Flowers Clinic
Robert S. Flowers, M.D.
677 Ala Moana Boulevard, Suite 1011
Honolulu, HI 96813
(808)521-1999

Mastopexy
(Breast Lifting)

Each year many women consult plastic surgeons about problems they describe as breasts are too low, nipples point toward their feet, breasts are droopy, or breasts are saggy.

Saggy breasts develop because of two predominant factors. When early enlargement occurs during puberty some breasts develop with the nipple on the front of the breast, while others develop a saggy posture with the nipple near the lower part of the breast. Breasts come in all shapes, sizes, and volumes, and a small amount of saggy posture is acceptable and is even within the parameters of normal.

The second factor in producing a saggy breast is the normal atrophy and involution which takes place after adolescence and especially after childbirth and breast-feeding. The youthful breast may show little if any evidence of drooping, but as the breast tissue diminishes in volume, the skin brassiere (sac) is no longer filled, and breasts may take on the characteristics of droopiness, sagginess, and wrinkling associated with loose skin. Another factor which contributes to this sagginess is stretch marks which commonly occur after pregnancy. In some women stretch marks appear during puberty's time of rapid growth. It is impossible to remove these stretch marks except for the ones on the skin that would be removed in mastopexy. One could, of course, attempt to cut out individual stretch marks but this would leave scars more prominent and unsightly that the stretch marks themselves.

In the mastopexy operation the skin brassiere of the breast is modified and reduced in a fashion depicted in the drawing on page 2. The nipple complex is left attached to the breast tissue so that breast-feeding remains a possibility. However, the reconstruction of the shape of the breast sometimes requires considerable cutting and rearrangement of breast tissue which may make successful breast-feeding impossible, and problems could result from attempting it.

**

The mastopexy operation which is done by most surgeons involves only modification of the skin brassiere with minimal or no alteration of breast tissue. This approach is

effective for positioning the nipple at a higher level, but sometimes the skin of the lower portion of the breast stretches. The breasts then settle into the lower portion of the skin brassiere and a deformity can result with the nipple pointing upwards and the repositioned breast mound sagging into a position similar to the original one.

When this outcome is considered likely, tongues of breast tissue can be developed surgically then turned up onto the upper anterior chest wall, providing a greater degree of fullness in the upper portion. At the same time as providing fullness in the upper breast, the surgical relocation of breast tissue counteracts breast bulk sagging into the lower portion as described above. This explains the necessity for disturbing the breast tissue in some instances.

**

Tradeoff

In most mastopexy cases the scar will encircle the nipple - areolar complex, extend down the lower portion of the breast, and then make an arc in the crease beneath the breast. When a large mastopexy is done the scar may extend to the side of the chest, underneath the armpit.

Scars have a natural evolutionary pattern. Early after surgery they may be small and flat. With the passage of weeks and months they become thick and red. This thickness typically reaches its worst point six to eight months after surgery, then begins to become less prominent. Although the time cycle for complete scar maturation varies from person to person, the average time required to achieve maximum scar improvement is one and a half to two years. In some people prone towards bad scarring, this time may be longer. This is especially true in dark-skinned people such as Hawaiians, Filipinos, Blacks, Malayans, and certain Mediterranean ethnic groups. In others, typically Northern Europeans, the cycle may be significantly shorter and the scars may never seem unsightly. Orientals vary greatly in scar response as do Caucasians.

Dr. Flowers feels strongly that minor degrees of breast sagginess do not warrant the scarring that accompanies mastopexy. He recommends that unless the nipple needs to be moved upwards at least 1 to 1 ½ inches, the operation should not be performed. Remember that almost all plastic surgery operations are tradeoffs - - giving up something and getting something else. A conscientious and experienced surgeon and a prudent patient will try to make sure that the beneficial effects of a given operation far outweigh the undesirable effects of a given operation. In the case of mastopexy, the lift and improvement in shape should far outweigh the negative or detrimental effect of the scars.

Mastopexy with breast augmentation

A mastopexy may be done alone or along with a breast augmentation. In the latter case a pocket is developed behind each breast and in front of, or behind, the pectoralis muscle to

accommodate breast prostheses (implants). This enlarges and makes the breasts fuller at the same time that they are lifted.

When a patient decides to have the lift and augmentation, the breast remodeling may be performed as either a one-stage operation (both breasts lifted and made larger); or it may be performed in two stages, the first being the breast lift and the second stage the breast augmentation. Henceforth, the combined operation of lifting and enlarging the breasts will be referred to as augmentation mastopexy.

Anyone who is contemplating augmentation mastopexy, either in one or two stages, should carefully review the pamphlet "Augmentation Mammaplasty" which contains detailed information about breast augmentation. You may ask us for a copy.

Advantages and disadvantages of the one-stage augmentation mastopexy

If the lift and buildup are done in one stage, an additional anesthetic may be avoided. Also there is less surgical, anesthesia, and operating room time involved when the operation is done in one rather than two stages. Because of this the one-stage operation is less expensive. When disability, time off of work, additional convalescence, and risks associated with a second anesthetic are considered, the one-stage operation may appear much more attractive.

With a mastopexy, the skin is made excessively tight around the breast. This compensates in part for the inevitable relaxation and stretching that always occurs after mastopexy. The incisions, and thus the scars, are under considerable tension. When prostheses are placed to enlarge the breasts at the same time as the mastopexy, the scars are under additional tension with a greater likelihood of undesirable scars spreading which could later require revision.

Advantages and disadvantages of the two-stage operation

There are two distinct advantages of doing mastopexy and breast augmentation in two separate stages. The first is that the incisions can heal several months prior to subjecting them to the increased tension of the breast enlargement procedure, thereby offering a somewhat improved chance of the best possible scars. The second reason is that it gives an opportunity for more precise dissection of the pockets and placement of breast prostheses.

It should be appreciated that the quality of scars resulting from mastopexy is determined by genetic factors, and to a lesser degree by factors relating to how the surgery is performed. Also the amount of tension added by the placement of implant at the same time is but an additional small consideration which is far less important than natural tendencies towards scar formation. Because of genetic differences, some people who have the operation in one stage can expect to develop superior scars to those who have the operation done in two stages. If the one – and two-stage operations were done

respectively in each of two identical twins, a slightly improved result in the twin who had the operation in two stages rather than one would be anticipated.

There is one additional advantage to having the operation in two stages. After the first stage the patient sometimes decides that she is perfectly happy with the smaller, lifted breasts and feels no need to subject herself to breast augmentation.

If the scars turn out unfavorable in the one-stage operation, it is possible to go back and do a revision later when the skin has relaxed and is under less tension, with an improved chance of favorable scar formation. This sometimes proves advisable even after the two-stage operation.

Clues to scar quality

Scars on the chest or abdomen are clues to the quality of scarring one can expect with mastopexy. Without them the surgeon can only guess. But guesses can be very inexact, with blonds on rare occasions making keloids (the worst possible scarring) and dark-skinned people making superb scars. Any scars on the extremities, face, neck, shoulders, or back are of some benefit in making an estimate of the way a person's breasts will scar.

Complications

It should be appreciated that all surgery represents some risk to life, health, and well-being. Reactions to medications or anesthesia could have grave consequences.