



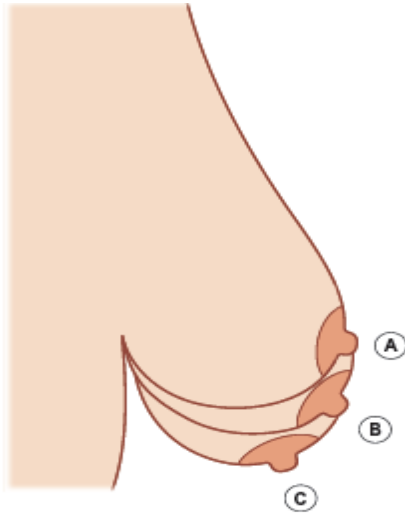
Patient Information

Mastopexy

- It is a surgical procedure designed to correct breast ptosis (*Ptosis* from Greek, meaning “falling”)
- Often referred to as *breast lift*
- Indicated in women who desire improved breast contour without a volume change

Causes of Ptosis

- Ptosis result when breast volume decreases and the skin envelope and supporting structures do not retract.
 - ☒ Young Patients: They may have thin skin or excessive breast size
 - ☒ Middle-aged patients:
 - ↳ Pregnancy and lactation
 - ↳ Subsequent gland atrophy and laxity of skin
 - ↳ Sudden gain or loss of weight
 - ↳ Massive weight loss
 - ☒ Postmenopausal patients:
 - ↳ Factors such as atrophy, gravity, loss of skin elasticity from aging, and weight gain all contribute
 - ↳ Menopausal glandular hormonal regression
 - ↳ The breast assumes a lower position on the chest wall; the youthful breast contour is lost
- Ptosis can be classified into Mild, Moderate and Severe; this influences the type of Mastopexy technique to be used.



A = Mild B= Moderate C= Severe

Goals of Mastopexy Surgery

- ☑ Reliable nipple-areolar transposition to an aesthetic position on the breast mound
- ☑ Obtain pleasing breast shape
- ☑ Produce optimal scar quality

Mastopexy Techniques

- Periareolar Technique
- Vertical Scar Technique
- Inverted-T Scar Technique

[these will be discussed in detail during a pre-op consultation]

Postoperative Care

- Drains, when used, are removed within the first 1- 3 days postoperatively
- Postoperative pain is treated with oral analgesics
- A supportive brassiere is required for 6 weeks postoperatively to ensure full support during the healing process
- Scar revision, when necessary, are performed 1 year after initial surgery



Possible Procedure Complications

☒ Hematoma

- ↳ Relatively infrequent
- ↳ Patients should avoid using aspirin, antiplatelet medications & supplemental herbs for 10 days before surgery

☒ Infection

- ↳ Uncommon problem
- ↳ Perioperative antibiotics are used routinely to reduce risk of infection

☒ Wound Healing Problems

- ↳ Mostly present with inverted-T procedures
- ↳ More common among smokers: Mastopexy is not performed on active smokers for this reason

☒ Nipple & Breast Asymmetry

- ↳ Patients are informed preoperatively that perfect breast symmetry never will be achieved
- ↳ Large asymmetries in nipple position, areolar size, and breast shape requires revision surgery

☒ Scar Deformities

- ↳ Periareolar and medial medial horizontal scar widening may occur
- ↳ Scar revision can be performed 1 year after initial surgery

☒ Recurrent Ptosis

- ↳ This may occur long term due to the effect of aging and gravity

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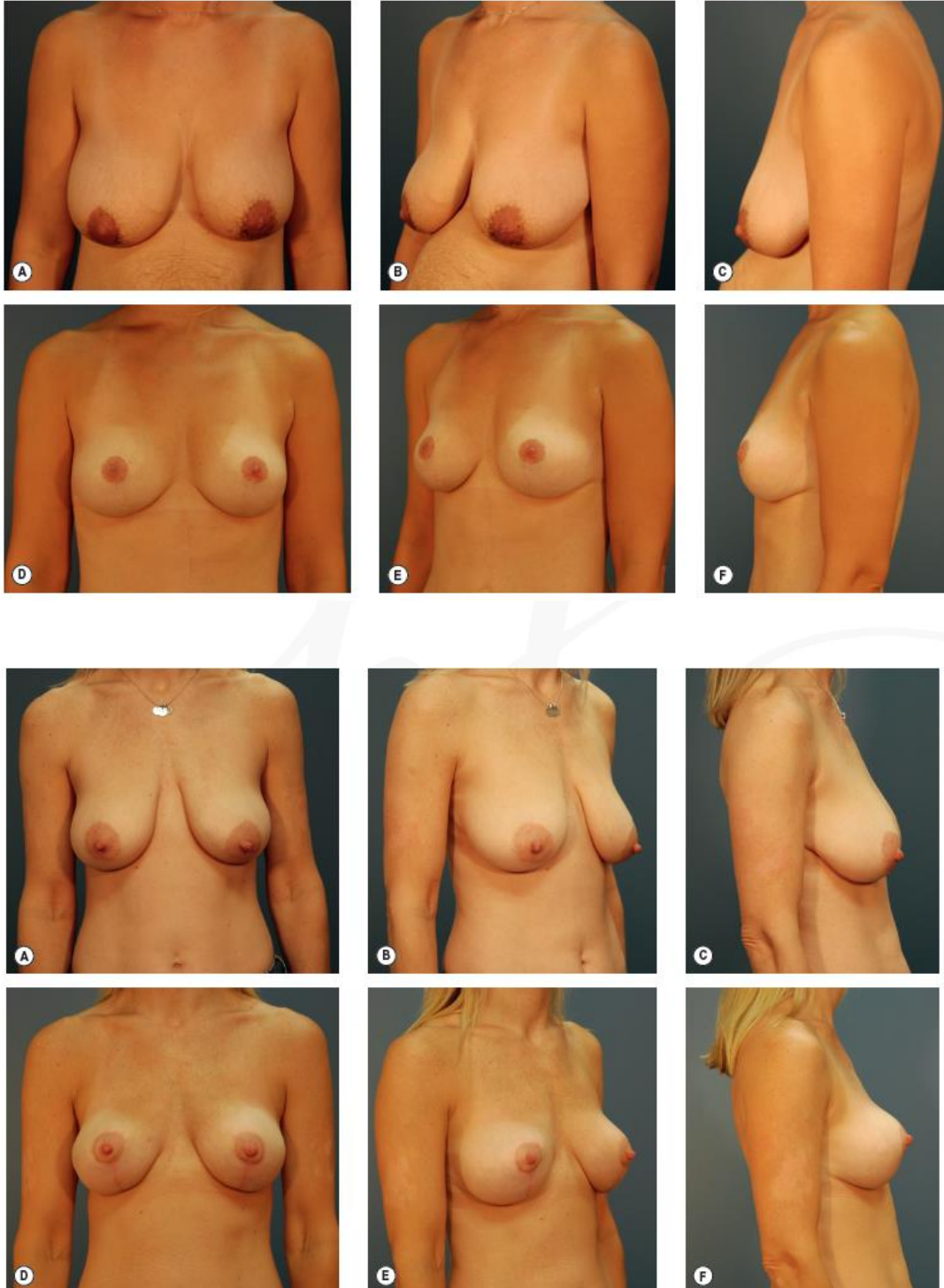
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Some Pre & Post Op Pictures:

A,B,C = Pre-op D,E,F = Post-op



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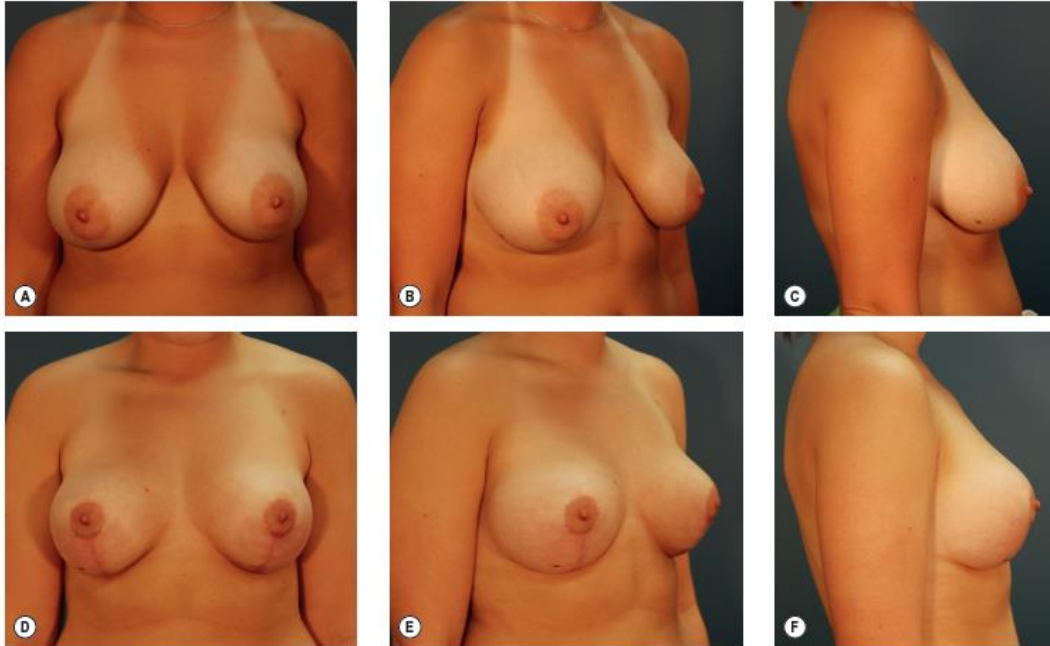


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Disclaimer: for comprehensive medical information you can book a consultation appointment where an assessment will be made.