

FREQUENTLY ASKED QUESTIONS - BREAST LIFT - MASTOPEXY

1. What is breast lift or mastopexy operation?

Breast lift, technically known as mastopexy, is designed for women who have pendulous breasts. The procedure typically removes skin with small amounts of fat, breast glandular tissue from the breasts, lifting them and making them perkier and firmer. It can also reduce the size of the areola. The goal is to give women perkier, better-shaped breasts-making them look youthful and firm and in proportion with the rest of their body. It is sometimes combined with the breast implant (breast augmentation) if larger cup size is desired or indicated.

2. Who is a good candidate for the mastopexy surgery?

Please ask yourself the following questions?

Do I have pendulous breasts?

Do I experience discomfort and embarrassment from sagging breasts?

Do I have skin irritation or postural deformities?

Have I lost my breast size after pregnancy or breast feeding, which has also caused them to be saggy?

Do I feel socially reclusive and inhibited when going to the gym, jogging, swimming or just plain socializing?

Do I currently have implants which I would like to have removed without replacement?

If the answer to any of the above is 'YES', perhaps you may benefit from mastopexy procedure. Breast lift or mastopexy is the not just a cosmetic surgical procedure, it also addresses the functional problems effectively. In fact, it is a classic example of a procedure that trades rather significant scars for long-term physical relief and comfort. Broadly, mastopexy isn't recommended for young women before they have attained adulthood, that is, until their breasts have fully developed. In exceptional situations however, it could be performed if the breasts are unduly pendulous at an early age, causing serious physical and psychological distress. The best candidates are those who are mature enough to fully understand the pros and cons of the procedure and have realistic expectations about their results. Mastopexy is not recommended for women who intend to breast-feed and who value their nipple sensations.

3. What are the risks and the complications of this procedure?

Mastopexy is a smaller procedure than breast reduction although it is designed on similar principles. It is likely to give most desirable results when performed by a qualified Plastic Surgeon. Nevertheless, as with any surgery, there is always a possibility of complications, including bleeding, infection, or those related to the anesthetic. Although, drains are commonly used after the surgery, haematoma or blood clot can still occasionally be formed. There are also risks associated with the general anaesthetic.

Specific risks of this procedure are:

Some patients develop small sores around their nipples after surgery, usually treated with antibiotic creams. You can reduce the risks by closely following Dr Gahankari's advice both before and after surgery.

Breast reduction procedure does leave noticeable, permanent scars, although they'll be covered by your bra or swim suit. Scars in general are unpredictable.

Occasionally they can be widened, itchy or lumpy and may need scar treatment.

Asymmetry: Commonly the two breasts are naturally asymmetrical. Although Dr Dilip Gahankari will make every attempt to achieve symmetry between the two sides, minor asymmetry in size, shape or position of nipples is possible.

Future breast-feeding may not be possible, since the surgery removes many of the milk ducts leading to the nipples.

Most patients may experience some loss of feeling in their nipples or breasts, most of which is usually temporary. Rarely, however, the numbness may become permanent.

Rarely, the nipples or areolas may develop serious disturbance to their blood supply and the tissue may die. (The nipple and areola may then have to be reconstructed, however, using skin grafts from elsewhere on the body.)

Medical diseases such as diabetes, certain medications and smoking may affect healing and cause poor scars and skin or tissue slough.

Occasionally the fat tissue in the breasts may harden or become lumpy and may take several months to soften up.

Dog ears at the sides: Occasionally some touch up surgery may be needed for optimizing results. You can reduce your risks by closely following post-operative advice both before and after surgery and by stopping smoking well before the procedure.

4. What should you expect at consultation?

In the initial consultation, it's important to discuss your expectations frankly with Dr. Gahankari, and listen to his opinion. If your spouse or partner is involved in the decision making, it is a good idea to invite him to participate in the pre-operative discussion. During the consultation, it is also important to make Dr Gahankari aware of all the medications, allergies, previous surgical procedures on the breasts and habits such as smoking. During the consultation, Dr Gahankari will examine your breasts, and will probably photograph them for reference during surgery and afterwards. He will also assess the current size and notice the pre-existing asymmetry. He will also measure the nipple distances from the reference point. He will then discuss the variables that may affect the procedure—such as your age, the size and shape of your breasts, pre-existing scars, the medical conditions, your current medications and the condition of your skin. He will also discuss the size of the resultant breasts after the surgery and suggest if you could benefit from a simultaneous insertion of a breast implant. Dr Gahankari will take you through the procedure in detail, explaining the scars, risks and limitations in your case. He will explain the post-operative care and follow up. You will be given an approximate estimate of the costs. It is a good idea to check with your private health fund if you are likely to get the Medicare rebates, which is available for patients under certain conditions. The staff from Advanced Aesthetix will only be happy to give all assistance that they can to make it easy to plan your procedure.

5. What is routine preoperative preparation?

Dr Gahankari may need you to have a mammogram or ultrasound (breast screening) before surgery. The staff will give you specific instructions on how to prepare yourself for surgery, including guidelines on eating and drinking, quitting smoking, and taking or avoiding certain vitamins and medications.

Mastopexy does not normally need a blood transfusion. While you are making preparations, be sure to arrange for someone to drive you home after your surgery on your discharge from the hospital and to help you out for a few days if needed.

6. Which hospital will you be operated in?

Dr Gahankari is accredited to several Gold Coast hospitals and would help you choose the hospital that suites mutual convenience. Typically your stay in the hospital is likely to be a short one. The surgery itself usually takes two to three hours.

7. What are common surgical techniques used by Dr Gahankari?

Mastopexy is almost always performed under general anaesthesia. You'll be asleep through the entire operation. Techniques for mastopexy vary and depend on the amount of skin excision that you need. It also depends on whether you are having simultaneous insertion of an implant which generally reduces the need for scars other than around the areola. Dr Gahankari would remove excess skin with little amounts of glandular tissue, fat, and would lift the nipples and areolas into their new position. If required he may use liposculpture in conjunction with his mastopexy technique to remove excess fat from the armpit area. The nipples are normally kept attached to the stalk of the breast tissue with blood vessels and nerves. Mostly the stitches used are dissolvable, although some may need removal following the surgery. Dr. Gahankari is familiar with most of the modern techniques of mastopexy and would discuss ones that may be suitable in your case.

8. What is the usual post-operative care after mastopexy surgery?

1. After surgery, you will be wrapped in a mildly compressive dressing or a surgical bra over gauze dressings. Drainage tubes may be placed in each breast to drain off blood and fluids for the first few days.

2. The dressings will be removed within a few days after surgery, though you'll be advised to wear the soft compressive bra (without underwire) continuously for several weeks, usually until the swelling and bruising disappear. The skin stitches if used, will be removed in one to three weeks.

3. It is normal to feel some pain for the first few days-especially when you move around or cough and some discomfort for a week or more. You would normally be prescribed some antibiotics and pain killers to make you comfortable.

4. Dr Gahankari would often advise use of specific tapes for several weeks, to improve the scars.

5. Your first menstruation following surgery may cause your breasts to swell and hurt. It is also common to experience random, shooting pains for a few months and some loss of feeling in your nipples and breast skin, caused by the swelling after surgery. This usually fades over the next six months or so.

9. When will you be able to get back to driving and work?

Although you may be up and about in a day or two, your breasts are likely to ache occasionally, for a couple of weeks. You should avoid lifting or pushing anything heavy for three or four weeks.

You will be given detailed instructions when resuming your normal activities. Most women can return to work (if it's not too strenuous) and social activities, in about two weeks. But you'll have much less stamina for some weeks, and should limit your exercises to stretching, bending, and swimming until your energy levels return. You will also need a good athletic bra for support.

You may be instructed to avoid sex for a week or more, as sexual arousal can cause your incisions to swell. It is also important to maintain gentle contact with your breasts until about six weeks.

A small amount of fluid drainage from your surgical wound, or some crusting, is normal.

10. When will you be able to appreciate the results?

Although much of the swelling and bruising will disappear in the first few weeks, it may be six months to a year, before your breasts settle into their new shape. Even then, their shape may fluctuate in response to your hormonal shifts, weight changes, and pregnancy. Although breast reduction scars are relatively long and permanent. They eventually fade to thin white lines in most cases. Fortunately, the scars can usually be placed such that you can wear even low-cut tops. Like most plastic surgery procedures, mastopexy, results in the quickest body-image change. You will be able to get rid of physical discomfort of pendulous breasts, your body will look better proportioned, and clothes will fit you better. However, as much as you may have desired these changes, you will need time to adjust to your new image, as will your family and friends. Be patient with yourself, and with them. Keep in mind why you had this surgery, and chances are that, like most of Dr Gahankari's female patients, you'll be pleased with the results.