



Treatment In Focus

At The Cosmetic Surgery Guide we think it's vital you have all the facts before opting for surgery. This issue we put Mastopexy under the spotlight and ask plastic surgeon Mr Gary Ross to tell all about breast lift surgery.

The breast has a tendency to age due to a combination of tissue changes in the skin, breast tissue, the ligaments within the breast, the position on the chest wall and the size of the nipple/areolar. Changes to these tissues occur most acutely with fluctuation in weight, and pre/post pregnancy.

Mastopexy is a technique used to lift and change the tissues of the breast. Each component of the breast can be lifted and each component needs to be addressed individually. The consultation must take into account the patient's ideal size and a discussion regarding previous shape and desired shape. Often breasts are slightly different both in terms of size and shape and the position of the nipples.

The crucial question is whether there is enough volume of current breast tissue to provide the desired size and the position of the nipple areola complex. Where volume is deficient and the nipple areola is sitting in a reasonable position anatomically shaped implants may be able to give

the perception that the nipple areola has been lifted. It may be over time that patients may require a lift subsequently but in some scenarios a good result can be obtained by breast augmentation only.

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Where the nipple areola is sitting low and the volume of the breast is satisfactory a mastopexy can improve the shape and position of the breast. The overall size and shape needs to be tailored to the individual using methods to minimise risk to the blood supply to the tissues. The breast mound is designed in order that the breast can be lifted into a new position. The skin is re-draped over the breast and the nipple/areolar size adjusted to the needs of the patients. Sometimes the nipples need to be lifted a considerable distance in combination with the breast tissue. Often the nipples point into the armpit and these need to be relocated

centrally at the same time. Contour defects as a result of stretching of the breast ligaments needs to be addressed by relocating the breast tissue higher up the muscle on the chest wall.

Mastopexy Methods

There are a number of different ways of performing a mastopexy and these are determined by the incisions performed. The donut or benelli mastopexy is performed through a scar placed around the areola. It may be used to increase the height of the nipple areola by 2-3 cm. It does have a tendency to form stretched scars but does not involve a vertical incision. The lollipop mastopexy is performed via a scar around the areolar and a vertical incision. It is useful in patients where there is no need to remove excess skin. The nipple areola can be lifted significantly higher than in a benelli mastopexy. Where there is significant excess skin and the breast tissue and nipple areola need to be raised significantly an anchor scar mastopexy is the proffered rejuvenation technique. The scars are placed around the areola and a vertical scar that meets a horizontal scar in the crease/ fold of the breast.

Where the nipple areola complex has dropped and there is also insufficient volume one should consider a combination of a mastopexy with an implant or autologous fat transfer. This can be done as a one stage procedure using the mastopexy techniques described above.

Autologous fat transfer involves the removal of fat from the body and transferring it into the breast to try and give extra projection at the upper part of the breast which is the place that is usually most empty. Autologous fat transfer does allow patients the potential of an increase in volume without an implant but often patients may require more than one treatment of autologous fat transfer and the volume improvements are not as predictable as an implant. Using an implant at the same time as a mastopexy in a one stage operation is an excellent means of providing breast rejuvenation in patients who want a moderate increase in volume. For patients wishing to have a dramatic increase in size and wish to have large implants or in those who need the nipple areola lifting considerably mastopexy implant is better performed as a 2 stage operation.

Patients undergoing any form of breast lift should be aware that the breast will sit high on the chest wall and will drop over time. Usually this can take 3 months. All the operations described above are usually performed under general anaesthetic. Patients are usually able to drive after a week and may start gentle exercises at this time building up to normal exercising by 4 weeks

A consultation regarding the pros and cons of mastopexy will help to clarify the expectations of patients and provide results that are achievable to meet these expectations. One should consider all the possible options, and if consulting with myself, one will be able to look at results related to all the operations above and make an informed decision.



For more information on **Mr Gary Ross**
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Gallery:



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