

Mum's the Word...

With the rise of the 'mummy makeover', post-pregnancy breast augmentations are becoming increasingly popular. Leading plastic surgeon Mr Gary Ross offers an insight into this procedure and how to make it work for you

The effects of pregnancy and breast feeding often lead to the sagging of skin and a decrease in the amount of breast tissue. New mothers are frequently concerned about both the size and shape of their breasts and the aim of aesthetic breast surgery is to both change and improve the appearance.

Personally, I aim to achieve these improvements by concentrating on the individual patient's needs and expectations. Pre-operative

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consultations are an important part of my service, as they allow the development of our patient/surgeon relationship and provide a means to discuss any concerns and clarify the patient's needs and expectations.

Techniques available for

post-pregnancy breast surgery include both augmentation and mastopexy (uplift) and these two techniques can be combined in one surgical procedure and tailored to the individual to provide the optimal result.

The two main aspects of



Case 1: Mastopexy alone. Patient had sufficient breast tissue but the nipple needed to be elevated using a vertical scar mastopexy only



Case 2: Augment alone. In this case the shape of the skin was adequate although the volume was insufficient and a breast augmentation only was carried out via an inframammary incision



Case 3: Mastopexy implant using a vertical only mastopexy. In this case the nipple was low and the volume insufficient for the patient. A combination mastopexy implant allowed an improvement in both size and shape via a vertical scar only technique



Case 4: Mastopexy using a vertical and inframammary approach. In this case there was both sagging of the skin and absence of breast tissue. A combination mastopexy implant gave an enhanced aesthetic outcome. Due to the skin excess a vertical and inframammary scar were used to achieve the result

aesthetic breast surgery are size and shape. When the patient has sufficient size but poor shape and if there is enough remaining breast tissue, an uplift alone may be sufficient to achieve the desired result.

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Where the nipple height is already at an optimal level and the patient has good shape but insufficient size an augmentation alone may suffice.

Often, however, there are elements of both poor size and poor shape and a combination procedure including both uplift and augmentation is required to deliver a natural, lasting result. This can be performed in one operation or as two separate procedures. Different techniques, different implants, differing scarring patterns and different positioning of the implants require detailed discussion.

I spend a lot of time with my patients before the surgery, explaining the benefits of each option, which allows them to make an informed decision about which procedure is best for them individually. Optimising results without compromising safety is paramount.

IMAGE

For more information: visit Mr Ross's website, www.garylross.com, or call 0800 955 8551