size and shape.



Total Lift

Where there is increased skin in combination with droop of the breast tissue a mastopexy implant using a vertical, inframammary and periareolar scar is needed. The inframammary fold can be lifted higher on the chest wall, then the implant can be positioned, breast tissue lifted, excess skin excised and the nipple repositioned.

